

Chair: Jon Towler

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Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Agenda (Open Session)

Governing Body
Wednesday 06 October 2021 (9:00 – 11:20)
Virtual meeting via Zoom

Time	Item	Presenter	Reference
09:00	Introductory Items		
	1. Welcome, introductions and apologies	Jon Towler	GB/21/070 – Verbal
	2. Confirmation of quoracy	Jon Towler	GB/21/071 – Verbal
	3. Declarations of interest for any item on the agenda	Jon Towler	GB/21/072
	4. Management of any real or perceived conflicts of interest	Jon Towler	GB/21/073
	5. Questions from the public	Jon Towler	GB/21/074 – Verbal
	6. Minutes from the meeting held on 4 August 2021	Jon Towler	GB/21/075
	7. Action log from the meeting held on 4 August 2021	Jon Towler	GB/21/076
09:15	Strategy and Leadership		
	8. Accountable Officer Report	Amanda Sullivan	GB/21/077
	9. Joint Clinical Leaders' Report	James Hopkinson	GB/21/078 – Verbal
	10. Annual Equality Assurance Report	Rosa Waddingham	GB/21/079
10:00	Commissioning Developments		
	11. Primary Care Commissioning Committee Highlight Report – 18 August 2021 and 15 September 2021	Eleri de Gilbert	GB/21/080
	12. Patient and Public Engagement Committee Highlight Report – 24 August 2021 and 28 September 2021	Sue Clague	GB/21/081
10:10	Financial Stewardship and Resources		
	13. Finance and Resources Committee Highlight Report – 25 August 2021 and 22 September 2021	Shaun Beebe	GB/21/082
	14. 2021/22 Financial Report Month Five	Stuart Poynor	GB/21/083
10:20	Quality and Performance		
	15. Quality and Performance Committee Highlight Report – 26 August 2021 and 23 September 2021	Eleri de Gilbert	GB/21/084

Time	Item	Presenter	Reference
	16. Quality Report	Rosa Waddingham	GB/21/085
	17. Integrated Performance Report	Stuart Poynor	GB/21/086
11.05	Corporate Assurance		
	18. Audit and Governance Committee Highlight Report – 31 August 2021	Sue Sunderland	GB/21/087
	19. Assurance Framework	Lucy Branson	GB/21/088
	20. Corporate Risk Report	Lucy Branson	GB/21/089
-	Information Items		
	<i>The following items are for information and will not be individually presented. Questions will be taken by exception.</i>		
	21. Minutes of CCG committee meetings:	N/A	GB/21/090
	a) Patient and Public Engagement Committee – 27 July 2021 and 24 August		
	b) Quality and Performance Committee – 22 July 2021 and 26 August 2021		
	c) Finance and Resources Committee – 28 July 2021 and 25 August 2021		
	d) Primary Care Commissioning Committee – 21 July 2021 and 18 August 2021		
	e) Audit and Governance Committee – 10 June 2021		
11.20	Closing Items		
	22. Any other business	Jon Towler	GB/21/091 – Verbal
	23. Date of the next meeting: 01/12/2021 To be held virtually	Jon Towler	GB/21/092 – Verbal

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 30 September 2021 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	Interest Type				Date From:	Date To:	Action taken to mitigate risk
				Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest			
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.
BEEBE, Shaun	Non-Executive Director	Nottingham University Hospitals NHS Trust	Patient in Ophthalmology			✓		-	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.

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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	Pelham Homes Ltd – Housing provider subsidiary of Nottinghamshire Community Housing Association	Director	✓				01/01/2008	30/09/2021	Interest expired no action required
DADGE, Lucy	Chief Commissioning Officer	First for Wellbeing Community Interest Company (Health and Wellbeing Company)	Director	✓				01/12/2016	Present	First for Wellbeing CIC is currently in the process of being closed. This interest remains on the register whilst this takes place.
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.
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 and Daughter in Law registered patients				✓	18/10/2019	Present	This interest will be kept under review and specific actions determined as required.
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.
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.

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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.
LOVELOCK, Dr Hilary	Governing Body GP Representative	Brierley Park Medical Centre	GP Partner	✓				-	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.
LOVELOCK, Dr Hilary	Governing Body GP Representative	Primary Integrated Community Services (PICS) Ltd	Shareholder in Primary Integrated Community Services individually <5%.	✓				-	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 PICS.
LOVELOCK, Dr Hilary	Governing Body GP Representative	Clinical Research Network	Recruiter to Care-IS, All Heart-You, CANDID research studies, where payment is received per recruited patient	✓				-	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.

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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	No relevant interests declared	Not applicable					-	Present	Not applicable
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 arrangement) relating to services that are currently, or could be, provided by GP Practices.
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	Participate in discussion or service redesign if organisation is potential provider, withdraw from voting unless otherwise agreed by the meeting chair.
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	This interest will be kept under review and specific actions determined as required.
SHORTT, Dr Stephen	Joint Clinical Leader	Village Health Group (formerly Keyworth Medical Practice)	Spouse is GP partner				✓	01/04/2013	Present	This interest will be kept under review and specific actions determined as required.
SHORTT, Dr Stephen	Joint Clinical Leader	KMP Pharmacy	Wife is Director				✓	01/04/2013	10/06/2021	Interest expired no action required
SHORTT, Dr Stephen	Joint Clinical Leader	HS Primary Care Research Network	Practice receives funding to host research studies and recruit patients	✓				01/04/2013	10/06/2021	Interest expired no action required

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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	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 bidder.
SHORTT, Dr Stephen	Joint Clinical Leader	Village Health Group (formerly Keyworth 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.
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.
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	Participate in discussion or service redesign if organisation is potential provider, withdraw from voting unless otherwise agreed by the meeting chair.
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.
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.

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
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
 04/08/2021, 09:00-10:45
 Teleconference

Members present:

Jon Towler	Non-Executive Director and Chair of the meeting
Dr Manik Arora	GP Representative, Nottingham City
Shaun Beebe	Non-Executive Director
Sue Clague	Non-Executive Director
Lucy Dadge	Chief Commissioning Officer
Eleri de Gilbert	Non-Executive Director
Dr Stephen Shortt	Joint Clinical Leader
Dr Richard Stratton	GP Representative, South Nottinghamshire
Amanda Sullivan	Accountable Officer
Sue Sunderland	Non-Executive Director
Rosa Waddingham	Chief Nurse

In attendance:

Lucy Branson	Associate Director of Governance
Michael Cawley	Operational Director of Finance (on behalf of Stuart Poynor)
Sue Wass	Corporate Governance Officer (minutes)

Apologies:

Dr James Hopkinson	Joint Clinical Leader
Dr Hilary Lovelock	GP Representative, Mid-Nottinghamshire
Dr Adedeji Okubadejo	Secondary Care Specialist
Stuart Poynor	Chief Finance Officer

Cumulative Record of Members' Attendance (2021/22)					
Name	Possible	Actual	Name	Possible	Actual
Dr Manik Arora	3	2	Stuart Poynor	3	2
Shaun Beebe	3	3	Dr Stephen Shortt	3	3
Sue Clague	3	3	Dr Richard Stratton	3	3
Lucy Dadge	3	2	Amanda Sullivan	3	3
Eleri de Gilbert	3	3	Sue Sunderland	3	3
Dr James Hopkinson	3	2	Jon Towler	3	3
Dr Hilary Lovelock	3	2	Rosa Waddingham	3	3
Dr Adedeji Okubadejo	3	2			

Introductory Items**GB 21 049 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 due to the Covid-19 pandemic and was being live streamed to allow members of the public access to the discussion.

Apologies were noted as above.

GB 21 050 Confirmation of Quoracy

The meeting was declared quorate.

GB 21 051 Declaration of interest for any item on the shared agenda

Agenda items GB 21 056, GB 21 062 and GB 21 063 would potentially raise discussion regarding Nottingham University Hospitals NHS Trust (NUH). It was noted that Dr Richard Stratton has a pecuniary interest in these items, as an employee of NUH.

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

GB 21 052 Management of any real or perceived conflicts of interest

With regard to Dr Stratton's declared interest, it was agreed that he would remain in the meeting for items GB 21 056, GB 21 062 and GB 21 063, but only contribute on matters of fact. No decisions were required.

GB 21 053 Questions from the Public

There were no questions.

GB 21 054 Minutes from the meeting held on 02 June 2021

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

GB 21 055 Action log from the meetings held on 02 June 2021

All actions were noted as completed.

Regarding action GB 21 042, noting that recovery trajectories by specialities were not currently available, members queried that when this became available, it would be incorporated into the Integrated Performance Report. It was noted that updated national planning guidance on recovery projections and resources was awaited and a detailed view of the scale of the challenge should be available by the end of September. It was agreed that the Quality and Performance Committee would oversee the incorporation of recovery projections into the Integrated Performance Report.

ACTION:

- **An update on the metrics to monitor the progress of recovery to be given at the October meeting of the Quality and Performance Committee.**

Strategy and Leadership

GB 21 056 Accountable Officer Report

Amanda Sullivan presented the item and highlighted the following key points:

- a) Covid infection rates had risen steeply, putting significant pressure on services. 140 patients were currently being treated in Nottinghamshire hospitals, 70% of which were either unvaccinated or had only had one vaccination. The average age of these patients was mid-40s. The drive to reach unvaccinated individuals continued, with a particular focus on unvaccinated expectant mothers.
- b) GP, 111 and ambulance services also continued to see unprecedented levels of demand. The reasons for the increase were varied and the local health system was working on identifying possible changes in health seeking behaviours as a result of the pandemic.
- c) The additional funding to help hospitals reduce waiting lists has been successful in starting to reduce the backlog of patients waiting for elective surgery.
- d) The CCG's Annual Report and Accounts for 2020/21 had been published and planning for the Annual Public Meeting was underway.
- e) NHS England had undertaken their annual assessment of CCG performance; albeit

in a differing format for 2020/21, recognising the challenges that the year had posed. The outcome had been largely positive, noting the CCG's rapid response to the pandemic and the partnership arrangements that had been put in place. Key areas of focus for the coming year were a focus on health inequalities and addressing the underlying financial deficit.

- f) A thank you to Dr Richard Stratton was given for his wise counsel over the past years. He was stepping down as a member of the Governing Body to re-locate out of the CCG's area.
- g) A decision to include the district of Bassetlaw within the ICS' boundary had been taken. This would not affect patients within Bassetlaw, who would continue to access services in the same way, but it would help develop stronger connections between health services and the Nottinghamshire County Council.
- h) Kathy McLean had been confirmed as the ICS' Integrated Care Board Chair Designate. The second reading of the Health and Care Bill, which took place on 14 July confirmed the intention to establish a statutory Integrated Care Board on 1 April 2022.
- i) There was continued concern over maternity services at NUH. Following an 'Inadequate' rating of the services by the Care Quality Commission last year, steps had been put in place to improve services; however, progress remained slow. It was the CCG's intention to ensure that all issues were addressed, and the voices of families were listened to. A further discussion would take place under item GB 21 062 on the agenda.
- j) The appointment of Amanda Pritchard as new Chief Executive of NHS England had recently been announced.

The Governing Body:

- **RECEIVED** the Accountable Officer Report.

GB 21 057

Joint Clinical Leaders' Report

Stephen Shortt presented the item and highlighted the following key points:

- a) In preparation for the move to statutory ICS arrangements, governance structures for clinical involvement were being developed.
- b) Referencing the change in patient behaviour discussed at item GB 21 056b, the rising number of children presenting at Emergency Departments instead of GP surgeries was noted.
- c) The results of a recent survey of GP practices conducted jointly by the Local Medical Committee and the CCG had indicated strongly that workload pressures were taking a toll on staffs' physical and mental health. An action plan to address the findings of the survey was welcomed.
- d) Dr Shortt paid tribute to the outstanding contribution of Dr Stratton in the development of the role of General Practice in the wider health system architecture.

The Governing Body:

- **NOTED** the verbal update.

Commissioning Developments

GB 21 058

Primary Care Commissioning Committee Highlight Report – 6 June 2021 and 21 July 2021

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

- a) Following on from the report on the survey noted at GB 21 057c, the Committee had discussed the issues at their July meeting. The survey had demonstrated the immense pressure and unprecedented levels of demand experienced over the past 18 months. This had raised concern for the welfare of current staff and the impact on the future workforce, as many respondents had expressed a desire to retire early. The Committee was keen for an action plan to be developed to address the issues

raised and would receive regular updates on progress.

The following points were raised in discussion:

- b) Noting the update in the report regarding a NHS England initiative 'Access Improvement Programme Funding', it was queried whether the Patient Participation Groups (PPGs) for the selected practices would be involved. It was confirmed that all practices selected for the programme had functioning PPGs and they would be expected to be involved; however, at the present time none of the practices had yet agreed to join the programme.
- c) Members discussed the developing architecture for primary care development, noting a complexity in overseeing work relating to the transition of wider primary care functions that had been previously commissioned by NHS England to the ICS; the oversight of action plans to ensure GP resilience and sustainability; and oversight of the development of longer term strategies for primary care, which would rest with the ICS. There was also a need to ensure that the patient voice was heard in the development of policy. It was noted that governance structures for the ICS were in development.

The Governing Body:

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

GB 21 059 Patient and Public Engagement Committee (PPEC) Highlight Report – 229 June 2021 and 27 July 2021

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

- a) Members had welcomed community engagement plans for the ICS, particularly the approach for both strategic and community engagement.
- b) A presentation from the Mid-Nottinghamshire Place-Based Partnership highlighted their focus on areas of deprivation.
- c) An update on the impact of engagement to develop the Children and Young People's Emotional Wellbeing Early Support, Training and Consultation Service demonstrated how improvements had been made to the service by the co-production of service transformation and better communication.
- d) Members had reviewed the engagement undertaken in relation to the recent Platform One practice transition and had recommended stronger links between PPEC and the Primary Care Commissioning Committee.

The following points were raised in discussion:

- e) Eleri de Gilbert, as Chair of the Primary Care Commissioning Committee, noted that lessons learnt from the Platform One engagement had been taken forward and put in practice in the recent engagement regarding Queen's Bower Surgery; as a decision had been delayed to ensure greater engagement.
- f) Noting that as the transition to the ICS moved forward, the names and titles of certain groups were changing, members requested that Alex Ball provide an updated table of groups and acronyms.

The Governing Body:

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

ACTION:

- **Alex Ball to provide an up to date list of ICS groups and acronyms.**

Financial Stewardship and Resources

GB 21 060 Finance and Resources Committee Highlight Report – 23 June 2021 and 28 July 2021

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

- a) The Committee had scrutinised in detail the finance reports for months two and three, noting an anticipated break-even position at year end.
- b) An update report was received on the CCG's agile working model.
- c) A financial report on the ICS Vaccination Programme was received to provide context for wider discussions on other financial issues relating to the CCG and ICS.
- d) Key workforce indicators were noted. Although a 75% completion rate for staff appraisals was below the 92% target, this was an improved figure, with the low base a result of CCG staffs' focus on responding to the pandemic.

The Governing Body:

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

GB 21 061

2021/22 Financial Report Month Three

Michael Cawley presented the item and highlighted the following points:

- a) The CCG currently remained under a temporary financial regime due to the continuing Covid-19 situation; with the financial year split into two reporting periods H1, April to September and H2, October to March.
- b) The CCG had updated the financial plan for H1 between month two and month three with regard to the Elective Recovery Fund (ERF). The CCG was reporting a break-even plan position year to date and forecast H1 out-turn position, after accounting for delivery of the ERF plan.
- c) Key financial risks included those associated with the non-delivery of the ERF activity plan alongside recent changes that increased the threshold for attaining ERF income from Quarter two onwards. The potential adverse impact on the CCG was in the range £0.5 million to £0.76 million.
- d) Continuing healthcare costs continued to be a cost pressure for the CCG. This was mitigated by below plan spend on prescribing and delegated primary care costs.
- e) At month three the full QIPP target was on forecast to be delivered.

The following points were raised in discussion:

- f) Members noted that activity levels looked challenging. It was noted that system level conversations were on-going to test whether assumptions were credible.
- g) Members queried whether there was any further information on H2 plans. It was noted that information on H2 was anticipated by the end of the month. Early indications were that there would be a carry forward of H1 allocations with some adjustments; and CCG planning had been undertaken on an assumption of a 3% cost saving requirement.
- h) Members queried that in the absence of an ICS Finance Committee how concerns relating to cost pressures were being escalated to the ICS Board. It was noted that an ICS Finance Committee was in development. At present, all Directors of Finance met on a regular basis, with regular Executive Director scrutiny.

The Governing Body:

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

At this point, Lucy Dadge joined the meeting.

Quality and Performance

GB 21 062

Quality and Performance Committee Highlight Report – 24 June 2021 and 22 July 2021

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

- a) Following a request at the previous Governing Body meeting, the Committee had received a presentation from Public Health colleagues on the suicide and self-harm prevention strategy and were assured that a system approach to prevention was in

place. Assurance was also provided regarding the CCG focus on suicide awareness training and support.

- b) The Serious Incident and Never Event Annual Report for 2020/21; and the Learning Disabilities Death Review (LeDeR) Annual Report had been endorsed.
- c) A deep dive report on Nottinghamshire Healthcare NHS Foundation Trust (NHFT) had been scrutinised and it was agreed to maintain the associated risk score at 16. This reflected that although NHFT was on an improvement trajectory, concerns remained in relation to some sub-contracted services and the sustainability of improvements being made.
- d) The Committee had continued to focus on the quality of maternity services at NUH and on wider concerns following identification of several significant quality issues and lack of assurance of systematic improvement. Concerns had been fed back to regulators and the CCG had placed staff within the Trust to support improvements. A system-wide action plan was being developed, which would incorporate actions from a recent wider inspection by the CQC on NUH once this report was published. Regulators had also placed individuals within the Trust to support improvement. However due to the pace of change, the score for the associated risk relating to the quality of maternity services at NUH had been raised from 20 to 25 and a risk relating to wider concerns of the quality of services at NUH with a risk score of 20 had been placed on the CCG's Corporate Risk Register.

The following points were raised in discussion:

- e) Members noted that the high scores for both risks suggested that the risks were on-going material concerns and the resolution of the issues was complex.
- f) Members sought assurance that the CCG was doing everything within its statutory remit to resolve the issues. It was explained that the CCG had a statutory duty to promote quality improvement and performance manage the Trust via contractual measures. As business as usual contractual processes had been suspended during the pandemic, contractual levers had not been able to be used. The CQC and NHS England, as regulators had powers to impose conditions and had significant resources to undertake inspections and intervene in the running of trusts. There was a shared assurance process between the regulators and the CCG had raised concerns that quality standards were not being met. However, the CCG had maintained a constructive and supportive relationship with the Trust, as the most likely stance to achieve improvements. A number of the concerns raised would not be resolved quickly, as they related to entrenched cultural issues.
- g) Members queried whether the voices of bereaved families would be heard. It was noted that CCG work within the Trust had found issues with incident reporting thresholds and an independent piece of work had been commissioned to retrospectively examine all incidents, uncover all issues and ensure that improvement plans addressed any shortcomings in services. As part of this work families would be engaged. It was agreed to share the timescales and expected outputs of the report with the Quality and Performance Committee.
- h) As there was a movement towards greater system working, Members queried how to ensure a duty of candour. It was noted that there had been a presentation of key quality principles and the co-production and development of a quality strategy at the last ICS Board meeting. It was agreed that a further update would be given at the next meeting of the Quality and Performance Committee. Members noted that the culture that the ICS promoted would be key in promoting joint responsibility.
- i) Members noted there was also a need to assess the Trust's engagement policies, which was agreed.
- j) Members noted the need to ensure public confidence in the local health system, with the CCG's role as 'watchdog' being key.

The Governing Body:

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

ACTIONS:

- **Rosa Waddingham to provide the Quality and Performance Committee with timescales and expected outcomes of the independent retrospective review of incidents in NUH maternity services.**
- **Rosa Waddingham to share with the Quality and Performance Committee the quality principles presented at the last ICS Board Meeting.**
- **Alex Ball to assess NUH's engagement policies against best practice standards.**

GB 21 063

Quality Report

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

- a) There had been 138 serious incidents reported in the system during quarter one of 2021/22, an increase of 76 in comparison to quarter one of 2020/21. A significant contributing factor to the increase was the number of deep dives and look back exercises of some incidents in maternity services provided by NUH. The top three themes for reportable serious incidents continued to be related to maternity services, pressure ulcers, and apparent/actual/suspected self-inflicted harm.
- b) There had been a partnership focus on sudden infant death and a local Sleep Safe Forum, attended by the CCG's Children's Safeguarding Team who were identifying further opportunities to add safe sleep messaging to all organisations that meet families.
- c) The trajectory for Learning Disability and Autism Inpatient performance was slightly off track due to the significant challenges of the pandemic, but it was anticipated that the target would be achieved by the end of the financial year.

The following points were raised in discussion:

- d) Members queried whether metrics on the recovery of community services were available. It was noted that a Quality Assurance Group had recently been held and an assurance report would be brought to a future Quality and Performance Committee.

The Governing Body:

- **NOTED** the Quality Report.

ACTION:

- **Rosa Waddingham to bring an assurance report on the quality of community services to a future Quality and Performance Committee meeting.**

GB 21 064

Integrated Performance Report

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

- a) A new section had been introduced to address the query made at the previous Governing Body meeting around the level of demand into primary care. Further metrics would be included when they became available.
- b) A small improvement in the elective care Referral to Treatment incomplete performance had been reported. However, the overall number of patients waiting for their first definitive treatment continued to rise.
- c) Overall, the number of CCG-registered patients on the waiting list had increased to 84,213. The shape of the waiting list continued to be challenging although there had been a reduction in the number of very long-waiting patients. The CCG continued to monitor this, with the continued use of clinical prioritisation to manage elective surgery.
- d) Diagnostic services showed an improvement in performance with respect to the number of patients waiting against the six-week national standard.
- e) Cancer services overall continued to show relatively good levels of performance

compared to similar populations across the country. Treatment volumes remained high and the use of the independent sector continued.

- f) Attendance volumes to Accident and Emergency Departments continued to show an increase but remained below pre-pandemic levels.
- g) The number of people entering treatment for Improving Access to Psychological Therapies (IAPT) had increased since the last report but remained lower than the required standard.
- h) Children and Younger People continued to access Mental Health Services above the required standard.

The following points were raised in discussion:

- i) Members welcomed the metrics relating to General Practice; and queried that, given the pressures on General Practice, how they would recover regular services such as vaccinations and cervical cancer screening. It was noted that there were plans to bring back routine services in a manageable way for General Practice. It was noted that the Quality and Performance Committee had highlighted this as an issue with the Primary Care Commissioning Committee and a report would be brought to a future meeting of that committee.
- j) Members requested that the data for waiting lists also included baseline comparisons. It was noted that there were approximately 20,000 more patients on waiting lists than pre-pandemic.
- k) Members queried whether the CCG continued to be assured that providers continued to communicate with patients on waiting lists. It was noted that a whole system response had been sent to every patient on a waiting list; and an Elective Hub, hosted by the CCG, continued to review all lists on a weekly basis.

The Governing Body:

- **NOTED** the Integrated Performance Report.

ACTION:

- **Michael Cawley to request the addition of baseline metrics for key waiting time indicators in the Integrated Performance Report.**

Corporate Assurance

GB 21 065

Audit and Governance Committee Highlight Report – 10 June 2021

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

- a) The Committee had approved the CCG's Annual Report and Accounts following scrutiny of several reports. Both the Internal and External Auditors had submitted positive reports and thanks had been given to the Corporate Governance and Finance Teams for the production of the Annual Report and Accounts during a challenging time.
- b) The Health and Safety, Security and Fire Compliance Annual Report had provided good assurance that staff had been well supported during the pandemic.

The Governing Body:

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

GB 21 066

Corporate Risk Report

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

- a) There were currently eight major operational risks on the Corporate Risk Register, which were scrutinised monthly by the respective committees.
- b) Following a request made at the previous meeting, work had been undertaken through the Primary Care Commissioning Committee to review the risk scores of risks within their remit that related to General Practice resilience and workforce.

The following points were raised in discussion:

c) No new risks were raised.

The Governing Body:

- **NOTED** the Report.

For Information

GB 21 067 **Ratified minutes of Governing Body committee meetings**
The minutes were **NOTED**.

Closing Items

GB 21 068 **Any other business**
There was no other business.

GB 21 069 **Date of the next meeting:**
06/10/21 to be held virtually.



Governing Body
ACTION LOG for the meeting held on 04/08/21

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						
02/06/2021	GB 21 042	Integrated Performance Report	To present a detailed report by specialty of plans and trajectories for recovery to the July meeting of the Quality and Performance Committee.	Stuart Poynor	29/07/2021 28/10/2021	Not yet due – scheduled for presentation to the Quality and Performance Committee at its 28 October meeting (as agreed at the 4 August 2021 Governing Body meeting).
04/08/2021	GB 21 063	Quality Report	To bring an assurance report on the quality of community services to a future Quality and Performance Committee meeting.	Rosa Waddingham	28/10/2021	Not yet due – scheduled for presentation to the Quality and Performance Committee at its 28 October meeting.
ACTIONS COMPLETE						
04/08/2021	GB 21 061	PPEC Highlight Report	To provide an up to date list of ICS groups and acronyms.	Alex Ball	-	Provided in the update report to the Governing Body at the Development Session held on 1

Meeting date	Agenda reference	Agenda item	Action	Lead	Date to be completed	Comment
						September.
04/08/2021	GB 21 062	Quality and Performance Committee Highlight Report	To provide the Quality and Performance Committee with timescales and expected outcomes of the independent retrospective review of incidents in NUH maternity services.	Rosa Waddingham	-	The Quality and Performance Committee received an update at its 23 September meeting. Terms of reference are finalised, and Independent Chair and Clinicians appointed. Review to commence in October 2021.
04/08/2021	GB 21 062	Quality and Performance Committee Highlight Report	To share with the Quality and Performance Committee the quality principles presented at the last ICB Board Meeting.	Rosa Waddingham	-	The quality principles were shared with the Quality and Performance Committee at its 23 September meeting.
04/08/2021	GB 21 062	Quality and Performance Committee Highlight Report	To assess NUH's engagement policies against best practice standards.	Alex Ball	-	A desktop review has taken place and assurance gained regarding compliance with policy and guidelines.
04/08/2021	GB 21 064	Integrated Performance Report	To request the addition of baseline metrics for key waiting time indicators in the Integrated Performance Report.	Stuart Poynor	-	To show current performance against pre-Covid baselines, the IPR includes 24-month trend lines on the H1 summary table and comparisons against 2019/20 delivery (Page 3). Additional tables have been included on pages 4, 6, 8 and 12,



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting date	Agenda reference	Agenda item	Action	Lead	Date to be completed	Comment
						which include comparatives for the current 12 months and prior 12 months for key metrics.



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	Date:	06 October 2021
Paper Title:	Accountable Officer's Report	Paper Reference:	GB 21 077
Sponsor: Presenter:	Amanda Sullivan, Accountable Officer Amanda Sullivan, Accountable Officer	Attachments/ Appendices:	A: Nottinghamshire Compact B: ICS Board Summary Briefing Sept 2021
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:

1. **RECEIVE** the Accountable Officer's Report for information.
2. **APPROVE** the Nottinghamshire Compact.

Accountable Officer's Report

COVID-19 Update

1. Local Prevalence and Response

As at 21 September, 187 beds in Nottinghamshire's hospitals were occupied by patients with Covid-19 (which compares to 198 beds on 14 September); with 79 admissions relating to Covid-19 in the seven days to 19 September (which compares to 77 admissions in the in previous 7-day period).

GP practices continue to see high volumes of patients. Using the latest figures available, July saw 492,711 GP appointments taking place, with 57% being face-to-face and 51% being the same day or next.

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

2. Covid-19 Vaccination Programme

So far, a total 1,397,963 vaccinations have been administered in Nottingham and Nottinghamshire, with 668,920 of these being second doses.

Focus remains on increasing the number of people under the age of 40 taking the vaccination, with the 'Grab a Jab' campaign. The latest figures show that:

- 84.6% of people aged 35-39, 81.2% of people aged 30-34, 64.5% of people aged 25-29, 67.3% of people aged 18-24 and 7.7% of people under the age of 18 have received a first vaccination; and
- 77.2% of people aged 35-39, 71.8% of people aged 30-34, 54.4% of people aged 25-29, 54.1% of people aged 18-24 and 1.7% of people under the age of 18 have received a second.

Vaccination sites across Nottingham and Nottinghamshire continue to offer walk-in appointments for all those 18 and over for first and second doses. People aged 16 and 17 can walk into selected sites across the city and county.

The Booster Programme has now started and as part of this, jabs will be offered to over 50s, frontline health and care workers and clinically extremely vulnerable and clinically vulnerable people. Those eligible for a booster vaccination will be contacted by the NHS inviting them to book in for their jabs. In order to increase access for citizens to the proposed 'booster programme', a large number of new vaccination locations will open in the coming weeks. These include a number of GP surgeries and community pharmacies, two large-scale vaccination centres in the Nottingham and Mansfield areas, as well as two existing hospital vaccination hubs. This means it will be easier than ever for eligible citizens to receive their booster vaccination when the next stage of the programme goes live.

Across Nottingham and Nottinghamshire, the following vaccination sites will be open to deliver booster doses:

- A large-scale vaccination site at the existing location in the old Wickes shop in Mansfield
- 19 GP Designated Primary Care Sites across the City and County (Designated Primary Care Sites are where a number of GPs work in collaboration from one site).
- 30 Community Pharmacies across the City and County
- Queen's Medical Centre
- King's Mill Hospital

The vaccination site at Forest Recreation Ground in Nottingham has closed temporarily to prepare it for the winter months ahead. This will include expanding the inside space and ensuring that the site is suitable through cold and wet periods. The site closed on 21 September and it is expected that the closure will last for up to four weeks to enable this work to be completed. The vaccination sites will be complemented by the home visiting service, vaccinations in care homes and the vaccine bus.

A small number of existing vaccination sites have closed or will be closing as, either their commercial lease is coming to an end, or they are no longer required given the increased provision of more convenient locations. These sites are:

- King's Meadow Campus – closed on 10 September
- Newark Showground – closed on 10 September
- Gamston Community Centre – closing latest 17 October
- Richard Herrod Leisure Centre – closing latest 17 October

CCG Updates and Developments

3. CCG Annual Public Meeting 2020/21

The CCG's Annual Public Meeting was held on 29 September, this was held virtually for the second year, due to the on-going pandemic. The meeting provided an opportunity for members of the public to hear about the work the CCG had undertaken during 2020/21, the CCG's continuing response to the Covid-19 pandemic, and plans for the coming period, with the move towards a statutory integrated care system. Members of the public were also encouraged to submit questions in advance of, and during, the meeting.

A recording of the meeting has been posted on the CCG's You Tube channel for individuals who could not make it on the day [You Tube](#).

Partner Updates

4. Rapid Diagnostic Concept (RDC)

The Nottingham and Nottinghamshire Integrated Care System (ICS) has been successful in its expression of interest to be an accelerator site for the Rapid Diagnostic Concept (RDC). The RDC is key element of the NHS Long Term Plan for cancer and will aim to:

- Support earlier and faster cancer diagnosis.
- Create increased capacity through more efficient diagnostic pathways.
- Deliver a better, personalised, coordinated diagnostic experience for patients.
- Reduce unwarranted variation in referral for, and access to diagnostic tests.
- Improve the offer to staff with new roles which offer development opportunities.

The East Midlands Cancer Alliance (EMCA) has confirmed that the ICS will be awarded up to £1.3 million in 2021/22 paid in two parts – the first £500,000 transferable immediately to support early mobilisation, with further funding for 2022/23 to be considered following submission of a full business case. Following endorsement by the CCG's Executive Management Team, the CCG has worked closely with Nottingham University Hospitals NHS Trust (NUH) and Sherwood Forest Hospitals NHS Foundation Trust (SFH) to complete the business case for submission on 1 September 2021.

The Trusts' accelerated development plans involve building trust project management capacity and securing senior clinical input in 2021/22, followed by delivery of multiple pathway transformations in 2022/23. The plans are supported by both the of the Trusts' Cancer Taskforce groups.

5. Report of the Care Quality Commission's well-led inspection of Nottingham University Hospitals Trust

On 15 September the Care Quality Commission (CQC) published its report following its inspection of Nottingham University Hospitals NHS Trust during June and July of this year. The inspection looked closely at the Trust's leadership, core services, surgery and urgent and emergency care and has been given an overall rating of 'requires improvement'. In total, the CQC has given the Trust 28 points it must improve upon; these include actions required to address issues related to the organisation's leadership, bullying across the organisation and in ensuring that all staff, including staff with particular protected characteristics under the Equality Act, are treated equitably.

The CCG is deeply concerned about the findings of the inspection and the areas raised as needing urgent improvements. The Trust has signalled its strong commitment to addressing all concerns made in the report and the CCG will work closely with NHS England and Improvement (NHSEI) and the Trust to make sure urgent changes are made across the organisation and in the specific areas highlighted.

Whilst the CQC report sets out a great deal for the Trust to improve on, the report does highlight that staff are focussed on delivering high quality patient services and recognises their care and dedication towards patients. It is clear from the report that staff at the Trust are working hard to put patients first to deliver the high standard of care we all expect.

6. Provider Collaboratives

At its meeting on 2 September 2021, the Nottingham and Nottinghamshire ICS Board received an update on the progress and development of the ICS Provider Collaborative at scale (SFH, NUH and Nottinghamshire Healthcare Foundation Trust). The update highlighted the following key points:

- National guidance had recently been issued to support the development of provider collaboratives. This, and a published toolkit, were being utilised to further guide the local work.
- Positive feedback from the NHSEI regional team had been received following the completion of an initial baseline provider collaborative assessment.
- Over the last couple of months, discussions between the three partners have specifically explored several key areas; including the rationale for having a provider collaborative, what it is and isn't and how it should be set up.
- There has also been debate around ensuring that the existing system structure is not destabilised and how the three providers should focus on areas where it makes sense for them to work together. These discussions were brought together formally in August at a meeting chaired by the ICS Chair.
- It has been agreed that there will be an initial focus on elective care, anchor organisations and an assessment of other areas as suggested in the guidance.

The national ambition is to have something in place by April 2022, but it is recognised that this will not be at full maturity. The national expectation is that by April next year, work will have been completed to:

- Identify the shared purpose of each collaborative and the specific opportunities to deliver benefits of scale and mutual aid.
- Develop and implement appropriate membership, governance arrangements and programmes (or reflect on this where collaboratives are already in place).
- Ensure purpose, benefits and activities are well aligned with ICS priorities.

Following endorsement by the relevant partner boards and agreement to progress the work needed to practically establish the provider collaborative, a number of next steps will now ensue. These include establishing a provider leadership board (to commence in shadow form from January 2022), progressing focussed work on elective care and anchor organisations and establishing a development plan in line with the national guidance. It is also intended that engagement will occur with other partners to ensure clarity on how the provider collaborative interfaces and works alongside other areas of system governance. This will include engagement with colleagues in Bassetlaw.

7. Recruitment for Nottinghamshire's Integrated Care Board Chief Executive Officer

NHS England has begun a national process of recruiting Chief Executive Officers (CEOs) to the anticipated 42 Integrated Care Boards. This includes the future Nottingham and Nottinghamshire Integrated Care Board (ICB). The Nottingham and Nottinghamshire ICS will serve a population of 1.2 million and has a combined annual budget of over £3 billion for the commissioning and provision of health and care services across the region. The CEO of the Nottingham and Nottinghamshire Integrated Care Board will help leaders from the NHS, local authorities and the voluntary sector to work even more closely together to join up services, personalise care, tackle health inequalities and improve people's health across the local area. The open recruitment process is being led by NHS England and NHS

Improvement, with involvement from all partners across the local health and care system and is expected to conclude in October.

8. The Nottingham and Nottinghamshire Compact

The CCG has been asked to sign up to the principles in a Compact, enclosed at **Appendix A**, which has been developed by partners in the Voluntary, Community and Public Sectors in order to foster stronger collaborative working relationships with the voluntary and community sectors. It asks for a commitment to a set of shared values and principles to support more effective partnership working.

The Governing Body is asked to **APPROVE** the adoption of the Compact at **Appendix A**.

9. ICS Board Meeting Update

The Nottingham and Nottinghamshire Integrated Care System (ICS) Board last met virtually on 2 September. A summary of the meeting is provided for information at **Appendix B**.

All meeting papers are published on the ICS website at <https://healthandcarenotts.co.uk/>. The next ICS Board meeting is scheduled for 4 November 2021.

10. Health and Wellbeing Board Updates

Nottinghamshire County Health and Wellbeing Board

The Nottinghamshire County Health and Wellbeing Board last met on 1 September. The meeting received proposals in the new Police and Crime Plan and on the Council's own Council Plan. The meeting also discussed the approach to refreshing the Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026.

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 last met on 29 September. The meeting received a report on the Nottingham City Place-Based Partnership and an update on the proposed police and crime plan priorities for Nottinghamshire, with a specific request to consider areas of shared concern and priorities to help inform the objectives of the plan. The Board also received the Joint Strategic Needs Assessment (JSNA) Annual Report and were asked to endorse the JSNA work plan for 2021/22.

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>.

Recommendation(s)

The Governing Body is requested to:

- **RECEIVE:** the Accountable Officer's Report for information.
- **APPROVE:** the adoption of the Nottinghamshire Compact

This matter is being dealt with by:

Name: Cathy Harvey

Reference:

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Private and Confidential

To be opened by addressee only

Rosa Waddingham
Chief Nurse, Nottingham & Nottinghamshire CCG
& ICS

11 August 2021

Dear Rosa Waddingham,

THE NOTTINGHAM AND NOTTINGHAMSHIRE COMPACT

As Chairman of Nottinghamshire County Council's new Communities Committee, I am delighted to write to you to let you know that the Council approved the adoption of the Compact on 10th June 2021.

Both myself and Adrian Smith, who is Chair of the Local Resilience Forum Humanitarian Assistance Group (LRF HAG) are writing to seek the support of your organisation with regards to the above 'Compact', a copy of which is attached.

The Compact has been developed by partners in the Voluntary, Community and Public Sectors, and was presented to and approved by the LRF HAG on 20th April 2021.

The Voluntary and Community Sector (VCS) has been at the heart of the humanitarian response across the City and County throughout the Covid pandemic, helping Public Bodies meet the expectations placed on them by the Government.

The VCS has always made a huge contribution to the lives of the local people. The impact of Covid-19 and the response of the VCS to it has further highlighted and amplified the sector's critical role. The sector very quickly mobilised to provide support to our most vulnerable residents at the time they needed it most.

The development of the Compact has been borne out of the new relationships forged during the pandemic and is designed to provide a strong foundation for close collaborative working going forward. The Compact, asks public sector partners and the VCS to commit to a set of shared values and principles which support long-term development of effective partnership working.

To implement the Compact effectively, we are writing to each partner organisation such as yours requesting the formal adoption the Compact, and thereby agreement to follow its principles. This will help to support the development and sustainability of the VCS, whilst publicly demonstrating the value partners place in continuing the collaboration we have developed.

We enclose the Compact and would ask that you encourage your organisation to sign up to its principles. The intention is to compile a list of signatories to the Compact and undertake some publicity at the appropriate time. We would be grateful therefore if you would confirm your

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Nottinghamshire County Council, County Hall, West Bridgford, Nottingham NG2 7QP

organisations support, and formal adoption, or ask any questions, by contacting Cathy Harvey, Team Manager, Communities, contact details in the letter header.

Thank you in anticipation of your support.

Yours sincerely,

Councillor John Cottee



**Chair of the Communities Committee
Nottinghamshire County Council**

Adrian Smith



**Deputy Chief Executive.
Corporate Director, Place
Chair, LRF Humanitarian Assistance Group
Nottinghamshire County Council**



THE NOTTINGHAM & NOTTINGHAMSHIRE COMPACT

About the Compact

This document is an agreement between public sector organisations and voluntary and community organisations [VCS] across Nottingham and Nottinghamshire.

This Compact provides the framework for improved partnership working and recognises and supports the contribution that all partners make, underpinned by mutual understanding, trust and respect. It builds on the collaboration and joint working progressed as an emergency response to the Covid-19 pandemic.

It sets out how the public sector and the VCS can get the most out of partnership working by meeting our respective commitments and work together for the benefit of our communities and residents.

Background

The VCS across Nottinghamshire and Nottingham makes a huge contribution and has, as ever, played a critical role during the pandemic. It is important the sector, which provides services and support to those residents who are especially vulnerable to the virus such as older people, disabled people, those with specific health conditions, the homeless and those who are economically disadvantaged, are supported in the longer term.

Strengthening relationships with and across the sector will maximise on opportunities to develop a whole systems approach to supporting the financial health and resilience of the sector ultimately leading to person centred, sustainable services and a longer-term impact on widening health inequalities. Joint and collaborative working will enable the health and social care system to benefit from the expertise and local knowledge of VCS partners and in the short-term enable direct coordinated support to those communities disproportionately affected by the pandemic.

For the purposes of this document the term 'Voluntary and Community Sector' is used to describe voluntary organisations, community groups, the community work of faith groups, and those social enterprises and community interest companies where there is a wider accountability to the public via a board of trustees or membership and all profits are reinvested in their social purpose.

Shared Values & Principles

We propose that these shared values and principles should be used to guide and underpin the long-term development of our working relationships across Nottinghamshire and Nottingham:

- Working as equal partners, the VCS is accepted with parity of esteem by its statutory colleagues and that collaboration across and between the VCS is an important principle. A relationship built on trust, equality and mutual understanding for the achievement of common aims and objectives, will add value to services in Nottinghamshire and Nottingham
- Joint working demands integrity and a willingness to regularly communicate in an accountable, open and honest way
- We will accept the challenges each partner may face and use a strength-based approach to solving problems together
- Accept that LRF partners and the voluntary and community sector have distinct but valuable and complementary roles, in the development and delivery of public policy and services
- Differences of opinion will arise, but we are committed to resolving them in a constructive and respectful manner driven by shared purpose and values and not individual gain
- The independence and diversity of the voluntary and community sector is crucial to the development, delivery and scrutiny of quality services
- Voluntary and community organisations are entitled, regardless of funding sources, to act as advocates in seeking to influence and strengthen public policy
- All partners will be respected and afforded the opportunity to put across their point of view
- We will work in partnership to ensure that minority ethnic and other disadvantaged groups are included in our consultation and policy development processes so that their views are heard, and their concerns acted upon
- We will work collaboratively to ensure that the voices of individuals and groups who face health inequalities are heard within consultation and policy development processes including the co-design and production of services
- We will respect each other's specialisms and expertise
- We will always seek the knowledge and guidance of the community we serve in the redesign of services
- We will work together to maximise the impact of investment in the VCS through a strategic approach to funding which eliminates duplication and targets the needs of local communities to gain the greatest return for the Nottingham and Nottinghamshire pound
- We will accept the value of individual emotional, psychological and interpersonal [soft outcomes] and social benefits in challenging health inequalities and integrate the Social Value Act 2019 in the decisions we make

Implementing the Compact

Implementing this Compact can help partners achieve:

- Equity in relationships
- Informed decisions based on the knowledge of local communities
- More appropriate funding that more closely reflects the needs of users
- Progress towards a more equal society by identifying and tackling inequality and disadvantage
- Value for money

To implement the Compact effectively, public sector and VCS organisations will take steps to ensure that they:

- Are aware of the Compact and its implications for their work
- Incorporate the principles and values of the Compact into their policies and procedures



**Integrated
Care System**
Nottingham & Nottinghamshire

ICS Board Summary Briefing – September 2021

Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 2nd September. Please ensure this is cascaded to Governing Boards/Bodies, Management Teams and other key stakeholders and teams across your respective organisations. Minutes from the ICS Board meetings held earlier in the year are always published on the system's website – <https://healthandcarenotts.co.uk/about-us/ics-board/>

Introduction

The Chair of the ICS, Dr Kathy McLean, welcomed the Board members to the meeting and also noted that this was the final meeting for Richard Mitchell as departing Chief Executive of Sherwood Forest NHS Foundation Trust. The Board paid tribute to Richard's contributions to the system and wished him the best of luck in his role as Chief Executive of University Hospitals of Leicester NHS Trust.

Kathy also welcomed a number of citizens and staff from across the system to the virtual Board meeting, streamed live on YouTube. Patients, citizens and staff from organisations across the system are always welcome to the Board to hear the discussions – all the papers for the meeting are available at <https://healthandcarenotts.co.uk/about-us/ics-board/>. Interested parties can also submit questions to be asked to the Board – details of how to do this are included with the papers on the website and promoted on social media.

Citizen Story – Listening to Citizens in Nottingham City

Dr Hugh Porter, Interim Lead for the Nottingham City Place Based Partnership and Kinsi Clarke, Partnerships Manager at Nottingham and Nottinghamshire Healthwatch presented a summary of the work undertaken in Nottingham City to listen to and involve citizens in the work of the Place. This was a long term project taking place over more than a year and is intended to be an ongoing listening exercise to inform and shape the work of the Place.

Board members welcomed the report and celebrated the quality of the work delivered. Board members agreed that this was a model for the system for the future and looked forward to a series of discussions over the coming months to learn from this and other best practice to agree a model for the whole system for the future. Further points made included the need to harness the insights and intelligence from staff across the system; the need to 'close-the-loop' and feed back to citizens the impact of their input; and the need to work as a complete system in partnership to maximise joint assets.

There will be a further discussion on the overall approach to citizen involvement at the November ICS Board.

Report of the Executive Lead and Chair

In their regular update Kathy and Amanda Sullivan, Interim ICS Executive Lead, shared a round-up of developments from across the system recent weeks. In particular Kathy welcomed the clarity afforded by the Government's decision to include the Bassetlaw area in the future

boundaries of the ICS, meaning that the ICS will work across the same geographic area as Nottinghamshire County Council. There was also an acknowledgement that good progress was being made on the important governance elements of our future including initial steps to shape the form of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP) alongside the delivery of critical operational activity like the recovery of elective surgery waiting times, preparing for winter and continuation of the vaccination programme.

Amanda added that the confirmation of Kathy as Designate Chair of the ICB was a further “piece of the jigsaw” in place and also noted the challenges facing the system also included concerns about the quality of care being delivered within the maternity services at Nottingham University Hospitals. Amanda outlined the work being done across the system to address this, including ongoing oversight from the Quality Assurance Group and the establishment of an Independent Review jointly commissioned by the CCG and the NHSE/I Regional Team.

Colleagues welcomed the update and noted in particular the pressures being felt across the patch and offered their thanks to all staff in the health and care system.

Transition to a Statutory ICS

Linked to the above discussion, Amanda updated on the detailed work to ensure that the system was ready to operate as a statutory ICS from 1st April 2022. The Board welcomed the update on the detailed workstreams and also approved a series of additional development sessions across September and October to discuss the possible approach to a number of topics including: the design of the Integrated Care Partnership (ICP); how citizens and communities will be involved in the system; an approach to People and Culture; and, Digital, Analytics and IT.

Inequalities Strategy

John Brewin, Chief Executive of Nottinghamshire Healthcare NHS Foundation Trust and the ICS’s lead for Health Inequalities, presented an update on this important work. John acknowledged the impact of the Covid-19 pandemic and also the experience of rolling out the vaccinations and shared with the Board his reflections on how this has accelerated the focus of the system on Health Inequalities. In particular it has meant that the system has started to move to a proactive view on health inequalities rather than a retrospective view.

The Board held a wide-ranging discussion with points raised including the need to actively map the provision of services against inequalities; the impact of digital exclusion; the role of schools in tackling this issue; the importance of bring a consideration of inequalities into resource allocation discussions; and, a consideration of how citizen voices can be heard in this space.

Kathy summarised the conversation and asked for there to be focus on four strands going forward: a consideration of resource allocation; a need to clearly measure outcomes in this area; the role of Anchor institutions and; the need to thread this work through all levels of the system and involve citizens.

Provider Collaboratives

Colleagues from the three NHS provider organisations in the system updated the Board on discussions regarding the approach to be adopted regarding Provider Collaboratives. Following detailed discussions over a number of weeks, the three organisations (Nottingham University Hospitals, Sherwood Forest Hospitals and Nottinghamshire Healthcare) have agreed to establish a Provider Leadership Board (PLB). National NHS guidance describes a PLB as: “chief executives or other directors from participating trusts come together, with common delegated responsibilities from their respective boards (in line with their schemes of delegation),

such that they can tackle areas of common concern and deliver a shared agenda on behalf of the collaborative and its system partners.”.

The Nottingham and Nottinghamshire PLB will initially focus on;

- Elective Care – access, variation and outcomes
- Anchor organisations
- An assessment of other areas suggested in the national guidance

The Board welcomed the update and endorsed this approach.

Priority Population Groups

The ICS Board agreed in May 2021 to focus on three transformation areas to embed the Outcomes Framework within clinical transformation, with a focus on key population groups within Nottingham and Nottinghamshire as follows:

- a) Community Care;
- b) Children and Young People; and
- c) Integration of Person Centred Commissioning

Amanda Sullivan, Interim Executive Lead, updated the Board on progress since the last public meeting. Progress includes agreement of a clear set of measures and metrics for the work and considerable engagement and involvement across the system with wider stakeholders. The Board welcomed this update and confirmed its ongoing support for the work.

Other Business including Performance Report

The Board received reports from the Transition and Risk Committee, the Quality Committee and the Finance Committee.

Amanda Sullivan described some headlines from the Performance Report for the system. These included continued pressure on A&E and also 111 as well as the local impact of the nationally recognised increase in elective operation waiting lists.

Finally, the Board reviewed the meeting against the Partnership Agreement and confirmed that the next meeting in public would be on 4th November 2021.

***Dr Kathy McLean,
Independent Chair, Nottingham and Nottinghamshire ICS***

***Amanda Sullivan,
Interim Executive Lead, Nottingham and Nottinghamshire ICS***

Meeting Title:	Governing Body (Open Session)	Date:	06 October 2021					
Paper Title:	Annual Equality Assurance Report	Paper Reference:	GB 21 079					
Sponsor:	Rosa Waddingham, Chief Nurse	Attachments/ Appendices:	Annual Equality Assurance Report					
Presenter:	Rosa Waddingham, Chief Nurse							
Purpose:	Approve	<input checked="" type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input type="checkbox"/>
							<ul style="list-style-type: none"> Assurance Information 	

Executive Summary

This paper presents the CCG's first Annual Equality Assurance Report on how we are meeting the Public Sector Equality Duty of the Equality Act 2010 (the PSED), since the CCG was established on 1 April 2020. The report describes the role of our organisation, how equality and diversity considerations are embedded in our governance arrangements, how our policy development, commissioning processes and employment practices have due regard to equality, and how our staff are being supported to work in culturally competent ways.

The CCG's Equality, Diversity and Inclusion Steering Group has overseen a baseline assessment of the CCG's equality performance and has used the outcome of this work to shape three equality objectives for the CCG, which are set out within the report. An Equality Improvement Action Plan (at Appendix D of the report) sits beneath the objectives to drive the actions that will be required to achieve them. The improvement plan also captures several equality improvement initiatives already agreed through patient and public engagement work, the annual staff survey and measuring the CCG's performance against the NHS Workforce Race Equality Standard.

During 2020/21, as a newly merged organisation, our key focus was to establish an appropriate infrastructure to govern equality, diversity and inclusion within the organisation, to assess our baseline equality performance, and to develop (and start to implement) our equality improvement plan. We consider that we are making good progress to improve our equality performance and we are taking the opportunity within this report to highlight some specific examples to demonstrate that progress.

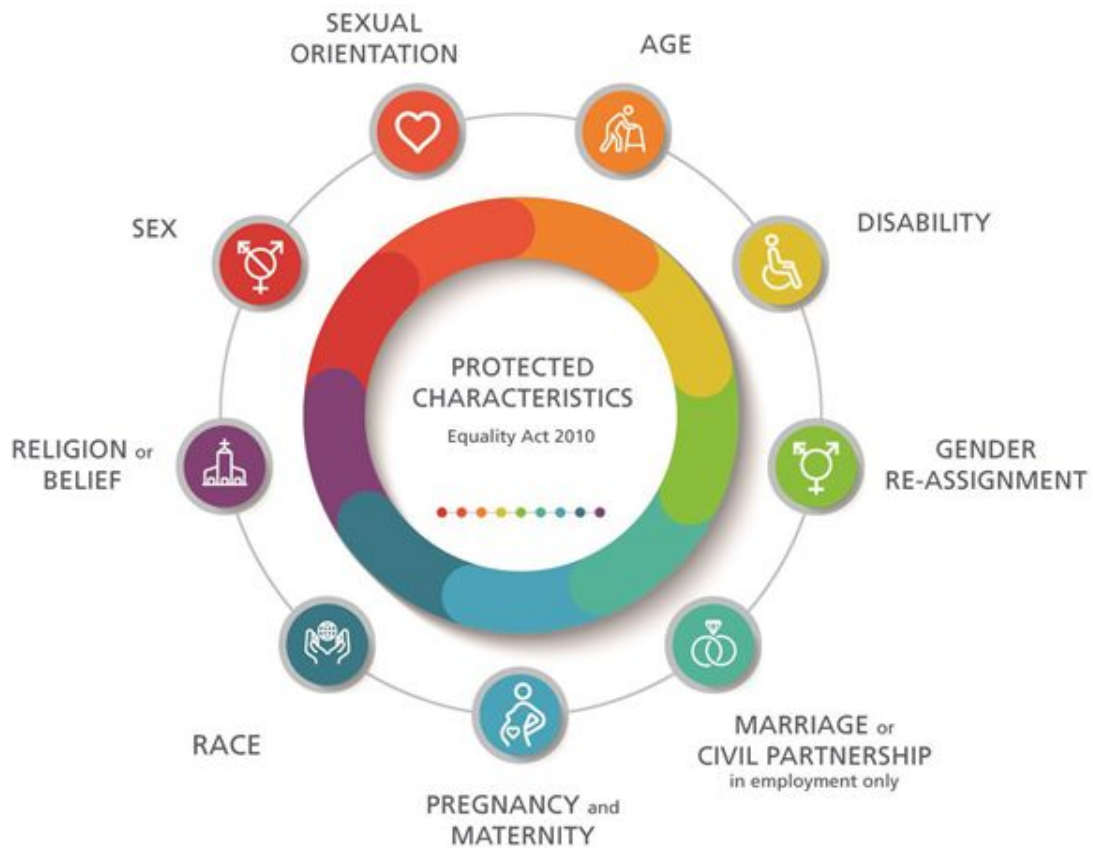
However, it is important to note that this work has been undertaken at a time when the NHS has been facing its greatest ever challenge: responding to Covid-19, which has highlighted the urgent need to understand and address the health inequalities experienced by different groups in society who have suffered disproportionately. Also, at a time when the Black Lives Matter movement has focussed global attention on the injustices, racism and everyday discriminations faced by black, Asian and minority ethnic (BAME) people. We are working collaboratively with our partners across the health and care system in Nottingham and Nottinghamshire to address these issues, and while it is clear that there is still much more we can do, we will not tolerate racism, or discrimination of any kind and we will continue to listen and learn from our diverse communities and from our staff networks.

The Annual Equality Assurance Report has been reviewed by the Quality and Performance Committee, the Finance and Resources Committee and the Patient and Public Engagement Committee prior to its presentation to the Governing Body for approval.

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 type="checkbox"/>			Cultural and/or Organisational Development <input checked="" type="checkbox"/>
Performance Management	<input checked="" type="checkbox"/>			Procurement and/or Contract Management <input checked="" type="checkbox"/>
Strategic Planning	<input checked="" type="checkbox"/>			
Conflicts of Interest:				
<input checked="" type="checkbox"/> 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):				
Not applicable to this item.				
Confidentiality:				
<input checked="" type="checkbox"/> No				
Recommendation(s):				
1. APPROVE the Annual Equality Assurance Report, including the CCG's equality objectives and equality improvement plan.				

Annual Equality Assurance Report

October 2021



This document can be made available in large print and in other languages by request to the CCG's Communications and Engagement Team.

Email: nccg.team.communications@nhs.net

Website: <https://nottsccg.nhs.uk/>

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1. Welcome

NHS Nottingham and Nottinghamshire Clinical Commissioning Group (the CCG) was established on 1 April 2020, following a successful merger of our six predecessor CCGs. We are pleased to present our first Annual Equality Assurance Report on how we are meeting the Public Sector Equality Duty of the Equality Act 2010 (the PSED).

The CCG recognises and values the diverse needs of the population we serve and we are committed to embedding equality and diversity considerations into all aspects of our work, including policy development, commissioning processes and employment practices. This commitment was confirmed by our Governing Body in August 2020, when it approved the CCG's [Equality, Diversity and Inclusion Policy](#) which sets out the CCG's aims to:

- Improve equality of access to health services and health outcomes for the diverse population we serve.
- Build and maintain a diverse, culturally competent workforce, supported by an inclusive leadership team.
- Create and maintain an environment where dignity, understanding and mutual respect, free from prejudice and discrimination, is experienced by all and where patients and staff feel able to challenge discrimination and unacceptable behaviour.

We understand that equality is about ensuring that access to opportunities is available to all and that no-one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability. We believe that diversity is about recognising and valuing differences by being inclusive, regardless of age, disability, gender re-assignment, marriage or civil partnership status, pregnancy and maternity, race, religion or belief, sex, or sexual orientation. This report sets out to demonstrate our commitment to equality, diversity and inclusion. In it we summarise:

- The role of our organisation and some key health characteristics of the population we serve.
- How equality and diversity considerations are embedded in our governance arrangements.
- How our policy development, commissioning processes and employment practices have due regard to equality.
- How our staff are being supported to work in culturally competent ways.
- How we measure and plan to improve our equality performance.

During 2020/21, as a newly merged organisation, our key focus was to establish an appropriate infrastructure to govern equality, diversity and inclusion within the organisation, to assess our baseline equality performance, and to develop (and start to implement) our equality improvement plan.

This work has been undertaken at a time when the NHS has been facing its greatest ever challenge; responding to Covid-19. The pandemic has had a devastating impact across our communities, our country and worldwide, and it has highlighted the urgent need to understand and address the health inequalities experienced by different groups in society who have suffered disproportionately. We are working collaboratively with our partners across the health and care system in Nottingham and Nottinghamshire to take this important work forward. You can read about this work later in this report.

2020 also saw the Black Lives Matter movement focus global attention on the injustices, racism and everyday discriminations faced by black, Asian and minority ethnic (BAME) people. The CCG will not tolerate racism, or discrimination of any kind. We want our BAME staff, and staff from other protected groups, to feel safe, supported and listened to. Our Staff Networks provide safe spaces for staff to express their lived experiences, supporting people to feel empowered to challenge discrimination and to contribute towards ensuring equality, acceptance and inclusion in our organisation. You can read about this work later in the report.

We consider that we are making good progress to improve our equality performance and we are taking this opportunity within this report to highlight some specific examples to demonstrate that progress. However, it is clear that there is still much more we can do and we will continue to listen and learn from our diverse communities and from our staff networks. We have developed plans to build on the work we have undertaken so far and to progress our equality aims and objectives and we will continue to evolve this as we move forward. 2021/22 will be a year of transition for the CCG, as we move to a new statutory organisation from 1 April 2022 (subject to the passage of legislation). We will ensure as part of these transition arrangements that a robust handover of our equality plans is achieved.



Amanda Sullivan
Accountable Officer



Rosa Waddingham
Chief Nurse and Executive Lead for Equality, Diversity and Inclusion

2. Our organisation

We are responsible for commissioning (planning and buying) health services for 1.1 million people in Nottingham and Nottinghamshire in line with our statutory responsibilities, which include:

- Most planned hospital care
- Rehabilitative care
- Urgent and emergency care (including out of hours services, accident and emergency services, ambulance services and NHS 111 hours)
- Most community health services
- Mental health services (including psychological therapies)
- Services for people with learning disabilities
- Maternity and newborn services
- Children's healthcare services (mental and physical health)
- NHS continuing healthcare
- Infertility services
- Primary medical services (GP practice services)

We are also responsible for making certain that the healthcare provided is of a high standard, delivers quality improvements and offers value for money, and that systems are in place to make sure people are looked after in the best way possible, in line with their health needs.

Detailed information about the demographics and health needs of our population can be found at: [Home - Nottingham Insight](#) and [Home - Nottinghamshire Insight](#).

We commission healthcare services from a number of providers. Our main acute (secondary care) providers are Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Foundation Trust. For mental health and learning disabilities, our key provider is Nottinghamshire Healthcare NHS Foundation Trust, which also provides a range of community physical health services alongside Nottingham CityCare Partnership. We also commission services from NHS organisations outside of our area and from independent and voluntary organisations.

We have a workforce of approximately 500 people.

3. Our equality duties

The Equality Act 2010 provides a single legal framework to protect people from discrimination, harassment and victimisation in the workplace and in wider society. Nine characteristics are protected by the Act, there are: age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

The Public Sector Equality Duty (section 149 of the Equality Act) applies to 'relevant' public authorities, which includes CCGs and it consists of a general equality duty, supported by specific duties that are imposed by secondary legislation. The general equality duty requires public bodies to have due regard to the following three aims:

- To eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Act.
- To advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- To foster good relations between people who share a relevant protected characteristic and those who do not.

The broad purpose of the general equality duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities. If consideration is not given to how a function can affect different groups in different ways, then it is unlikely to have the intended effect. This can contribute to greater inequality and poor outcomes. The general equality duty therefore requires organisations to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected into the design of policies and the delivery of services.

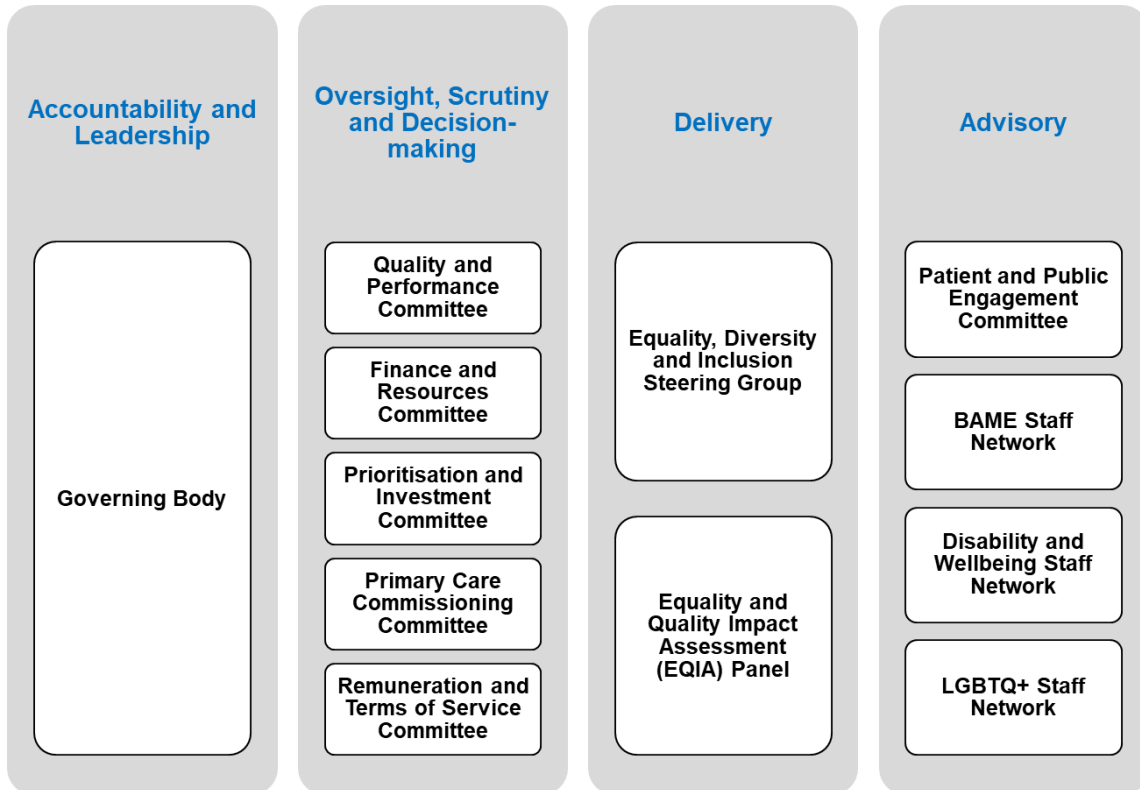
Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 require relevant public bodies to: publish equality information annually to demonstrate compliance with the general equality duty; prepare and publish one or more equality objectives at least every four years; and publish information to demonstrate how large the pay gap is between their male and female employees (only for employers with 250 or more employees).

In addition to considering the health needs of people on the basis of their protected characteristics, it is also important for the CCG, as a commissioner of health services, to consider the needs of people from other disadvantaged groups who can experience difficulties in accessing and/or benefitting from health services. These include: vulnerable migrants (refugees and asylum seekers) and homeless people.

A summary of the legislative framework for equality is provided for information at **Appendix A**.

4. Our infrastructure for equality, diversity and inclusion

As a newly merged CCG, much of the early part of 2020/21 was focussed on establishing an appropriate infrastructure for equality, diversity and inclusion within the organisation. This infrastructure is illustrated and described below:



- All **Governing Body** members have a collective and individual responsibility for ensuring compliance with the PSED, which in turn, secures the delivery of successful equality outcomes for the organisation, both as a commissioner and an employer. The Governing Body is required to provide strategic leadership to the equality, diversity and inclusion agenda, which is in part achieved through its establishment of the CCG's Equality Diversity and Inclusion Policy, and also by agreeing the CCG's objectives and plans for improving its equality performance and by ensuring that equality is a core consideration in Governing Body and committee discussions and decisions.
- The **Quality and Performance Committee** is responsible for monitoring the CCG's equality performance in relation to its role as a commissioner of health services. This includes monitoring the delivery of the CCG's equality improvement plans relating to and patient access, safety and experience.

- The **Finance and Resources Committee** is responsible for monitoring the CCG's equality performance in relation to its role as an employer. This includes monitoring the delivery of the CCG's equality improvement plan in relation to recruitment, training and development, cultural competence and staff experience.
- The **Prioritisation and Investment Committee** is responsible for making investment, disinvestment and resource allocation decisions. As part of this responsibility, the Committee ensures that appropriate equality impact assessments have been completed and their findings considered. This includes consideration of the collective impact of previous decisions and current and future proposals.
- The **Remuneration and Terms of Service Committee** is responsible for overseeing compliance with the gender pay gap requirements set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.
- We have established an **Equality, Diversity and Inclusion Steering Group** that meets on a quarterly basis to drive the equality, diversity and inclusion agenda within the CCG and to provide a focal point for the discussion, development and implementation of ways to improve the CCG's equality performance. The Steering Group embeds equality, diversity and inclusion considerations into the CCG's key business activities, assesses the CCG's equality performance, develops and implements equality improvement plans, develops the CCG's equality objectives, and prepares the CCG's annual equality assurance report. The Steering Group is chaired by the CCG's Chief Nurse, as executive lead for equality, diversity and inclusion. Its membership includes senior representatives from all key business activities, the Chairs of the CCG's Staff Networks and the Vice-Chair of the Patient and Public Engagement Committee. The work of the Steering Group feeds into the scrutiny and assurance arrangements of the Quality and Performance Committee, Finance and Resources Committee and Remuneration and Terms of Service Committee, and will inform the objectives and improvement plans presented to the Governing Body for approval.
- An Equality and Quality Impact Assessment (EQIA) Panel has been established as part of the CCG's arrangements for ensuring that the way that we commission and change health services does not disadvantage people from protected characteristic and other disadvantaged groups. The Panel reviews and signs off all equality impact assessments when the CCG is planning, changing or removing a service. As part of this, it makes sure that any negative consequences are minimised or eliminated, and opportunities for promoting equality are maximised. The equality impact assessments are completed through integrated EQIAs that also incorporate wider quality considerations (patient safety, patient experience and clinical effectiveness) and impact on health inequalities. The work of the EQIA

Panel feeds into the decision-making arrangements of the Governing Body, the Prioritisation and Investment Committee, the Primary Care Commissioning Committee, and the Accountable Officer and Chief Finance Officer. Assurances are also provided to the Quality and Performance Committee to enable scrutiny of compliance and oversight of the implementation of mitigating actions.

- Three **Staff Networks** have been established: a BAME Staff Network, a LGBTQ+ Staff Network and a Staff Disability and Wellbeing Network (DAWN), each with an Executive sponsor. The networks are staff-led and they shape their own agendas, with support from the Human Resources Team. They provide a safe space for staff to discuss their lived experiences, or those of their family, friends or wider communities and networks, with the aim of ensuring an inclusive and diverse working environment for all staff; with no fear of discrimination or disrespect. The Staff Networks are seen as key advisory forums to support the work of the CCG as an employer, but also as a commissioner of health services, through the provision of shared insights, constructive challenge to existing ways of working, and through the co-production of equality initiatives and improvement plans. There will be a continued focus within the CCG to ensure that the insights, ideas and concerns from the Staff Networks are systematically and meaningfully considered and responded to.
- The **Patient and Public Engagement Committee (PPEC)** also acts in an advisory capacity to the Governing Body, its committees, and other operational delivery forums within the CCG. Its membership is comprised of people with lived experience and third sector representatives to help bring the voice of specific population groups to the work of the CCG. The Committee provides advice and guidance on approaches to patient and public engagement and reviews how engagement has been used to influence decisions made by the CCG. It also supports the CCG's equality, diversity and inclusion agenda through the provision of shared insights and the co-design of equality initiatives and improvement plans.

5. Having due regard to equality

Having due regard to the three aims of the general equality duty requires the CCG to give proper consideration to removing or minimising disadvantages, taking steps to meet people's needs, tackling prejudice and promoting understanding.

During 2020/21, we completed an assessment of the CCG's functions, both as a commissioner of health services and as an employer. This enabled us to identify the key business activities where due regard to the general equality duty is required. Focussing on these key business activities has helped us to prioritise effort to ensure compliance with the general equality duty.

The following sections set out the work we are doing in each of these key business activity areas.

Assessing the health needs of our population

In order to make the best decisions for our population, we have to understand the health and care needs of people living across Nottingham and Nottinghamshire. Joint Strategic Needs Assessments (JSNAs) provide the CCG with key information about the health and wellbeing of our local population. These demographics vary significantly between the City and County districts, including by age, by ethnicity, by disability, and by levels of deprivation. We use this information to commission services that will deliver the most benefit to people, with the aim of reducing health inequalities and increasing healthy life expectancy (the number of years a person lives in 'good health') for our population.

We continue to work with Local Authority Public Health colleagues to ensure that JSNA chapters consider all protected characteristic and other disadvantaged groups to accurately inform equality considerations in the CCG's commissioning intentions.

Promoting research and use of research evidence

Research is a core function of health and care and is essential for continual improvement in health, wellbeing, high quality care and reducing health inequalities. As a CCG, we have a statutory duty to promote research and to promote the use of evidence obtained from research. In delivering these duties, we are focussing our efforts on promoting research being delivered in locations where patient need is greatest and in involving patients and the public from more diverse and underserved communities.

We also fund our own research where there is a gap in the evidence base that limits effective commissioning or further development of services to improve patient outcomes. We use the findings to support the delivery of our commissioning priorities and the continual improvement of patient care, health outcomes and the effectiveness of health services.

Improving the mental health outcomes of Lesbian, Gay, Bisexual and Transgender (LGBT+) People in Nottingham City – A research study, commissioned by one of the CCG's predecessor organisations, concluded during the year and the final report was published in February 2021. The research was commissioned because evidence shows LGBT+ people are at higher risk of poor mental health, self-harm and suicide, and report lower well-being compared to the wider population due to a range of issues including discrimination, harassment, bullying, rejection and social isolation. For some, other factors such as age, religion or

ethnicity can exacerbate mental health needs.

The research was conducted by a joint team from the Universities of Leicester and Brighton. The focus of the research was on improving mental health outcomes with regards to prevention, early diagnosis and self-care related primarily to primary care and community mental health services. The research included four elements: understanding the population; understanding the patient story; understanding the stakeholder perspective; and learning from practice elsewhere.

The research generated important evidence and the final report contains a range of recommendations relating to: training and cultural competence; systematic recording of patient/service user sexual orientation and (where appropriate) gender identity; the specific needs of LGBTQ+ people being reflected in the commissioning and delivery of services; visibly inclusive LGBTQ+ services; improved access to mental healthcare; and developed and/or strengthened relationships between services.

The final report has been widely disseminated and the CCG is working with system partners and our LGBTQ+ Staff Network (acting as a critical friend), to ensure the evidence is mobilised and the recommendations taken forward.

Addressing health inequalities

During the year, it has become increasingly clear that Covid-19 has had a disproportionate impact on different groups in society, many of whom already face disadvantage and discrimination. This has highlighted the need for us to increase the scale and pace of our actions to tackle health inequalities.

During 2020/21, we have worked with our health and care system partners across the Nottingham and Nottinghamshire Integrated Care System to produce a Health Inequalities Strategy, which was approved in October 2020. The strategy describes the disproportionate impact that Covid-19 has had on certain groups in our population, including black, Asian and minority ethnic (BAME) groups, disadvantaged communities, vulnerable groups (including rough sleepers, people in temporary accommodation, Gypsy/Roma/Traveller communities, migrant workers, people recently released from prison, people with learning disabilities and autism, and people with severe mental illness) and people who are frail or older. The full strategy, which can be found here: [Nottingham and Nottinghamshire ICS Health Inequalities Strategy](#), sets out eight urgent actions. Initial progress against some of these actions can be summarised, as follows:

- **Protect the most vulnerable from Covid-19** – Our approach to our Covid Vaccination Programme has been to reduce barriers to access for vulnerable groups and to tackle vaccine reluctance. We have focussed on areas of lower uptake amongst some black, Asian and minority ethnic (BAME) communities and those from marginalised or deprived groups. This has included pop-up

clinics in GP practices, mosques and community settings and our very own mobile vaccination bus. This work has seen a closing of the gap in vaccine take up between our BAME and deprived residents and the population as a whole.

- **Restore NHS services inclusively** – Our service recovery work focussed on patients from our 20% most deprived neighbourhoods. An example of this work has been to integrate specialist homelessness services with outreach nursing teams. We have also worked with our Local Authorities to mitigate the impact of Covid restrictions on carers, by ensuring that alternative offers of carers support were made available.
- **Digitally enabled care to increase inclusion** – We have enabled online and video consultations, the expansion of Telehealth and further roll out of the Notts NHS App (including Patient Knows Best). We are taking forward a range of actions to support patients in engaging with digital solutions, including a digital support line, a tablet lending scheme and digital skills training.
- **Accelerate preventative programmes for at risk groups** – Our approach to our Flu Vaccination Programme this year was to target actions for the specific groups where there was low uptake. This delivered increased uptake for the over 65s in care homes; people with dementia; and people with learning disabilities. A range of actions have also been taken in support of the Diabetes Prevention Programme, including the recruitment of local educators that speak multiple languages. A review of GP enhanced services has also taken place, with investment being targeted at vulnerable areas, enabling appointments with a translator for people with severe multiple disadvantage, physical checks for people with serious mental illness and enhanced reporting on safeguarding. GP practices have also continued to prioritise the annual health checks for people with a learning disability aged 14 years and over and Maternity Continuity of Care teams have been located in areas of high deprivation.
- **Support those who suffer mental ill-health** – We have continued to focus on the delivery of Long Term Plan priorities and achievement of Mental Health Investment Standard (MHIS), using local insights to inform planning (e.g. population health management mental wellness rapid assessment, CCG commissioned research on Improving the Mental Health Outcomes of Nottingham's LGBT+ Populations). We have used the Health Equity Assessment Tool (HEAT) to produce our community mental health transformation plan and we have brought together data from primary and secondary care settings to identify people with severe mental illness to determine access to services and support required, including linking this work to the Covid Vaccination Programme. An increased focus on inequalities at service level is also being achieved (e.g. review of IAPT Positive Practice Guides, 'Whose Shoes' event in perinatal services, CAMHS LGBTQ+ quality improvement programme).

Public engagement and communications

The CCG is committed to putting the voice of patients and the public at the heart of our commissioning activities. This includes involving people in how decisions are made, how services are designed and how they are reviewed.

Our [2019/21 Communications and Engagement Strategy](#) sets out the CCG's approach for involving local people in commissioning activity, recognising the diversity of the Nottingham and Nottinghamshire population and the significant health inequalities that exist between the different communities. This is underpinned by a set of key engagement principles, which include:

- Being clear, open, honest, consistent and accountable.
- Using plain language and being accessible to all.
- Targeting our engagement to the audience we want to reach.
- Aligning our engagement activities with our system partners whenever we can.
- Using available insights to develop engagement approaches.
- Systematically evaluating the effectiveness of our engagement activities.

We engage with people from all protected characteristic groups (and other disadvantaged groups) in our population, particularly those whose voices may not be routinely heard, through a range of different mechanisms to ensure that we have the right information to commission the right health services that can be accessed by the people who need them.

When planning engagement work, we undertake a scoping process to identify who we need to engage with; informed by the equality impact assessment on the service transformation being proposed. This identifies the people who may be impacted by changes to the way services are delivered and provides a focus for engagement. Our Patient and Public Engagement Committee (PPEC) ensures that all mechanisms for planned engagement work are inclusive and appropriately targeted. More recently, the Committee has developed its own 'Effectiveness Framework' to support its work and to ensure that engagement plans clearly demonstrate how the views of seldom heard groups will be sought and how the engagement will reach the intended groups of people. We publish reports from all our engagement and consultation activities on our website at [Current and previous engagement and consultations - NHS Nottingham and Nottinghamshire CCG \(nottscg.nhs.uk\)](#).

The CCG continues to build on its partnership working with organisations that are known and trusted within the communities it is trying to reach, particularly voluntary and community sector (VCS) partners. During 2020/21, we have commissioned a patient

and public engagement service from an alliance of VCS organisations across Nottingham and Nottinghamshire to support engagement with some of our most vulnerable and marginalised communities. During the pandemic, this has helped us to gather feedback from over 100 groups supporting our most vulnerable communities, including asylum seekers and refugees; carers; Deaf people; gypsies/travellers; people with learning disabilities; and victims of domestic abuse.

The CCG's [2020/21 Patient and Public Involvement Report](#) provides full details of our engagement activities over the past 12 months and demonstrates more explicitly how the organisation has engaged with the full diversity of the local population. Some notable engagement activities include:

- **Covid-19 Recovery** – The pandemic has placed a spotlight on the existing health inequalities amongst our most vulnerable and marginalised communities, which were exacerbated as a result of Covid-19. A programme of engagement activities has taken place to understand the impact of changes to service delivery (accessing services) as a result of the pandemic. This was conducted alongside support of over 100 voluntary and community sector partners, as well as the use of online questionnaires and an action plan has been developed in response. Work in this area is continuing to take place with people with a learning disability. The Voluntary Sector Alliance (a service commissioned by the CCG) recently delivered a listening event that provided a platform for people living with a learning disability and the organisations that support them to discuss the ways in which they had been impacted by Covid-19. The event explored the way in which improved communication and other system changes could improve access to services and health outcomes for the learning disability community.
- **Covid-19 Vaccination Programme** – A programme of engagement activities and ‘community conversations’ have taken place, working with community and faith leaders and voluntary and community sector partners, to encourage people from vulnerable, deprived and black, Asian and minority ethnic (BAME) communities to take up the vaccine. This has included ‘pop up’ sites in community and faith venues, a monthly vaccination webinar, and use of communication channels effective with BAME communities (e.g. Dawn FM and Kemet FM), all supported by bilingual BAME clinicians. The conversations referenced above with people with a learning disability have led to the production of a short film showing what to expect at your vaccination appointment and improved signage at Covid Vaccination Centres. This film is co-produced by the CCG and One Conversation (a grassroots Learning Disability Activist Group).
- **Reducing health inequalities experienced by BAME communities** – A

further programme of work is being delivered through the Voluntary Sector Alliance, which is aimed at reducing health inequalities in the City of Nottingham. The objectives of this work programme are to: strengthen engagement and involvement of BAME communities in the commissioning process to ensure that health and care services meet their needs; and transform engagement and communications with BAME communities to improve access to, and experience of, using services.

Equality impact assessments

The completion of equality impact assessments is central to being a transparent and accountable organisation. Equality analyses ensure that we do not disadvantage people from protected characteristic and other disadvantaged groups by the way that we commission and change health services, or through our employment practices. They are also a way of making sure that any negative consequences are minimised or eliminated, and opportunities for promoting equality are maximised.

We complete equality impact assessments whenever we plan, change or remove a service, policy or function. These are completed through integrated Equality and Quality Impact Assessments (EQIAs) that also incorporate wider quality considerations (patient safety, patient experience and clinical effectiveness). EQIAs are treated as 'live' documents and are revisited at key stages of scheme development and implementation, particularly following the conclusion of any patient and public engagement and consultation activities to inform decision-making. EQIAs also help us to continually improve our understanding of the communities we serve.

During the CCG's early response to the Covid-19 pandemic, a rapid response EQIA process was developed to allow for the assessment of impact, (both positive and negative) on patients and people within the protected characteristic groups, of any service changes as a result of the pandemic.

Equality impact assessments (EIAs) are also completed for all of the CCG's corporate policies and reviewed as part of the document review process. EIAs prompt policy authors to consider whether the policy itself, or implementation of the policy, has any potential adverse impacts on people in protected characteristic groups and, if so, what actions may be required to remove barriers to access or inequality of opportunity. The EIAs also prompt authors to consider if there are any positive impacts for people within the protected characteristic groups. All policy EIAs are published on the CCG's website.

During 2020/21, a total of 98 EQIAs were completed. Over half of these were completed during the first quarter of the year, during our first initial phase of responding to the Covid-19 pandemic, which required us to adapt service models,

enhance service provision and restore services. Many of the EQIAs relate to the establishment of Clinical Management Centres (CMCs) across Nottingham and Nottinghamshire, to support GP practices in maintaining and providing GP services to patients during the early stages of the Covid-19 pandemic. A full list of all EQIAs completed during the period is attached at **Appendix B**. In all instances where potential negative impacts were identified, suitable mitigating actions were agreed.

Procurement and contract management

The CCG commissions health services for the local population from a range of NHS, independent and third sector providers and it is important for all associated procurement and contract management arrangements to incorporate appropriate equality considerations.

An assessment of compliance with equality legislation requirements is completed as a routine aspect of all of our procurement exercises and the national NHS Standard Contract, in its full-length version, mandates providers of NHS services to implement¹:

- The **NHS Equality Delivery System** – a tool developed by the NHS Equality and Diversity Council to enable NHS organisations to review and rate their equality performance.
- The **NHS Accessible Information Standard** – an approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.
- The **NHS Workforce Race Equality Standard (WRES)** – which requires providers of NHS services to demonstrate progress against nine indicators of workforce equality, including recruitment, training, harassment/bullying and levels of board representation by black, Asian and minority ethnic (BAME) people.
- The **NHS Workforce Disability Equality Standard (WDES)** – a set of ten specific metrics that enable providers of NHS services to compare the workplace and career experiences of disabled and non-disabled staff.

A range of assurances on compliance with the above requirements are incorporated within the CCG's routine quality monitoring processes, albeit that arrangements for 2020/21 differed to normal to enable staff to focus on the Covid-19 response.

¹ These provisions do not apply to the shorter-form version of the NHS Standard Contract, which is typically used for commissioning lower value services with smaller providers.

Safeguarding adults and children

We have a statutory responsibility to safeguard the welfare of adults at risk across Nottingham and Nottinghamshire. This means protecting an adult's right to live in safety, free from abuse and neglect. We also have a statutory duty to promote the safety and welfare of children.

Safeguarding has a very broad remit and much has been achieved to ensure that adults and children/young people in Nottingham and Nottinghamshire are safe and protected from harm. However, in recent years adult safeguarding work has increased in response to factors such as an ageing population, while safeguarding and promoting the health of children has had to respond to issues such as child sexual exploitation, female genital mutilation and unaccompanied asylum-seeking children.

We continue to be committed to maintaining safe and effective safeguarding services and strengthening safeguarding arrangements across Nottingham and Nottinghamshire, working in partnership with colleagues across health and social care. Further information on our work to safeguard adults and children can be found here:

[About Nottingham City Safeguarding Adults Board - Nottingham City Council](#)

[Nottinghamshire Safeguarding Adults Board](#)

[Safeguarding Children Partnership - Nottingham City Council](#)

[Nottinghamshire Safeguarding Children Partnership](#)

Whilst the CCG does not meet the requirements for producing an annual Slavery and Human Trafficking Statement (as set out in the Modern Slavery Act 2015), our Governing Body fully supports the Government's objectives to eradicate modern slavery and human trafficking. As such, the Governing Body has agreed to demonstrate its commitment to the Act and has produced a position statement, which is published on our website at <https://nottscqg.nhs.uk/>.

Learning Disabilities Mortality Review (LeDeR) Programme

People with a learning disability often have poorer physical and mental health than other people and may face barriers to accessing health and care to keep them healthy. Too many people with a learning disability are dying earlier than they should, many from things that could have been treated or prevented.

The learning from deaths of people with a learning disability (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a learning disability, reduce health inequalities and prevent premature mortality of people with a learning disability and autistic people, by reviewing information about the health and social care support people received. By finding out more about why people

died, we can understand what needs to be changed to make a difference to people's lives.

We publish an annual report in relation to this Programme and all reports are available on our website at <https://nottsccg.nhs.uk/>.

Recruitment, staff development and the working environment

We are committed to being a fair and inclusive employer, as well as maintaining a working environment that promotes the health and wellbeing of our employees. We have therefore taken positive steps to ensure that our policies deal with equality implications relating to recruitment and selection, pay and benefits, flexible working hours, training and development, and that we have policies around managing employees and protecting employees from harassment, victimisation and discrimination. This includes working to the requirements of the NHS Workforce Race Equality Standard (WRES) and the NHS Workforce Disability Equality Standard (WDES), which aim to ensure that employees from black, Asian and minority ethnic (BAME) backgrounds and those that identify as disabled have equal access to career opportunities and receive fair treatment in the workplace.

We are accredited under the Disability Confident employer scheme, which encourages us to think differently about disability and take action to improve how we recruit, retain and develop disabled people. As part of this, we operate a Guaranteed Interview Scheme, which ensures an interview for any candidate with a disclosed disability whose application meets all of the essential criteria for the post. We also have Mindful Employer status, which demonstrates our commitment to supporting mental wellbeing at work. These accreditations help to ensure that specific needs of employees are identified and addressed, whilst promoting positive attitudes towards people with physical, sensory and mental impairments.

We have three staff networks, which have been established during the year: a BAME Staff Network, a LGBTQ+ Staff Network and a Staff Disability and Wellbeing Network (DAWN). The aims of the networks are to:

- Provide a safe space for discussion of issues.
- Help to raise awareness of issues within the wider organisation.
- Provide a source of support for individuals who may be facing challenges at work.
- Offer a collective voice for the workforce to management

All CCG staff are responsible for treating everyone with dignity and respect and must not discriminate or encourage others to discriminate. Consequently, it is a mandatory requirement for new staff to complete equality and diversity and human rights training

as part of their induction and every three years subsequently. At the time of writing this report, our training compliance stands at 92%.

To reinforce this basic equality training we have developed a Cultural Competence Programme, with the aim of improving our staff and leadership team's cultural competence and their understanding of the needs of our diverse population. The programme incorporates the four components of: awareness, attitude, knowledge and skills. To date, 87% of staff have received unconscious bias training.

During 2020/21, **individual Covid-19 risk assessments** have been completed for all vulnerable staff identified as having an increased risk of severe illness from coronavirus, including those who were shielding, those from black, Asian and minority ethnic (BAME) backgrounds, and those with other risk factors.

In response to the Covid-19 pandemic and the move to staff working remotely from home, we have maintained a focus on the **mental health and wellbeing of our staff** throughout the year. This has included running 'wellbeing weeks' and having line manager-led wellbeing discussions. A library of information, and support, has also been made available to our staff via our Employee Assistance Programme.

Early actions arising from our Staff Networks during the year have included:

- The development of an **Equality Champions Framework** (including Cultural Ambassadors, aimed at reducing inequalities in disciplinary and recruitment processes, and Equality Advocates, aimed at improving staff experience and access to support, and increasing confidence in challenging discrimination)
- The introduction of **Mental Health First Aiders**.

Both of these programmes of work will be fully implemented during the coming year and form part of our equality improvement plan.

6. How we measure our equality performance

The NHS Equality Delivery System (EDS) is a tool developed by the NHS Equality and Diversity Council to enable NHS organisations to review and rate their equality performance. The CCG has adopted use of the EDS to help us measure our equality performance. However, use of the latest version of the EDS (version 2) has been paused, awaiting publication of an updated version 3 EDS. This has been delayed nationally, due to the decision to further review it in light of the issues relating to inequalities highlighted by the Covid-19 pandemic. In the absence of the national EDS framework, the Equality, Diversity and Inclusion Steering Group has developed an Equality Performance Assessment Framework for 2020/21. This has allowed for a focussed assessment of the CCG's equality performance against its key business activities. As part of developing the alternative assessment framework, an exercise was completed to map the CCG's key business activities to the existing EDS2 goals and

outcomes. This demonstrated comprehensive coverage through the lens of a commissioning organisation, in recognition that the EDS is a generic framework for all NHS organisations and many of its outcomes are provider-orientated.

We also utilise a range of monitoring and reporting mechanisms to assess our equality performance as an employer. These include:

- Routine workforce reporting to our Finance and Resources Committee and our Governing Body. **Appendix C** sets out our workforce demographics for the year. This is starting to show some improvements, but still more needs to be done in line with our equality objective to improve workforce diversity. Actions to address this are included within our equality improvement plan.
- We take part in the NHS Staff Survey on an annual basis and 76% of our staff took part in the survey in 2020. The full results from our 2020 Staff Survey can be found at: [NHS Staff Survey 2020 Benchmark Reports \(nhsstaffsurveys.com\)](https://nhsstaffsurveys.com).

The survey poses a number of questions relating to equality, diversity and inclusion, as set out in the table below. This shows some improvement on last year and a considerable reduction in staff members reporting experiences of discrimination. However, the CCG has a zero tolerance for discrimination of any kind, and as such, this needs to remain an area of focus as part of our equality improvement plan. The reduction in staff reporting that adequate adjustments have been made has likely been influenced by the need for staff to work from home during the pandemic period.

Question	2019	2020	Benchmark
Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age? <i>(% of staff selecting 'Yes')</i>	79.7%	84.8%	86.3%
In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues? <i>(% of staff selecting 'Yes')</i>	8.1%	3.6%	4.7%
Has your employer made adequate adjustment(s) to enable you to carry out your work? <i>(% of staff selecting 'Yes')</i>	82.6%	76.5%	85.8%

We will also be publishing a report for the first time on our Gender Pay Gap by 30 March 2022. Any required actions resulting from this work will be added to our equality improvement plan.

7. Our equality objectives

Our equality duties require us to prepare and publish equality objectives. These are needed to help us focus attention on the priority equality issues for the CCG, to deliver improvements in policy-making, service delivery and employment practices.

As outlined above, our Equality, Diversity and Inclusion Steering Group has overseen a baseline assessment of our equality performance and has used the outcome of this work to shape three equality objectives for the CCG, as follows:

- **Objective 1:** Improve access and outcomes for patients and communities who experience disadvantage and inequalities.
- **Objective 2:** Improve workforce diversity at all levels within the CCG to be reflective of the population we serve, with a specific focus on ethnicity, disability and sexual orientation.
- **Objective 3:** Improve the cultural competence of our workforce and empower our staff to support us in improving equality, acceptance and inclusion in our organisation.

It is recognised that our first equality objective is wide-ranging and further work will be completed over the coming months to refine this in line with the evolving approach to strategic planning, utilising population health management intelligence to focus on areas where we can have maximum impact.

In order to monitor delivery of our second equality objective, we are using the NHS Employers 'Measuring Up' Tool to help us understand where we currently have underrepresentation in our workforce, when compared to our population demographics. The tool provides a comparative analysis for disability, age, gender, sexual orientation, religion and ethnicity, using available datasets from the Office for National Statistics (ONS), NOMIS (National Online Manpower Information System) and the 2011 Census.

We will use Staff Survey results and feedback from our Staff Networks to measure our success in delivering our third equality objective.

8. Our equality improvement plan

Our equality improvement plan for 2021/23 is attached at **Appendix D**. This has been informed by the outcome of the equality performance assessment and the actions

required to deliver the CCG's equality objectives. It is also informed by existing plans that include actions to improve the CCG's equality performance (e.g. WRES Action Plan, Staff Survey Action Plan). The actions required to deliver the Nottingham and Nottinghamshire Integrated Care System's Health Inequalities Strategy are purposefully excluded to avoid duplicated monitoring and reporting activities.

The equality improvement plan will be monitored by the Equality, Diversity and Inclusion Steering Group, with progress scrutinised by the Quality and Performance Committee and Finance and Resources Committee on behalf of the Governing Body.

The equality improvement plan will form part of the legacy arrangements handed over to the CCG's successor organisation in April 2022 (subject to the passage of legislation).

Appendix A – Summary of the legislative framework for equality

Equality Act 2010 – Nine protected characteristics:	Age	Disability	Gender re-assignment
	Marriage and civil partnership	Pregnancy and maternity	Race
	Religion or belief	Sex	Sexual orientation
Equality Act 2010 – Types of discrimination:	Direct discrimination – treating someone with a protected characteristic less favourably than others		
	Indirect discrimination – putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage		
	Harassment – unwanted behaviour linked to a protected characteristic that violates someone’s dignity or creates an offensive environment for them		
	Victimisation – treating someone unfairly because they’ve complained about discrimination or harassment		
Equality Act 2010 – Further considerations	Within each protected characteristic group, the risk of discrimination is greater for some people than others.		
	Intersectionality – different types of ‘identity’ overlap for some people, which can shape unique experiences of discrimination.		
	The protected characteristic of disability includes a wide range of physical and sensory impairments, learning disabilities, mental health conditions and long-term conditions.		
	The needs of people from other disadvantaged groups (or ‘Inclusion Health’ groups) also need to be considered (e.g. vulnerable migrants, homeless people).		
General Equality Duty – Requires public bodies to have ‘due regard’ to the following three aims:	To eliminate discrimination , harassment, victimisation and any other conduct prohibited by the Act.		
	To advance equality of opportunity between people who share a relevant protected characteristic and those who don’t.		
	To foster good relations between people who share a relevant protected characteristic and those who do not.		
Having ‘due regard’ involves:	Removing or minimising disadvantages suffered by people due to their protected characteristics.		
	Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.		
	Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.		
Fostering good relations is described as:	Tackling prejudice and promoting understanding between people from different groups.		
Specific Equality Duties – Require public bodies to:	Publish information demonstrating compliance with the general equality duty – on an annual basis.		
	Prepare and publish one or more equality objectives – at least every four years.		
	Publish information to demonstrate how large the pay gap is between their male and female employees – on an annual basis.		

Appendix B – 2020/21 Equality and quality impact assessments

EQIA Ref	Business Case/Scheme Name	Date
2020/21 01	Wheelchair Service (Covid-19 Service Change)	April 2020
2020/21 02	Sherwood Forest TIA Referral Process (Covid-19 Service Change)	April 2020
2020/21 03	City St Ann's CMC (Covid-19 Service Change)	April 2020
2020/21 04	Mid Notts Newark CMC (Covid-19 Service Change)	April 2020
2020/21 05	City Bulwell CMC (Covid-19 Service Change)	April 2020
2020/21 06	Mid Notts Ashfield CMC (Covid-19 Service Change)	April 2020
2020/21 07	Mid Notts Bull Farm CMC (Covid-19 Service Change)	April 2020
2020/21 08	Mustard Seeds Service Change (Covid-19 Service Change)	April 2020
2020/21 09	Haven House Service Change (Covid-19 Service Change)	April 2020
2020/21 10	Primary Integrated Community Services – Community Pain Pathway (Covid-19 Service Change)	April 2020
2020/21 11	South Notts Arrow CMC (Covid-19 Service Change)	April 2020
2020/21 12	Enhanced Support to Care Homes and Home Care (Covid-19 Service Change)	May 2020
2020/21 13	South Notts Byron CMC (Covid-19 Service Change)	April 2020
2020/21 14	South Notts Calverton CMC (Covid-19 Service Change)	April 2020
2020/21 15	South Notts Chilwell CMC (Covid-19 Service Change)	April 2020
2020/21 16	South Notts Eastwood CMC (Covid-19 Service Change)	April 2020
2020/21 17	South Notts Highcroft CMC (Covid-19 Service Change)	April 2020

EQIA Ref	Business Case/Scheme Name	Date
2020/21 18	South Notts Synergy CMC (Covid-19 Service Change)	April 2020
2020/21 19	South Notts Hickings Lane CMC (Covid-19 Service Change)	April 2020
2020/21 20	Newark Urgent Care Centre (Covid-19 Service Change)	April 2020
2020/21 21	Community Orthoptics (Contract Extension)	May 2020
2020/21 22	SFH suspension of TOP Service (Covid-19 Service Change)	April 2020
2020/21 23	Breast Surgery Service (Covid-19 Service Change)	April 2020
2020/21 24	MSK Together (Covid-19 Service Change)	April 2020
2020/21 25	24/7 Urgent Mental Health Telephone Support, Advice and Triage (Covid-19 Service Change)	April 2020
2020/21 26	Patient Taxi Transport Service (Covid-19 Service Change)	May 2020
2020/21 27	South Notts St Georges CMC (Covid-19 Service Change)	May 2020
2020/21 28	South Notts Keyworth CMC (Covid-19 Service Change)	May 2020
2020/21 29	South Notts Embankment CMC (Covid-19 Service Change)	May 2020
2020/21 30	South Notts Bingham CMC (Covid-19 Service Change)	May 2020
2020/21 31	NUH Downgrading of Colorectal Polyps Service Change	May 2020
2020/21 32	Telephone-based Partial Risk Assessment for Home Oxygen Service Patients (Covid-19 Service Change)	May 2020
2020/21 33	Grief Line (Covid-19 Service Change)	May 2020
2020/21 34	Transfer of Alexander House patients and staff to the Orion Unit (Covid-19 Service Change)	May 2020

EQIA Ref	Business Case/Scheme Name	Date
2020/21 35	Urgent Eyecare Service (CUES) (Covid-19 Service Change)	May 2020
2020/21 36	Repurposing of the current Nottingham City General Practice Alliance (NCGPA) into Covid home visiting service (Covid-19 Service Change)	June 2020
2020/21 37	Decommission of Telemedicine in care homes (Covid-19 Service Change)	June 2020
2020/21 38	Step down of the Covid Home Visiting Service and return to Nottingham City General Practice Alliance (NCGPA) GP Plus Service (Covid-19 Service Change)	June 2020
2020/21 39	Reconfiguration of Stroke Services, NUH	June 2020
2020/21 40	Dementia Pathway	June 2020
2020/21 41	Reducing Conveyance Care Home SOP (Covid-19 Service Change)	June 2020
2020/21 42	LGBT + Network (12 month grant)	June 2020
2020/21 43	Community Vasectomy (Covid-19 Service Change)	June 2020
2020/21 44	City Locality Cripps CMC (Covid-19 Service Change)	June 2020
2020/21 45	Radford Medical Centre Closure	June 2020
2020/21 46	Intensive Support at Home	June 2020
2020/21 47	Diabetic Eye Screening Services (Covid-19 Service Change)	June 2020
2020/21 48	City Locality CMC location change (Covid-19 Service Change)	June 2020
2020/21 49	Tracheostomy and Laryngectomy Appliance Prescribing	June 2020
2020/21 50	Restoration of Community AQP Non Obstetric Ultrasound Service (Covid-19 Service Change)	June 2020
2020/21 51	Fracture Liaison Services- South Notts ICP (Covid-19 Service Change)	June 2020

EQIA Ref	Business Case/Scheme Name	Date
2020/21 52	Ovulation Induction / IUI (Covid-19 Service Change)	June 2020
2020/21 53	Gedling Housing to Health Scheme – Commissioner Change	June 2020
2020/21 54	NEMS Amber (Covid-19 Service Change)	June 2020
2020/21 55	Locked Rehabilitation	June 2020
2020/21 56	IAPT and Eating Disorder Procurement	July 2020
2020/21 57	BTS NUH Pilot (Covid-19 Service Change)	July 2020
2020/21 58	Transfer of 999 calls from EMAS To NEMS for clinical validation	July 2020
2020/21 59	Newark/Nottinghamshire FRV (Covid-19 Service Change)	July 2020
2020/21 60	Re-procurement of four APMS contracts for core primary care medical services	July 2020
2020/21 61	Alignment of Border Care Homes: Elmbank Care Home	August 2020
2020/21 62	Alignment of Border Care Homes: Parker House Nursing Home	August 2020
2020/21 63	Alignment of Border Care Homes: Acer Court/Alder House	August 2020
2020/21 64	Alignment of Border Care Homes: Eden Lodge	August 2020
2020/21 65	Alignment of Border Care Homes: Hawthorne Nursing Home	August 2020
2020/21 66	Alignment of Border Care Homes: Sandiacre Court	August 2020
2020/21 67	Alignment of Border Care Homes: Edingley Lodge Care Home	August 2020
2020/21 68	Hospital to Home Respiratory Care Team Pilot (contract to end 30 November 2020)	August 2020
2020/21 69	Admiral Nurses Clinics Pilot (funded by Dementia UK)	August 2020
2020/21 70	Bull Farm Surgery vacant premises to transfer to Oakwood Surgery	August 2020

EQIA Ref	Business Case/Scheme Name	Date
2020/21 71	Extension of Community MSK and Community Pain Services	August 2020
2020/21 72	Extension of Community Ophthalmology and Orthoptics Services	August 2020
2020/21 73	Extension of GP Direct Access Non Obstetric Ultrasound Service	August 2020
2020/21 74	NHS 111 First	September 2020
2020/21 75	Stoma Prescribing Service	September 2020
2020/21 76	Chatsworth Neurorehabilitation Service	September 2020
2020/21 77	Greater Nottingham Community Bed Remodelling	September 2020
2020/21 78	Mental Health and Social Prescribing	September 2020
2020/21 79	Temporary Overnight Closure of Newark Urgent Treatment Centre (UTC)	October 2020
2020/21 80	Development and implementation of Crisis Sanctuaries across the ICS	December 2020
2020/21 81	NUH Community Geriatrician Service	November 2020
2020/21 82	Giltbrook Surgery Boundary Change	November 2020
2020/21 83	Procurement for Enhanced Primary Care Services Bundle	November 2020
2020/21 84	Community Ophthalmology Services EMMS 'Drive Thru'	November 2020
2020/21 86	Interim Community Pulmonary Rehabilitation proforma	November 2020
2020/21 87	Platform One Practice – next steps	November 2020
2020/21 88	Suicide Bereavement Support Services	November 2020
2020/21 89	Housing to Health – Service Contract Renewal (ASSIST SCHEME)	November 2020
2020/21 90	Housing to Health – Service Contract Renewal (CITY SCHEME)	November 2020

EQIA Ref	Business Case/Scheme Name	Date
2020/21 91	Ophthalmology – Monitoring for Hydroxychloroquine and Chloroquine Retinopathy	November 2020
2020/21 92	Nottinghamshire Hospice End of Life Services	December 2020
2020/21 93	Weekend Treatment Room Service – Commissioning Intentions 2021-22	December 2020
2020/21 94	Community Crisis Support Service (British Red Cross) service extension	December 2020
2020/21 98	IVF Contracts Extension	January 2021
2020/21 102	Review of Primary Care LES	January 2021
2020/21 103	NHCT HISU – High Intensity Service User Service	January 2021
2020/21 104	City Care HISU – High Intensity Service User Service	January 2021
2020/21 106	Continuing Healthcare at Home – Fast Track Service	February 2021

Appendix C – Workforce demographics

Protected Characteristic		Headcount as at 01/04/2020	Headcount as at 31/03/2021	Trend (%)
Age	16-30	8.2%	9.3%	↑
	31-40	26.4%	25.5%	↓
	41-50	34.3%	31.4%	↓
	51-60	26.3%	29.4%	↑
	>60	4.8%	4.4%	↓
Gender	Male	23.8%	24.1%	↑
	Female	76.2%	75.9%	↓
Ethnicity	White	88.6%	89.7%	↑
	BAME	8.6%	8.9%	↑
	Not declared/stated	2.8%	1.4%	↓
Disability	Yes	4.4%	5.2%	↑
	No	80.8%	81.1%	↑
	Not declared/stated	14.8%	13.7%	↓
Sexual Orientation	Heterosexual	70.9%	73.1%	↑
	Lesbian/Gay/Bisexual/Other	2.2%	2.4%	↑
	Not declared/stated	26.9%	24.5%	↓
Religion/Belief	Atheism	17.0%	18.5%	↑
	Christianity	40.7%	40.7%	→
	Hinduism	1.0%	1.0%	→
	Islam	1.8%	2.0%	↑
	Other	6.0%	6.0%	→
	Not declared/stated	33.5%	31.8%	↓

Appendix D – 2021/23 Equality improvement plan

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
1	Systematic consideration of the protected characteristic groups (and other disadvantaged groups) when we identify the health needs of our population.	<p>Review current Joint Strategic Needs Assessment (JSNA) chapter prioritisation and development processes with Public Health teams at Nottingham City Council and Nottinghamshire County Council, including templates, proforma and SOPs used for chapter development.</p> <p>Undertake a review of recently published JSNA chapters on both Nottingham and Nottinghamshire Insight websites to identify good practice and any gaps in consistent consideration of protected characteristics in chapters.</p> <p>Work with the two JSNA Steering Groups to take forward any identified actions from the above review.</p> <p><i>It should be noted that this work will be part of the ongoing work looking at the development and alignment of the Nottingham and Nottinghamshire JSNAs with the Nottingham and Nottinghamshire Integrated Care System.</i></p>	Head of Research and Evidence	31/03/2022	All JSNA processes and future published JSNA chapters will demonstrate systematic consideration of protected characteristics.	Equality Objective 1 – Improve access and outcomes for patients and communities
2	Systematic consideration of the protected	Review Population Health Management (PHM) packs developed to date to identify how consistently consideration	Head of Research and Evidence	31/03/2022	Future Population Health Management published packs will demonstrate systematic	Equality Objective 1 – Improve access and

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
	characteristic groups (and other disadvantaged groups) as part of the Population Health Management approach.	of protected characteristics is embedded into the PHM approach. Work with the PHM Programme Manager to take forward any identified actions from the review.			consideration of protected characteristics.	outcomes for patients and communities
3	Improved mental health outcomes and improved experience of primary care and community mental health services by LGBT+ people.	Develop a system-wide action plan with partners to take forward the six recommendations from the CCG commissioned research "Improving the mental health outcomes of Lesbian, Gay, Bisexual and Transgender (LGBT+) People in Nottingham City". Establish mechanisms to take forward the specific recommendations that relate to the CCG and primary care. The recommendations relate to: training and cultural competence; systematic recording of patient/service user sexual orientation and (where appropriate) gender identity; the specific needs of LGBT+ people being reflected in the commissioning and delivery of services; visibly inclusive LGBT+ services; improved access to mental healthcare; and developed and/or strengthened relationships between services.	Head of Equality, Diversity and Inclusion (to co-ordinate)	30/09/2022	Improved mental health outcomes and experience reported by LGBT+ people in the annual GP patient survey. Patient/service user data about sexual orientation (and where appropriate, gender identity) is systematically recorded in primary care.	Equality Objective 1 – Improve access and outcomes for patients and communities
4	Diverse people and communities shape	Establish mechanisms to provide opportunities for everyone to participate	Head of Research and	31/03/2023	Increase in recruitment to NIHR portfolio research studies from	Equality Objective 1 – Improve

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
	research and opportunities to participate in research are an integral part of everyone's experience of health and care services. Barriers to research career progression arising from characteristics such as sex, race or disability are not experienced by the CCG or primary care workforce.	<p>in research, with a focus on involving patients and the public from more diverse and underserved communities.</p> <p>Support and promote opportunities for diverse people and communities to be involved in shaping research locally, both those led by local academics and any future research commissioned by the CCG.</p> <p>Support research career opportunities for CCG and the primary care workforce and work to address any barriers arising from protected characteristics.</p>	Evidence		<p>GP practices working with more diverse and underserved communities.</p> <p>Increase in recruitment to NIHR portfolio research studies from a broader group of participants.</p> <p>Utilisation of the organisation's NIHR Research Capability Funding to support research career opportunities and address any barriers arising from protected characteristics.</p>	access and outcomes for patients and communities
5	The information and communication support needs of patients and service users with a disability, impairment or sensory loss will be met.	Identify any gaps in meeting the requirements of the Accessible Information Standard by those who provide NHS services within Nottingham and Nottinghamshire.	Head of Equality, Diversity and Inclusion (to co-ordinate)	30/09/2022	Quality assurance arrangements.	Equality Objective 1 – Improve access and outcomes for patients and communities (Covid-19 Recovery Engagement Action Plan)
6	Information will be provided that is clear and accessible for all.	Define an organisation approach to ensuring that information published by the CCG is accessible, to include:	Head of Communications	31/12/2021	Patient and Public Engagement Committee to review.	Equality Objective 1 – Improve access and outcomes for

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
		<ul style="list-style-type: none"> • Routine inclusion of accessibility statements, advising how information in alternative formats and languages can be obtained. • Publication of any information that will be relevant for a long time in the most commonly spoken languages across Nottingham and Nottinghamshire. • Use of Flesch Reading Ease tool (to measure how easy a document is to read). • Exploring a Literacy Champion role. • Reviewing the CCG's website to ensure full compliance with Public Sector Website Accessibility Regulations. 				patients and communities (Covid-19 Recovery Engagement Action Plan)
7	Ethnically diverse communities and people with a learning disability will be able to give and receive information in a way that is most suitable for them.	Through the CCG commissioned engagement service with the Voluntary Sector Alliance, undertake in-depth reviews of communication and engagement preferences with ethnically diverse communities and people with a learning disability.	Head of Insights and Engagement	31/03/2022	Patient and Public Engagement Committee to review.	Equality Objective 1 – Improve access and outcomes for patients and communities (Covid-19 Recovery Engagement Action Plan)
8	Improved patient experience of booking	Review of interpretation and translation services in primary care for patients,	Associate Director of	31/03/2022	Service evaluation process.	Equality Objective 1 – Improve

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
	interpreters and accessing services.	carers and clinicians to help them understand each other when they do not speak the same language (in line with Guidance for commissioners: Interpreting and Translation Services in Primary Care). Through the review identify gaps and develop a plan to deliver improvement.	Primary Care			access and outcomes for patients and communities (Covid-19 Recovery Engagement Action Plan)
9	Primary care staff will be more aware of barriers faced by people who are deaf or have a hearing impairment, and better equipped to make reasonable adjustments to meet the needs of this patient group.	Facilitate roll-out of training, funded and delivered by NHS England/Improvement, to 40 front-line staff working in general practice or community pharmacy to complete a training session that will provide them with greater awareness of issues facing people who are deaf or have a hearing impairment.	Head of Insights and Engagement (to co-ordinate)	31/12/2021	40 front-line primary care staff trained in British Sign Language to support communication with people who are deaf or hard of hearing.	Equality Objective 1 – Improve access and outcomes for patients and communities (Covid-19 Recovery Engagement Action Plan)
10	Commissioning decisions are systematically informed by robust equality impact assessments. People from protected characteristic and other disadvantaged groups are not negatively impacted	Review the CCG's Equality and Quality Impact Assessment (EQIA) process to ensure continued fitness for purpose for an Integrated Care System (to include a review of the EQIA Panel and its effective operation). The review will consider how the actual impacts of service changes are reviewed against anticipated outcomes and mitigations (as identified within	Head of Equality, Diversity and Inclusion	30/09/2022	Equality, Diversity and Inclusion Steering Group to review.	Equality Objective 1 – Improve access and outcomes for patients and communities (Covid-19 Recovery Engagement Action Plan)

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
	by service changes.	supporting EQIAs). The Public Health England Health Equity Assessment Tool will also be reviewed to provide a framework for monitoring, evaluating and reviewing outcomes and access data and to embed this within routine commissioning activities.				
11	The CCG is seen as an employer of choice with improved workforce diversity.	Review the CCG's Recruitment and Selection Policy and produce a supporting Recruitment Handbook. Particular consideration to be given actions needed to improve workforce diversity, including: <ul style="list-style-type: none"> • How job descriptions are written and the essential criteria required (including whether desirable criteria are needed). • How adverts are written and where vacancies are advertised to attract diverse candidates • How shortlisting is completed • How interview panels are comprised. • How commitment to equality, diversity and inclusion is tested at interview. • How candidate experience can be 	Head of Human Resources and Organisational Development	31/03/2022	Staff Survey Results WRES Indicator 1, 2	Equality Objective 2 – Improve workforce diversity at all levels within the CCG (WRES Action Plan / Staff Survey Action Plan)

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
		<p>improved.</p> <ul style="list-style-type: none"> • Training required for recruiting managers. <p>Staff Networks to be involved in the review process.</p>				
12	The CCG is seen as an employer of choice with a diverse leadership team.	Embed diversity as an explicit aim within the CCG's succession planning process, with a particular focus on Governing Body and Senior Leadership Team roles.	Head of Human Resources and Organisational Development	30/09/2022	WRES Indicator 1, 9	Equality Objective 2 – Improve workforce diversity at all levels within the CCG (WRES Action Plan)
13	The CCG understands the development support required by its diverse workforce and is able to engender a culture of equal opportunities.	Review the CCG's Learning, Development and Education Policy and existing training and development offers available to ensure opportunities for development are fit for purpose and there is equity of access to staff with protected characteristics. Staff Networks to be involved in the review process.	Head of Human Resources and Organisational Development	31/03/2022	Staff Survey Results WRES Indicator 4, 7	Equality Objective 2 – Improve workforce diversity at all levels within the CCG (WRES Action Plan / Staff Survey Action Plan)
14	All CCG staff are treated with dignity and respect at all times.	Review the CCG's Acceptable Behaviours Policy and implement a comprehensive training and awareness plan. Staff Networks to be involved in the review process.	Head of Human Resources and Organisational Development	31/03/2022	Staff Survey Results WRES Indicator 3, 5, 6, 8	Equality Objective 3 – Empower staff to support improved equality, acceptance and inclusion (WRES Action

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
						Plan / Staff Survey Action Plan)
15	CCG staff are culturally competent, with improved understanding and ability to respond to the needs of colleagues and our diverse population.	<p>Develop and implement a Cultural Competency Programme, to include:</p> <ul style="list-style-type: none"> • Intentional About Inclusion Leadership Programme • Reciprocal Mentoring Programme • A range of equality, diversity and inclusion specific training courses • Living Library/ Let's Talk Events • Awareness Raising/ Communications Plan – shaped around an annual equality, diversity and inclusion calendar <p>As part of this work, we will explore opportunities for community leaders and third sector organisations to be involved in shaping and/or delivering elements of the Programme.</p>	Head of Equality, Diversity and Inclusion	31/03/2023	Evaluation of Cultural Competence Programme WRES Indicators 1, 2, 3, 4, 5, 6, 7, 8, 9 Staff Survey Results	Equality Objective 3 – Improve the cultural competence of our workforce (WRES Action Plan / Staff Survey Action Plan / Covid-19 Recovery Engagement Action Plan)
16	The CCG has sustainable and effective Staff Networks.	<p>Ensure the right infrastructure is in place to enable the CCG's Staff Networks to function effectively; including a review of the role of Allyship, Executive sponsors and Chair access to senior management.</p> <p>Clearly articulate a support package (e.g. time commitments, training and development) to ensure sustainable</p>	Head of Human Resources and Organisational Development	31/03/2022	Staff Survey Results Staff Network feedback	Equality Objective 2 – Improve workforce diversity at all levels within the CCG Equality Objective 3 – Improve the cultural competence of our

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
		<p>Staff Networks/Chairs.</p> <p>Produce a You Said, We Did for each of the Staff Networks to demonstrate impact during 2021/22.</p> <p>Review the long-term objectives of Staff Networks and ensure these are clearly communicated to the wider staff.</p>				workforce and empower staff to support improved equality, acceptance and inclusion (Staff Survey Action Plan / EDISG)
17	CCG staff feel empowered to improve equality, acceptance and inclusion within the workplace.	<p>Develop and implement an Equality Champions Framework to include the following specialisms:</p> <ul style="list-style-type: none"> • Cultural Ambassadors – aimed at reducing inequalities in disciplinary and recruitment processes • Equality Advocates (Ability, LGBT+, Race) – aimed at improving staff experience and access to support, and increasing confidence in challenging discrimination <p>Framework to ensure clarity of roles, time commitments, recruitment, induction and training plan, supporting materials (role descriptions, handbook, etc.) and agreed approach to ensuring visibility (e.g. lanyards, intranet, notice boards, staff communications, etc.)</p> <p>Develop mechanisms to embed specialist roles in organisational ways</p>	Head of Equality, Diversity and Inclusion	31/03/2022	Staff Survey Results Staff Network feedback	Equality Objective 3 – Empower staff to support improved equality, acceptance and inclusion (Staff Survey Action Plan / Staff Network Action)

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
		of working.				
18	CCG staff experiencing mental or emotional distress are supported in the workplace. Reduced stigma and increased awareness of mental health issues within the CCG's workforce.	Implement the role of Mental Health First Aiders within the CCG.	Head of Human Resources and Organisational Development	31/03/2022	Staff Survey Results Staff Network feedback	Equality Objective 3 – Improve the cultural competence of our workforce and empower staff to support improved equality, acceptance and inclusion (Staff Survey Action Plan / Staff Network Action)
19	CCG staff have easy access to equality, diversity and inclusion information and resources.	Review and develop the CCG's Intranet to support the promotion of equality, diversity and inclusion requirements and considerations within the workplace.	Head of Communications (to co-ordinate)	30/09/2022	Staff Survey Results Staff Network feedback	Equality Objective 3 – Improve the cultural competence of our workforce and empower staff to support improved equality, acceptance and inclusion (Staff Network Action)
20	Equality, diversity and inclusion considerations are	Complete an equality impact assessment of the proposed changes associated with CCG disestablishment	Head of Equality, Diversity and	31/03/2022	NHS England Readiness to Operate Assessment Process	Equality Objective 2 – Improve workforce diversity

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
	embedded within new statutory arrangements (subject to legislation).	and Integrated Care board establishment (subject to legislation). This will include review of all equality impact assessments completed in relation to the CCG's corporate policies to ensure their continued fitness for purpose and robustness. This work will also consider the CCG's agreed move to an agile working model. The equality impact assessment completed to support the CCG merger process in 2019/20 will also be revisited.	Inclusion (to co-ordinate)			at all levels within the CCG Equality Objective 3 – Improve the cultural competence of our workforce and empower staff to support improved equality, acceptance and inclusion (CCG Transition Plan)



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	Date:	06 October 2021
Paper Title:	Highlight report from the (virtual) meeting of the CCG's Primary Care Commissioning Committee	Paper Reference:	GB 21 080
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 18 August 2021 and 15 September 2021. Due to the current Coronavirus (Covid-19) situation, the meetings were held virtually.

At the August meeting, the Committee:

- **RECEIVED** routine reports in relation to; Primary Care Contracting, quality, additional expenses in relation to Covid-19 and a summary of OPEL reporting. For the second successive month there were no claims received in relation to Covid-19 additional expenses.
- **NOTED** that the Clinical Management Centre (CMC) closed on 31 July 2021. During the five weeks to closure 161 of the 242 available appointments were accessed, with daily utilisation varying between one and 11 patients per day.
- **RECEIVED** detail of practice sign up to two new Enhanced Services. 114 (of 125) practices are signed up to deliver the Long Covid Enhanced Service and 112 (of 125) practices are signed up to deliver the weight management Enhanced Service. Practices not participating in delivery of the services will refer patients to services hosted elsewhere.
- **REVIEWED** the risk register and **NOTED** that the risk score for RR 160 (primary care staff exhaustion and burn out) had been increased from 12 to 16 following discussion at the Committee and the Governing Body.
- **DISCUSSED** the position in relation to vaccination and screening programmes performance in primary care. The discussion had originated at the August Governing Body. NHSE/I plan to scrutinise the position in greater detail and work with Primary Care regarding action to be taken.

At the September meeting, the Committee:

- **RECEIVED** routine reports in relation to; Primary Care Contracting, quality, additional expenses in relation to Covid-19 and a summary of OPEL reporting. For the third successive month there were no claims received in relation to Covid-19 additional expenses.
- **NOTED** that Dr Richard Stratton will no longer be the GP representative on the Committee. Thanks were extended to him for his valuable contribution to the Committee. Members were keen that a

practising GP would continue to be part of the Committee and this would be discussed with the Associate Director of Governance.

- Patients of Queens Bower Surgery had received **NOTIFICATION** of their allocated new practice following the decision to allocate patients following the closure of the branch surgery.
- **DEFERRED** the decision regarding the list closure request by Sherrington Park Medical Practice pending further information from the surgery.
- **RECEIVED** the routine update on the primary care workforce, noting the workforce position and continued focus on supply, recruitment and retention strategies.
- **RECEIVED** information from NHSE/I regarding the phased introduction of new service requirements for Primary Care Networks (PCN).
- **RECEIVED** a report on the PCN investment and impact fund 2021. The fund had been introduced under the 2020/21 Network Contract Directed Enhanced Service and ran from 1 October 2020 until 31 March 2021. This incentive scheme focused on tackling health inequalities and providing high quality care, similar to the Quality and Outcomes Framework.
- **REVIEWED** the Primary Care workforce risk and agreed to seek further assurance in relation to the primary care nursing workforce and **CONSIDERED** a potential new risk related to the risk of GP disengagement in PCNs following the NHSE/I letter on contract guidance.

Key messages for the Governing Body

The Committee:

- **APPROVED** the extension of the Practice boundary for Rise Park Surgery.
- **RECEIVED** a report detailing the Primary Care System Development Fund 2021/22. The fund is allocated to the ICS underpinned by an agreement between the ICS and NHSE/I. The fund comes with a set of requirements and deliverables. The Committee **APPROVED** the utilisation of the fund.
- **APPROVED** the request from Oakwood Surgery to reduce the opening hours at the Bull Farm branch surgery. An impact assessment will be undertaken in three months to review whether the change has had any adverse impact.
- **APPROVED** the Primary Care IT strategy. A progress update will be provided in January 2022. The strategy will be shared with Bassetlaw CCG and the Patient and Public Engagement Committee (PPEC).

The ratified minutes of the August meeting are provided in the 'Information Items' section of the agenda.

The ratified minutes of the September meeting will be received by the Governing Body on the 01 December 2021.



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open)	Date:	06 October 2021
Paper Title:	Highlight report from meetings of the Nottingham and Nottinghamshire Public Engagement Committee held on 24 August and 28 September 2021	Paper Reference:	GB 21 081
Chair of the meeting:	Sue Clague, 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 Nottingham and Nottinghamshire Patient and Public Engagement Committee (PPEC) has continued to meet virtually on a monthly basis and most recently meetings have taken place on 24 August and 28 September 2021. PPEC members have valued the attendance of Lucy Dadge and Alex Ball at their meetings representing the Executive Team.

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

- Review and procurement of interpretation and translation services.
- Recovery Engagement Action Plan.
- ICS Transition focusing on working with people and communities
- Equality, Diversity & Inclusion; Annual Equality Assurance Report
- Mental Health Services Commissioning; Dementia Well Pathway
- Covid-19 update
- Update on other key areas of work including,
 - Independent Review of Nottingham University Hospitals NHS Trust maternity services.
 - Nottingham University Hospitals NHS Trust Care Quality Commission Report
 - Integrated Care Board (ICB) recruitment of Chief Executive Officer, ICB establishment and close down of CCG
 - Establishment of Integrated Care Partnership (system level), four Place Based Partnerships and a Provider Collaborative
 - Backlog and waiting list recovery
 - Priority transformation; community care, children and young people, integration of person-centred commissioning
 - Government's new hospitals programme with potential investment to transform hospital services in Nottingham.

Key Messages for the Governing Body

The key messages that PPEC members agreed to share with the Governing Body from its meetings held on 24 August and 28 September 2021 are;

1. PPEC members welcomed the broader review of interpretation and translation services and look forward to receiving further information as the review progresses.
2. PPEC members would like to ensure learning from Covid-19 can be embedded into ICS strategy

and at place level to deliver real improvement in outcomes for citizens. Much has been learned about the significance of working through community leaders to cascade messages and engage with their communities where they have established trusted relationships and these should be retained and built upon.

3. PPEC members recommended that the citizen voice should be included at the earliest possible stage of the Community Transformation Programme. PPEC members offered to facilitate access to a range of networks and groups in support of this.
4. PPEC members welcomed the CCG's Annual Equality Assurance Report and noted the inclusion of actions arising from the Recovery Engagement within the Equality Improvement Action Plan. PPEC members look forward to receiving further progress reports on the implementation of the Equality Improvement Action Plan.
5. An excellent presentation on the outcomes of engagement to inform the Dementia Well Pathway was received by PPEC members. The presentation provoked a good discussion on next steps which highlighted the need to deliver a co-ordinated response at place level that incorporates voluntary sector provision.
6. The outputs of workshops held to develop the approach to working with people and communities as part of the transition to the Integrated Care System (ICS) was received by PPEC members. PPEC members commended progress to date and look forward to the opportunity to review the ICS Board paper.

The ratified minutes of Patient and Public Engagement Committee held on 28 September 2021 will be presented to the Governing Body on 01 December 2021.



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	Date:	06 October 2021
Paper Title:	Finance and Resources Committee Highlight report – 25 August and 22 September 2021.	Paper Reference:	GB 21 082
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 (FRC) met on the 25 August and 22 September 2021. Due to the current Coronavirus (COVID-19) situation, the meetings were held virtually. Over the course of the meetings, the Committee:

- **RECEIVED** the finance reports for month four at the August meeting, which showed a year to date (YTD) breakeven position, with a £1.2m overspend for the H1 period. At the September meeting, the month five finance reports were received. This showed that the CCG continued to report a YTD breakeven position with a £1.2m overspend for H1, caused by the change to Elective Recovery Fund (ERF) income thresholds.
- **REVIEWED** an interim draft financial plan for the H2 period, pending release of the H2 planning guidance, at the September meeting. The plan is based on H1 figures and cost budgets and is likely to change upon receipt of the official planning guidance
- **APPROVED** a flexible approach to the Committee's work programme for the remainder of the financial year. This would enable the Committee to continue to meet its responsibilities, whilst acknowledging that the CCG is entering a period of transition.
- **RECEIVED** the Primary Care IT Strategy, for information. The Strategy described an enhanced five year strategy, specifically aimed at IT services and functionality for primary care, most notably GP practices. The Strategy had been approved by the Primary Care Commissioning Committee.
- **RECEIVED** Cross Provider Reports at both meetings, which provided an overview of financial and activity performance for the Nottingham and Nottinghamshire CCG at months four and five, with particular focus on the major acute contracts and performance against ERF targets.
- **RECEIVED** briefings on the financial aspects of the Nottingham and Nottinghamshire ICS' Vaccination Programme, to enable context for wider discussions on other financial issues relating to the CCG and ICS.
- **ENDORSED** the Annual Equality Assurance Report for onward submission to the Governing Body. The report set out the equality objectives for the CCG and also demonstrated the CCG's compliance with the Public Sector Equality Duty. The period covered within the report involved two high level areas of focus for Equality, Diversity and Inclusion (EDI) work. The first relating to the merger of the six

Nottingham and Nottinghamshire CCG's in 2020 and the embedment of EDI in key business processes throughout the new CCG's infrastructure. The second area involved addressing inequalities within the workforce and local population, highlighted by the COVID19 pandemic.

- **RECIEVED** the workforce report summarising information relating to the CCG's workforce and also including updates on the Workforce Race Equality Standard, Staff Survey and Cycle to Work Scheme. The key

Key Workforce Indicators currently stand at:

	Target	Actual (as at end August 2021)
Sickness Absence	2.5%	1.96%
Monthly Turnover	1%	Exceeded 1% in 6 of the last 12 months
Completion of Appraisals	92%	73%

- **CONSIDERED** risks specific to the Committee's remit.

Key Messages for the Governing Body

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

- Waiting list triage and the work to be undertaken at the Clinical Executive Group. (Discussion detailed at item FR 21 064 in the August FRC minutes)
- Detail of the H2 planning guidance, once released. This is to be discussed in the confidential session.

The ratified minutes of the August 2021 meeting are provided to the Governing Body in the 'Information Items' section of this meeting.

The ratified minutes of the September 2021 meeting will be received by the Governing Body on 01 December 2021.



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open)	Date:	06 October 2021					
Paper Title:	Finance Report Month 5	Paper Reference:	GB 21 083					
Sponsor:	Stuart Poynor, Chief Finance Officer	Attachments/ Appendices:						
Presenter:	Stuart Poynor, Chief Finance Officer							
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 CCG currently remains under a temporary financial regime due to the continuing COVID situation; which splits the financial year into two reporting periods H1, April to September and H2, October to March.

Once adjusted for ERF (Elective Recovery Fund), the CCG is reporting a break even financial position for month five (year to date) and a £1.2 million overspend (forecast). As noted in the month four finance report, this forecast overspend is driven by the move of the ERF thresholds from 85% to 95%.

In respect of non-ERF items, Continuing healthcare costs continue to be the main cost pressure for the CCG (£1.6 million forecast overspend). Mental health spend is forecast to be £0.253 million over budget due to locked rehab and section 117 costs. The key mitigating underspend is delegated primary care (£0.245 million) and prescribing is now forecast to be underspent by £0.106 million.

Both the ERF performance and the non-ERF pressures noted above are presenting a financial risk to the CCG. The CCG is anticipating to be able to cover these risks by the use of slippage on programme reserves, delegated primary care reserve and balance sheet flexibility.

The CCG capital plan for the full year is £2.1 million, utilising the full capital resource limit (CRL) notified by NHSEI. At this point in the year it is assumed the full £2.1 million will be committed/ incurred.

The report was discussed by the Finance and Resources Committee at its September meeting and the Committee approved it for onward submission to the Governing Body.

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:				
<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 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:				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (please indicate why it is confidential by ticking the relevant box below) <input type="checkbox"/> The document contains Personal information <input type="checkbox"/> The CCG is in commercial negotiations or about to enter into a procurement exercise <input type="checkbox"/> The document includes commercial in confidence information about a third party <input type="checkbox"/> The document contains information which has been provided to the CCG in confidence by a third party <input type="checkbox"/> The discussion relates to policy development not yet formalised by the organisation <input type="checkbox"/> The document has been produced by another public body <input type="checkbox"/> The document is in draft form				
Recommendation(s):				
1. The Governing Body is asked to NOTE the Finance Report.				



NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Finance report

Month five 2021/22

1

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Introduction and executive summary

- The CCG currently remains under a temporary financial regime due to the continuing COVID situation. The temporary financial regime has split the financial year into two reporting periods, H1 April to September and H2 October to March
- Year to date, the CCG continues to report a break even position. The break even position assumes allocations in relation to the elective recovery fund (ERF), hospital discharge programme (HDP) and national vaccination scheme funding.
- To re-cap, the CCG has updated the financial plan for H1 between month two and month three reporting. The update is to remove the independent sector (IS) costs relating to the elective recovery fund (ERF). This means that neither the ERF costs or income are reflected in the CCG plan/budget. An ICS adjustment relating to provider independent sector activity costs has also been applied to the CCG plan, with £4.005 million of system IS costs removed, resulting in a CCG plan showing a planned surplus of £4.005 million. Delivery of the ERF plan would bring the surplus to a breakeven position.
- For the forecast outturn (FOT), the CCG is reporting a £1.2 million deficit for the H1 period, this is in line with month four. This deficit is driven by the move of the ERF thresholds from 85% to 95%.
- The month five position has a (non-ERF) budgetary pressure of £1.329 million (YTD) / £1.537 million (FOT) and ERF recovery activity pressure of £2.558 million (YTD) / £3.085 million (FOT– inclusive of the £1.2 million ERF threshold pressure). This is driving a significant financial risk, and, with the exception of the £1.2 million ERF threshold issue, the CCG is anticipating to be able to cover these risks by use of a combination of slippage on the programme reserves/investments, delegated primary care reserve, system risk share (as applicable) and balance sheet flexibility.
- Key areas (ie. main components) in relation to routine budgets that are driving the £1.537 million forecast overspend include CHC costs (£1.622 million), prescribing costs (£0.444 million) and mental health (locked rehab and section 117 costs £0.253 million). The key mitigating underspend continues to be delegated primary care (£0.245 million) and prescribing which is now forecasting a small underspend of £0.106 million
- The CCG capital plan for the full year remains at £2.1 million, utilising the full capital resource limit (CRL) notified by NHSEI. At this stage no expenditure has been incurred against this plan. Expenditure on the Mansfield Supported Living Scheme was planned to have commenced in month five. This is now anticipated to be in month six

CCG month five financial position

The month 5 financial position is set out below (see appendix 1 for the full OCS):

H1 21/22 Programme Area	Month 5 YTD			H1 Forecast		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Acute	438,645	444,999	(6,354)	523,567	531,162	(7,596)
Community	72,524	72,728	(204)	86,956	87,150	(194)
Mental Health	82,312	82,451	(139)	99,885	100,103	(218)
Continuing Healthcare	49,775	51,191	(1,415)	59,730	61,302	(1,572)
Primary Care Co-Commissioning	66,151	65,945	205	82,329	82,084	245
Prescribing	66,787	66,720	67	80,145	80,038	106
Other Primary Care	16,187	15,975	212	19,368	19,105	263
Other Programme	37,263	35,677	1,586	51,367	52,810	(1,443)
Total Programme Costs	829,644	835,685	(6,042)	1,003,347	1,013,755	(10,409)
Running Costs	7,662	7,721	(59)	9,194	9,300	(106)
Contingency	0	0	0	0	0	0
Total prior to planned surplus/(deficit)	837,306	843,407	(6,101)	1,012,541	1,023,056	(10,515)
Planned Surplus/(Deficit)	3,338	0	3,338	4,005	0	4,005
Total Ledger position	840,643	843,407	(2,763)	1,016,546	1,023,056	(6,510)
Off Ledger Adjustments:						
ERF assumed allocation	0	(289)	289	0	(289)	289
HDP/Covid vaccination assumed allocation	0	(2,474)	2,474	0	(5,020)	5,020
Revised position	840,643	840,643	(0)	1,016,546	1,017,746	(1,200)

Note, Positive variance is favourable, negative variance is adverse

CCG month five financial position continued

ERF adjustment

- As noted in the executive summary there have been some changes applied into the plan between months 2 and 3 with regards treatment of the ERF. The plan now excludes both costs (independent sector ERF activity) and ERF income. The CCG plan also excludes an element of ICS (NUHT and SFH) ERF activity costs.
- Between month 4 and month 5 the income change on ERF is £0.14 million adverse and the cost reduction is £0.37 million favourable. The net impact of which is £0.23 million movement in the CCGs ERF position at month 5.

	Month 4 £m	Month 5 £m
ERF income - CCG		
Income change	-£5.95	-£5.81
Cost Reduction	£4.76	£4.39
Net Impact	-£1.19	-£1.42
Threshold Change	-£1.20	-£1.20
CCG Cost Pressure	-£0.49	-£0.72
Baseline change impact	-£1.50	-£1.50

The total ERF adverse position amounts to -£3.42m and is made up of three components which is set out further down in the table.

For the CCG, -0.7m of the -£1.42m deficit is a result of changes in the ERF threshold. When added to the system risk share impact associated with threshold change then the total threshold change impact amounts to -£1.2m

- The acute programme actual costs include the costs incurred to date (and forecast) for IS ERF activity. As there is no budget for these costs, they result in an adverse variance. If they were at the planned level then assumed ERF income would cover these costs.
- The £3.085 million FOT pressure described in the introduction section is caused by baseline income changes, both against initial calculations, as well as threshold changes, and underperformance. Excluding the £1.2 million pressure generated by the threshold change, it is anticipated that the pressures can be covered by a combination of - slippage on programme reserves/investments; delegated primary care reserve; system risk share (as applicable); balance sheet flexibility.
- Clearly this represents a significant financial risk.

HDP adjustment

- Within the other programme budget line, there are £7.721 million (forecast) HDP costs, offset by an allocation of £2.788 million received to cover months 1 to 3 HDP costs. In addition there are £0.1 million of vaccination costs within the forecast position. The off ledger adjustment section sets out the assumed allocation to fund these costs. The CCG anticipates receipt of additional allocation in respect of HDP costs, but can only record this when received.

CCG month 5 position continued

Key variances to plan at month 5:

- Continuing healthcare costs remain the main pressure for the CCG. Year to date there is an adverse variance of £1.461 million, and a forecast to month 6 adverse variance of £1.622 million. Note that the previously reported pricing risk has now been agreed with providers, quantified and is included in these month five numbers.
- The main issues which are causing the overspend are 1) the impact of deferred assessments from scheme 1 HDP above the planned level, 2) growth in fully funded CHC and 3) the price increases above planned levels which were flagged as a risk in the plan.
- The delivery of the QIPP programme savings in Personal Health Budgets, QA audit and Liaison review have helped to lower the overall pressure

Continuing Health Care (CHC), Joint Funded, Childrens Continuing Care & Funded Nursing Care	£'000	Narrative
Month 5 Plan	48,658	
Activity Growth Not in Plan	1,878	Plan set in March whilst bulk of Covid deferred assessments were taking place - not all activity captured in plan
Cost Growth Above Plan	487	Pro rata of Prioritisation and Investment Committee approved care home pricing model and other approved uplifts above planned price growth; including Council uplifts for joint funded packages - majority of price growth based on 1.9% living wage rather than 1.3% in plan
Discharge to Assess (D2A) above 6 weeks	215	Up to 6 weeks Covid funded, any stay longer than this prior to assessment not included in plan
Underlying Position	51,238	
Variance prior to QIPP	2,580	
QIPP Scheme - Personal Health Budget Refund	- 699	Ensuring funding within personal health budgets is kept at an appropriate level - credits picked up from CHC database and reported in position
QIPP scheme CHC Database Audit	- 410	Ensuring up to date accuracy of data - credits picked up from CHC database and reported in position
QIPP scheme liaison refund	- 10	External provider checking CHC payments vs period of care - credits reported in position
Total QIPP in position	- 1,119	
Reported Position	50,119	
Variance after QIPP	1,461	

CCG month 5 position continued

Key variances to plan at month 5:

- Prescribing/oxygen costs are £0.067 million below plan year to date (£0.106 million FOT) which represents a favourable swing from month four of £0.313 million (£0.550 million FOT). This is primarily due to utilising the recently issued prescription pricing authority (PPA) phasing percentages.
- Local Covid costs are on plan
- Covid Vaccination Programme expenditure on dealing with inequalities is included in the M5 position. The CCG can claim for additional funding to cover this specific expenditure up to the forecast level of costs of £0.1 million.
- Delegated primary care costs are £0.205 million below plan year to date (£0.245 million FOT). This continues to be as a result of minor underspends against a number of budget headings, e.g. premises costs and dispensing doctors costs.
- The overall QIPP target in H1 of £2.9 million is assumed to have been delivered. Within this QIPP target is £1.34 million relating to a 10% vacancy factor on pay budgets. The CCG remains on track to deliver this target
- For the combined corporate expenditure budgetary position (both running costs and programme – see appendix 2) the CCG is reporting a small (£0.001 million) favourable variance. However, whilst this position is net of the vacancy factor efficiency target it does not include the impact of the 3% pay award (in line with the NHS EI guidance). The impact of the pay award has been calculated to be circa £0.410 million for H1. Clarity has been sought from NHS EI as to whether any of this pressure will be funded.

ICS financial position (based on month 4)

- At the end of July, NHS organisations are presenting a favourable variance of £2.7m against the H1 plan. This is mainly due to total Covid-related expenditure being £6.3m better than plan, pay below plan due to challenges in recruiting to planned investments (NUH) offset by under-achievement of ERF income across the system and non-pay, CHC & prescribing overspends.
- The NHSE/I rules for achievement of ERF income for months 4 to 6 have changed & have been reflected in month 4 reporting.
- The ICS is now forecasting £29.4m income from the ERF, an adverse variance of £27.8m.
- A review of ERF income and the ERF associated costs across organisations has resulted in a forecast £7.5m hit to the system position. This forecast system deficit position for H1 has been formally communicated to NHSE/I at month 4.
- The ICS submitted a number of further queries to NHSE/I on the baseline adjustments. A response has now been received and the implications are being worked through to understand the impact on current forecasts, which should be reflected in month 5 reporting.
- Nottinghamshire County Council are reporting a £0.3m overspend at month 3 and are forecasting to be overspent by £1.3m at the end of March 2022

CCG Month 5 reporting risks and issues

There are a number of risks in the month five position, all described earlier in the report and summarised here:

- ERF shortfall of £3.08 million (£1.2 million threshold change related)
- The budget overspend of £1.537 million (mainly CHC expenditure)
- Assumptions regarding receipt of anticipated allocations in regards to ERF, national Covid, national vaccinations
- Delivery of the QIPP target (although this is integral/net of the planned budgetary position so included in the above risks)
- The impact of the 3% pay award for H1 is a financial risk of £0.410 million
- Financial mitigations at this stage are limited to the level of reserves that the CCG holds plus some potential balance sheet flexibility. The reserves are all investments/committed reserves so any mitigation would be in relation to any slippage of committed schemes

Month 5: Cash, BPPC and Debtors

Cash

- Month five cash position is a closing cash balance of £0.17m against a maximum target balance of £1.96m

BPPC

- Based on the thirty-day compliance, the month 5 BPPC statistics are showing compliance above the 95% for value but not for volume. 83% of failed invoices relate to CHC. This is due to staffing issues which are currently being resolved and a plan to recover the BPPC position is being discussed with the CHC team

Volume / Value invoices paid within 30 days	Cumulative Quantity/ Value	Aug-21 Quantity/ Value	Aug-21 Quantity/ Value Fails	Non NHS		NHS		TOTAL	
				Aug-21	Cumulative	Aug-21	Cumulative	Aug-21	Cumulative
Volume	16,480	3,441	218	93.63%	94.85%	95.24%	98.07%	93.66%	96.92%
Value	£759,975,480	£157,695,278	£847,913	98.58%	97.16%	99.87%	99.96%	99.46%	99.10%

Debtors

- The debt position for the CCG is as follows:

	Not Yet Due		Overdue 1 - 30 Days		Overdue 31 - 60 days		Overdue 60 days +		TOTAL	
	Volume	Value	Volume	Value	Volume	Value	Volume	Value	Volume	Value
Non NHS	3	£94,900	1	£29,309	4	£340,933	36	£374,823	44	£839,966
NHS	1	£370,489	4	£13,949	1	£70,000	5	£26,340	11	£480,778

The key debts noted in table are:

- Non NHS – CHC recharges with 14 care homes £209k; Nottinghamshire County Council £112k; Nottingham City Council £354k of which £333k relates to prescribing; Prescribing recharges £147k; £18k other.
- NHS – Recharges with 1 NHS FT £24k; Recharges with 1 NHS Trust £70k; Recharges with 8 CCGs £16k; Recharges with Health Education England £370k.
- None of these debts are expected to be at risk.

CCG 2021/22 Capital Resource Limit (CRL) and Capital Plan

The CCG has an overall CCG has a capital resource limit (CRL) of £2.135 million: The capital spend lines being:

- GP premises grants £0.6 million
- GP IT £0.306 million
- Grants to support estates rationalisation £0.126 million
- Mansfield supported living (LD premises grant) £1.103 million. Delays with legal aspects of the capital grant agreement mean that this scheme is slightly delayed with commencement now expected in September 2021
- An update on the scheme has been provided by the Local Authority's Lead Commissioning Manager. The key points being that (a) The funding is now agreed for 21/22 and 22/23; (b) It was acknowledged that there have been delays to the scheme but the current forecast is that it will be ready by October 2022 and thus within the funding timeline. Based on this, the Local Authority is not anticipating any delays that would then have a subsequent impact on the funding that the CCG has set aside in its CCG's capital plan for this year and next.

CCG 2021/22 Capital Resource Limit (CRL) and Capital Plan: Table to show plan, actual, forecast and variance

Planned spend and profile £000		Annual Plan	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Scheme	Detail														
Mansfield Supported Living (LD Premises Grant)	Mansfield Supported Living (LD Premises Grant)	1103					375	108.5				619.5			
	Business as Usual grants for small to medium schemes which create additional capacity, facilities for PCN additional roles, address IPC and DDA requirements														
GP Premises grants		600							25	50	50	100	175	200	
GPIT	Rolling replacement programme of older equipment including the potential provision of VDI solutions to increase resilience	306								102	102	102			
Grants to support estates rationalisation	Enabling schemes to allow alternative use of or disposal of estate	126										50	50	26	
	Total	2135	0	0	0	0	375	108.5	127	152	152	769.5	225	226	
Actual monthly spend £000			Actual spend					Forecast							
Scheme	Detail	Annual Forecast	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mansfield Supported Living (LD Premises Grant)	Mansfield Supported Living (LD Premises Grant)	1103	0	0	0	0	0	483.5	0	0	0	619.5	0	0	
	Business as Usual grants for small to medium schemes which create additional capacity, facilities for PCN additional roles, address IPC and DDA requirements														
GP Premises grants		600	0	0	0	0	0	0	25	50	50	100	175	200	
GPIT	Rolling replacement programme of older equipment including the potential provision of VDI solutions to increase resilience	306	0	0	0	0	0	0	102	102	102	0	0	0	
Grants to support estates rationalisation	Enabling schemes to allow alternative use of or disposal of estate	126	0	0	0	0	0	0	0	0	0	50	50	26	
	Total	2135	0	0	0	0	0	483.5	127	152	152	769.5	225	226	
Variance £000 Under / (Over) Plan															
Scheme	Detail	Annual Variance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mansfield Supported Living (LD Premises Grant)	Mansfield Supported Living (LD Premises Grant)	0	0	0	0	0	375	-375	0	0	0	0	0	0	
	Business as Usual grants for small to medium schemes which create additional capacity, facilities for PCN additional roles, address IPC and DDA requirements														
GP Premises grants		0	0	0	0	0	0	0	0	0	0	0	0	0	
GPIT	Rolling replacement programme of older equipment including the potential provision of VDI solutions to increase resilience	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grants to support estates rationalisation	Enabling schemes to allow alternative use of or disposal of estate	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total	0	0	0	0	0	375	-375	0	0	0	0	0	0	

Conclusion and recommendations

- In line with the previous reporting period the CCG is reporting a balanced position for month five year to date and a deficit forecast position of £1.2m for H1 as a consequence of threshold changes at a national level reducing the expected income.
- Key financial risks at month five forecast outturn are budget pressures (mainly CHC expenditure) of £1.5 million and ERF shortfall pressures of £3.1 million (inclusive of the £1.2 million reported forecast deficit). This net risk of £3.4 million can be mitigated by the usage of reserves and balance sheet flexibility
- The CCG capital plan remains at £2.1 million and at this stage of the year is assumed to be fully committed

The Finance and Resources Committee is recommended to:

- Note the month five financial position
- Approve the month five finance report for onward submission to the Governing Body

Operating Cost Statement: M5

NOTTINGHAM & NOTTINGHAMSHIRE CCG	MONTHS 1-6 YEAR TO DATE			MONTHS 1-6 FORECAST		
	Plan £m	Actual £m	Variance £m	H1 Plan £m	Forecast Outturn £m	Forecast Variance £m
Acute Services						
Nottingham University Hospitals	262.00	262.00	0.00	314.40	314.40	0.00
Nottingham University Hospitals - Treatment Centre	0.00	0.00	0.00	0.00	0.00	0.00
Nottingham University Hospitals - Non Core	16.35	16.35	(0.00)	16.35	16.35	(0.00)
Sherwood Forest Hospitals	123.99	123.99	(0.00)	148.78	148.78	0.00
Sherwood Forest Hospitals - Non Core	5.52	5.52	(0.01)	5.52	5.53	(0.01)
East Midlands Ambulance Service	16.90	16.90	0.00	20.28	20.28	0.00
University Hospitals Of Derby And Burton	2.82	2.82	0.00	3.38	3.38	0.00
United Lincolnshire Hospitals	2.27	2.27	0.00	2.72	2.72	0.00
Doncaster & Bassetlaw	1.49	1.49	0.00	1.79	1.79	0.00
University Hospitals Leicester	0.85	0.85	0.00	1.03	1.03	0.00
Sheffield Teaching	0.54	0.54	0.00	0.65	0.65	0.00
Chesterfield Royal	0.00	0.00	0.00	0.00	0.00	0.00
Acute - NHS - Other Block Contracts	0.00	0.00	0.00	0.00	0.00	0.00
Acute - NHS	0.00	0.00	0.00	0.00	0.00	0.00
Acute Contracts - Position on Prior Year	0.00	(0.00)	0.00	0.00	0.00	0.00
Other NHS - NCA's	0.63	0.77	(0.14)	0.76	0.94	(0.18)
Ramsay Woodthorpe	6.22	5.07	1.16	7.46	6.08	1.37
BMI Healthcare	4.20	2.77	1.43	5.29	3.43	1.86
Barlborough	0.42	0.21	0.20	0.50	0.26	0.24
Spire	1.80	0.78	1.02	2.17	0.95	1.22
Other Non NHS - Acute	0.22	0.22	(0.01)	0.26	0.29	(0.02)
Cancer Monies	1.22	1.22	(0.00)	2.85	2.85	(0.00)
Diabetes Projects	0.00	0.00	0.00	0.00	0.00	0.00
Resilience	0.00	0.00	(0.00)	0.00	0.00	(0.00)
Urgent Care Centres	1.19	1.22	(0.03)	1.43	1.47	(0.04)
Acute Investment QIPP	0.00	0.00	0.00	0.00	0.00	0.00
Activity - Other	0.01	(0.00)	0.01	0.01	(0.00)	0.01
Acute - COVID	0.00	0.00	0.00	0.00	0.00	0.00
ERF ICS system adjustment budget	(9.99)	0.00	(9.99)	(12.05)	0.00	(12.05)
Acute - CCG Coding Change Adjustments	0.00	0.00	0.00	0.00	0.00	0.00
Total Acute Services	438.65	445.00	(6.35)	523.57	531.16	(7.60)
Community Services						
Nottinghamshire Healthcare - General Health	40.83	40.83	0.00	48.92	48.92	0.00
Sherwood Forest Hospitals	4.37	4.37	(0.00)	5.24	5.24	0.00
Sherwood Forest Hospitals - Activity Reserve / QIPP / FRP	0.00	0.00	0.00	0.00	0.00	0.00
Other NHS - Community	1.38	1.38	0.00	1.66	1.66	0.00
Other Non NHS - Community	25.28	24.75	0.53	30.34	29.69	0.65
End of Life	0.74	0.73	0.01	0.89	0.88	0.02
Community QIPP not transacted	0.00	0.00	0.00	0.00	0.00	0.00
Community Investment QIPP	0.00	0.00	0.00	0.00	0.00	0.00
Community - Other	0.00	0.00	0.00	0.00	0.00	0.00
Community - COVID	0.46	0.67	(0.21)	0.55	0.76	(0.21)
Community - Balancing Adjustments to NHSE/I Model	(0.54)	0.00	(0.54)	(0.65)	0.00	(0.65)
Community - CCG Coding Change Adjustments	0.00	0.00	0.00	0.00	0.00	0.00
Total Community Services	72.52	72.73	(0.20)	86.96	87.15	(0.19)
Mental Health Services						
Nottinghamshire Healthcare - Mental Health	57.55	57.55	0.00	69.08	69.08	0.00
Other NHS - Mental Health	0.36	0.36	(0.00)	0.43	0.43	0.00
Other Non NHS - Mental Health	7.67	7.79	(0.12)	9.48	9.67	(0.19)
S117 Placements	12.66	12.71	(0.05)	15.19	15.25	(0.06)
Mental Health QIPP not transacted	0.00	0.00	0.00	0.00	0.00	0.00
Mental Health Investment QIPP	0.00	0.00	0.00	0.00	0.00	0.00
Mental Health - Other	0.00	0.00	0.00	0.00	0.00	0.00
Mental Health - COVID	0.01	(0.02)	0.03	0.01	(0.02)	0.03
Mental Health - Balancing Adjustments to NHSE/I Model	4.06	4.06	0.00	5.70	5.70	0.00
Mental Health - CCG Coding Change Adjustments	0.00	0.00	0.00	0.00	0.00	0.00
Total Mental Health Services	82.31	82.45	(0.14)	99.88	100.10	(0.22)
Primary Care Services						
Primary Care Contracting	66.15	65.95	0.21	82.33	82.08	0.24
Primary Care Contracting - Balancing Adjustments to NHSE/I Model	0.00	0.00	0.00	0.00	0.00	0.00
Prescribing	66.79	66.72	0.07	80.14	80.04	0.11
Prescribing - QIPP	0.00	0.00	0.00	0.00	0.00	0.00
Medicine Management - Clinical	1.34	1.20	0.15	1.61	1.45	0.17
CCG Pathways	0.00	0.00	0.00	0.00	0.00	0.00
EH - Primary Care	0.02	0.01	0.01	0.06	0.05	0.01
PC Transformation	3.29	3.32	(0.03)	3.87	3.87	0.00
Enhanced Services	4.33	4.33	0.00	5.20	5.20	0.00
Practice Transformation fund	0.00	0.00	0.00	0.00	0.00	0.00
GPIT	0.46	0.44	0.02	0.53	0.52	0.01
Out of Hours	4.67	4.67	0.00	5.61	5.61	0.00
Primary Care - Other	0.21	0.18	0.04	0.26	0.21	0.05
Primary Care - COVID	1.86	1.83	0.03	2.23	2.20	0.03
Primary Care - Balancing Adjustments to NHSE/I Model	0.00	0.00	0.00	0.00	0.00	0.00
Primary Care - CCG Coding Change Adjustments	0.00	0.00	0.00	0.00	0.00	0.00
Total Primary Care Services	149.12	148.64	0.48	181.84	181.23	0.61

Other Healthcare						
Continuing Care & Free Nursing Care	43.24	44.70	(1.46)	51.89	53.51	(1.62)
City Care CHC Assessment	1.12	1.07	0.05	1.34	1.29	0.05
Continuing Care - COVID	5.42	5.42	(0.00)	6.50	6.50	0.00
Continuing Care - Balancing Adjustments to NHSE/I Model	0.00	0.00	0.00	0.00	0.00	0.00
Continuing Care - CCG Coding Change Adjustments	0.00	0.00	(0.00)	0.00	0.00	(0.00)
Total Other Healthcare Costs	49.78	51.19	(1.42)	59.73	61.30	(1.57)
	0.00	0.00		0.00	0.00	
TOTAL PROGRAMME HEALTHCARE COSTS	792.38	800.01	(7.63)	951.98	960.94	(8.97)
Other Contracts						
Other Non-NHS Services	0.24	0.24	(0.00)	0.28	0.28	0.00
Patient Transport	3.17	3.05	0.13	3.75	3.62	0.13
Other Non-NHS Services - 111	2.32	2.32	(0.00)	2.78	2.79	(0.00)
HDP - COVID	2.79	5.19	(2.40)	2.79	7.72	(4.93)
Social Care	15.05	15.05	0.00	18.06	18.06	0.00
Other - COVID	0.46	0.32	0.14	0.56	0.41	0.14
Other - Balancing Adjustments to NHSE/I Model	0.00	0.00	0.00	0.00	0.00	0.00
Other - CCG Coding Change Adjustments	0.00	0.00	0.00	0.00	0.00	0.00
Total Other Contracts	24.03	26.16	(2.13)	28.22	32.88	(4.66)
Corporate Non-Running Costs						
Corporate - Estates	5.69	5.69	0.00	7.08	7.08	0.00
Corporate Costs - Chief Officer	0.53	0.48	0.06	0.64	0.57	0.07
Corporate Costs - Chief Commissioning Officer	0.89	0.94	(0.05)	1.09	1.14	(0.05)
Corporate Costs - Chief Finance Officer	0.00	0.00	(0.00)	0.00	0.00	(0.00)
Corporate Costs - ICS	1.89	0.78	1.11	2.44	2.44	0.00
Corporate Costs - ICS - Income	(1.33)	(0.23)	(1.11)	(1.60)	(1.60)	0.00
Corporate Costs - Chief Nurse	1.66	1.76	(0.10)	1.99	2.13	(0.14)
Corporate - COVID	0.00	(0.00)	0.00	0.00	(0.00)	0.00
Corporate - Balancing Adjustments to NHSE/I Model	0.00	0.00	0.00	0.00	0.00	0.00
Corporate - CCG Coding Change Adjustments	0.00	0.00	0.00	0.00	0.00	0.00
Vaccination Costs	0.01	0.08	(0.07)	0.01	0.10	(0.09)
Depreciation, provisions & technical adjustments	0.00	0.00	0.00	0.00	0.00	0.00
Total Corporate Non-Running Costs	9.35	9.51	(0.17)	11.65	11.85	(0.20)
Programme Reserves						
Risk Reserves (inc. running cost headroom)	0.00	0.00	0.00	0.00	0.00	0.00
PCCC	0.00	0.00	0.00	0.00	0.00	0.00
QIPP	0.00	0.00	0.00	0.00	0.00	0.00
Other Reserves	0.00	0.00	0.00	0.00	0.00	0.00
Reserves - COVID	0.00	0.00	0.00	0.00	0.00	0.00
Other Reserves - Balancing Adjustments to NHSE/I Model	3.89	0.00	3.89	11.50	8.08	3.42
Other Reserves - CCG Coding Change Adjustments	0.00	0.00	0.00	0.00	0.00	0.00
Total Programme Reserves	3.89	0.00	3.89	11.50	8.08	3.42
TOTAL PROGRAMME NON- HEALTHCARE COSTS	37.26	35.68	1.59	51.37	52.81	(1.44)
TOTAL NET OPERATING EXPENDITURE - PROGRAMME	829.64	835.69	(6.04)	1,003.35	1,013.76	(10.41)
Planned Surplus	3.34	0.00	3.34	4.01	0.00	4.01
TOTAL AVAILABLE RESOURCE - PROGRAMME	832.98	835.69	(2.70)	1,007.35	1,013.76	(6.40)
Running Costs						
Running Costs	0.00	0.00	0.00	0.00	0.00	0.00
Running Costs - Chief Officer	0.64	0.61	0.03	0.77	0.74	0.04
Running Costs - Chief Finance Officer	2.25	2.19	0.06	2.70	2.63	0.07
Running Costs - Chief Commissioning Officer	2.40	2.46	(0.06)	2.89	2.97	(0.09)
Running Costs - Chief Nurse	0.54	0.57	(0.03)	0.65	0.69	(0.04)
Running Costs - Special Projects	0.46	0.45	0.01	0.55	0.55	0.00
Running Costs - Communications	0.23	0.25	(0.02)	0.28	0.30	(0.03)
Running Costs - Estates	1.14	1.18	(0.04)	1.37	1.42	(0.05)
Running Costs - Reserves	0.00	0.00	0.00	0.00	0.00	0.00
Running Costs - COVID	0.00	(0.00)	0.00	0.00	(0.00)	0.00
Running Costs - Balancing Adjustments to NHSE/I Model	0.00	0.00	0.00	0.00	0.00	0.00
Running Costs - CCG Coding Change Adjustments	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL AVAILABLE RESOURCE - ADMIN	7.66	7.72	(0.06)	9.19	9.30	(0.11)
TOTAL	840.64	843.41	(2.76)	1,016.55	1,023.06	(6.51)

Appendix 2 – Vacancy Factor achievement at month 5

Variance +ve favourable / -ve adverse

Corporate Area	YTD Pay Budget £'000	YTD Pay Actual £'000	YTD Pay Variance £'000	YTD Vacancy factor applied £'000	Post Vacancy Factor Variance £'000	H1 Pay Budget £'000	Total H1 Pay Forecast £'000	H1 Pay Forecast Variance £'000	H1 Vacancy factor applied £'000	Post Vacancy Factor Variance £'000
Programme										
CHC Assessment Team	436	411	24	(44)	(19)	523	499	24	(52)	(28)
ICS Staff	153	115	38	0	38	184	137	47	0	47
Meds Management Team	1,525	1,232	293	(152)	140	1,830	1,487	342	(183)	160
GP IT Team	88	87	1	0	1	106	106	0	0	0
Chief Commissioning Officer	953	870	83	(93)	(10)	1,164	1,072	92	(111)	(20)
Chief Nurse	1,660	1,560	100	(164)	(64)	1,992	1,888	103	(196)	(93)
Chief Officer	592	476	116	(59)	57	711	567	144	(71)	73
Running Costs										
Estates	122	117	4	(12)	(8)	146	141	5	(15)	(10)
Chief Finance Officer	1,970	1,743	227	(197)	30	2,364	2,095	270	(237)	33
Chief Commissioning Officer	2,458	2,340	118	(239)	(122)	2,949	2,815	134	(287)	(153)
Chief Nurse	542	494	48	(54)	(7)	650	591	59	(65)	(6)
Chief Officer	417	352	65	(42)	23	500	423	78	(50)	28
Comms Team	250	233	17	(25)	(8)	300	276	24	(30)	(6)
Special Projects Team	290	267	23	(29)	(6)	348	326	22	(35)	(13)
Grand Total	11,456	10,299	1,157	(1,111)	46	13,766	12,423	1,343	(1,333)	10

The table shows that year to date the CCG is £46,000 (4.13%) and forecast £10,000 (0.77%) above the vacancy factor targets.

Appendix 3 – CCG QIPP Plans

	H1	H2	Total	Delivery RAG Rating	Month 4 H1 Forecast	Month 4 H1 Forecast Variance	Month 5 H1 Forecast	Month 5 H1 Forecast Variance
Planned Care								
CQUIN		0.25	0.25	A	-	-	-	-
Review of In year allocations		0.10	0.10	G	-	-	-	-
Urgent Care								
EMAS Inflation		2.04	2.04	G	-	-	-	-
PTS		0.08	0.08	G	-	-	-	-
Community								
Carers Breaks		0.29	0.29	G	-	-	-	-
Consumables		0.22	0.22	G	-	-	-	-
Other Contracts	0.475	0.48	0.95	G/A	0.48	-	0.48	-
CHC								
Data Cleansing	0.75	-	0.75	G	0.75	-	0.75	-
PHB Reviews	0.10	0.10	0.20	G	0.10	-	0.10	-
Fast Track review	0.25	0.25	0.50	A	0.25	-	0.25	-
Other	0.03	0.13	0.32	A	0.03	-	0.03	-
Primary Care								
Caretaking contracts		1.00	1.00	G	-	-	-	-
PPV		0.12	0.12	A	-	-	-	-
Additional Roles slippage		0.50	0.50	A	-	-	-	-
Other		0.25	0.25	G	-	-	-	-
Prescribing								
Enhance medicines value		1.10	1.10	R	-	-	-	-
Other		0.20	0.20	R	-	-	-	-
Corporate								
Vacancy Factor	1.3	0.65	1.95	G	1.34	0.03	1.34	0.03
Non Pay Review		0.14	0.14	G	0.10	0.10	0.27	0.27
Estates		0.47	0.47	G	-	-	0.23	0.23
Birch House				G				
On Call Review @25% reduction				A				
Other Savings								
Review of Budget commitments				G	0.07	0.07	0.07	0.07
Total	2.90	8.37	11.43		2.91	0.00	2.97	0.07

- The table provides an update of the current draft CCG QIPP plans for 2021/22 which are currently being developed, and monitored through the Financial Savings Group of the CCG.
- The forecast is in relation to the H1 period only. The H2 forecasts will be update once H2 savings are recalculated following H2 guidance.
- Since month 3 the corporate savings have been updated to extract the estates savings from the non-pay element. These reflect savings in Standard Court, the larger element being within the H2 period.
- The current over performance in the CHC position is not due to CHC under delivery of QIPP, which is on plan for delivery.
- Although the overall prescribing position has improved at month 5, the prescribing saving remains is red rated linked to staffing working on COVID vaccinations.
- The risk rating is based on ongoing meetings by the Financial Savings Group and the Savings Coordination Group.



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	Date:	06 October 2021
Paper Title:	Highlight Report from the meeting of the CCG's Quality and Performance Committee	Paper Reference:	GB 21 084
Chair of the meeting:	Eleri de Gilbert, Non-Executive Director	Attachments/ Appendices:	App A – NUH Maternity Quality and Safety Assurance Actions
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 the 26 August and 23 September 2021. Due to the current Coronavirus (Covid-19) situation, the meetings were held virtually.

At its August meeting the Committee:

- Undertook a further deep dive focus on Nottingham University Hospitals NHS Trust (NUH) performance and quality and **AGREED** to maintain the associated risk score (RR 162) at 20. This reflected Members concerns regarding the lack of pace and depth of change. Concern remained regarding leadership and culture at NUH and it was agreed that risk RR 162 would be reviewed following publication of the CQC well led review report.

At its September meeting the Committee:

- RECEIVED** an update on the Quality Strategy Delivery Plan. Outstanding actions in the report will be translated into the new system quality strategy to ensure commitments are met and that the refreshed vision captures a new delivery model which is fit for the future.
- RECEIVED** the risk report, noting that risks related to EMAS and elective care delays would be reviewed ahead of the October 2021 meeting.

Key messages for the Governing Body:

The Committee:

- RECEIVED** a presentation on NUH maternity services at its August meeting and **AGREED** to maintain the risk score of 25. Attached is a diagram showing the maternity oversight and governance arrangements in place. Concern remained in respect of leadership and culture but at that stage the outcome of the CQC well led review was still awaited. It was agreed that the risks related to NUH and NUH maternity would be escalated to the ICS Board, with a recommendation for enhanced surveillance.
- In relation to NUH maternity services, the Committee **RECEIVED** an external, retrospective review

of the former CCGs' oversight arrangements to provide assurance of the quality and safety of NUH's maternity services. The review covered the period 2016-2020 and five key lines of enquiry were detailed in the report. The review concluded that the Governing Body at the time should have applied a higher level of enquiry and scrutiny to the information it received, but recognised the step change in how the Committees in Common and now the existing committee scrutinised performance and quality and reported to the Governing Body.

An additional review is underway to look at current quality assurance processes. This will report to the Committee in October 2021, with recommendations around quality assurance processes across the new system arrangements.

- In September the Committee **RECIEVED** a further update on actions relating to improvements in maternity services but received limited assurance around pace although it was encouraging to note quality insight visits taking place and improved oversight of coronial inquests.
- **RECEIVED** a presentation on health inequalities data via a demonstration of the eHealthScope system. The discussion will be progressed with the Clinical Design Authority (CDA) in terms of using the functionality of the system to aid planning and to target intervention at Primary Care Network (PCN) level.
- **RECEIVED** the Integrated Performance Report, noting the significant system pressures impacting on performance. The ability to recruit and retain staff by all providers was highlighted as a key area of focus for the next planning round. The Committee will be undertaking a deep dive into winter preparedness and Care Homes.
- In September, the Committee **RECEIVED** a verbal update following publication of the NUH CQC well led report and noted the serious concerns regarding NUH Leadership which received a rating of 'inadequate'. It was also acknowledged that the report highlighted the caring and compassionate care provided by NUH staff. The CQCs findings recognised the same concerns the CCG had identified and escalated as part of the Committee's deep dive earlier this year but had also identified issues around a bullying culture, particularly focused on BAME staffing. This will be overseen through the People and Culture system work. The CCG continues to work with NUH and NHSE/I to support the development of a robust action plan to address the findings of the report. An update report will be provided to the Committee in November 2021 detailing progress.
- **ENDORSED** the annual Equality, Diversity and Inclusion report for approval by the Governing Body.

The ratified minutes of the September 2021 meeting will be received by the Governing Body on 01 December 2021.

Appendix A

<h2 style="text-align: center;">NUH Maternity Quality and Safety Assurance Actions</h2>					
Local Maternity and Neonatal System (LMNS)		Active assurance and safety oversight - All of these actions are overlapping and complimentary with mechanisms for sharing information and intelligence			
Local Maternity and Neonatal System Executive Partnership Board - multi-organisation stakeholder group - established to oversee the development and implementation of a local vision for transforming maternity services - specific focus on reducing health inequalities		NUH Maternity Safety Oversight & Quality Assurance Group (QAG) – established as part of Enhanced Surveillance - Monthly multi-organisation single focus (NUH Maternity) quality assurance group co-chaired by CCG Accountable Officer & NHSEI Regional Chief Nurse - Allows oversight and support from wider regional and national partners including; Healthwatch, Professional bodies, Education and Training, National Midwifery Leaders, HSIB, CQC, Local Authority, Public Health			
LMNS Safer Care and Outcomes Quality Group - support LMNS oversight and assurance through the Perinatal Surveillance Model		NUH Internal Weekly Programme Oversight and Maternity QIP - Maternity Transformation Director - Fortnightly CCG meetings with NUH to review and confirm/challenge		CCG overview of NUH Maternity Safe Today - Weekly CCG /NUH CNO meetings - Fortnightly CCG /NUH DoM/ DDON meetings	CQC - CQC & NUH fortnightly meeting - CQC & CCG monthly meetings
LMNS Serious Incident Shared Governance Group - multi-organisational SI review panel integral to system SI investigation and learning process	LMNS Dashboard Sub Group - multi-organisational Group supporting the collection, interpretation & monitoring of system outcome data to inform improvement work	NUH Safe Today - Documentation of NICE Red Flags, Acuity/Staffing, and Local Safety Indicators (twice/daily) - Daily MDT Safety calls with attendance across Midwifery/ Obstetrics/ Neonatology/ Anaesthetists and CCG representatives		CCG Active Assurance - CCG Head of Quality (Maternity) initially embedded within NUH now providing daily support - CCG attendance at daily MDT Safety Calls, Divisional Incident Review Meetings and rapid case reviews- - Programme of Quality Visits	NHSE/I Active Assurance - Support to DoM/HOM - Quality Improvement visits and partners - Links into national and regional support/resource offers - Governance Review - Support in managing activity
Maternity Voices Partnership - NHS working group of maternity service users and system partner organisation including Healthwatch and 3rd sector - Active engagement - NUH updating the MVP Board on the progress of the Improvement Plan		Overview of NUH Maternity Safe Today -NUH Executive Review -NUH Monthly Summary Reports share via CQC return		NHSEI & CCG - Weekly Meetings established with Regional Head of Midwifery	KEY LMNS Led CQC Led Service user Led NHSE/I Led CCG Led NUH Led



Meeting Title:	Governing Body (Open Session)	Date:	06 October 2021					
Paper Title:	Nursing and Quality Exception Report	Paper Reference:	GB 21 085					
Sponsor:	Rosa Waddingham – Chief Nurse	Attachments/ Appendices:	Nursing and Quality Exception Report					
Presenter:	Rosa Waddingham – 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 purpose of this paper is to highlight any **exceptions** in relation to local quality requirements and monitoring across the services which are commissioned by NHS Nottingham and Nottinghamshire CCG. The report also highlights any risks that have developed since the last report in relation to the CCGs statutory functions or quality improvement work which the CCG lead/are integral to.

The paper should be read in collaboration with the CCG Integrated Performance Report (IPR). Key areas to note:

System Pressure: Significant number of 12hour Decisions to Admit Breaches that are occurring due to lack of patient flow. Part of the response is ensuring there is a safe risk-based discharge process for COVID patients to enact during periods of excessive demand that will support with timely discharge of patients. The Local Authorities (LA) has significant unmet needs across Home Care which creates challenges with enabling people to be discharged home with a package of care in a timely manner.

Enhanced Surveillance: There are 11 providers subject to enhanced surveillance for quality across the health and care sector requiring enhanced support packages from system partners. This includes Nottingham University Hospitals (including Maternity), Nottinghamshire Healthcare Trust, Mediscan, St Andrews Northampton, 3 General Practice (GPs), and 4 Care Homes.

Safeguarding, Looked After Children, and SEND: Plans are underway to ensure there is support for asylum seekers and resettlement into Nottingham City. Preparation is being made for an expected SEND inspection within the City.

Learning Disability & Autism (LD/A): Inpatient performance is projected to not be on target for the end of year trajectories for adults. There is a continued focus on improving the update of annual health checks.

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input checked="" type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input type="checkbox"/>
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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:			
<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 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):			
N/A			
Confidentiality:			
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>(please indicate why it is confidential by ticking the relevant box below)</i> <input type="checkbox"/> The document contains Personal information <input type="checkbox"/> The CCG is in commercial negotiations or about to enter into a procurement exercise <input checked="" type="checkbox"/> The document includes commercial in confidence information about a third party <input type="checkbox"/> The document contains information which has been provided to the CCG in confidence by a third party <input type="checkbox"/> The discussion relates to policy development not yet formalised by the organisation <input type="checkbox"/> The document has been produced by another public body <input type="checkbox"/> The document is in draft form			
Recommendation(s):			
1. To NOTE the report.			

CCG QUALITY & PERFORMANCE COMMITTEE

NURSING & QUALITY EXCEPTION REPORT

SEPTEMBER 2021

PART ONE: SYSTEM PRESSURES

12 Hour Breaches: Admitting capacity issues across all sectors and providers have reduced the system's ability to respond to patient flow demands. This lack of admitting capacity has resulted in multiple 12hour Decision to Admit breaches throughout July and August at both Nottingham University Hospitals (NUH) and Sherwood Forest Hospitals (SFH). NUH reported 74 x 12hour trolley breaches in July and 124 x 12hour trolley breaches in August (see Integrated Performance Report). Assurance has been sought from NUH around the quality of care received for patients during these busy times and this was substantiated during the CCG visit to NUH Emergency Department (ED) in July 2021; comfort rounds undertaken and support given from the corporate nursing team and a daily basis.

CCG ACTION: In addition to the work of the Urgent Care Team the CCG Quality Team have facilitated an urgent meeting with colleagues and partners across the system and a number of objectives have been agreed i) prioritise continuing healthcare support for NUH fast track patients; and ii) consider alternative or interim discharge arrangements where home care packages are the reason for delay.

CCG ACTION: Follow up visit to NUH ED and to work with NUH to complete a thematic review around 12hr breaches in order to achieve wider opportunities for learning and prevention

Infection Prevention & Control (IPC): System pressures are increasing with an unprecedented demand on services across local acute trusts in relation to COVID-19 and non-COVID-19 admissions. COVID-19 case rates remain higher than the England average and this is generating high rates of community transmission. As a system we need a safe risk-based process to enact during periods of excessive demand that will support with timely discharge of patients. This does not replace the standard discharge processes that currently exist, and these should continue to be followed outside of OPEL 4 reporting and excessive pressures.

CCG ACTION: On behalf of system Chief Nurses and IPC Leads the IPC System Assurance Group (SAG) has developed a standard operating procedure (SOP) outlining a suggested process to support safe and timely discharge that requires a system approach to decision making in times of excess demand. This particularly applies to those patients who are COVID-19 positive, recovering but within their isolation period and those classified as a recent COVID-19 contact. Ongoing monitoring of this SOP will be undertaken by the IPC SAG and any concerns to be escalated immediately.

Care Homes & Home Care (Home Care Capacity): The Local Authorities (LA) are reporting a significant number of hours of unmet needs across Home Care due to workforce challenges. This directly impacts on flow across the system and the ability to discharge patients from acute care. The LA are utilising the Home First Response Service (HFRS) to facilitate discharges. Work is being undertaken to map capacity across providers enabling packages of care to be moved from HFRS to a provider, to allow HFRS to increase support for hospital discharges. Sherwood Forest Hospital bank has agreed providers can access bank staff where there is availability.

Care Homes & Home Care (Nursing Staffing): There has been an increase in providers contacting the CCG and Local Authorities to report issues recruiting nurses and obtaining agency nurse cover. 3 providers have expressed they are considering deregistering their nursing provision due to the lack of nurses and the cost of agency nurses. This is further exacerbated by nurses leaving Social Care due to not wanting the Covid-19 vaccine. If nursing beds are lost across the system there will be an impact on system flow and the ability to discharge patients from acute care. Sherwood Forest Bank has agreed providers can access bank staff where there is availability. Work is also underway with Nottingham University Hospitals to explore access to their bank staff too. NHS Professionals continue to run a pilot, recruiting nurses to work bank shifts across social care.

CCG/SYSTEM ACTION: Partners are working together to identify immediate, medium- and long-term solutions to Home Care capacity and nursing staff shortages in Social Care. Planning meetings are being held to discuss potential solutions. Front line Home Care staff will be engaged to identify how efficiencies can be made to increase capacity.

CCG/SYSTEM ACTION: Providers are currently being asked to express an interest in becoming a Designated Setting. It is anticipated that during winter pressures, Covid positive patients may need to be discharged to a Care Home meaning Designated Settings will be required

CCG/SYSTEM ACTION: Care Sector Taskforce in place taking the lead on system operational actions to address both outbreaks and fragile services. Work is underway to ensure data and intelligence is appropriately informing system OPEL status and relevant actions

PART TWO: PROVIDER QUALITY & SAFETY by EXCEPTION

NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST (NUH)

ENHANCED SURVEILLANCE

Targeted Support & Oversight

- Ophthalmology Follow Ups
- Urology Services Recovery Plans
- NUH Chemotherapy Unit Workforce Capacity
- Maternity Quality & Safety Improvement & Operational Demand
- NUH system action plan and CQC finding

CCG ACTION: Further immediate assurance to be sought to ensure robust validation processes are in place and that harm is identified

CCG ACTION: To work with system partners to progress a whole-system view of staffing with a particular focus on fragile services

CCG ACTION: Maternity Quality Insight Visits to be conducted during September 2021. System-Wide Oversight and Support in place in relation to maternity services improvements

CCG ACTION: To work with regional and system partners to progress oversight and assurance arrangements in relation to System-Wide Oversight and Support in place in relation to wider trust improvement

Incident Management (UPDATE): Additional support and resource from the Trust's corporate governance team is in place to support the number of open incidents. A thematic review of retrospective low and no harm closed incidents is to be undertaken at both a Divisional and Trust Level. This review is to be completed by end October 2021.

CCG ACTION: To utilise CCG/NUH Quality touchpoint meetings to monitor trajectories and seek to understand learning from the thematic reviews.

CCG/SYSTEM ACTION: To work with ICS Patient Safety Specialists to support a consistent approach to grading of incidents

A detailed update on key areas around risk, governance and incident management at NUH will be included within the November Nursing & Quality Quarterly Report. This will include an update on the system support and improvement plan, CQC Well-Led actions, and outstanding key issues and risks

NOTTINGHAMSHIRE HEALTHCARE NHS FT (NHT)

ENHANCED SURVEILLANCE

Serious Incidents (UPDATE): Capacity around the Trust's Serious incident (SI) management process remains to be a challenge, with 26% of ongoing investigations now being outside of the 60day timeframe (as 1 September 2021). To address this the Trust have recently appointed two permanent Serious Incident Investigation Leads who will focus on reducing the backlog of overdue reports. Bank investigation case workers are also being recruited. Divisional Quality Improvement Plans (QIPs) are being developed and will be progressed and reviewed via these mechanisms.

CCG ACTION: Continue to work collaboratively with the Trusts Patient Safety Team to agree a partnership approach to reviewing and closing serious incidents and is exploring established governance mechanisms (CIRCLE – Trust SI Review Meeting) already in place within the Trust to support this. Further assurance to collated on the divisional themes and actions being taken in relation to SI's.

CCG ACTION: Oversight and monitoring of the Trust-Wide Quality Improvement Plan and recommended improvements to be included as part of the NHT Quality Assurance Group (QAG) scheduled for 24 September 2021.

NHT Quality Assurance Group (July 2021): Ongoing surveillance and oversight of actions and improvement plans in relation to: Lings Bar Improvement Board, Wells Road improvement work, Priory and subcontracting quality assurance, Rampton Improvement Board, Long Term Segregation and Restrictive Practice, and Self Harm & Suicides. Key system areas for focus included cascading the learning from Rampton and IPC, wider learning surrounding closed cultures, and approaches to Preventing Future Deaths. There was a recognition at QAG there although there have been significant efforts particularly during the response to the pandemic, there is still more work to do around wider quality improvement across the whole Trust. The next QAG is scheduled for 24 September 2021 where progress and updates are to be received. A focus will be on Community Service Recovery, Children and Young People, and progress in terms of the improvement plans in place across the Trust.

ST ANDREWS HOSPITAL – IMPACT PROVIDER COLLABORATIVE

ENHANCED SURVEILLANCE

St Andrews Hospital has been escalated by the IMPACT Provider Collaborative hub to Level 4 surveillance (significant concern) following an unannounced CQC visit and issue of two Notice of Decision (14 July 2021).

Admissions across 13 secure care wards will only be considered with written approval from the CQC. Quality oversight of all partners is being maintained as per IMPACT standard operating procedure for Quality Assurance.

The final CQC report is yet to be shared and once published St Andrews will finalise an action plan that has been co-produced with commissioners from IMPACT, NHSEI and Northamptonshire CCG as the host commissioner.

100% of IMPACT patients have had an 8week review and there has been in excess of 200 'quality and safety touch points' with St Andrews.

CCG ACTION: CCG quality and safeguarding leads to liaise with IMPACT and NHSE region regarding the improvement/action plan as well as Northamptonshire CCG, to triangulate information regarding safeguarding referrals. Northamptonshire CCG being asked to confirm whether safeguarding concerns are patient specific and confirm if any referrals concern Nottingham and Nottinghamshire patients.

MEDISCAN (UPDATE)**ENHANCED SURVEILLANCE**

The contract with Mediscan was suspended in July 2021 following national concerns and CQC intervention. A single item Quality Surveillance Group (QSG) was initiated within the North West NHSEI Region. The CCG has contacted all the GP practices to inform them of the Mediscan suspension.

CCG ACTION: To work with CCG Contracting Team to follow to ensure that patients have been appropriately reviewed as a result of this letter. A service change paper is currently being prepared by the contracting team.

SHERWOOD FOREST HOSPITALS FT**ROUTINE SURVEILLANCE**

HSMR (Mortality): The Learning from Deaths Group provided feedback from Dr Foster around the HSMR rolling 12month data which appears to be raised. Work has been undertaken by the group to interrogate the data and it has been identified that there is a difference when removing secondary Covid activity, changing to a level which is 'as expected' for the last 6 months of data.

PART THREE: CCG STATUTORY RESPONSIBILITY/FUNCTION by EXCEPTION

SAFEGUARDING, LOOKED AFTER CHILDREN, AND SEND

Asylum Seekers: A Nottingham City Hotel has been identified to house approximately 100 asylum seekers from early September 2021. There is no clear indication at the time of writing the report if the occupants will be single males/females or families.

CCG ACTION: The CCG Safeguarding Team are working with provider designated nurses, specialist midwives, SERCO, and the local authority to ensure that this cohort of people have access to the appropriate health services that they require upon arrival. A further update will be provided by exception at the October Quality & Performance Committee with further detail to be included as part of the November Nursing & Quality Quarterly Report.

SEND: The CCG & Nottingham City Local Authority are currently preparing for the SEND local area Inspection for Nottingham City which is expected to be imminent.

CCG ACTION: Meetings are taking place with the CCG SEND Designated Clinical Officer and Commissioners to ensure that all the available evidence from providers is ready as well as liaising closely with the local authority to ensure we are sighted on any outstanding issues.

PART FOUR: QUALITY & TRANSFORMATION by EXCEPTION

LEARNING DISABILITY & AUTISM (LD/A) INPATIENT PERFORMANCE

Adult Inpatient: The current number of inpatients is at 53 and the target for the end of the year 2021/22 is 36; 14 discharges need to take place. During the summer there has been a reduction by 2 patients however August has seen a rise in the inpatients numbers which is +9 against the trajectory. The predicted position is that the system will miss the target by 10 patients.

Children and Young People Inpatients: The system is on track to achieve the end of year target for the number of children and young people in an inpatient setting.

		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	52	52	51	50	52	51	50	50	48	48	47	46
	Target	48	48	48	44	44	44	40	40	40	36	36	36
	Difference against Target	+4	+4	+3	+6	+8	+7	+10	+10	+8	+12	+11	+10
CCG - Adult	Current Inpatients	21	21	20	18	20	19	17	18	18	18	18	18
	Target	17	17	17	16	16	16	16	16	16	14	14	14
	Difference against Target	+4	+4	+3	+2	+4	+3	+1	+2	+2	+4	+4	+4
NHSE - Adult	Current Inpatients	32	31	31	32	32	32	33	32	30	30	29	28
	Target	31	31	31	28	28	28	24	24	24	22	22	22
	Difference against Target	+1	0	0	+4	+4	+4	+7	+6	+6	+8	+7	+6
NHSE - CYP	Current Inpatients	5	5	5	4	4	3	2	3	3	3	3	3
	Target	4	4	4	4	4	4	3	3	3	3	3	3
	Difference against Target	+1	+1	+1	0	0	1	1	0	0	0	0	0

Current challenges to achieving the Long Term Plan targets include:

- Challenging targets for secure (NHSE) commissioned placements. This poses a risk to funding transfer agreements and funds not being released for community reinvestment
- 2 CCG admissions during August due to escalating behaviours within the community
- Delays and lack of skilled labour in the building industry. This has been escalated to NHSEI Regional Team who are working with national colleagues. NHSEI are aware that this will impact the system's ability to meet trajectories by the end of the financial year

CCG/SYSTEM ACTION: Learning Disability programme and commissioning leads have worked with all partners including the local authority on a number of schemes that are required to assist us to meet our trajectories and performance requirements including addressing waiting times for assessment and treatment for both adults and children. The programme team have worked with CCG finance leads to complete a finance summary paper which is being submitted to the September LD/A Executive Partnership Board to set out how all schemes will be funded, and mitigating against the risk of this year's FTA being reduced.

ANNUAL HEALTH CHECKS (AHC)

As of 31 August 2021, 1136 Annual Health Checks have been conducted for people on the Learning Disability Register. Current Quarter 2 performance is below the target with 367 checks required to be completed before the end of September 2021. The system is in a slightly improved position to this time last year. AHC monitoring was challenging during Q1 and Q2 of 2020/2021, however, reporting shows that the system did not meet 20% until October 2020. This does highlight the need for a continued focus on AHC's as we are in a recovery phase and not in the height of Covid so would expect to see a continued increase in performance to the end of Q2 this year.

Annual Health Checks	Mid Notts	City	South Notts	CCG Total
No. on the LD Register	2311	1909	1728	5948
No. of Declines	9	4	2	15
% of Declines	0.4%	0.2%	0.1%	0.3%
No. of DNAs	9	7	0	16
% of DNAs	0.4%	0.4%	0%	0.3%
LD AHC Completed	514	309	313	1136
LD AHC Performance	22%	16%	18%	19%

CCG/SYSTEM ACTION: A bid for a NHSEI LD AHC Secondary Care Exemplar has been successful. This will support the partnership to target BAME people with complex LD and/or autism to undertake annual health checks. The 3year roadmap funding is supporting the delivery of specialist pharmacy (based within the community working alongside Nottinghamshire Health Care Trust pharmacist) to support GP practices when undertaking medication reviews as part of the annual health checks. The aim is to raise awareness and quality amongst community pharmacists and GPS in relation to appropriate use of medication in managing complex behaviours.

CCG/SYSTEM ACTION: CCG LD Commissioning Team will work with Primary Care to monitor and reduce the number of declines and DNAs to improve prevention and a focus on improved outcomes.

LEARNING DISABILITY MORTALITY REVIEWS (LeDeR) UPDATE

Work continues to progress the backlog reviews (reviews from the pause prior to the national platform update commencing) and stacked reviews (reviews from the national pause due to the development of a new national platform for LeDeR). Ongoing issues with the platform since its launch in July 2021 have meant that reviews have been unable to be submitted on the national system, although the reviews and learning from these reviews does continue within the CCG and across the ICS system.

The ongoing issues with the LeDeR platform have led to some reviews missing their 6month review submission date which regional and national NHSE/I colleagues are aware of and which all systems are also affected by.

CCG/SYSTEM ACTION: A three year LeDeR strategy is being developed addressing the new national LeDeR policy and setting out how the partnership aims to undertaken reviews, learn from reviews and embed learning in local delivery model and practice in both primary and secondary care, ensure the appropriate governance is in place, and ensure that the resource and finance is prioritised effectively . This will be presented at LDA Executive Board

CCG/SYSTEM ACTION: A proposal is being developed to create a LeDeR review and quality team within the ICS to strengthen links with quality and programme improvement, to respond to the increased hours that the new review format will take and to the national policy change to expand reviews to include people with ASD

CCG/SYSTEM ACTION: The new LeDeR strategy will be reviewed to ensure alignment between Nottingham & Nottinghamshire and Bassetlaw CCG following the planned ICS governance changes. Work-stream meetings are ensuring alignment with GP annual health checks and meds management in order to ensure that primary care systems are targeting prevalent morbidities.



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)			Date:	06 October 2021			
Paper Title:	Integrated Performance Report			Paper Reference:	GB 21 086			
Sponsor:	Stuart Poynor, Chief Finance Officer			Attachments/ Appendices:				
Presenter:	Stuart Poynor, Chief Finance Officer							
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 report sets out the performance against key standards and targets for the NHS Nottingham and Nottinghamshire CCG with supplementary information showing, where appropriate, the equivalent performance for individual provider organisations.

The report is broken down into sections for Planned Care, Urgent Care, Mental Health and Quality indicators offering assurance by indicating:

- The root cause of performance issues being reported?
- What mitigating actions are in place to recover performance?
- What assurance can be given to its sustainability?
- Are there any gaps in assurances?

Monitoring of the H1 (April to September) is included within this report by metric.

A summary of the position for the CCG against the agreed H1 plan can be seen on page three. This also includes a comparison against the equivalent period of 2019/20 and a spark line to indicate the run rate of associated trend data. Granular charts for each metric are shown from page 39 to 50 of this report. 21/22 Priorities and operational planning guidance.

The 21/22 Planning guidance sets out a range of national priorities for the year ahead, which are summarised below:

- A. Supporting the health and wellbeing of staff and taking action on recruitment and retention
- B. Delivering the NHS COVID-19 vaccination programme and continuing to meet the needs of patients with COVID-19
- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- F. Working collaboratively across systems to deliver on these priorities.

The Nottingham and Nottinghamshire Integrated Care System (ICS) submitted a set of fully triangulated plans across activity, workforce and finance on 03 June 2021. Following a benchmarking exercise led by NHS England/Improvement (NHSE/I), a number of small revisions were made to the plans to bring the CCG into the Inter Quartile Range of performance. Monitoring within this report is shown against the revised H1 plans.

Further guidance for the construction and submission of H2 plans is yet to be received.

This month's highlights

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

1. A small improvement in the elective care Referral to treatment (RTT) incomplete performance reported against the May position reported last time for the CCG population and both acute trusts, albeit with a very small deterioration in the last reported month. However, the overall number of patients waiting for their first definitive treatment continues to rise.
2. Overall the number of CCG-registered patients on the waiting list has increased to 87,768, and increase of around 2,500 patients since the May position was reported in July 2021. Members are asked to note figure relates to all pathways (admitted and non-admitted) whereas those data quoted in respect to the Elective Recovery Fund relate only to patients on the admitted Patient Treatment List (PTL).
3. The shape of the waiting list continues to be challenging although page eight illustrates a reduction (since May) in the number of very long-waiting patients, i.e. those over 52-weeks. This is true for the CCG population as well as those patients waiting for treatment at our local acute trusts. Members are reminded the CCG continues to monitor this and produces a suite of reports weekly so this can be managed across providers, with discussions taking place across the system on flexibilities which might exist in common specialties and within the independent sector. Page nine provides some

insight into the number and experienced wait of long waiting patients for Nottingham University Hospitals NHS Trust (NUH) and Sherwood Forest Hospitals NHS Foundation Trust (SFH), with the peak at 78-80 weeks coinciding with the reduction in of elective services capacity at the beginning on the first lockdown.

4. Diagnostic services continue to show an improvement in performance in with respect to the number of patients waiting against 6-week national standard.
5. Cancer services overall continue to show relatively good levels of performance compared to similar populations across the country. The previous surge in 2 week wait referrals, which deteriorated the measured performance, has started to improve with the July 2021 CCG performance reported at 91.6% and 89.4% for all 2 week wait and breast referrals respectively. Treatment volumes remain high.
6. Performance around the 31-day standard remains stable although the 62-day performance has deteriorated in the months of June and July 2021, with the CCG's reported performance standing at 65.8%. As a result the number of patients waiting more than 62-day has increased and the position remains challenging.
7. Attendance volumes to Accident and Emergency (A&E) departments continue to show an increase and are now at pre-pandemic levels. Trusts continue to collaborate in terms of the availability of clinical staffing as this continues to be a challenge. A total of 74 12-hour breaches have been reported in July, all at NUH. Page 62 shows a further 125 in August (124 at NUH and 1 at SFH). Conveyance rates via East Midlands Ambulance Service (EMAS) remain low and static.
8. The number of people entering treatment for Psychological Therapies (IAPT) has increased since the last report but remains lower than the required standard for individual months. The CCG has achieved the standard for the 3-month rolling average in the month of June. Waiting times and recovery rates continue to be good and better than target for both the 6-week and 18-week target.
9. Despite some small improvements in performance, perinatal mental health services continue to be below the standard for 2201/22. The June performance is reported at 6.15% compared to the new standard of 8.6%.
10. The proportion of patients with severe mental illness who received a primary care health check continues to improve slowly although remains below the national standard at 28.3% in August 2021. Some variation is seen between the Integrated Care Provider (ICP) defined areas. The standard for this service shifted in April from 60% to 68%.
11. The number of occupied bed days for acute mental health patients placed Out of Area shows a further reduction in Quarter 1 with 466 reported compared to a revised trajectory of 486. The revised trajectory is challenging and aims to reduce the number of bed days to zero by the end of Quarter 2.
12. Access to eating disorder services for children and younger people deteriorated for urgent and routine patients with 62.52% of patients being seen within 1 week (Q1) and 85.4% within 4-weeks (Q1). Both indicators are performing below the standard.
13. Progress against H1 plans is shown on pages 39 – 50. Overall, demand remains static and cumulatively below pre-pandemic levels. Activity within secondary care continues to increase, with elective care services, in most cases, above those levels planned for April – September. Non-elective care remains below the expected levels set out in the H1 plans.
14. Cleaning audit scores remain high and above the national standard for all reported sites.
15. Venous thromboembolism (VTE) risk assessments for patient admissions were below the 95% national standard at both acute trusts with NUH reporting 93.3% and SFH reporting 93.2% for their latest periods.
16. NUH and Nottinghamshire Healthcare NHS Foundation Trust (NHCT) both continue to report challenges in meeting the 80% standard for ward staffing, largely caused by staff sickness and self-isolation levels.
17. The Summary Hospital level Mortality Indicator (SHMI) rate for both acute Trusts remains below or close to 100, whilst both trusts continue to show Hospital Standardised Mortality Ratio (HSMR) rates above 100.
18. No mixed-sex accommodation breaches were reported in the latest period.
19. The proportion of positive responses to the Friends and Family tests are shown on page 59 of the report. All responses are above the standard, with the exception of NHT and A&E and maternity at SFH.
20. SFH continues to show a high level of patients admitted for 21 days or over, with NUH reporting a level lower than target. Both trusts continue to cite acuity and pressures due to COVID-19 as the main drivers.

21. The Ambulance Handover standard continues to be unmet at NUH with a reported level of 55% of patients being handed-over in 15 minutes, compared to a national standard of 100%. SFH remain better than standard.

Mitigating actions and assurances are provided in the relevant sections of the Integrated Performance Report.

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)

The document contains Personal information

The CCG is in commercial negotiations or about to enter into a procurement exercise

The document includes commercial in confidence information about a third party

The document contains information which has been provided to the CCG in confidence by a third party

The discussion relates to policy development not yet formalised by the organisation

The document has been produced by another public body

The document is in draft form

Recommendation(s):

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

NHS Nottingham & Nottinghamshire CCG

Performance Report

October 2021

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Page 67	Glossary

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21/22 Priorities and operational planning guidance

The 21/22 Planning guidance sets out a range of national priorities for the year ahead, which are summarised below:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- Working collaboratively across systems to deliver on these priorities.

The Nottingham and Nottinghamshire ICS submitted a set of fully triangulated plans across activity, workforce and finance on 3rd June 2021. Following a benchmarking exercise led by NHSE, a number of small revisions were made to the plans to bring the CCG into the Inter Quartile Range of performance. Monitoring within this report is shown against the revised H1 plans.

Further guidance for the construction and submission of H2 plans is yet to be received.

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	Performance	Page Number
Planned Care	RTT	Percentage of Incomplete Patients Waiting Less Than 18 Weeks	Jul-21	=> 92%	71.63%	4-5
		Incomplete Waiting List Size		N/A	87768	6-7
		Incomplete number of 52 week waiters		= 0	3864	8-11
	Diagnostics	Percentage of Patients Waiting Longer Than 6 Weeks	Jul-21	<= 1%	30.33%	12-13
	Cancer	2 Week Wait	Jul-21	=> 93%	91.59%	14
		2 Week Wait - Breast Symptoms		=> 93%	89.43%	14
		28 Day Faster Diagnosis Standard		=> 70%	76.79%	15
		31 Day Decision to Treat to First Treatment		=> 96%	90.25%	16
62 Day GP Urgent Referral to Treatment		=> 85%		65.85%	17-19	
A&E	4 Hour Standard	Jul-21	=> 95%	70.14%	20-26	
NHS111	NHS 111 - Percentage answered within 60 seconds	Jul-21	=> 95%	64.81%	20-26	
Urgent Care	Ambulance - Nottinghamshire Division (including Bassetlaw)	Category 1 – Life-threatening illnesses or injuries - Average	Jul-21	<= 00:07:00	00:08:13	20-26
		Category 2 – Emergency calls - Average		<= 00:18:00	00:43:21	20-26
		Category 1 – Life-threatening illnesses or injuries - 90th centile		<= 00:15:00	00:14:33	20-26
		Category 2 – Emergency calls - 90th centile		<= 00:40:00	01:31:21	20-26
		Category 3 – Urgent calls - 90th centile		<= 02:00:00	07:45:23	20-26
Category 4 – Less urgent calls - 90th centile	<= 03:00:00	04:03:33	20-26			
Mental Health	Improving Access to Psychological Therapies	Entering Treatment - Rolling Three Months	Jun-21	=> 6575	7225	27-28
		Recovery Rate - Rolling Three Months		=> 50%	52.78%	27-28
		Waiting Times - First Treatment within 6 Weeks		=> 75%	95.07%	27-28
		Waiting Times - First Treatment within 18 Weeks		=> 95%	100.00%	27-28
	Dementia	Diagnosis Rate	Jul-21	=> 66.7%	69.05%	29
	Perinatal MH	% of Population Birthrate	Jun-21	=> 7.1%	6.15%	30
	SMI	Physical Health Checks for People With an SMI	Aug-21	=> 60%	28.3%	31-32
	OAP	Inappropriate Out of Area Bed Days	Q1 2021-22	< 364	466	33-34
	EIP	Started Treatment in Two Weeks - Rolling Three Months	Jun-21	=> 60%	84.0%	35-36
	CYP Eating Disorders	Routine Cases <4 Weeks - Rolling Twelve Months	Q1 2021-22	=> 95%	85.38%	38
Urgent Case <1 Week - Rolling Twelve Months		=> 95%		62.50%	38	

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	Performance		Page Number
					NUH	SFH	
Planned Care	RTT	Percentage of Incomplete Patients Waiting Less Than 18 Weeks	Jul-21	=> 92%	70.03%	69.63%	4-5
		Incomplete Waiting List Size		N/A	56,334	37,304	6-7
		Incomplete number of 52 week waiters		= 0	3,066	1,096	8-11
	Diagnostics	Percentage of Patients Waiting Longer Than 6 Weeks	Jul-21	<= 1%	38.54%	21.75%	12-13
	Cancer	2 Week Wait	Jul-21	=> 93%	92.30%	90.69%	14
		2 Week Wait - Breast Symptoms		=> 93%	90.63%	92.86%	14
		28 Day FD		=> 70%	78.72%	75.89%	15
		31 Day Decision to Treat to First Treatment		=> 96%	89.90%	92.70%	16
62 Day GP Urgent Referral to Treatment		=> 85%		68.09%	68.95%	17-19	
Urgent Care	A&E	4 Hour Standard	Jul-21	=> 95%		68.34%	20-26
		12hr trolley waits		= 0	74	0	20-26

H1 Plans Monitoring

The following charts show the progress against the H1 activity plans submitted in April 2021

NHS Nottingham & Nottinghamshire CCG H1 Plan Summary	Jul-21 Actual	Jul-21 Plan	% Difference to Plan	Comparison against 2019/20	Direction of Travel
Total outpatient attendances - Face to face (All TFC)	77,888	71,424	9.1%	-33.4%	
Total outpatient attendances - Telephone/virtual (All TFC)	25,416	33,866	-25.0%	581.9%	
Total outpatient attendances (All TFC)	103,304	105,290	-1.9%	-14.4%	
Consultant-led first outpatient attendances (Spec acute)	18,449	16,506	11.8%	-27.7%	
Consultant-led first outpatient attendances with procedures (Spec acute)	3,584	2,313	55.0%	-27.7%	
Consultant-led follow-up outpatient attendances (Spec acute)	45,405	44,229	2.7%	-13.4%	
Consultant-led follow-up outpatient attendances with procedures (Spec acute)	7,572	6,883	10.0%	-18.4%	
Total Advice and Guidance requests processed/answered		2,731			
Number of patients moved or discharged to a PIFU pathway for the first time		999			
Specific Acute elective day case spells in the period	10,317	9,312	10.8%	-6.1%	
Specific Acute elective ordinary spells in the period	1,542	1,811	-14.9%	-5.7%	
Specific Acute elective spells in the period	11,859	11,123	6.6%	-6.0%	
Specific Acute elective day case spells in the period under 18 years of age	265	303	-12.5%	-26.0%	
Specific Acute elective ordinary spells in the period under 18 years of age	82	56	46.4%	5.1%	
Specific Acute non-elective spells in the period with a LOS of zero days	3,699	3,937	-6.0%	20.2%	
Specific Acute non-elective spells in the period with a LOS of 1 or more days (COVID)	161	276	-41.7%		
Specific Acute non-elective spells in the period with a LOS of 1 or more days (Non-COVID)	6,637	6,961	-4.7%	-1.2%	
Specific Acute non-elective spells in the period with a LOS of 1 or more days	6,798	7,237	-6.1%	1.2%	
Specific Acute non-elective spells in the period	10,497	11,174	-6.1%	7.2%	
Attendances at Type 1 and Type 2 A&E departments, exc planned follow-up attendances	25,572	25,091	1.9%	-1.4%	
Attendances at Type 3 and Type 4 A&E departments, exc planned follow-up attendances	8,013	8,263	-3.0%	-9.1%	
Attendances at all A&E departments, excluding planned follow-up attendances	33,585	33,354	0.7%	-3.4%	
Diagnostic Tests - Magnetic Resonance Imaging	4,911	5,187	-5.3%	-14.9%	
Diagnostic Tests - Computed Tomography	9,797	9,027	8.5%	13.2%	
Diagnostic Tests - Non-Obstetric Ultrasound	10,188	10,270	-0.8%	-0.8%	
Diagnostic Tests - Colonoscopy	988	1,229	-19.6%	6.5%	
Diagnostic Tests - Flexi Sigmoidoscopy	288	497	-42.1%	-37.0%	
Diagnostic Tests - Gastroscopy	1,232	1,240	-0.6%	9.6%	
Diagnostic Tests - Cardiology - Echocardiography	2,479	2,559	-3.1%	-18.1%	

Mental Health Indicator Summary - September 2021 Update

NHS Nottingham & Nottinghamshire CCG

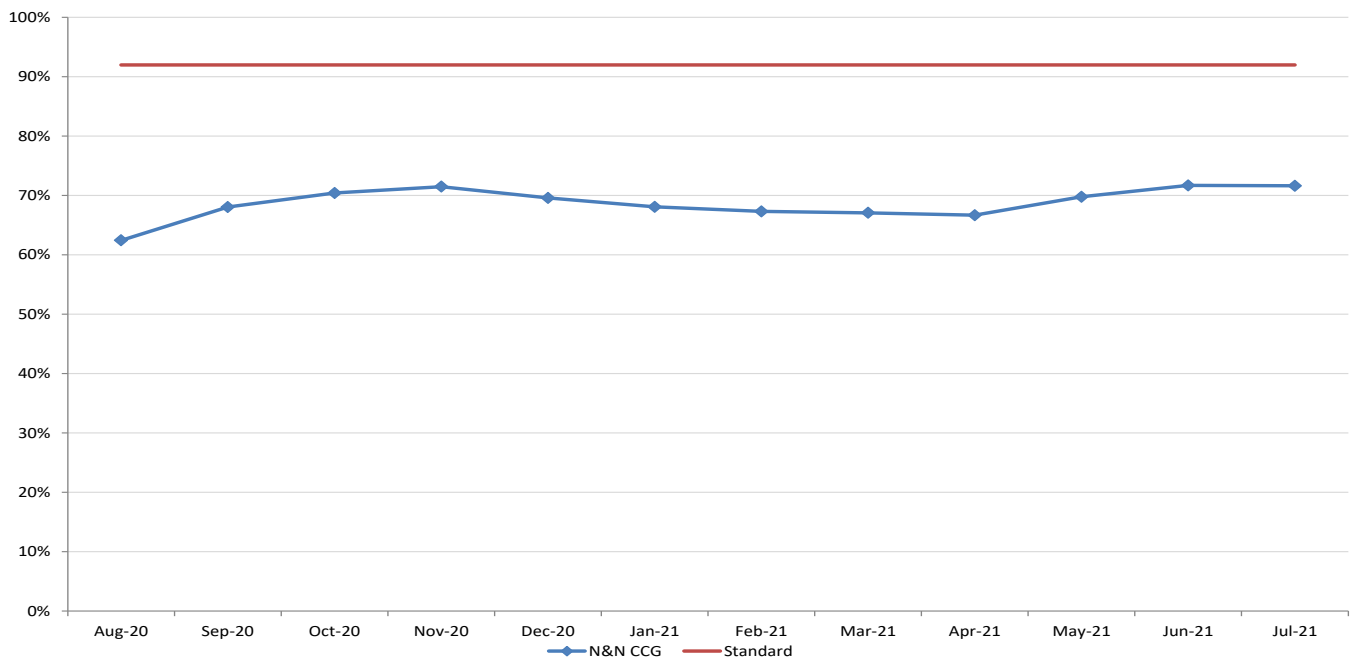
	Target	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
IAPT Access (Rolling 3 Month)	7306 Q1	4.46%	4.11%	3.69%	4.18%	4.82%	5.45%	5.15%	5.48%	6405	7070	7225		
IAPT Recovery Rate	50.0%	54.6%	53.9%	54.9%	55.6%	55.2%	54.7%	54.3%	53.3%	53.4%	52.9%	52.8%		
IAPT Waiting times 6 weeks	75.0%	94.8%	98.2%	98.7%	97.5%	97.4%	98.2%	97.1%	96.7%	96.8%	96.9%	95.1%		
IAPT waiting times 18 weeks	95.0%	99.1%	100.0%	100.0%	100.0%	99.6%	99.6%	99.6%	100.0%	99.3%	100.0%	100.0%		
Dementia diagnosis rate - 12mth Rolling	66.7%	70.5%	70.2%	70.2%	70.0%	69.8%	69.1%	68.5%	68.7%	68.5%	68.4%	68.7%	69.1%	
Perinatal Access (Local data) - 12mth Rolling	1008	785	760	745	750	740	730	690	680	700	725	720		
Perinatal Access Rate - 12mth Rolling	8.60%	6.70%	6.49%	6.36%	6.40%	6.32%	6.23%	5.89%	5.81%	5.98%	6.19%	6.15%		
SMI % achievement - 12mth Rolling	68.0%	25.9%	24.4%	24.1%	22.1%	22.1%	20.6%	19.7%	20.5%	22.5%	24.4%	25.7%	26.1%	28.3%
Out of Area Placement bed days (Local) - 3mth	0	468	393	318	435	536	592	469	505	516	554	466	399	
Out of Area Placement bed days (MHSDS) - 3mth	0	515	430	390	465	550	590	500	510	535	545	455		
EIP Waiting times - MHSDS - 3mth Rolling	60.0%	84.0%	80.0%	84.0%	86.0%	86.0%	86.0%	84.0%	85.0%	84.0%	83.0%	84.0%		
CYP Access Rate - 12mth Rolling	38% tbc	29.9%	30.3%	29.9%	32.2%	34.3%	36.4%	38.3%	40.9%	44.3%	48.7%	52.3%		
CYP Eating Disorder WT - Urgent (4 QTR)	95.0%		100.0%			63.6%			72.2%			62.5%		
CYP Eating Disorder WR - Routine (4 QTR)	95.0%		90.0%			91.0%			86.6%			85.4%		
Individual Placement Support (IPS)	608									159	180	220	262	

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Planned Care	RTT Waiting Times	The percentage of patients waiting less than 18 weeks between referral and treatment for Incomplete pathways (patients still waiting for treatment at the end of the reporting period)	Lisa Durant	CCG Acute Providers

Organisation	Standard	Performance												Performance Direction
		Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
N&N CCG	Greater than	90.66%	89.92%	89.98%	89.77%	89.07%	89.23%	88.80%	86.97%	80.76%	73.66%	64.35%	57.75%	
NUH	or equal to	92.52%	92.21%	92.04%	90.77%	90.00%	89.73%	89.56%	86.52%	78.85%	69.85%	58.64%	50.61%	
SFH	92%	88.33%	87.06%	86.62%	86.26%	86.04%	86.33%	86.18%	85.39%	82.15%	77.35%	70.83%	66.03%	

Organisation	Standard	Most Recent 12 Months Performance												Performance Direction
		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
N&N CCG	Greater than	62.44%	68.04%	70.42%	71.49%	69.58%	68.08%	67.31%	67.07%	66.68%	69.78%	71.68%	71.63%	↓
NUH	or equal to	56.75%	64.26%	67.92%	70.83%	70.21%	69.47%	68.19%	66.75%	65.39%	68.47%	70.31%	70.03%	↓
SFH	92%	67.74%	70.56%	71.01%	69.78%	66.17%	62.96%	62.12%	63.58%	63.92%	66.20%	68.91%	69.63%	↑

Nottingham and Nottinghamshire CCG - RTT Performance - Most Recent 12 Months



RTT Specialty - July 2021	N&N CCG			NUH			SFH		
	Patients	Breaches	>18Wks	Patients	Breaches	>18Wks	Patients	Breaches	>18Wks
General Surgery	4274	1490	65.14%	913	442	51.59%	3502	1116	68.13%
Trauma & Orthopaedics	9306	3789	59.28%	6890	2988	56.63%	2824	1023	63.77%
Ear, Nose & Throat (ENT)	8029	3421	57.39%	4579	1638	64.23%	4727	2328	50.75%
Ophthalmology	13367	4613	65.49%	7518	3122	58.47%	5513	1640	70.25%
Oral Surgery	10	3	70.00%	2635	1309	50.32%	816	532	34.80%
Neurosurgery	257	90	64.98%	526	147	72.05%	0	0	
Plastic Surgery	686	258	62.39%	825	339	58.91%	142	38	73.24%
General Medicine	24	4	83.33%	12	1	91.67%	0	0	
Gastroenterology	6707	1794	73.25%	3852	1219	68.35%	3164	769	75.70%
Cardiology	3503	1047	70.11%	1567	218	86.09%	2387	964	59.61%
Dermatology	4371	349	92.02%	3503	106	96.97%	1676	280	83.29%
Thoracic Medicine	2696	813	69.84%	1509	439	70.91%	1715	525	69.39%
Neurology	908	28	96.92%	987	7	99.29%	0	0	
Geriatric Medicine	801	26	96.75%	109	3	97.25%	777	27	96.53%
Gynaecology	6042	1919	68.24%	2610	599	77.05%	1868	476	74.52%
Cardiology	3503	1047	70.11%	1567	218	86.09%	2387	964	59.61%
Other – Medical Services	6718	730	89.13%	6718	533	92.07%	6718	396	94.11%
Other – Mental Health Services	377	39	89.66%	377	0	100.00%	377	0	100.00%
Other - Paediatric Services	4167	587	85.91%	4167	289	93.06%	4167	384	90.78%
Other – Other Services	3600	230	93.61%	3600	83	97.69%	3600	0	100.00%
Other (Total)	19690	3406	82.70%						
Total	87768	24904	71.63%	56334	16882	70.03%	37304	11330	69.63%

Root Cause

The specialty level breakdown of the July 2021 position details that performance for Nottingham and Nottinghamshire CCG is 71.63% against the national standard of 92%.

This is very similar to the June position of 71.68%. NUH and SFH failed to meet the national standard with performance of 70.03% and 69.63% respectively.

The specialties with the highest proportion of patients waiting beyond 18 weeks for the Nottingham and Nottinghamshire CCG were Ophthalmology, Trauma and Orthopaedics and ENT. Outpatient activity continues to increase, but is not yet at pre- Covid levels

Mitigating Actions

- Waiting list management is overseen at system level as previously described
- The ICS Diagnostic Programme has been successful in receiving national funding to increase diagnostic capacity at both NUH and SFH as a year 1 of system wide plans to implement Community Diagnostic Hubs.
- The Elective and Outpatient Transformation Programme is developing system wide plans across Eye Health and MSK as initial priorities.
- Joint work is being undertaken between SFH and NUH to create and share additional ENT capacity
- Further work will be undertaken to implement the wider suite of pathways described in the ICS Community Clinical Services Strategy (CCSS)
- Pathway redesign is aligned with national best practice including GIRFT recommendations
- Work to embed the existing outpatient transformation with increased virtual appointments where appropriate, and Patient Initiated Follow up continues.

Assurances

- Performance is underpinned by whole system transformation with excellent system engagement from a managerial and clinical perspective. An ICS Planned Care Transformation Board is in place to oversee all Cancer, Diagnostics, Elective and Outpatient Transformation which responds to operational pressures in addition to wider 'transformational' opportunities, including the ICS CCSS.

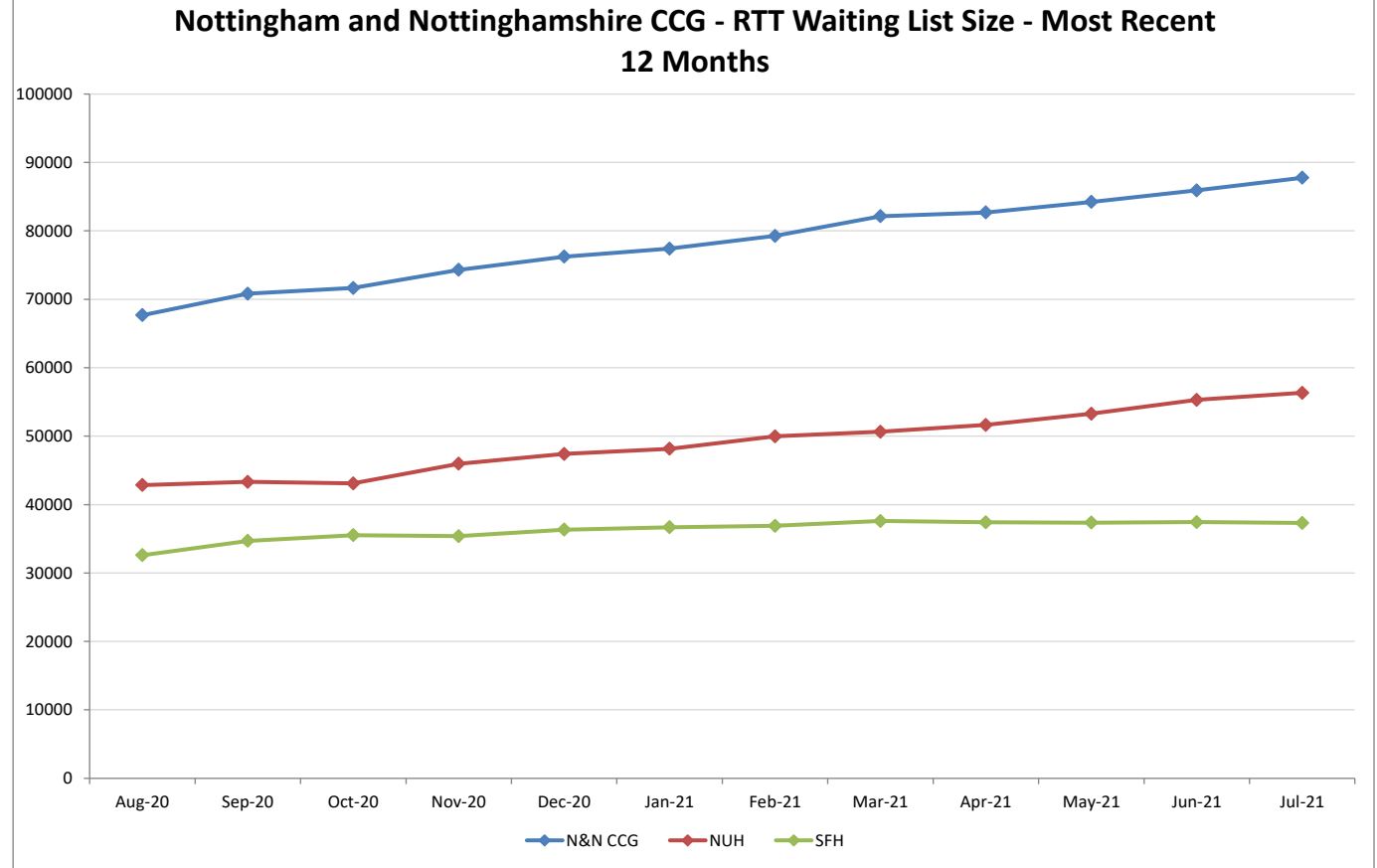
Gaps in Assurance

- None identified

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Planned Care	RTT Waiting Times	The total number of patients on an incomplete pathway at the end of the month	Lisa Durant	CCG Acute Providers

The total number of patients on an incomplete RTT pathway at the end of the month (the waiting list size)

Organisation	Standard	Most Recent 12 Months Waiting List												Performance Direction
		Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
N&N CCG	Reduction in patients waiting	56467	57120	65057	67662	67435	68412	65033	62670	59969	59505	60240	63228	↓
NUH		31941	32697	33159	46171	45927	45515	44452	42326	39684	38773	39805	40491	
SFH		29025	29294	28325	27120	26896	26681	25812	25059	26690	27763	28535	30302	



N&N CCG Waiting List Trend	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
General Surgery	3268	3606	3601	3645	3690	3676	3850	4027	4246	4370	4291	4274
Trauma & Orthopaedics	9393	9395	9302	9254	9244	9102	9032	8844	8786	8908	9234	9306
Ear, Nose & Throat (ENT)	6877	7162	7329	8257	8294	8365	8344	8241	8286	8211	7818	8029
Ophthalmology	11446	12306	12536	14292	14959	14884	14742	14606	13673	13339	13591	13367
Oral Surgery	0	7	0	0	0	0	0	0	779	13	10	10
Neurosurgery	199	200	197	219	222	238	227	246	226	223	234	257
Plastic Surgery	421	419	380	340	393	464	555	625	649	642	628	686
General Medicine	26	33	28	25	15	28	25	17	75	27	27	24
Gastroenterology	4542	4734	4727	4616	4859	5331	5458	5922	6515	6320	6294	6707
Cardiology	2851	2511	2773	2936	2946	3138	3120	2916	2915	3203	3410	3503
Dermatology	3466	3666	3513	3224	3067	2978	3094	3077	3193	3504	3953	4371
Thoracic Medicine	2261	2160	2184	2141	2098	2192	2206	2237	2390	2608	2714	2696
Neurology	523	547	461	535	558	605	555	420	523	568	759	908
Geriatric Medicine	706	678	623	577	508	518	477	1804	509	629	712	801
Gynaecology	4837	4926	5012	5095	5121	5156	5235	5447	5658	5817	6000	6042
Cardiology	2851	2511	2773	2936	2946	3138	3120	2916	2915	3203	3410	3503
Other – Medical Services	0	0	0	0	0	0	0	0	5674	6367	6766	6718
Other – Mental Health Services	0	0	0	0	0	0	0	0	10	12	14	377
Other - Paediatric Services	0	0	0	0	0	0	0	0	3540	3856	4069	4167
Other – Other Services	0	0	0	0	0	0	0	0	3636	3864	3496	3600
Other (Total)	11708	12912	13208	13266	14216	14519	16002	16881	17365	18748	19101	19690
Total	67690	70824	71656	74311	76232	77400	79271	82141	82687	84229	85921	87768

Root Cause

- The size of the waiting list (PTL) is driven by:
- Volume of clock starts (new referrals and overdue reviews)
- Volume of clock stops (for treatment or no treatment required)

The total number of Nottingham and Nottinghamshire CCG patients waiting for treatment at the end of July 2021 was 87,768, which is an increase of 1,847 patients from the June position. The majority of patients are waiting for treatment at:

- NUH – 56,334 patients (includes Nottingham Treatment Centre)
- SFH – 37,304 patients

'Other' has the largest waiting list at specialty level, although ENT, Orthopaedics, Gastroenterology and Ophthalmology also have large waiting lists. Note: 'Other' specialty includes a wide range of specialties including colorectal surgery, Allergy and Upper GI.

At the end of July both Acute Trusts had a number of patients waiting over 52 and 75 weeks:

- Over 52 weeks: NUH had 3,066 and SFH had 1,096 patients waiting
- Over 75 weeks: NUH had 1364 and SFH had 203 patients waiting
- Over 104 weeks: NUH had 35 and SFH had 5 patients waiting
- 9.61% of the NUH waiting lists are waiting over 40 weeks, which compares to 12.68% for SFH
- The 3 main Independent Sector hospitals within Nottingham & Nottinghamshire have a total of 275 patients waiting over 52 weeks covering Orthopaedics, Ophthalmology, General Surgery, Urology, Gastroenterology, and ENT.

Mitigating Actions

- CCG closely monitors patients waiting at all providers by time band, with focus on patients waiting 52, 78 and 104 weeks.
- Trust waiting lists are discussed in detail within each organisation, with appropriate clinical prioritisation in place in line with national guidance
- The weekly system Elective Hub, chaired by the ICS lead continues to have oversight of all waiting lists to ensure that capacity is used at a system level, and that 104 week waits are dated appropriately
- Mutual aid between organisations is considered where appropriate.
- SFH and NUH are working together for high volume specialties and where joint working is possible. Initial plans are being finalised for ENT to create and share additional capacity and further work will continue regarding T and O.
- All available IS capacity is utilised. IS providers are monitored and managed against the activity plan that forms the basis of the IS contract.
- Additional IS activity is being sought to support NUH complex cases
- Patient letters sent in Q1 21/22 to all patients on a waiting list who have received no contact from their Provider within the last 10 weeks to update on current situation.
- Any temporary ward changes due to urgent care related demand are agreed at system level. The overall elective position is reported weekly to the CEO group. This is triangulated with urgent care pressures and mitigating action by all health and social care partners.
- The Capacity Cell is modelling all available capacity against predictions of future demand with potential mitigations and associated action to inform H2 planning; this will be closely aligned with Urgent Care demand assumptions and winter planning.

Assurances

Key points:

- Performance is underpinned by whole system transformation. An ICS Planned Care Transformation Board is in place to oversee all Cancer, Diagnostics, Elective and Outpatient Transformation which responds to operational pressures and wider transformational opportunities.
- Collaborative working with CCG, IS and NHS providers to maximise all available capacity in the system and to align capacity with predicted future demand is in place
- Royal College of Surgeons guidance in relation to clinical prioritisation of patients waiting for elective care has been implemented by NHS Providers. Weekly monitoring of patients at NUH and SFH is undertaken at specialty level.
- Clinical Executive Group has oversight of this process and considers the level of risk associated with long waits.
- The definition of harm is being confirmed at a system level in order to define and identify harm consistently, which will inform consistent system wide action
- Assurances have been sought from IS provides in regard to long waits and appropriate clinical prioritisation

Performance is underpinned by whole system transformation. An ICS Planned Care, Cancer and Diagnostics Board has been established to oversee all transformation and ensure operational delivery.

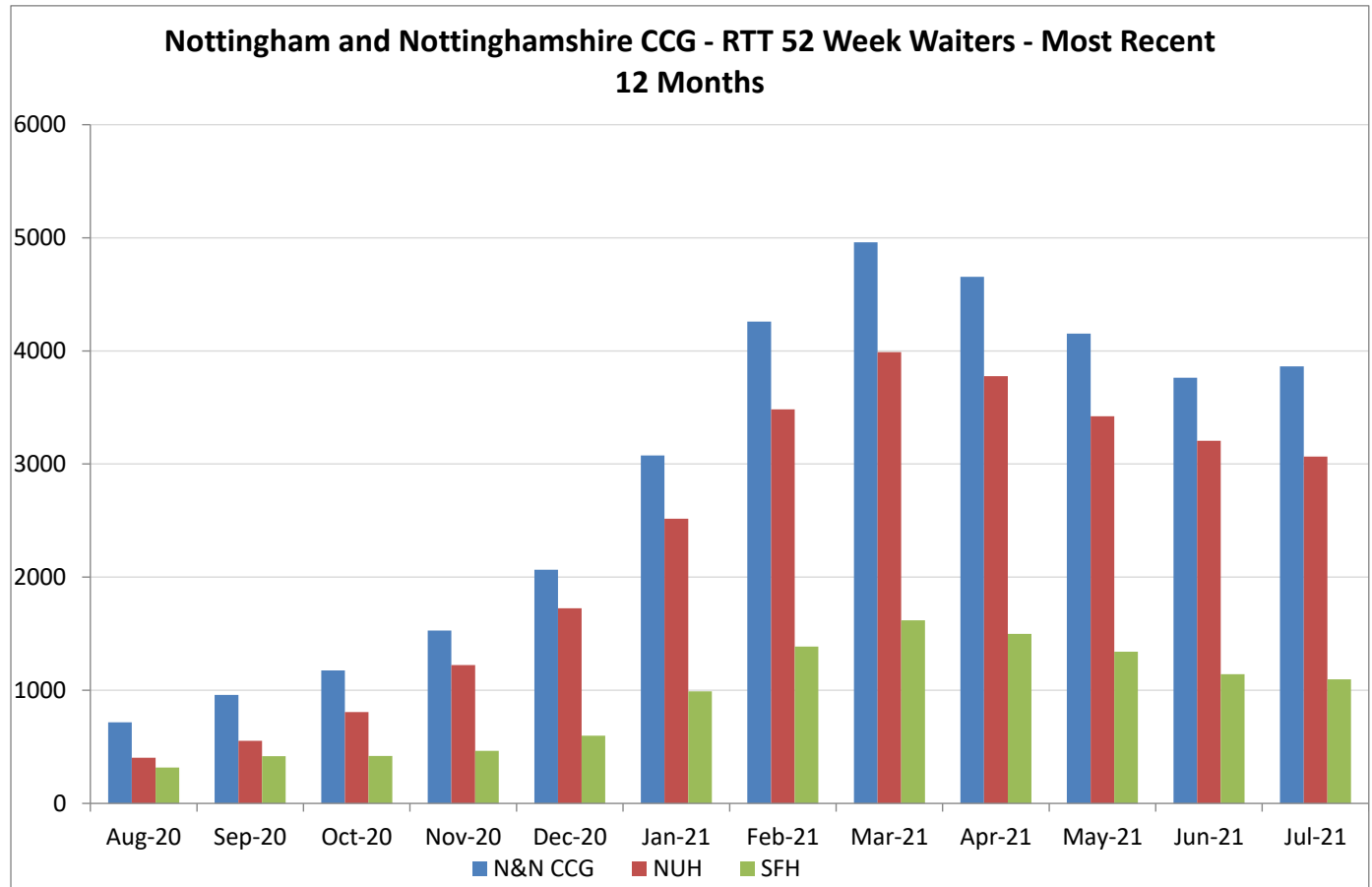
Gaps in Assurance

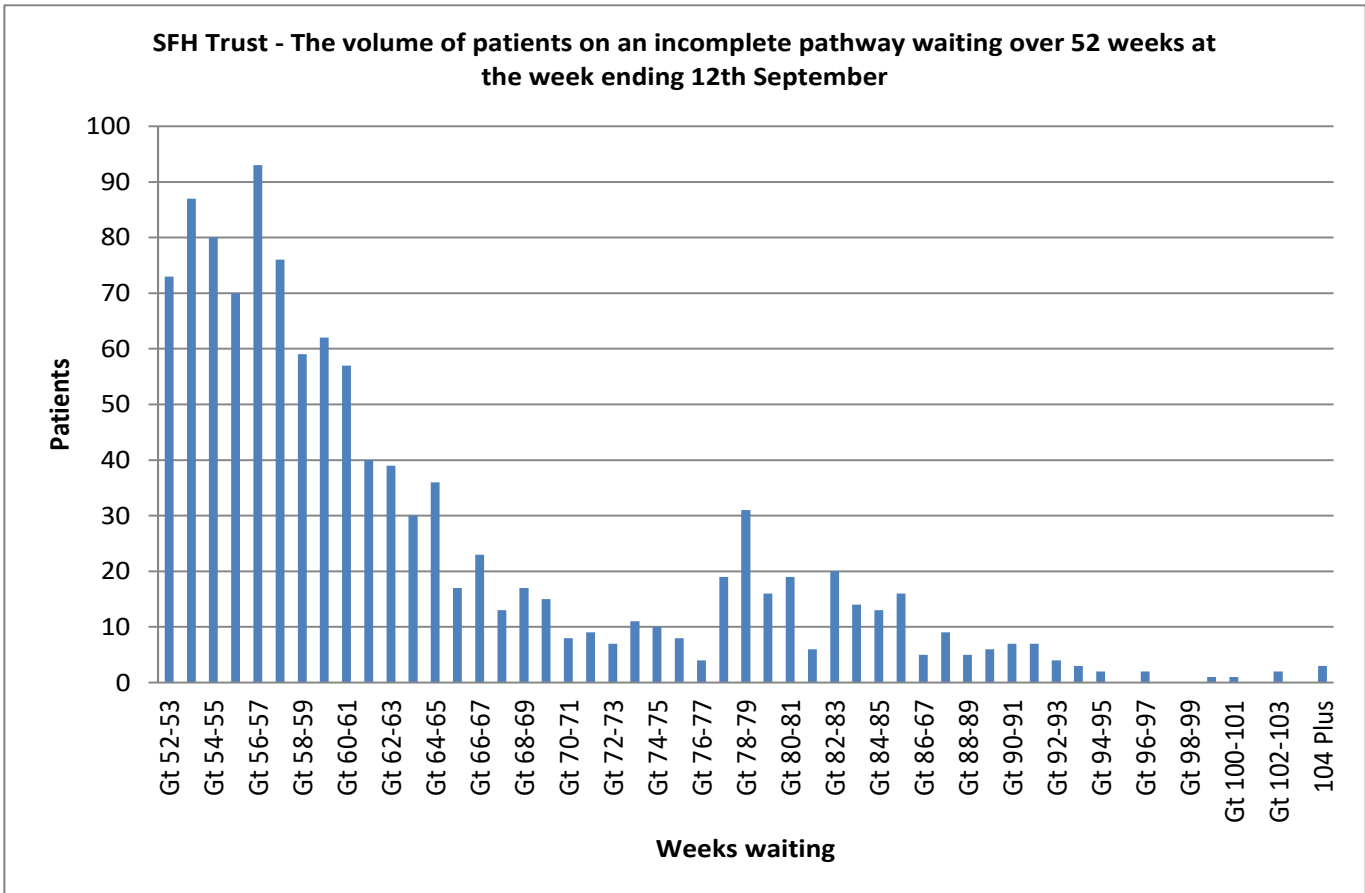
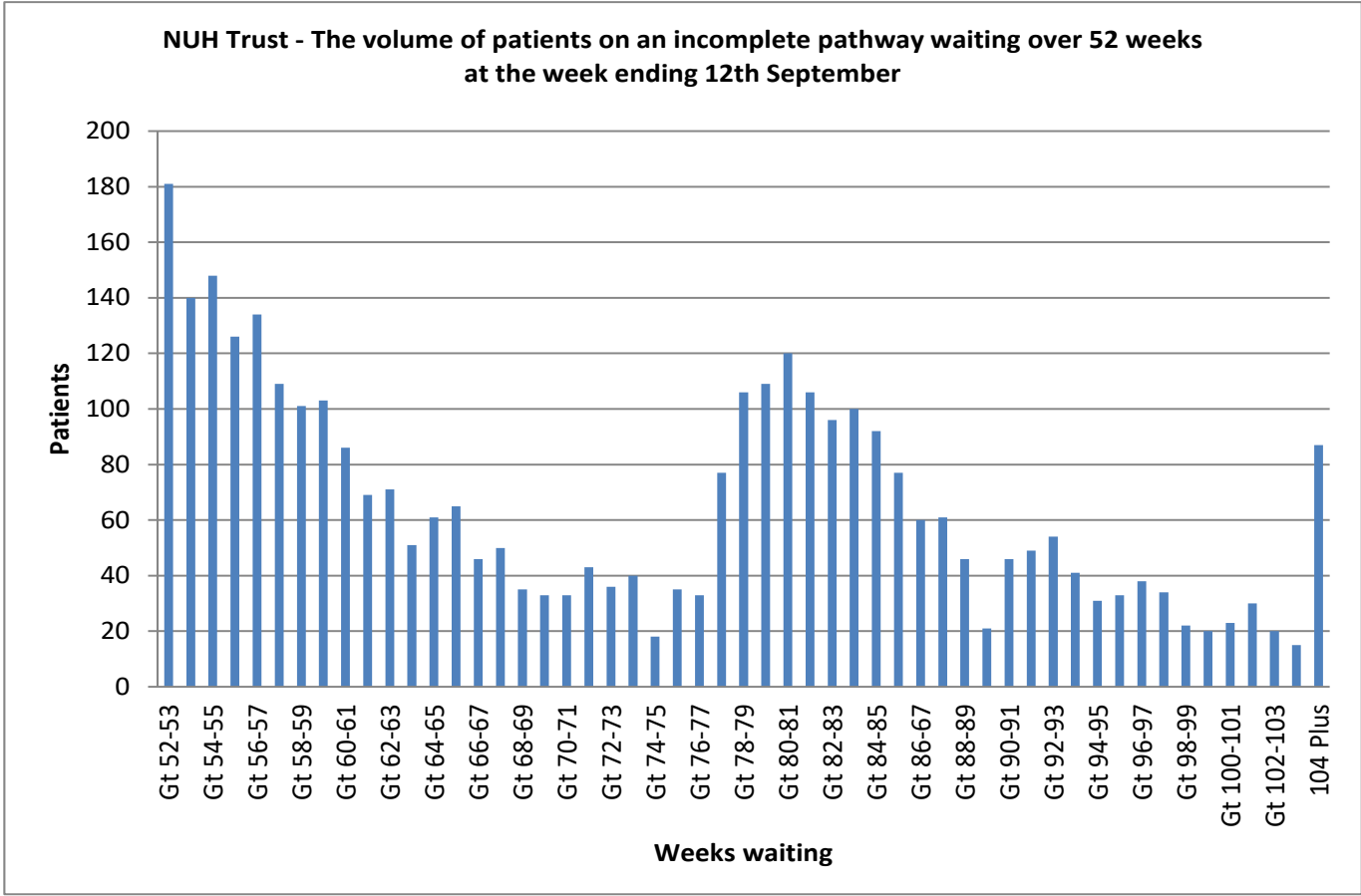
- Waiting times will not reduce until current pressures related to COVID non elective admissions subside and Trusts are able to restore elective services

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Planned Care	RTT Waiting Times	The number of incomplete pathways exceeding 52 weeks at the month end	Lisa Durant	CCG Acute Providers

The number of incomplete pathways exceeding 52 weeks at the end of the month

Organsation	Standard	Most Recent 12 Months 52 Week Waiters												Performance Direction
		Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
N&N CCG	No patients	0	0	2	2	4	3	2	9	39	117	249	483	
NUH	waiting over	0	0	0	0	0	0	0	0	15	61	138	272	
SFH	52 Weeks	0	0	0	0	0	0	0	0	15	47	125	217	
Organsation	Standard	Most Recent 12 Months 52 Week Waiters												Performance Direction
		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
N&N CCG	No patients	716	959	1175	1528	2065	3076	4259	4960	4656	4153	3764	3864	↓
NUH	waiting over	404	553	806	1222	1725	2516	3484	3990	3776	3422	3205	3066	↑
SFH	52 Weeks	316	417	418	465	598	990	1385	1618	1498	1340	1142	1096	↑





N&N CCG Patients Waiting Over 52 Wks - Top 10 Providers	Patients
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	2308
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	903
PRIMARY INTEGRATED COMMUNITY SERVICES LTD	164
UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	151
WOODTHORPE HOSPITAL	77
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	66
SPIRE NOTTINGHAM HOSPITAL	47
BMI - THE PARK HOSPITAL	34
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	15
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	14
OTHER PROVIDERS	99
TOTAL	3864

Root Cause

As a result of the COVID 19 pandemic there has been a substantial increase in the number of long wait patients awaiting routine surgery locally and nationally.

This is due to:

- National instruction at the beginning of the Covid 19 pandemic
- The level of non-elective demand acute trusts have experienced due to Covid 19
- Elective wards have been closed due to current urgent care related demand and the need to improve flow through hospitals with timely discharge
- Reduced productivity due to IPC requirements and social distancing
- Prioritisation of cancer and urgent categories of patients waiting before patients waiting over 52 weeks

These factors mean that waiting times for patients with a lower clinical priority have increased and therefore some patients have waited 104 weeks or more.

Please note: local Independent Sector (IS) providers also have patients waiting in excess of 52 week waits. This is due to prioritisation of clinically urgent patients from NHS providers.

Mitigating Actions

Trajectories to reduce 104 week waits by the end of March 2022 have been submitted to NHS E/I. Additional mitigating action will be required to seek to reduce this further however a level of risk will persist if urgent care related demand continues.

Actions:

- CCG closely monitors patients waiting at all providers by time band, with focus on patients waiting 52, 78 and 104 weeks.
- Trust waiting lists are discussed in detail within each organisation, with appropriate clinical prioritisation in place in line with national guidance
- The weekly system Elective Hub, chaired by the ICS lead continues to have oversight of all waiting lists to ensure that capacity is used at a system level, and that 104 week waits are dated appropriately
- Mutual aid between organisations is considered where appropriate.
- SFH and NUH are working together for high volume specialties and where joint working is possible. Initial plans are being finalised for ENT and further work will continue regarding T and O.
- All available IS capacity is utilised. IS providers are monitored and managed against the activity plan that forms the basis of the IS contract.
- Additional IS activity is being sought to support NUH complex cases
- Patient letters were sent in Q1 21/22 to all patients on a waiting list who have received no contact from their Provider within the last 10 weeks to update on current situation.
- Any temporary ward changes due to urgent care related demand are agreed at system level. The overall elective position is reported weekly to the CEO group. This is triangulated with urgent care pressures and mitigating action by all health and social care partners.
- The Capacity Cell is modelling all available capacity against predictions of future demand with potential mitigations and associated action to inform H2 planning; this will be closely aligned with Urgent Care demand assumptions and winter planning.
-

Assurances

Key points:

- Performance is underpinned by whole system transformation. An ICS Planned Care Transformation Board is in place to oversee all Cancer, Diagnostics, Elective and Outpatient Transformation which responds to operational pressures and wider transformational opportunities.
- Collaborative working with CCG, IS and NHS providers to maximise all available capacity in the system and to align capacity with predicted future demand is in place
- Royal College of Surgeons guidance in relation to clinical prioritisation of patients waiting for elective care has been implemented by NHS Providers. Weekly monitoring of patients at NUH and SFH is undertaken at specialty level.
- Clinical Executive Group has oversight of this process and considers the level of risk associated with long waits.
- The definition of harm is being confirmed at a system level in order to define and identify harm consistently, which will inform consistent system wide action

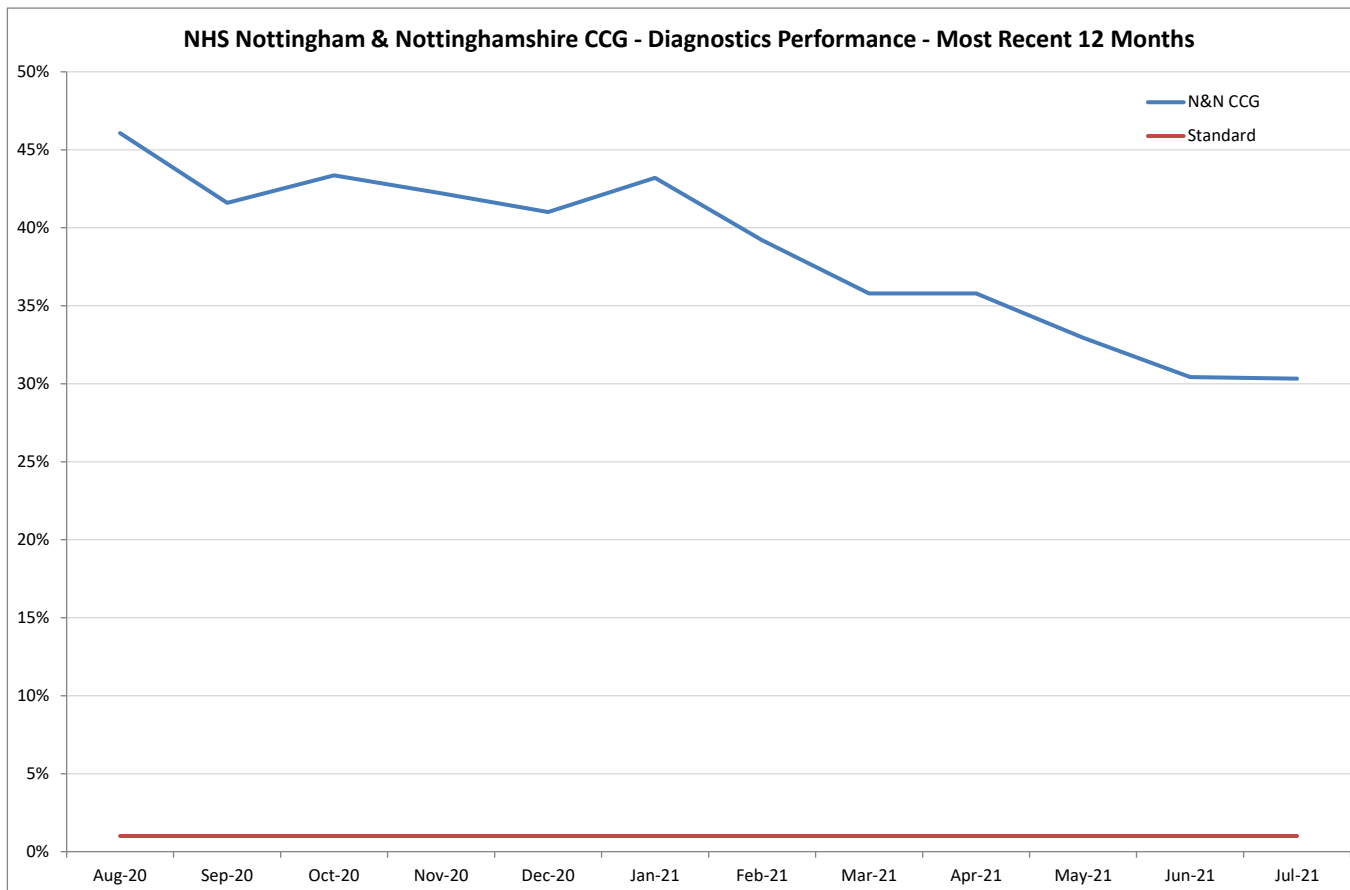
Gaps in Assurance

- Waiting times will not reduce until current pressures related to COVID non elective admissions subside and Trusts are able to restore elective services

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Planned Care	Diagnostics Waiting Times	Waiting Times for 15 key diagnostics tests and procedures. Waiting Times are expected to be 6 weeks or less	Lisa Durant	CCG Acute Providers

Organisation	Standard	Performance												Performance Direction
		Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
N&N CCG	Less than or equal to 1%	1.70%	1.31%	1.17%	0.96%	1.08%	1.87%	0.99%	9.97%	54.73%	59.68%	53.26%	46.80%	↑
NUH		1.76%	1.25%	1.27%	1.00%	0.99%	2.32%	1.01%	12.42%	57.23%	61.63%	57.74%	52.00%	
SFH		2.00%	1.35%	0.95%	0.88%	0.96%	1.45%	1.43%	6.19%	53.00%	57.58%	50.01%	40.39%	

Organisation	Standard	Most Recent 12 Months Performance												Performance Direction
		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
N&N CCG	Less than or equal to 1%	46.06%	41.60%	43.36%	42.22%	41.01%	43.19%	39.20%	35.79%	35.79%	32.95%	30.43%	30.33%	↑
NUH		49.95%	47.28%	48.91%	48.89%	48.00%	50.57%	47.60%	43.46%	44.23%	40.63%	39.17%	38.54%	
SFH		38.63%	32.61%	35.05%	31.91%	31.24%	34.00%	29.75%	27.35%	25.36%	23.05%	20.08%	21.75%	



Tests Below Standard - July 2021	N&N CCG			NUH			SFH		
	Patients	Breaches	<6Wks	Patients	Breaches	<6Wks	Patients	Breaches	<6Wks
MRI	7956	4237	53.26%	7777	5105	65.64%	1615	38	2.35%
Computed Tomography	3456	698	20.20%	2449	315	12.86%	1546	475	30.72%
Non-obstetric ultrasound	7294	769	10.54%	2991	521	17.42%	3396	217	6.39%
Barium Enema	1	1	100.00%	0	0		0	0	
DEXA Scan	1194	456	38.19%	843	459	54.45%	763	45	5.90%
Audiology	705	98	13.90%	409	74	18.09%	0	0	
Echocardiography	3367	1081	32.11%	1478	0	0.00%	2257	1171	51.88%
Cardiology - Electrophysiology	0	0		0	0		0	0	
Neurophysiology	136	4	2.94%	142	0	0.00%	0	0	
Sleep studies	447	49	10.96%	380	42	11.05%	225	18	8.00%
Urodynamics	70	15	21.43%	37	9	24.32%	45	8	17.78%
Colonoscopy	831	227	27.32%	597	163	27.30%	327	91	27.83%
Flexi sigmoidoscopy	271	90	33.21%	197	57	28.93%	108	40	37.04%
Cystoscopy	291	72	24.74%	141	12	8.51%	192	73	38.02%
Gastroscopy	1216	463	38.08%	876	303	34.59%	476	206	43.28%
Total	27235	8260	30.33%	18317	7060	38.54%	10950	2382	21.75%

Root Cause

- Backlogs and long waits due to reduction in capacity during Covid, particularly Endoscopy where procedures were classified as Aerosol Generating Procedures. A significant increase in GP referrals has been seen in Q1 and Q2 21/22, particularly urgent cancer referrals.

Mitigating Actions

- Extensive use of the IS provider hospitals for endoscopy (Ramsay Woodthorpe, BMI Park, The Spire), and mobile IS Diagnostic mobile capacity located at both Trusts for CT and MRI.
- Extensive use of Day Surgery facilities to increase internal Endoscopy capacity. SFH increased use of Newark Hospital.
- Major estates work completed at City Campus Endoscopy unit to ensure compliance with latest ventilation standards. Will allow for greater productivity.
- Evening and weekend capacity expanded at both trusts to increase capacity.
- NUH utilising portable ventilation system to allow for increased productivity per session.

Assurances

- Month on Month Improvement in performance against diagnostic access standards.
- Activity currently above 100% of pre-COVID levels across the main diagnostic modalities which benchmarks well against national average and peers.
- DNA rates reducing as vaccination programme continues
- The ICS is an Accelerator system for Elective Recovery, which has enabled for the extension of IS Mobile diagnostic capacity.
- ICS secured significant year 1 Community Diagnostic Hub funding to expand IS mobile diagnostic capacity in 21/22 – CT, MRI and Endoscopy. £5.6m revenue. Now received confirmation of £762k further capital funding (endoscopy equipment and pad for 3rd MRI at NUH).

Gaps in Assurance

- Seeking assurance from National Diagnostics Team on Year 2-5 funding for Community Diagnostic Hubs.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Planned Care	Cancer—2 Week Wait	Waiting Times against the 2 week wait cancer standard	Simon Castle	CCG Acute Providers

Organisation	Standard	Most Recent 12 Months Performance - Two Week Wait												Performance Direction
		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
N&N CCG	Greater than or equal to 93%	93.11%	94.74%	95.14%	95.53%	95.32%	88.77%	95.84%	96.44%	86.25%	89.67%	88.45%	91.59%	↑
NUH		91.74%	93.87%	95.39%	95.82%	95.30%	87.40%	95.38%	96.65%	82.56%	87.31%	87.70%	92.30%	↑
SFH		96.62%	96.46%	94.79%	95.70%	95.62%	91.43%	96.76%	96.44%	95.17%	95.20%	89.92%	90.69%	↑

Organisation	Standard	Most Recent 12 Months Performance - Two Week Wait - Breast Symptoms												Performance Direction
		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
N&N CCG	Greater than or equal to 93%	98.75%	97.96%	95.79%	93.64%	93.69%	97.59%	96.94%	96.15%	63.11%	74.42%	75.00%	89.43%	↑
NUH		100%	96.67%	95.06%	97.98%	91.11%	97.01%	98.63%	96.81%	45.71%	68.49%	71.95%	90.63%	↑
SFH		100%	100%	100%	100%	100%	100%	97.50%	100%	100%	100%	77.27%	92.86%	↑

Root Cause

NUH

- July performance has improved to 92.3%
- Referral rates continue to be above usual rates and have not returned to pre-COVID levels yet.
- Higher numbers than usual continue to be seen through ED.
- Breast performance has significantly improved to 90.6% from last month, which in turn has improved overall Trust performance.
- Skin has continued to see significant increases in referral levels (170% last month and 150% this month)
- LGI / Gynae / Urology are all above 110% demand – as sustained higher demand continues.
- There has been a knock on impact on outpatient capacity as in order to create enough new 2WW capacity, follow up slots have been utilised.

SFH

- The Trust regularly achieve the 2ww target but missed it in June and July by a significant margin.
- The main causes are the increased levels of referrals, which are 20% above pre-Covid levels
- Large increases have been seen in lower gastrointestinal, breast and urology referral volumes.

Mitigating Actions

NUH

- Referral rates have seen some reduction towards the pre-COVID average, following the significant rise seen in March and to a lesser extend in April.
- Discussions continue with Primary Care regarding the importance of 2WW referrals following face to face consultation wherever possible.
- Some specific tumour site 'education sessions' for referrals are being organised, which are initially focusing on lung and Head and Neck tumour sites.

SFH

- Mandatory test results will be introduced for lower gastrointestinal referrals. This should decrease the number of patients referred with low risk of colorectal cancer.
- FIT will be introduced for rectal bleeding symptoms.

Assurances

NUH

- Treatment numbers have remained high even with surgical and HDU capacity issues.

SFH

- The Trust are making good progress with the use of Straight to Test strategies across a number of tumour sites.

Gaps in Assurance

NUH

- Recent surge in 2ww referrals has impacted 2ww performance. Numbers have reduced, but not returned to pre covid levels yet.
- Outpatient capacity is becoming increasingly impacted by 2ww referral increases, as follow-up slots have been utilised in some areas to increase 2ww capacity, leading to longer waits for follow up appointments.
- Increasing levels of Covid infection are likely to result in a rising number of staff being off sick and /or self-isolating.

SFH

- Level of increased referral demand is unknown.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Planned Care	Cancer—28 day FDS	Waiting Times against the 28 Fast Diagnosis cancer standard	Simon Castle	CCG Acute Providers

Organisation	Standard	Most Recent 12 Months Performance - Twenty Eight Day FDS											Performance Direction	
		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21		Jul-21
N&N CCG	Greater than or equal to 70%	79.37%	76.12%	87.69%	79.58%	79.87%	74.68%	83.44%	83.83%	79.25%	79.11%	81.00%	76.79%	↓
NUH										79.67%	79.03%	81.36%	78.72%	↓
SFH										78.25%	80.26%	80.16%	75.89%	↓

Root Cause

The Faster Diagnosis Standard is intended to ensure that all patients who are referred for the investigation of suspected cancer find out, within 28 days, if they do or do not have a cancer diagnosis. The data is available at CCG as reported above, however data release has been delayed at provider level due to the COVID 19 pandemic.

This standard is designed to:

- Reduce anxiety for patients who will be diagnosed with cancer or receive an ‘all clear’ but do not currently hear this information in a timely manner;
- Speed up time from referral to diagnosis, particularly where faster diagnosis is proven to improve clinical outcomes;
- Reduce unwarranted variation in England by understanding how long it is taking patients to receive a diagnosis or ‘all clear’ for cancer across the country.

There are three main factors that require consideration by providers in order to deliver the Faster Diagnosis Standard. They are:

1. Time to first seen and test - This requires alignment of 2 week wait demand and diagnostic capacity
2. The volume of tests required to confirm or rule out cancer
3. Method of communication—this is often face to face, however telephone clinics are increasingly being utilised

The performance level for the Nottingham and Nottinghamshire CCG was 76.79% in July 2021, which is above the national standard of 70%. Performance within the twelve months prior was above the national standard in all months. In four of those months, performance was above 80%.

Mitigating Actions

The COVID 19 Pandemic has impacted capacity for diagnostic procedures, largely due to the increase in infection control requirements.

SFH are reviewing all tumour sites to review methods of communication used for FDS. Moving to telephone clinics where possible to reduce the number of days patients are waiting for outcomes.

SFH are reviewing the 2WW capacity as part of the work taking place around service restoration and recovery. All tumour sites are operating with a mix of face to face, non face to face appointments and triage straight to test where appropriate.

Assurances

Beginning to collect the data from April 19 has enabled a more granular understanding to be reached around the key areas for improvement at local providers which include the level of Outpatient and Diagnostic capacity as well as timely methods of communication.

System wide dialogue continues to take place around the recovery and restoration of services.

Gaps in Assurance

Patient choice remains a risk with some patients currently choosing to decline appointments due to COVID fears.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Planned Care	Cancer—31 Day	Waiting Times against the 31 day wait cancer standard	Simon Castle	CCG Acute Providers

Organsation	Standard	Most Recent 12 Months Performance - 31 Day											Performance Direction	
		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21		Jul-21
N&N CCG		89.81%	94.58%	95.06%	94.55%	91.39%	87.96%	93.01%	92.66%	91.72%	92.23%	87.19%	90.25%	↑
NUH	Greater than or equal to 96%	91.77%	95.17%	94.17%	91.70%	90.69%	86.58%	91.40%	91.13%	90.09%	90.34%	86.31%	89.90%	↑
SFH		81.93%	92.45%	94.44%	99.18%	95.79%	89.74%	99.00%	96.97%	95.88%	97.73%	91.91%	92.70%	↑

Root Cause

NUH

- Day 31 performance was 89.9%, very similar to last month’s performance.
- The key reasons for breaches are surgical and HDU capacity and clinical priority - particularly impacting Urology, Gynae, H&N and LGI.
- Allocation of patients to surgical lists is less straight forward than pre COVID, with specialties unable to plan surgical capacity more than 2 weeks forward.

SFH

- 31 day performance has been declining since February 2021 when performance was 99%
- There were 10 breaches for 136 treatments in July giving a performance of 92.6%
- Treatment numbers between May to July 2021 are back to pre-Covid levels
- Breaches were across breast (4), lower gastrointestinal (3), and skin (3)
- High referral levels, above pre-Covid levels, are the main contributing factor to declining 31 day performance.

Mitigating Actions

NUH

- Surgical prioritisation continues to take place matching available capacity with clinical need across different specialties. ‘POCUS’ - (Prioritisation Of Cancer and Urgent Surgery) meeting takes place three times a week.
- All specialties have produced an action plan and trajectory for improvement.

SFH

- Cancer treatment activity levels remain protected by the Trust.

Assurances

NUH

- Treatment numbers have remained high even with surgical and HDU capacity issues.

SFH

- The Trust has achieved and is maintaining pre-Covid levels of treatment activity.

Gaps in Assurance

NUH

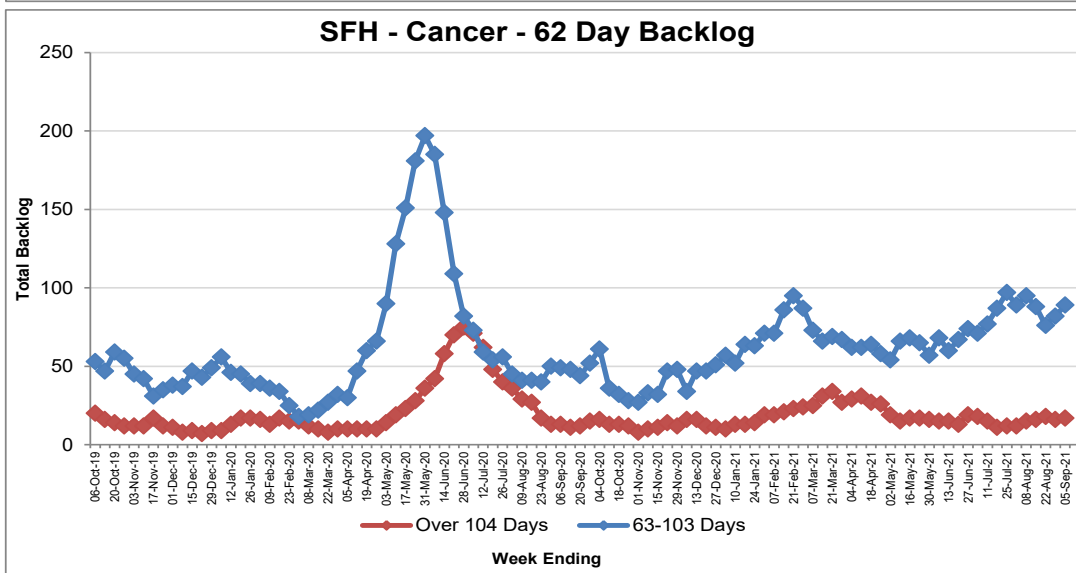
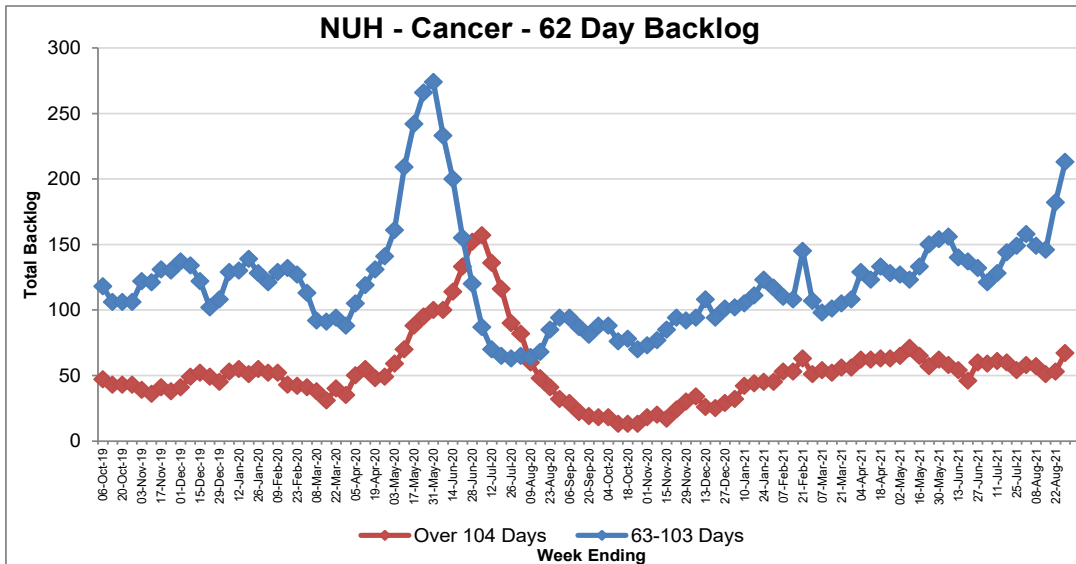
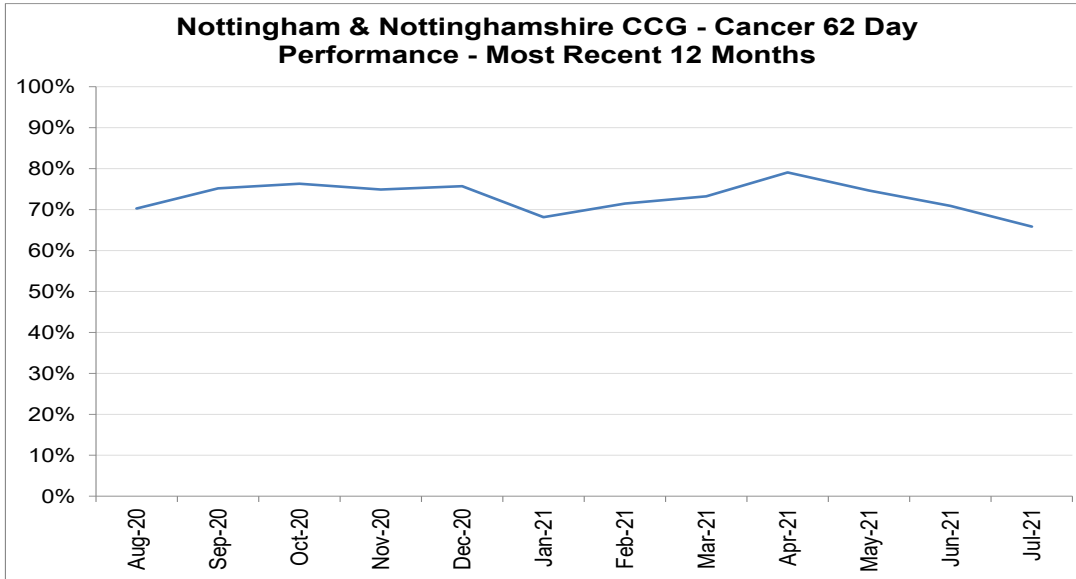
- Recent surge in 2ww referrals has impacted 2ww performance. Numbers have reduced, but not returned to pre COVID levels yet.
- Outpatient capacity is becoming increasingly impacted by 2ww referral increases, as follow-up slots have been utilised in some areas to increase 2ww capacity, leading to longer waits for follow up appointments.
- Increasing levels of Covid infection are likely to result in a rising number of staff being off sick and /or self-isolating.

SFH

- Future referral levels and magnitude of winter pressures are unknown.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Planned Care	Cancer—62 Day	Waiting Times against the 62 day wait cancer standard	Simon Castle	CCG Acute Providers

Organisation	Standard	Most Recent 12 Months Performance - 62 Day												Performance Direction
		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
N&N CCG	Greater than or equal to 85%	70.26%	75.20%	76.34%	74.91%	75.73%	68.15%	71.50%	73.26%	79.10%	74.66%	70.90%	65.85%	↓
NUH		73.91%	78.82%	76.20%	75.00%	76.22%	71.43%	67.51%	73.83%	75.12%	71.18%	70.16%	68.09%	↓
SFH		60.61%	67.55%	70.91%	74.19%	69.57%	63.16%	72.79%	68.75%	73.61%	71.13%	72.73%	68.95%	↓



Root Cause**July Performance**

- July performance declined to 68.1% from 70.2% the previous month.
- Treatment numbers have remained higher than usual at 220.
- Theatre capacity, HDU beds and staffing continue to be the main issues.
- 'POCUS' - (prioritisation of cancer and urgent surgery) meeting takes place x3 times a week.
- The total breach volume is 82 with highest numbers continuing to be in:- LGI 16, Urology 14.5, Gynae 14, Lung 10 and UGI 7.5.
- Gynae performance continues to be an issue, but has increased slightly this month. Main issues continue to be at the front end of the pathway with consultant job planning issues and outpatient capacity. The service have plans to improve the front end of the pathway as it is one of the preferred pathways to benefit from RDC monies.
- Histology – medical recruitment is the biggest issue. Delays continue with a significant number of patients now waiting over 2 weeks for results and also some over 3 weeks.
- Radiology reporting – continued delays now impacting both CT and MRI. More reports being outsourced on a 7 day turnaround which is creating longer waits.
- Oncology have had two locums start in their roles - x1 at end July and x1 mid -August.
- 62-day backlog has remained fairly static at 220.
- Day 104 patients - Numbers again have remained fairly static at 49.
- LGI and Urology continue to account for approx. two thirds of total 104 patients. All 104 day patients are clinically

Mitigating Actions

- Surgical prioritisation continues to take place matching available capacity with clinical need across different specialties. 'POCUS' - (prioritisation of cancer and urgent surgery) meeting takes place x3 times a week.
- 62-day backlog - All specialties have produced an action plan and trajectory for improvement.
- Oncology have had two locums start in their roles - x1 at end July and x1 mid -August.
- RDC funding to improve diagnostic capacity has been agreed for 21/22 and business case being developed for 22/23.

Assurances

- See assurances for Cancer 31 day on page 16.

Gaps in Assurances

- See gaps in assurances for Cancer 31 day on page 16.

Sherwood Forest Hospitals Performance Focus

Root Cause

- SFH's 62 day performance decreased from 71.8% in June to 68.3% in July. There were 30 breaches for 93 treatments.
- Breaches were spread across breast (6), lower gastrointestinal (5), upper gastrointestinal (4.5), urology (3.5) and skin (3)
- The main pressures are demand and diagnostic capacity. Year to date referrals remain 20% higher than the 19/20 average, predominantly in lower GI and breast tumour sites. Referral increases impact on diagnostic capacity such as CT colon compounded by a high volume of DNA/patient cancellations. Lower GI are most affected by these waits.
- The total number of patients waiting between 63 and 103 days at the end of July was 97, an increase from about 60 in June.
- The number of patients waiting over 104 days at the end of July was 12, similar to levels in May and June.
- For the faster diagnosis standard, the Trust rank in the top third nationally with 80% of patients being given the all clear or a diagnosis of cancer within 28 days of referral.

Mitigating Actions

- New LGI cancer support worker role in place.
- Specialist nurses to follow up appointments with the patient with a CT Colon leaflet, highlighting key information and the importance of attending. Call reminder and DNA audit trial to also take place.
- Radiology has shadowed another centre who run an increased list (9 patients) by utilising an imaging assistant to support cannulation and preparation of patients. The service is now exploring recruiting this type of role. Radiology is trialling reduced prep which would support better utilisation of short notice cancellations.
- Pathology are exploring outsourcing EGFR to improve turnaround times

Assurances

- High treatment levels are being maintained by the Trust.
- Additional CT and endoscopy capacity coming on Steam in October.
- Cancer diagnostic and treatment capacity remains protected.

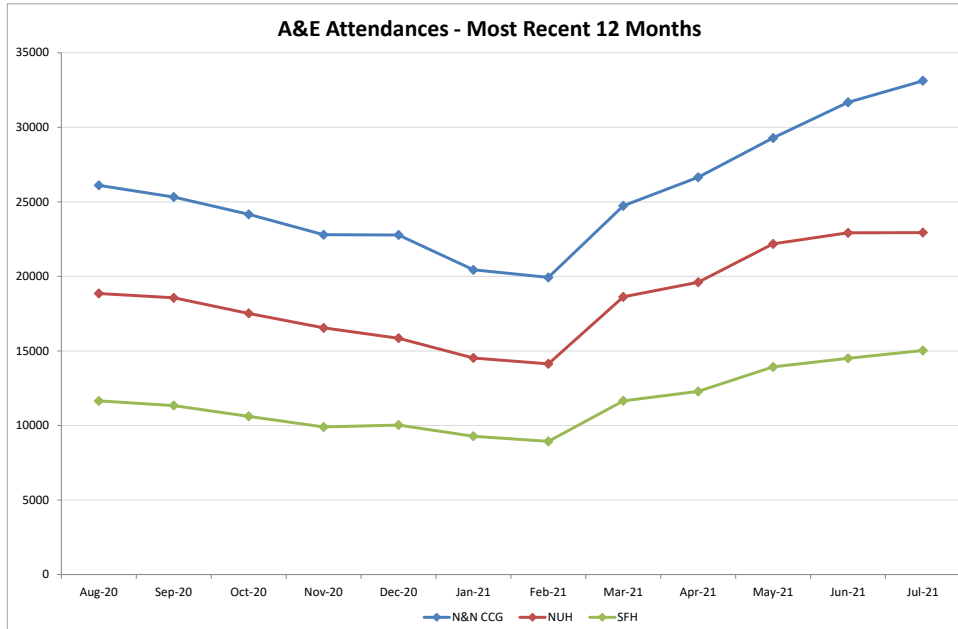
Gaps in Assurances

- Number of 2ww referrals are consistently above pre-pandemic levels.
- Scale of winter pressures unknown.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Urgent Care	A&E—4 hour Wait	The percentage of patients waiting under 4 hours in A&E departments	Caroline Nolan	Acute Providers CCG

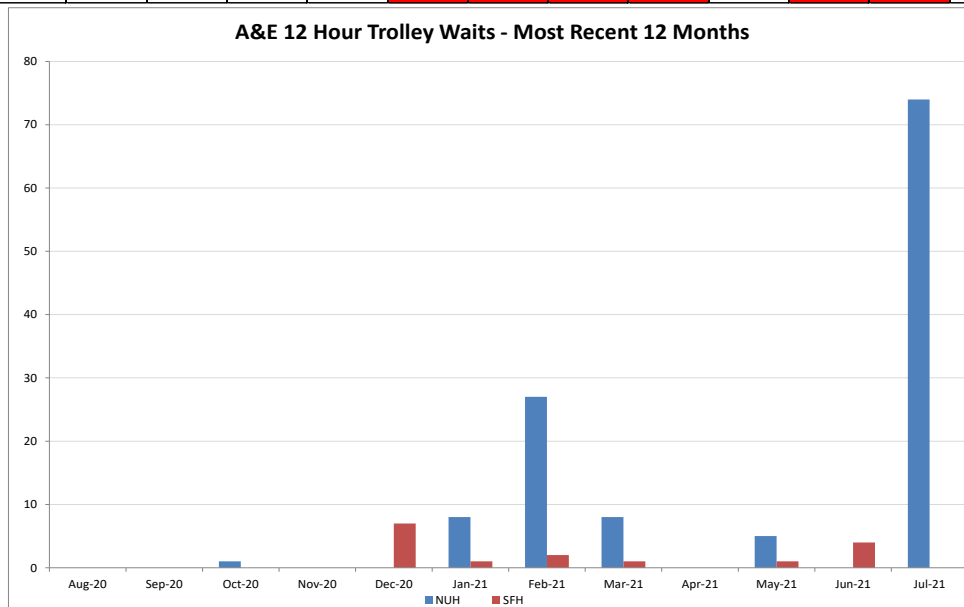
Organsation	Standard	Most Recent 12 Months Performance											Performance Direction	
		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21		Jul-21
N&N CCG	Greater than or equal to 95%	82.03%	80.71%	78.22%	79.85%	75.71%	73.01%	76.64%	76.04%	76.30%	73.27%	72.23%	70.14%	↓
NUH		Reporting suspended due to trial of new indicators											↔	
SFH		95.53%	96.45%	95.20%	93.50%	89.67%	85.41%	92.26%	94.11%	93.77%	91.75%	88.84%	86.34%	↓

Organsation	Standard	Most Recent 12 Months - Attendances											Performance Direction	
		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21		Jul-21
N&N CCG	N/A	26108	25324	24163	22794	22781	20438	19930	24735	26651	29282	31676	33120	N/A
NUH		18854	18565	17519	16548	15855	14526	14134	18627	19607	22179	22924	22938	N/A
SFH		11646	11338	10612	9901	10029	9279	8932	11654	12284	13930	14505	15029	N/A



Theme	Indicator	Indicator Overview	CCG Lead	Focus
Urgent Care	A&E—12 Hour Trolley waits	Period from the decision to admit to formal admission to an emergency inpatient bed	Caroline Nolan	Acute Providers CCG

Organsation	Standard	Most Recent 12 Months - 12hr											Performance Direction	
		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21		Jul-21
N&N CCG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↔
NUH		0	0	1	0	0	8	27	8	0	5	0	74	↓
SFH		0	0	0	0	7	1	2	1	0	1	4	0	↑



Root Cause

- NHS111 telephony saw an increase of 7.7% overall in activity in July when compared to June; however NHS111 online has seen a small decrease over the same period. The Clinical Advisory Service (CAS) diverted 71% of ED dispositions to alternatives in July which is well above the national target of >50%.
- At the same time, both the % of attendances resulting in admission and the numbers admitted has seen little change to the levels recorded in June.
- MSFT levels in both Mid and Greater Notts remained higher than target levels in July for both NUH and SFHFT. This can be contributed to several factors, including internal process issues within the acute trusts, increasing demand for Pathway 1 services, with insufficient home care provision, both of which are the focus of the D2A collaborative improvement work.
- Capacity issues across all sectors and providers have reduced the system’s ability to quickly flow patients through the system, increased discharge delays due to a lack of capacity in homecare and community services has led to a lack of admitting capacity at both acute trusts. This lack of admitting capacity has resulted in multiple 12 hour DTA breaches throughout July and August.
- In July, the daily average number of beds occupied by confirmed Covid-19 positive patients in both NUH and SFHFT was 87, a significant increase on June’s figure of 18 and is a reflection of the current national Covid picture.

Pre ED ACTIVITY

Primary Care

Primary care on the day demand gives an indication of the level of urgent care need in the wider system being met by Primary care. There was a significant increase in appointments on the day and booked between May and June.

Table 1 – Primary Care activity for 6 months up to July 2021

Performance Indicator	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
% of Same Day Appointments	46%	44%	44%	44%	44%	Data not released
Number of Same Day Appointments Booked	201,437	235,593	204,398	202,290	231,702	
Total Number of Appointments Booked	436,409	534,353	461,437	463,174	522,336	

Current data in the table above is based on appointment data extracted from GP clinical systems, not recorded consultations, and hence fails to capture the additional ‘remote’ work that primary care has been doing over this period in the form of triage calls, online consultations and clinical ‘tasks’.

Local data for June is shown below, with 57% of appointments being face to face.

Number of appointments:	522,336	
Appointment type:		
Face to face	298,001	57%
Home visit	1,667	
Telephone	191,704	37%
Video/online	3,071	
From booking to appointment:		
Same Day	231,702	44%
1 Day	33,567	7%
2 to 7 Days	92,595	18%
8 to 14 Days	68,753	13%
15 to 21 Days	42,522	8%
22 to 28 Days	26,153	5%
More Than 28 Days	26,906	5%

Latest data shows in July there were 492,711 GP appointments with 57 per cent of these being face-to-face and 51 per cent of patients being seen the same day or next. In total 70 per cent of patients were seen within 7 days of making a call

NHS111

111 call volumes have increased overall in the past 12 months, with a year on year increase of 8796 call from July 20 to July 21 (a 33.6% increase), whilst July 2021 has seen a decrease in performance against the 95% answered in 60 seconds target, calls abandoned after 30 seconds remains low at 1%, well within the 5% performance target.

The ability for 111 to directly book to GP appointments has been enabled fully as part of 111 first, growth of this service has continued.

Table 2 – Direct bookings into Primary Care over 6 months up to July 2021

Performance Indicator	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul – 21
Total Direct Bookings into Primary Care from 111	771	1624	1785	2269	2352	2358
NHS111 dispositions recommended for ED diverted by the Clinical Advisory Service	70%	67%	70%	68%	68%	71%

In addition, the use of alternatives to ED continues to be managed well by the Clinical Advisory Service (CAS) provided by NEMS. In July, the number of patient dispositions recommended for ED from 111 that were redirected away from the front door of ED by CAS was 71%, 3% higher than June and well above the target >50%.

EMAS

Both the pre and post-handover performance at both trusts remains below the national target. Contributing factors to this will be the increased levels of conveyance.

Table 3 – EMAS Performance standard monthly comparison

Performance Indicator	Target	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
URGENT CARE - AMBULANCE HANDOVER							
Average Pre Handover NUH	00:15:00	00:16:44	00:15:07	00:14:54	00:15:31	00:17:09	00:19:16
Average Post Handover NUH	00:15:00	00:19:07	00:19:45	00:19:32	00:18:46	00:19:32	00:18:37
Average Pre Handover KMH	00:15:00	00:15:17	00:15:26	00:15:03	00:15:10	00:16:03	00:15:54
Average Post Handover KMH	00:15:00	00:19:37	00:20:21	00:20:24	00:19:55	00:20:37	00:20:09

Handover Delays > than 30 minutes:

The % of handover delays > than 30 minutes across the system, have increased again this month by 1.9% to 8.8% in June, when compared to June (6.9%). This rise can be attributed to the increasing volumes month on month, of patients attending both EDs. Pre handover delays above 60+ minutes have increased to 4.0 per day across the system in July, an increase of 1.5 per day compared to June; again the increase can be attributed to the increased volumes month on month, of patients attending both EDs as well as requirements for ambulance cleaning/ make ready to minimise infection risk.

EMAS are sending HALOs to ED departments where appropriate aid in speeding up turnaround times and operational managers are being moved to patient facing roles to cope with additional staffing shortages.

Conveyance Performance

Conveyance rates had remained relatively static to both trusts since January 2021, previous data had showed and increase in conveyance to SFH from May, however this has been identified as a data quality error and has now been rectified so data for Feb – May in the below table for SFH is updated:

Table 4 – EMAS Conveyance Rate to NUH and SFH - 6 monthly comparisons

Performance Indicator	Performance Metric	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Conveyance Rate to NUH for GN incidents	Monthly %	55.80%	58.00%	56.60%	57.60%	56.70%	53.20%
Conveyance Rate to SFH for MN Incidents	Monthly %	58.00%	61.60%	60.80%	59.50%	59.00%	57.90%

For NUH a slight decrease has been seen when compared to May. Overall, the trajectory for conveyance is still below pre-pandemic levels.

ED ACTIVITY

NUH

ED Attendances: The Type 1 average daily attendance for July was 525 compared to 537 in June, a decrease of 2%. The UTC had an average attendance rate of 157 for July, a decrease of 5% when compared to June (165). The overall trend in levels of attendance is expected to continue to increase as the effects of the lockdown restrictions have eased.

Table 5 – Daily Attendance Rates at NUH ED & London Road UTC - 6 monthly comparisons

Performance Indicator	Performance Metric	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
ED Attendance NUH (Type 1 only)	Daily Average	371	425	460	507	537	525
London Road UTC Attendances	Daily Average	88	115	138	157	165	157

12hr Trolley Delays: NUH reported 74 x 12 hour trolley breaches at NUH in July and 124 x 12 hour trolley breaches in August. The CCG has not received the Key Lines of Enquiry (DTA investigations) for these breaches, however capacity issues across all sectors and providers have reduced the system’s ability to quickly flow patients through the system, increased discharge delays due to a lack of capacity in homecare and community services has led to a lack of admitting capacity at both acute trusts. This lack of admitting capacity has resulted in multiple 12 hour DTA breaches throughout July and August.

Streaming: In June, NUH streamed 333 patients from ED to the UTC on London Road and a further 1282 patients to NEMS primary care stream. The increased levels of referrals to both UTC and NEMS primary care stream is in line with the plan to increase operating hours and staff available in support of reducing demand on ED.

Table 6 – NUH Streaming activity for 6 months up to July 2021

Performance Indicator	Performance Metric	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Referrals from NUH to UTC	Month Total	85	144	180	253	333	Data not available
Streaming to NEMS Primary Care	Month Total	543	747	1003	1209	1282	

Bed Occupancy: The average bed occupancy for NUH in July was 85.96%, which was similar to May’s (84.2%). There has been a significant increase in the number of Covid-19 positive patients for July in the Trust; the daily average number of beds occupied by confirmed Covid-19 positive patients in NUH was 71 as opposed to 15 in June. This increase in Covid cases reflects the current national picture.

SFHFT

ED Attendances: The Type 1 average daily attendance for July was 325 compared to 323 in June an increase of 1%. The UTC had an average attendance rate of 75 for July, an increase of 9% when compared to June (69). The overall trend in increasing levels of attendance is expected to continue as the impact of removing the lockdown restrictions are seen.

Table 7 – Daily Attendance Rates at KMH ED & Newark UTC - 6 monthly comparisons

Performance Indicator	Performance Metric	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
ED Attendance KMH (Type 1 only)	Daily Average	221	233	263	281	303	323	325
Newark UTC Attendances	Daily Average	34	38	49	58	65	69	75

12hr Trolley Delays: No 12hr trolley breaches were reported in July.

Streaming: During July, of the total type 1 attendances 12,738 patients that presented at KMH ED, 2638 (20.7%) were streamed to PC24. The 20.7% achieved for this month is above the agreed target of 20%.

Table 8 – SFHFT Streaming activity for 6 months up to July 2021

Performance Indicator	Performance Metric	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
PC24 AE Attendances	Daily Average	50	64	70	81	91	85
PC24 as a % of ED attends	Month Performance	17.70%	19.60%	19.90%	21.10%	22.00%	20.70%

Bed Occupancy: The average bed occupancy for SFHFT in July was 91.36% less than 1% higher than June’s (91.0%). The increased number of Covid-19 positive patients along with the numbers of MSFT seen during July, are contributing factors to this high level of occupancy. In July, the daily average number of beds occupied by confirmed Covid-19 positive patients in SFHFT was 16 as opposed to 3 in June.

ACUTE TRUST FLOW

Same day Emergency Care (SDEC) Performance

SDEC as a percentage of admissions continues to be well over target for both trusts. The specialties providing pathways for SDEC and the health care professionals that can refer to these pathways are being expanded, to further improve the SDEC offer.

Table 9 – SDEC performance over 6 months up to July 2021

Performance Indicator	Target	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
% of admissions classed as SDEC - NUH	30%	36.40%	38.00%	38.60%	35.00%	36.00%	34.00%
% of admissions classed as SDEC – SFH	30%	38.00%	39.00%	38.20%	38.20%	39.00%	39.00%

Admissions

During July, the % of attendances resulting in admission has remained the same as in June in both NUH and SFHFT. This is consistent with the numbers of patients admitted to both acute trusts being similar to June’s activity.

NUH

Table 10 – NUH ED Attendance to Admissions over 6 months up to July 2021

Performance Indicator	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
ED Attendance to Admission	37.60%	33.90%	33.30%	30.80%	29.90%	30.00%
Admissions from ED	142	152	160	164	168	162
Total Admissions	280	301	303	314	329	318
Care Homes Admissions	187	210	201	215	183	Not Available

SFHFT

Table 11 – SFHFT ED Attendance to Admissions over 6 months up to July 2021

Performance Indicator	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
ED Attendance to Admission	41.00%	36.80%	34.00%	33.10%	32.10%	31.60%
Admissions from ED	74	74	75	77	80	78
Total Admissions	82	84	85	88	94	94
Care Homes Admissions	141	151	154	143	159	192

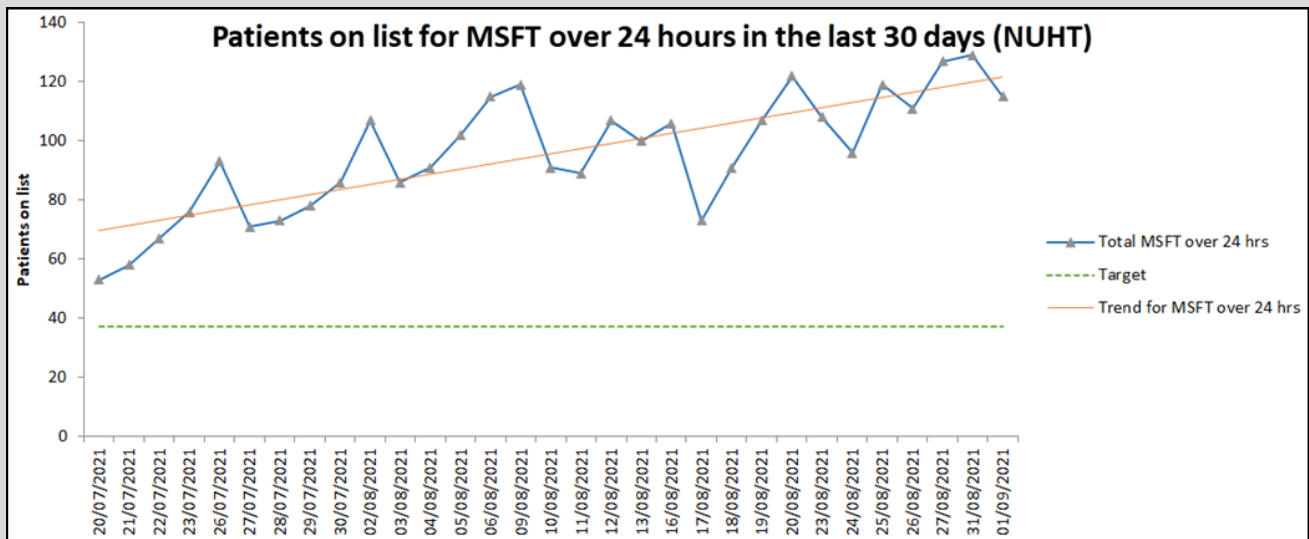
Discharge

NUH

A daily target of 37 medically safe for transfer (MSFT) patients remains in place; deterioration against the target is shown in the graph below for Greater Nottingham MSFT Delays over 24 hours in NUH up to 1st September:

Given the significance of this deterioration actions to support flow are being delivered as per the table below.

Graph 1 - Greater Nottingham MSFT Delays over 24 hours in NUH up to 1st September 2021



The current main delay reasons are:

Table 12 – Greater-Nottingham Main Delay Reasons in NUH – Mitigating Actions

Reason for delay	Mitigating Action
vii. Pathway 1	City LA has commissioned an additional PW1 reablement beds, 10 in total. Sciensus scope has been widened to pick up some of the City LA waits. Interim bed discussions underway with all those waiting for PW1. Interim beds being identified for County LA.
x. Pathway 3	PW3 now to go through Community beds, unless by exception. Gap with needs that cannot be met by beds is being worked through with the MH team
ix. Pathway 2	Assessment beds will be available to both County & City LA (3 each) until home provision in place to support overnight needs. CH teams shared list of Care Homes accepting people for short term care. City LA aiming to bring online additional beds to move people who have completed their rehab through PW2 to flow into whilst waiting for POC.
vii. Awaiting confirmation from SPA/decision re pathway	City LA- trying to recruit additional capacity as struggling to allocate. County LA also struggling to allocate with increased workload. Complex cases being worked through. Clear actions and next steps where plans not in place. Communication in NUH re: protecting Social care resource.

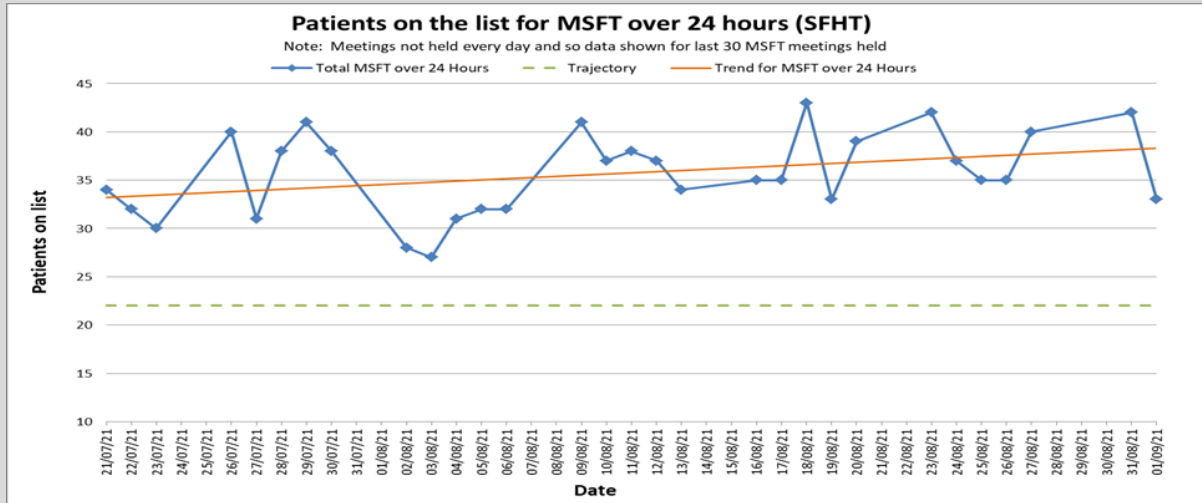
System partners continue with the 3pm team huddle Wednesdays and Thursdays to focus on those patients with a PDMS (“Predicted Date Medically Safe” for transfer) for Friday/Saturday/Sunday to ensure discharge plans are in place and reducing delay related harm.

SFHFT

Focus continues on the medically safe for transfer process and the actions taking place to achieve these discharges. Daily calls now include ward staff from those wards that have a higher degree of challenging discharges, participating on these calls. This measure has helped improve communication between ward staff, the IDAT team and outside providers which had on occasions slowed down the discharge process.

See graph for Mid Notts MSFT Delays over 24 hours in SFHFT, over a 30 working day period up to 1st September 2021.

Graph 2 – Mid Notts MSFT Delays over 24 hours in SFHFT up to 1st September 2021



Main delay reasons for the last 7 days and mitigating actions are shown in the table below:

Table 13 – Mid-Nottingham Main Delay Reasons in SFHT – Mitigating Actions

Reason for delay	Mitigating Action
Code 8: (Pathway 1)	SFHFT to fund additional case workers to reduce backlog of unallocated MSFT patients
Code 9 (Pathway 2)	Support from GN in providing potential flexibility in accessing current bed stock

Despite the efforts of system partners, MSFT delays across both trusts continue to be above target with no current evidence of continued improvement or deterioration in numbers, however there are multiple schemes in place across the county that are devised to aid in reducing the numbers of delays across the ICS. Details of these D2A schemes are shown below in the Mitigating Actions.

Further Assurances and Mitigating Actions

IPC Bed Closures; A significant number of community beds are currently closed due to IPC issues and staffing:

Location	Number of beds closed	Due to re-open
LBH	25	6 th and 7 th September 2021
Connect	10 (5 Heritage, 5 Garden-side)	9 th September 2021
Wollaton View	3	2 nd September 2021

Pathway 1; 9 of the 12 beds at Connect Heritage to accommodate step-downs from Connect Garden-side are being utilised for City patients waiting for packages of care. Additional reablement beds at The Oaks and Cherry Trees (n=10) have also been commissioned by City LA to support Pathway 1 discharges. Capacity across CityCare and City LA is jointly reviewed each day to identify the potential for jointly delivered packages of care to facilitate discharge. Interim beds for County are being identified. Sciensus (aka Healthcare at Home) are also supporting Pathway 0 & 1 restarts and new packages of care.

P1 capacity in Mid Notts has been improved with additional support from MHFT and the CURT team who are picking up interim packages of care to facilitate quicker discharges while the longer term D2A plans and LA recruitment coming online through the summer.

Pathway 2; Short-term assessment beds are available to both County & City LA (3 each) until home provision in place to support overnight needs.

Pathway 3; In the south where the Pathway 3 waits were building up, these are being reviewed in a different way, ensuring that all patients listed against P3 are reviewed by the bed meeting daily to ensure that any patient that has the ability to improve their outcomes from being in a P2 bed goes down that route. This has made an impact on the waits and will inform the future model.

Gaps in Assurance:

AMH community beds:

AMH community beds remain an issue due to the work being done at the Priory unit with the CQC and other agencies. Alternative capacity is being identified whilst this work at the Priory continues.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Mental Health	Improving Access to Psychological Therapies	Performance information for patients undergoing IAPT treatment	Maxine Bunn	CCG

Patients Entering Treatment—2019/20 (% target)

Organsation	Standard	Most Recent 12 Months Performance - Patients Entering Treatment (Rolling Three Months)												Performance Direction
		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	
N&N CCG	Rolling Three Months Performance	3.85%	4.46%	4.11%	3.69%	4.18%	4.82%	5.45%	5.15%	5.48%	5.84%	6.45%	6.59%	↑
	Standard	5.90%	5.90%	5.90%	6.10%	6.10%	6.10%	6.25%	6.25%	6.25%	7306	7306	7306	N/A
	Patients Entering Treatment	4225	4895	4510	4050	4580	5285	5970	5645	6005	6405	7070	7225	↑
	Additional Patients Required	2243	1573	1958	2637	2107	1402	882	1207	847	901	236	81	↑

Patients Entering Treatment—2020/21 (Numerical target)

Organsation	Standard	Most Recent 12 Months Performance - Patients Entering Treatment (Rolling Three Months)												Performance Direction
		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	
N&N CCG	Patients Entering Treatment	4225	4895	4510	4050	4580	5285	5970	5645	6005	6405	7070	7225	↑
	Additional Patients Required	2243	1573	1958	2637	2107	1402	882	1207	847	901	236	81	↓
	Standard	6303	6303	6303	6575	6575	6575	6848	6848	6848	7121	7121	7121	N/A

Recovery Rate

Organsation	Standard	Most Recent 12 Months Performance - Recovery Rate (Rolling Three Months)												Performance Direction
		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	
N&N CCG	Greater than or equal to 50%	55.13%	54.59%	53.86%	54.86%	55.59%	55.24%	54.66%	54.25%	53.30%	53.39%	52.86%	52.78%	↓

Waiting Times—6 Week Standard

Organsation	Standard	Most Recent 12 Months Performance - Waiting Times - First Treatment Within 6 Weeks												Performance Direction
		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	
N&N CCG	Greater than or equal to 75%	92.00%	94.81%	98.21%	98.69%	97.50%	97.39%	98.15%	97.05%	96.68%	96.80%	96.93%	95.07%	↓

Waiting Times—18 Week Standard

Organsation	Standard	Most Recent 12 Months Performance - Waiting Times - First Treatment Within 18 Weeks												Performance Direction
		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	
N&N CCG	Greater than or equal to 95%	99.67%	99.13%	100%	100%	100%	99.63%	99.63%	99.58%	100%	99.29%	100%	100%	↔

Organsation	Standard	IAPT waits >90 days between 1st & 2nd treatment												Performance Direction
		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	
N&N CCG	Less than 10%	7.75%	5.11%	2.10%	1.64%	2.33%	2.90%	4.14%	7.41%	9.89%	8.83%	7.65%	13.12%	↓

	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Number of Referrals	2575	2365	2805	2795	2785	2270	2690	2785	3290	2780	3120	3070
Number entering treatment	1720	1635	2045	2080	2165	1860	1945	1840	2220	2345	2505	2375
Rolling 3 month treated	4225	4895	5400	5760	6290	6105	5970	5645	6005	6405	7070	7225

Root Cause

- ICS access performance at June 2021 (quarter 1) has increased to 7225 patients against the target of 7306 (rolling three months); this represents a 16% increase from March 2021 (quarter 4) and the highest number of patients entering treatment in Nottingham and Nottinghamshire in a single quarter. The number of people entering treatment as a proportion of referrals (conversion rate) has increased to 81% in quarter 1.
- The service continues to achieve and exceed waiting time and recovery standards, with the exception of June % waiting over 90 days between 1st and 2nd treatment which was 13.1% against a target of 10%. This will be reviewed with providers over the coming month. The average wait for an appointment in August 2021 has reduced to 14 days.
- Benchmarking shows that the ICS is the second highest performing system in the Midlands region in May 2021 in terms of access and is above the England average. Waiting time performance has been above the England average since July 2020 and recovery rate since April 2020.

Mitigating Actions

Local data is utilised to identify and address performance issues with providers and agree actions to improve capacity and service delivery, including workforce issues.

Key actions by all providers to increase performance over the next quarter include:

- On-going service promotion and awareness raising through social media animations, videos and blogs, newsletters, community advertising, attendance at community events;
- Expansion of digital offer through roll out of direct access through Silvercloud and delivery of online groups to increase access and to reduce waiting times, DNAs and patients not completing treatment;
- Expansion of the workforce through recruitment, use of agency and affiliates and trainees;
- Recruitment of Community Development roles and community champions to improve engagement with and access for under-represented groups;
- Development of links and pathways with City LTC services to increase access for patients with LTC;
- Commence BAME specific training and Compassionate Mind Training.

Assurances

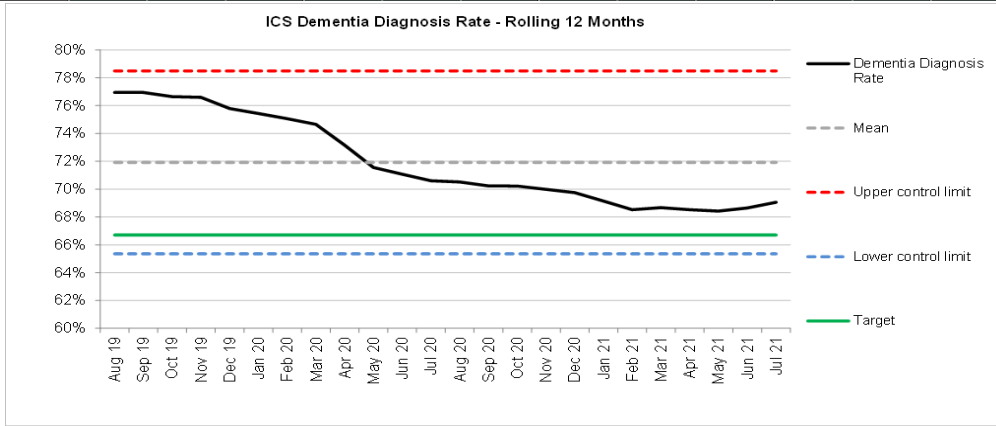
- An established monthly steering group with IAPT providers is in place, with focussed monitoring of targeted actions to assess impact of improvement actions and delivery of spending review investments.

Gaps in Assurance

- None identified

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Mental Health	Dementia Diagnosis Rate	The rate of dementia diagnosis against the estimated prevalence	Maxine Bunn	CCG

Organsation	Standard	Most Recent 12 Months Performance - Dementia Diagnosis Rate												Performance Direction
		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
N&N CCG	Greater than or equal to 66.7%	70.52%	70.23%	70.22%	69.98%	69.75%	69.14%	68.52%	68.67%	68.52%	68.42%	68.65%	69.05%	↑



Organsation	Metric	Most Recent 12 Months - Dementia Diagnosis & Prevalence												Monthly Trend
		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
N&N CCG	Patients Diagnosed	8493	8476	8497	8455	8420	8316	8217	8247	8245	8263	8309	8367	↑
	Estimated Prevalence	12043	12068	12100	12081	12072	12028	11992	12009	12033	12076	12103	12117	↑

Average waiting time from Referral to Assessment

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
MHSOP - City Memory Assessment	18.0	17.7	14.8	12.0	12.3	12.2	10.0	8.6	8.1	6.6	4.4	4.3
MHSOP MAS - Ashfield & Mansfield	19.8	18.7	17.3	13.2	10.8	9.5	10.4	11.3	9.6	3.4	1.5	2.0
MHSOP MAS - Broxtowe	14.6	13.3	9.9	6.3	6.2	7.8	7.4	7.8	7.4	8.5	8.4	6.8
MHSOP MAS - Gedling & Hucknall	21.5	19.4	10.9	6.8	7.9	4.7	3.8	3.5	4.0	5.1	4.5	5.8
MHSOP MAS - Newark & Sherwood	19.1	17.8	15.8	13.6	9.9	8.0	8.5	8.1	6.6	5.6	5.8	5.1
MHSOP MAS - Rushcliffe	22.5	24.0	17.8	11.3	6.4	5.1	3.7	2.0	3.2	4.7	3.8	3.9
N&N CCG	19.0	18.3	14.7	11.5	10.2	9.8	8.7	7.8	6.9	6.0	5.1	5.0

Root Cause

- The ICS continues to meet the dementia diagnosis rate standard.
- The number of people being diagnosed with dementia has increased since February 2021, though this has only translated into a slight percentage increase in the diagnosis rate as the estimated prevalence has also increased for the fifth consecutive month; July's prevalence was the highest estimate in the period since April 2019.
- Historical long waiting times and variations in localities (pre-Covid) for memory assessments have been reducing from their peak in September 2020 (19 weeks) following additional investment in the service and the reinstatement of the Memory Assessment Services (MAS) in September 2020. As at August 2021, the waiting time has reduced to 5 weeks, which continues to be lower than pre-Covid levels (10.3 weeks at March 2020).

Mitigating Actions

- As waiting times have now reduced in the areas with the longest waits historically (Gedling, Newark and Rushcliffe), the focus is to bring other areas in line with the lower waiting times that have been achieved, whilst maintaining the lower waits across the system.
- To further increase capacity the MAS has implemented remote consultations / assessments where clinically appropriate.

Assurances

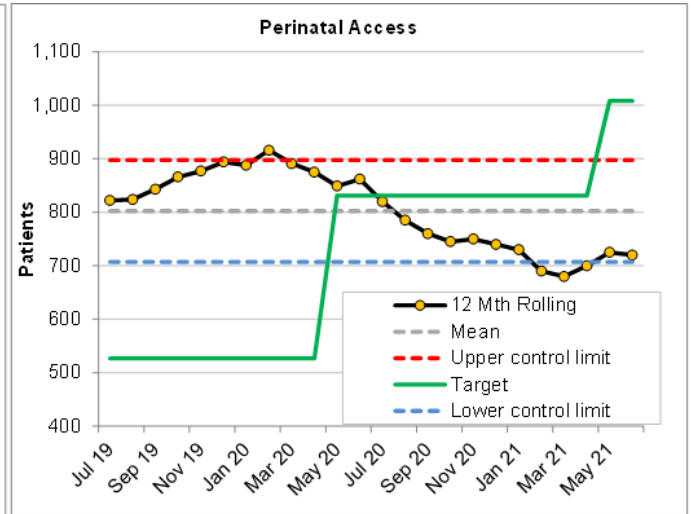
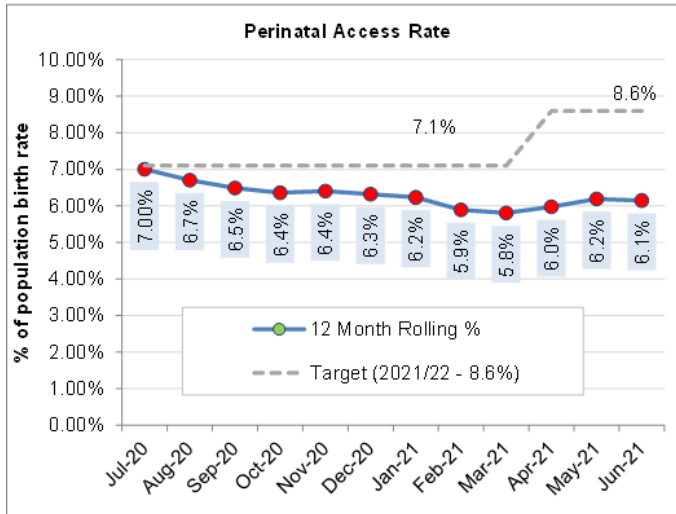
- The MAS has reduced waiting times since its reinstatement in September 2020.
- A waiting time recovery trajectory was agreed to ensure the historical backlog will be cleared and an 8 week waiting time to diagnosis achieved by January 2022; progress is reviewed at the monthly MAS steering group.
- Further modelling has been undertaken as new roles have been embedded into the service, to enable the service to achieve the Memory Services National Accreditation Programme (MSNAP) 6-week wait to diagnosis standard by April 2022.

Gaps in Assurance

- The service currently captures referral to assessment and referral to treatment. The performance team are reconfiguring their data system in order to accurately record referral to diagnosis.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Mental Health	Perinatal Mental Health Services	% of Population Birth-rate	Maxine Bunn	CCG

Organsation	Measure	Most Recent Rolling 12 Months Performance - Perinatal Mental Health												Performance Direction
		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	
N&N CCG	% of Population Birthrate	7.00%	6.70%	6.49%	6.36%	6.40%	6.32%	6.23%	5.89%	5.81%	5.98%	6.19%	6.15%	↓
	Patients	820	785	760	745	750	740	730	690	680	700	725	720	↓
	Standard	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	8.6%	8.6%	8.6%	N/A



Organisation	Most Recent Rolling 12 Months Performance - Perinatal Mental Health											
	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Mid Notts ICP	6.42%	6.16%	5.96%	6.16%	6.05%	5.47%	5.13%	4.82%	5.13%	5.47%	5.30%	5.50%
Nottingham City ICP	6.59%	6.38%	6.28%	6.21%	6.17%	6.05%	5.66%	5.56%	5.63%	5.77%	5.96%	5.84%
South Notts ICP	7.10%	6.94%	6.84%	6.74%	6.61%	6.56%	6.23%	6.43%	6.41%	6.69%	6.28%	6.35%
ICS	6.75%	6.54%	6.40%	6.40%	6.31%	6.08%	5.72%	5.66%	5.78%	6.02%	5.89%	5.93%

Root Cause

- Performance data is now based on nationally reported data published by NHS Digital, rather than locally reported figures.
- Performance in June has seen a decrease to 6.1%, and remains below the standard of 8.6%. This, however, is above the regional average of 5.4%.
- National reporting guidance specifies that only face-to-face and video conferencing contacts contribute to access performance. This has resulted in a decline in reportable performance since July 2020, in line with other areas regionally and nationally.

Mitigating Actions

- Face-to-face contacts are showing signs of increasing, with telephone contacts reducing. This is expected to support improved performance, though will not be reflected immediately as the standard is based on a 12-month rolling average.
- Investment to meet the increased access standard and deliverables outlined in the Long Term Plan was agreed in April 2021. Recruitment has commenced and will be phased throughout 2021/22; it is expected the majority of the additional roles will be recruited and inducted by quarter 3.
- Due to the impact of the 12-month rolling performance measure and recruitment timescales, it is expected that the 8.6% target will not be met until quarter 4.

Assurances

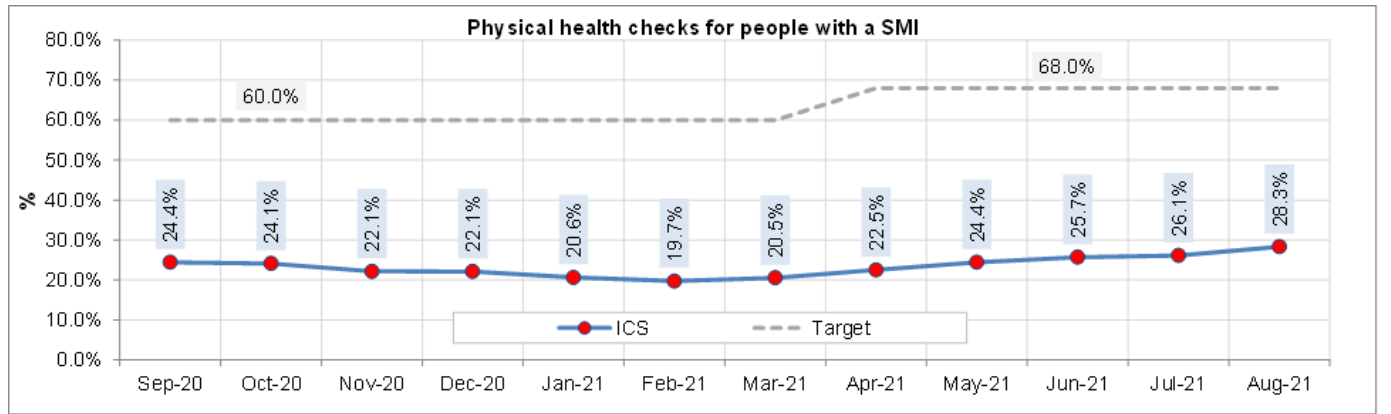
- An ICS Perinatal Recovery Action Plan is in development, including an improvement trajectory outlining when the service is expected to achieve the access target; this will be finalised in October 2021. This will be monitored through the Perinatal Mental Health Steering Group.

Gaps in Assurance

- None identified

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Mental Health	PHSMI	Physical health checks for people with a SMI	Maxine Bunn	CCG

Organsation	Standard	Most Recent 12 Months Performance - Physical Health Check for people with a SMI												Performance Direction
		Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	
N&N CCG	Greater than or equal to 68% (21/22)	24.4%	24.1%	22.1%	22.1%	20.6%	19.7%	20.5%	22.5%	24.4%	25.7%	26.1%	28.3%	↑



	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Mid-Notts ICP	20.7%	21.0%	19.8%	19.6%	17.9%	16.7%	17.6%	19.8%	22.1%	23.4%	25.0%	28.7%
Nottingham City ICP	19.3%	19.2%	17.5%	17.8%	17.0%	16.4%	16.9%	18.9%	21.1%	22.8%	22.4%	24.6%
South Notts ICP	36.4%	35.3%	32.1%	31.7%	29.1%	28.0%	29.6%	31.2%	32.3%	32.8%	33.3%	33.8%
ICS	24.4%	24.1%	22.1%	22.1%	20.6%	19.7%	20.5%	22.5%	24.4%	25.7%	26.1%	28.3%
Target	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	68.0%	68.0%	68.0%	68.0%	68.0%

Root Cause

- There has been continued improvement in August 2021 for a sixth consecutive month and performance is at 28.3%, above the regional (25.5%) and national averages (27.1%).
- Performance against the national standard declined from April 2020; this level of reduction locally is in line with the regional trend during this period and is attributable to reduced face-to-face access in primary care throughout Covid-19.

Mitigating Actions

Actions currently in progress to support improvements in performance include:

- Monthly monitoring of practice and PCN level data continues, identifying areas requiring additional focussed support. Performance dashboards are reviewed at GP and ICP level.
- The Primary Care QOF has been updated for 2021/22 and includes all 6 core components of the SMI physical health checks, rewarding those practices who achieve 50-90% of their SMI cohort having their 6 core checks recorded in the 12 month period.
- The PHSMI LES went live on 1 May 2021, with 98% of practices signed up to the incentive scheme to deliver the 5 additional supporting indicators.
- Performance against the QOF and PHSMI LES is monitored monthly, enabling the system to respond in a timely manner and adjust support accordingly. This data is shared with the PHSMI Steering Group to agree prioritisation of support from the Health Improvement Workers (HIWs) / Health Improvement Nurses (HINs). Additional support to City South has been agreed as a priority area for the HIWs, as well as targeting those who have received 5 out of the 6 checks. As with other LES incentives, it is expected most of the activity undertaken by GPs will be in Q3 and Q4. Communications to practices will continue to promote the undertaking of physical health checks across the year.
- HIW posts continue to support the uptake of physical health checks for patients accessing secondary care mental health services.
- Outreach support for those with an SMI continues to be provided by the HIWs, to those individuals who have not yet responded to the COVID vaccination invites from their GP. Currently 77.2% of people on the SMI register have received their first vaccination dose and 70.5% have received their second vaccination.
- An ICS workshop took place on 9 September to capture the learning on closing the gap in vaccination take-up from flu and COVID vaccination programmes and to identify system priorities for phase 3.
- Recruitment to the HINs is complete with the final post recently appointed to and a start date is being agreed. As well as supporting the physical health checks, the HINs provide clinical oversight and training across secondary and primary care.

Assurances

- Oversight of delivery of the standard has been integrated into the Community Mental Health Transformation Programme within the Primary Care Interface Group. This ensures coordination with all service developments, including the development and expansion of Local Mental Health Teams and introduction of Mental Health Practitioners in PCNs.

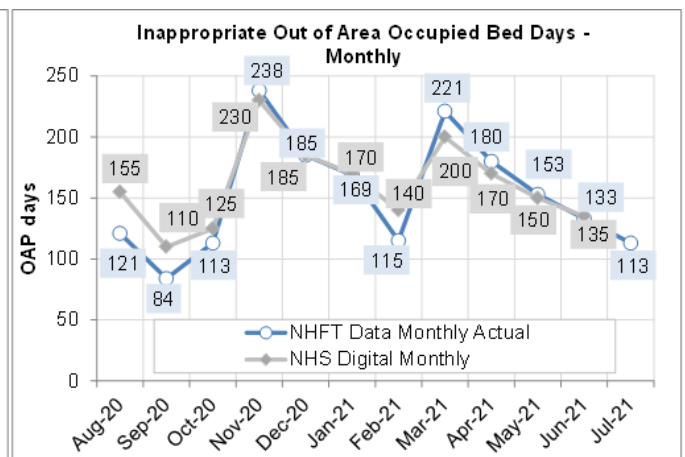
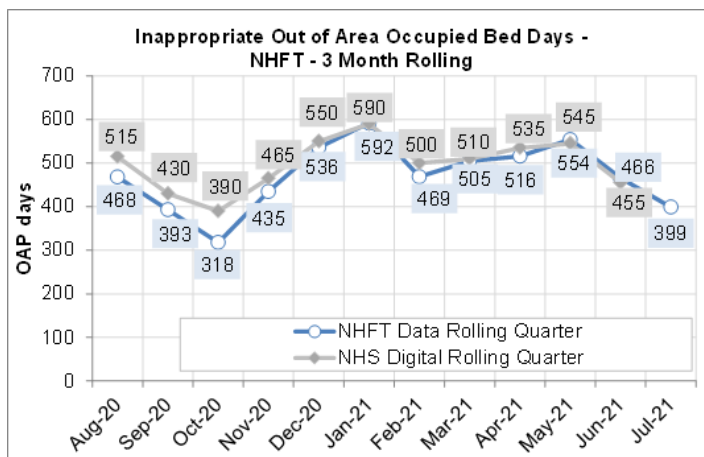
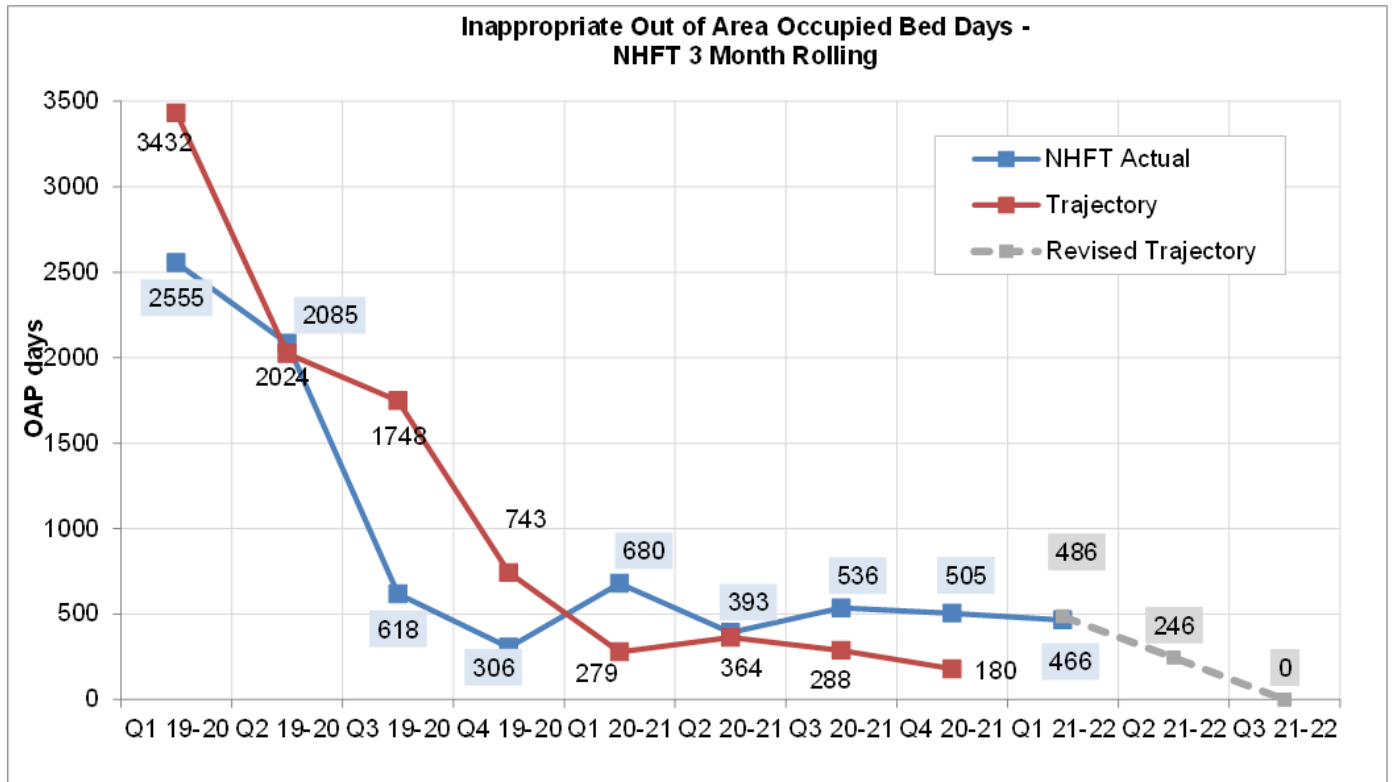
Gaps in Assurance

- The anticipated impact of the QOF and LES is not quantifiable, though 98% of practices have signed up to the LES. Performance against the QOF and LES is monitored on a monthly basis by the PHSMI Steering Group and practice level performance data is shared with PCNs.
- Concerns regarding secondary care health checks data not correctly pulling through to eHealthScope / GPRCC have been raised. Interoperability issues are being explored to understand and resolve the issue, ensuring data reflects actual performance. It is anticipated that these issues will be resolved by December 2021.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Mental Health	Out of Area Placements	Out of Area Occupied Bed Days	Maxine Bunn	Mental Health Trust

Organisation	Measure	Monthly Performance - Inappropriate Out of Area Occupied Bed Days											
		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
NHS N&N CCG	NHFT Data	121	84	113	238	185	169	115	221	180	153	133	113
	NHSD Data	155	110	125	230	185	170	140	200	170	150	135	

Organisation	Measure	Quarterly Performance - Inappropriate Out of Area Occupied Bed Days								
		Q2 2019-20	Q3 2019-20	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21	Q1 2021-22	
Nottinghamshire Healthcare Trust	NHFT Actual	2085	618	306	680	393	536	505	466	
	Revised Trajectory	2024	1748	1440	279	364	288	180	486	



Root Cause

- In quarter 1 2021/22 there were 466 OBDs, against a local trajectory of 486. The number of OBDs reported in July 2021 has decreased to 113, from 133 in June 2021. Performance continues to be impacted due to COVID-19 guidance that requires isolation beds and a limit on admissions to subcontracted beds at The Priory due to CQC issues. This has resulted in patients being admitted to out of area placements. The position in meeting the 0 out of area placement trajectory by end of Q2 remains challenging.

Mitigating Actions

Actions in place include:

On-going implementation and review of the Crisis and urgent mental health pathway, including:

- Crisis Resolution and Home Treatment Teams (CRHT) delivering Intensive Home Support and in-reach to wards. CRHT are providing 24/7 home treatment, with staffing commissioned to core fidelity levels (recruitment to some posts remains challenging).
- Crisis sanctuaries commenced in Q4 2020/21. Attendances are increasing month on month.
- Mapping of the crisis and urgent care pathway will take place in Q3 against the NHSE minimum standard to inform gaps and recommendations for future developments.
- Integration of the Crisis Line and Helpline functions to deliver a single 24/7 Crisis Helpline took place in June 2021. Some additional recovery workers are being recruited to in order to support the capacity and call volumes.
- The review of a therapeutic/MDT staffing model on inpatient wards (commenced in 2020/21 and will continue throughout 2021/22), including in-reach to wards, and work with patients with complex presentations; this includes the revised Personality Disorder pathway implementation.
- Tier 3 Personality Disorder pathway has been recruited to, and commenced in Q1. Recruitment is on track for roles in the community and will be implemented from Q2 in Mid Notts and reported on in Q3.
- System working with partners to utilise national discharge funding, to increase ward in-reach to support more robust discharge planning and onward care in community services; this includes close working with social care, VCSE and substance misuse services, 15 schemes have been identified for implementation. A Multi-agency event which reviews the schemes and identifies any additional areas for development is due to take place by the end of September.
- The system is reviewing long stay patients during Q2 to identify reasons for discharge delays and system actions that need to be agreed and utilise discharge funding where required.
- During September there will be a focus on repatriating people who are in out of area beds back to Nottinghamshire, where clinically appropriate. However, this is being managed alongside current pressures where Nottinghamshire Healthcare NHS Foundation Trust (NHT) are reporting Opel 3 and 4.
- Nottinghamshire County Council are developing a new unit for Supported Living for people with complex mental health needs in the county, with the aim to go to procurement in Q3 2021/22. This will support discharge and flow from mental health acute inpatient wards.
- Future inpatient demand modelling review for adults and older adults has been agreed and is commencing in September 2021 to complete within 4 months. This will model solutions for the local system as to how many beds should be commissioned alongside modelling optimal community service delivery.
- NHT is scheduled to open a new acute mental health inpatient unit, originally planned to open in November 2021, but delayed until February 2022 (with patients being transferred there from other wards during March and April) due to building and fire regulations that require action. The unit will increase the number of acute beds by 14, with plans to reduce the reliance on sub-contracted beds.
- EMAS and the Clinical Network are supporting the development of regional and local plans to improve ambulance response to mental health. Business cases are being developed by end of September 2021. In 2021/22, the focus will be on:
 - ⇒ Training
 - ⇒ Access to pathways
 - ⇒ Staffing in contact centres
 - ⇒ Linking 111/999 to an effective Directory of Services

Assurances

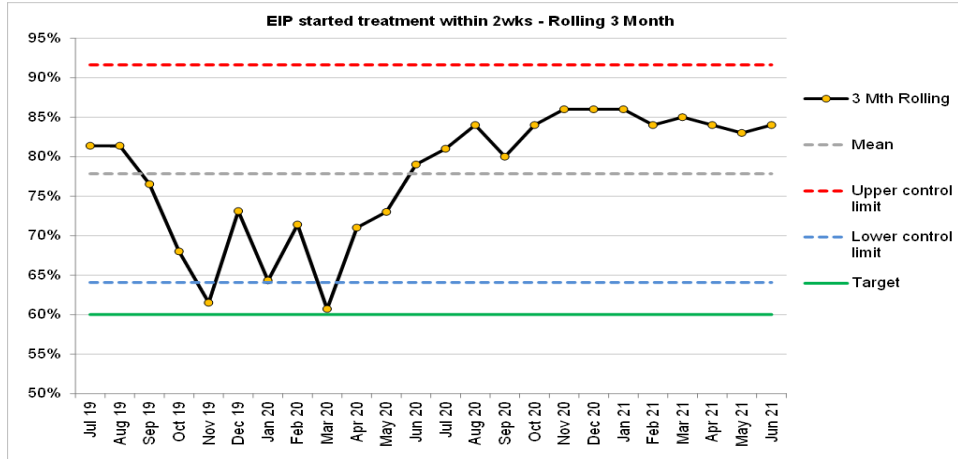
- The Mental health Crisis and Urgent Care Steering Group reviews agreed developments and actions on a monthly basis. Partnership meetings are also in place to identify actions that can be taken to alleviate system pressures.

Gaps in Assurance

- None identified

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Mental Health	EIP	Early Intervention in Psychosis Waiting Times	Maxine Bunn	CCG

Organsation	Measure	Most Recent 12 Months Performance - EIP Waiting Times (Rolling Three Months)												Performance Direction
		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	
N&N CCG	Started treatment in 2 weeks	81.0%	84.0%	80.0%	84.0%	86.0%	86.0%	86.0%	84.0%	85.0%	84.0%	83.0%	84.0%	↑
	Standard	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	N/A



	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Referrals on EIP pathway entering treatment	170	145	125	115	110	120	115	115	130	145	145	140
Referrals on EIP pathway entering treatment within two weeks	135	125	100	95	95	100	100	100	110	120	120	115

In addition to the access standard the service is required to meet NICE standards. The ICS is currently rated as a Level 2 (Needs Improvement) overall (assessed through local audit).

The most recent National Clinical Audit of Psychosis (NCAP) report published in July 2021 rated the ICS as a level 1 (Greatest Need for Improvement) overall. However, the data that informs the audit is taken from caseloads from 2020 which does not reflect developments and transformation that have taken place.

Current performance against NICE EIP standards based on local data in July 2021:

NICE standard	Current performance	Rating
Access	Level 4	Top Performer
CBTp	Level 2	Needs Improvement
Family Interventions	Level 3	Performing Well
Supported employment and education	Level 4	Top Performer
Physical Health Checks	Level 3	Performing Well
Carer Focussed education	Level 2	Needs Improvement
Outcome measures	Level 1	Greatest Need for Improvement

Root Cause

- The access standard has been consistently met at an ICS level.
- Development of a number of EIP specific interventions were postponed due to COVID-19. This has impacted on the service achieving level 3 NICE compliance, originally planned for quarter 4 2020/21. A Quality Improvement Plan (QIP) has been in place achieve the remaining standard which is outcome measures. Outcome measures have improved to 18%, against a required standard of 25%. The system is on track to achieve NICE level 3 in quarter 2 2021/22.

Mitigating Actions

- An updated service model, which includes testing of an 'At Risk Mental State' (ARMS) pathway, has been developed and built into Community Mental Health Transformation Plans, and includes milestones for the testing in Q2 2021/22, with a review of the longer term requirements in Q4 2021/22.
- A workforce model to deliver transformation has been recruited to and will enable the achievement of NICE level 3. A Quality Improvement Plan (QIP) has been developed for the remaining standard and is reviewed on a weekly basis, in addition to an action plan for future developments.
- Actions in the QIP include:
 - A caseload review has been undertaken to identify patients where there are no paired outcomes. Care Coordinators review patients with one set of measures completed, and proactively follow up staff to ensure the outcome measures are completed
 - All patients have been sent a copy of the outcomes questionnaires (QPR and DIALOG), results are to be collected at next appointments (where clinically appropriate).

Assurances

- EIP Transformation meetings are in place to review progress against agreed actions.

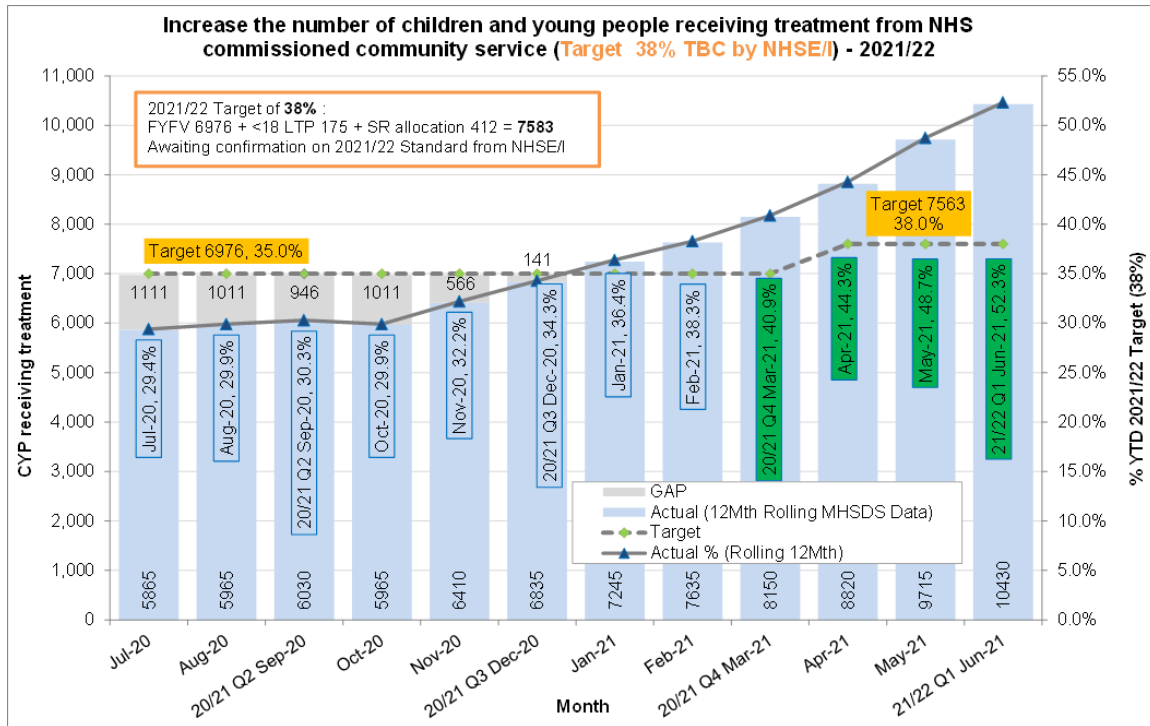
Gaps in Assurance

- None identified.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Mental Health	Children & Young People Increasing Access	Children & Young People Increasing Access	Maxine Bunn	CCG

Children & Young People Increasing Access

Organsation	Standard	CYP Access												Performance Direction
		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	
N&N CCG	2020/21 35% 2021/22 38% TBC	29.4%	29.9%	30.3%	29.9%	32.2%	34.3%	36.4%	38.3%	40.9%	44.3%	48.7%	52.3%	↑



Root Cause

- The ICS continues to achieve performance against the access standard, with the cumulative position for June 2021 (52.3%) exceeding the local and national trajectory of 38.0%.
- Data continues to report two contacts whilst confirmation from NHS England regarding the revised 2021/22 target (measuring one contact) remains outstanding; preparation has begun to prepare for this anticipated change and to assess any performance impacts.

Mitigating Actions

- A data subgroup convened in June 2021 continues to meet quarterly to oversee delivery of the data quality improvement plan to ensure improvements are sustained.

Assurances

- Investment has been agreed to deliver the Long Term Plan objectives in 2021/22 which enables service expansion and transformation across a range of services; schemes are being implemented throughout the current financial year. Regular multi-agency transformation meetings are scheduled which support the areas of transformation and ensure partnership input.
- As demand increases there are pressures in some provider service waiting times and system recovery plans have been developed which are reviewed on a monthly basis.
- Nottingham City Council and NHT are working jointly to their proposal for the national 4-week waiting time pilot, which will run throughout 2021/22. A joint proposal is being appraised in September.

Gaps in Assurance

- None identified

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Mental Health	Children & Young People Eating Disorders	Access and waiting times for Children & Young People Eating Disorder treatment	Maxine Bunn	CCG

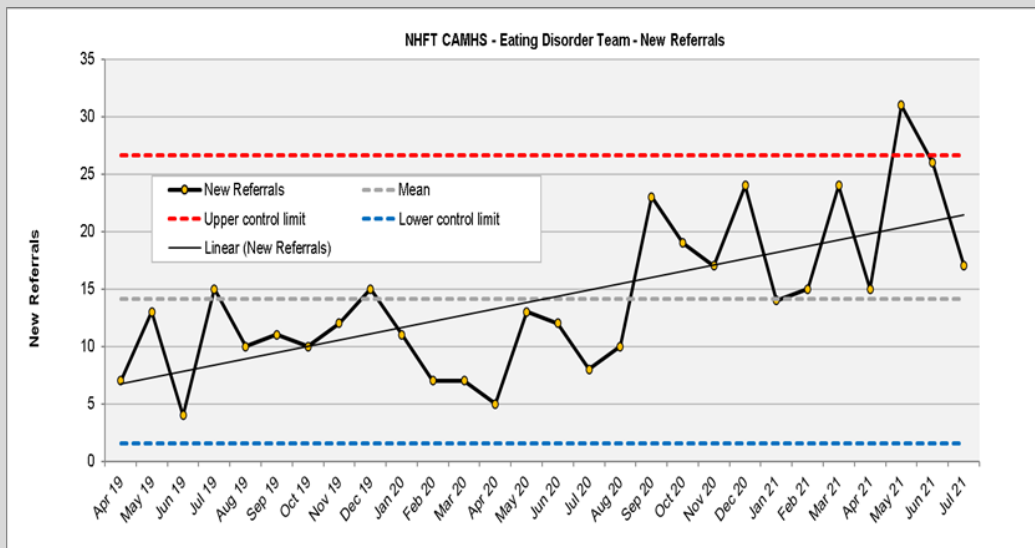
Children & Young People Eating Disorders Waiting Times—Rolling four Quarters Performance

Organsation	Standard	Most Recent - Routine Complete (Rolling 4 Quarters)				Performance Direction
		Q2 2020-21	Q3 2020-21	Q4 2020-21	Q1 2021-22	
N&N CCG	95% Under 4 Weeks	90.00%	91.03%	86.60%	85.38%	↓
		60	78	97	130	N/A

Organsation	Standard	Most Recent - Urgent Complete (Rolling 4 Quarters)				Performance Direction
		Q2 2020-21	Q3 2020-21	Q4 2020-21	Q1 2021-22	
N&N CCG	95% Under 1 Week	100%	63.64%	72.22%	62.50%	↓
		<10	11	18	24	N/A

Root Cause

- During Q1 (2021/22), 11 routine/urgent appointments took place outside of the waiting time standard, all children and young people were seen within 5-6 weeks for routine and 2 weeks for urgent. Service capacity was the cause of non-compliance for all breaches.
- The system benchmarked current workforce against CYP ED guidance and identified a staffing capacity gap based on number of referrals received by the service historically. Investment plans to address this gap were agreed as part of the Mental Health Transformation Programme in order to achieve waiting standards by Q4 2021/22.
- However, a recent review of performance evidences a clear and sustained increase in referrals from September 2020 onwards with 10 of the previous 11 months reporting above the mean (see below table). This reflects the trends reported by regional peers.



- Current referral numbers exceed those which informed the agreed investment plans. If current referral levels are maintained or increase further in line with the present trend, capacity (including planned increases) will not be sufficient to ensure achievement of the waiting time standards.

Mitigating Actions

- Recruitment in line with agreed investment is progressing well; many posts (therapists) have been recruited to and remaining posts are out to advert. Recruiting to some posts (Doctor time and psychologist) have been challenging and alternate staffing solutions are being appraised.
- NHT and Commissioners are working to understand capacity and demand modelling medium - longer term in order to identify if demand will plateau, continue to rise or return to pre-Covid-19 levels. In the meantime planned increases in recruitment which will increase capacity and short term non recurrent solutions are being appraised.

Assurances

- Transformation meetings continue, which address any performance issues and agree required remedial action. Support from the NHS England clinical network has been requested in light of referral pressures.
- Exception reporting is received as part of monthly contract reports.

Gaps in Assurance

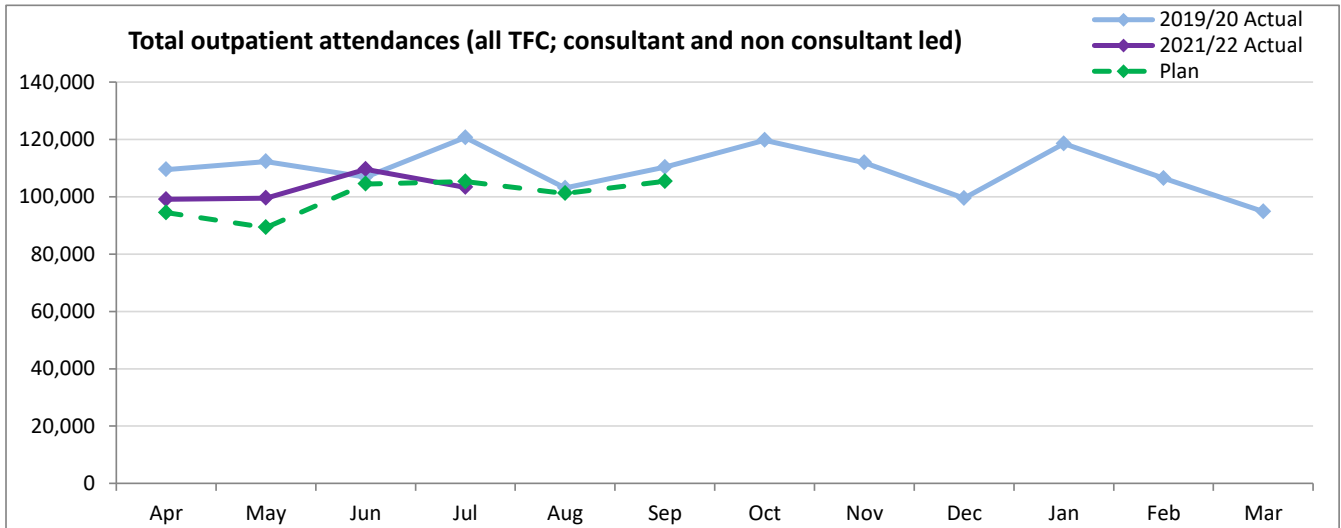
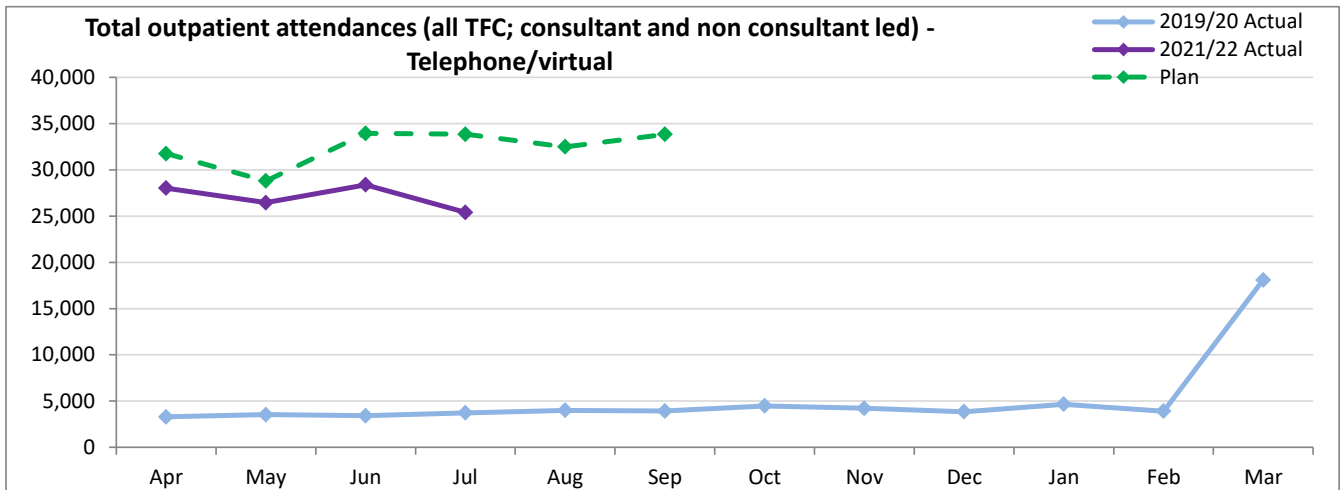
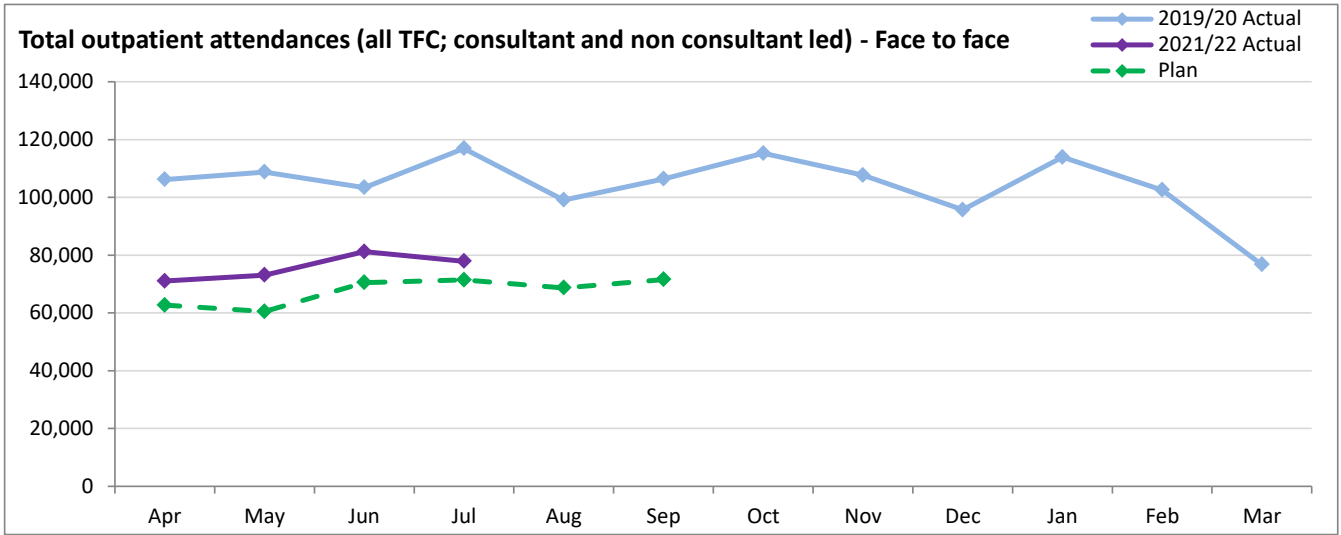
- It is unclear whether referral levels will plateau, continue to increase or return to pre-Covid-19 levels.

H1 Plans Monitoring



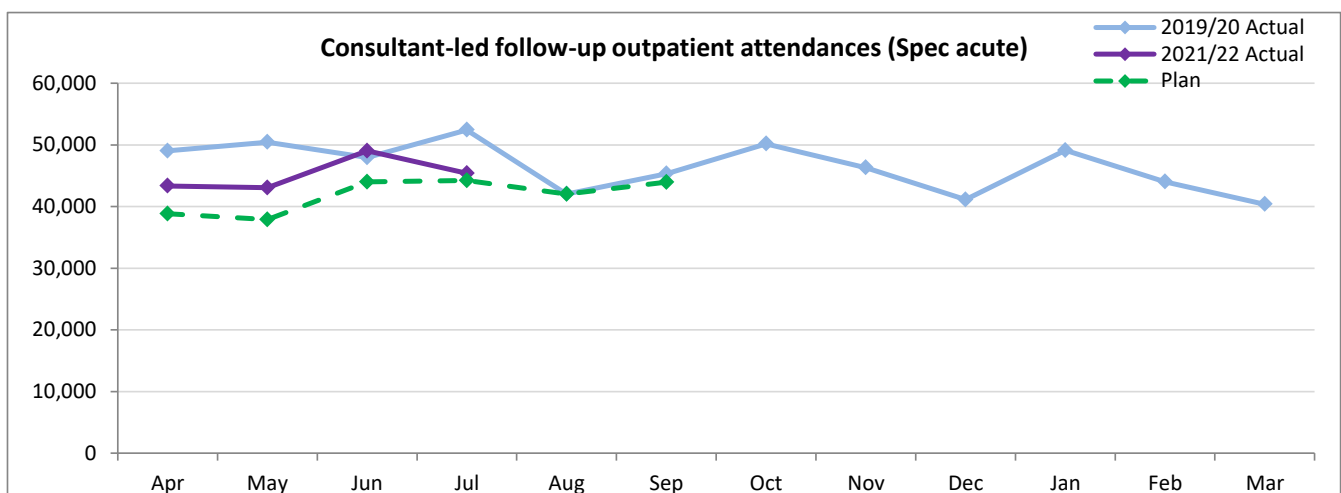
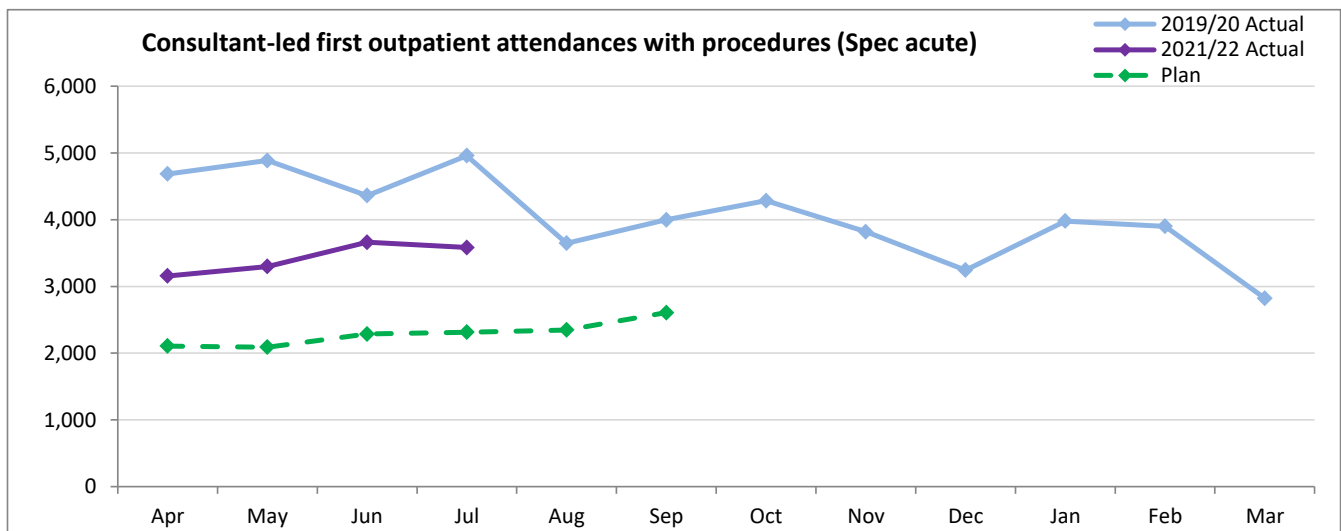
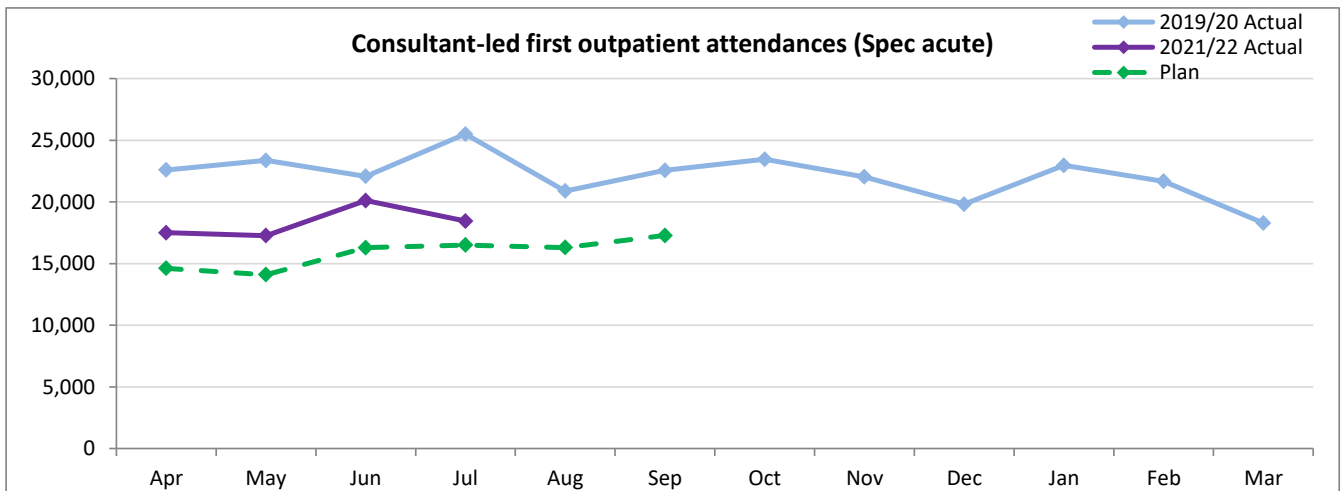
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Outpatients



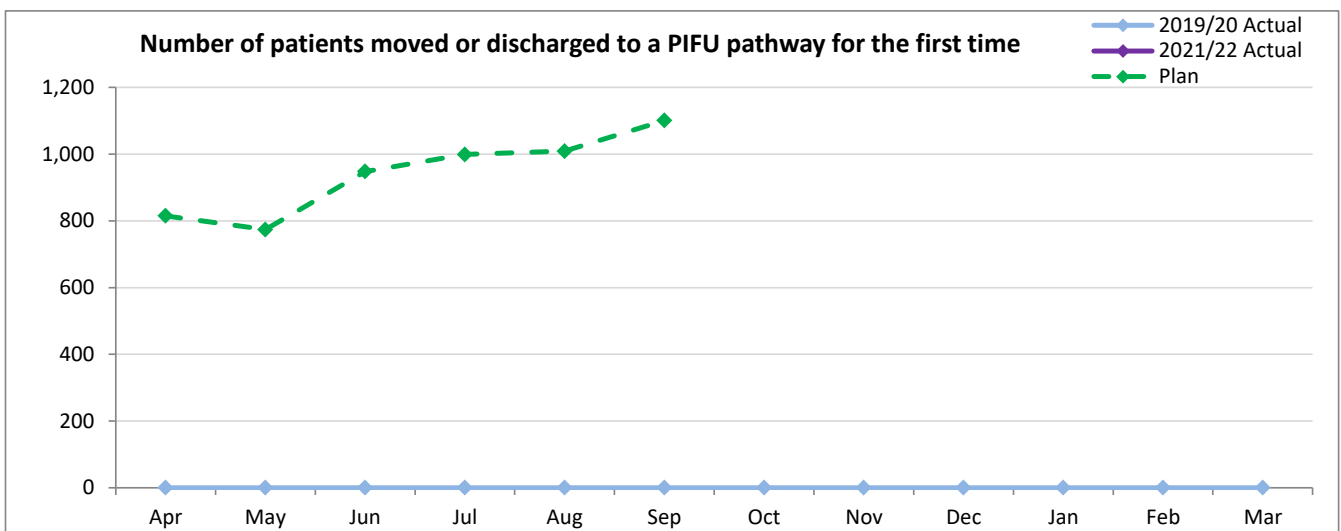
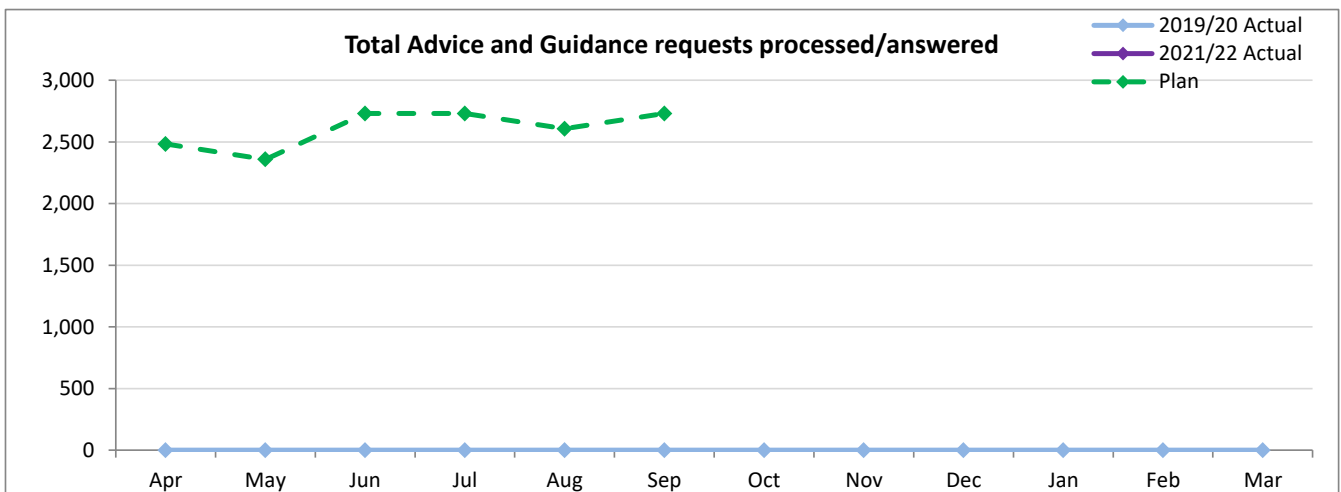
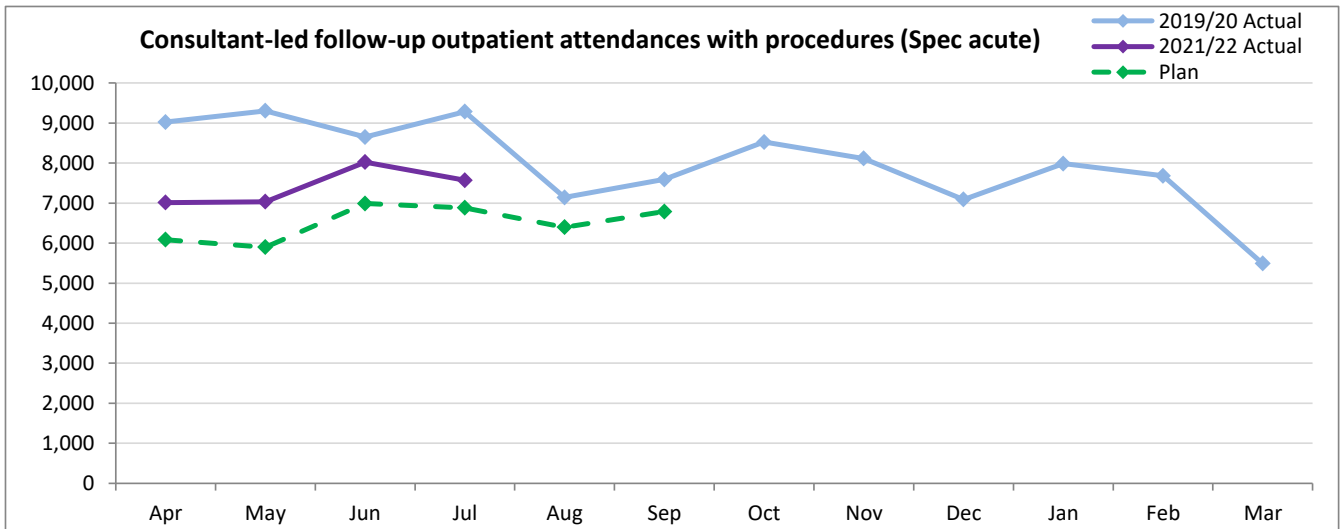
H1 Plans Monitoring (continued)

Outpatients (continued)



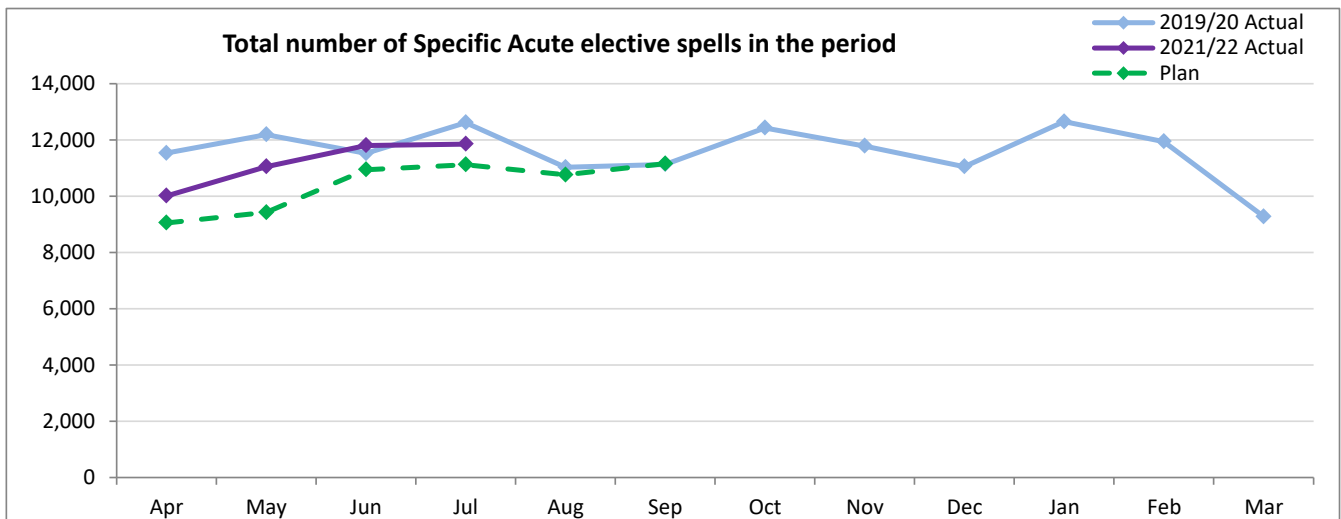
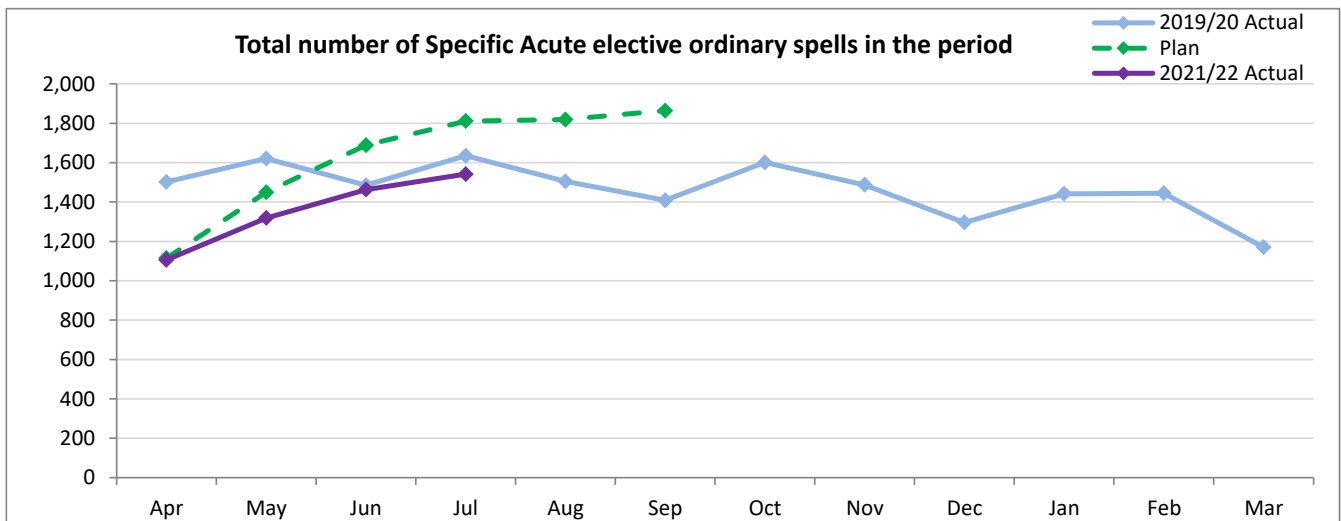
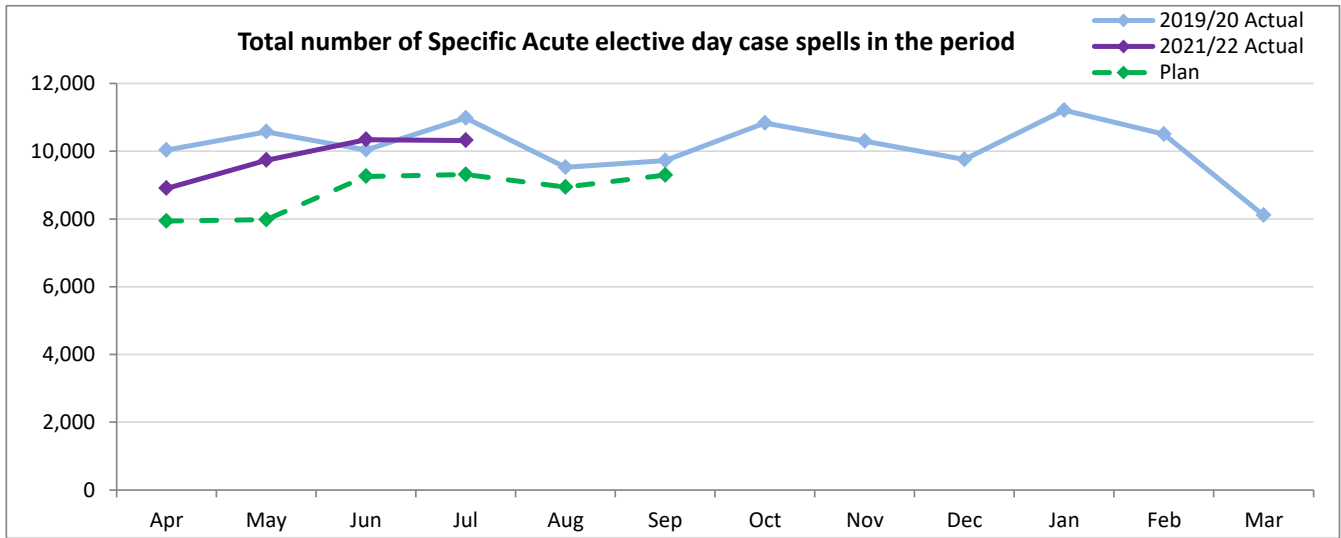
H1 Plans Monitoring (continued)

Outpatients (continued)



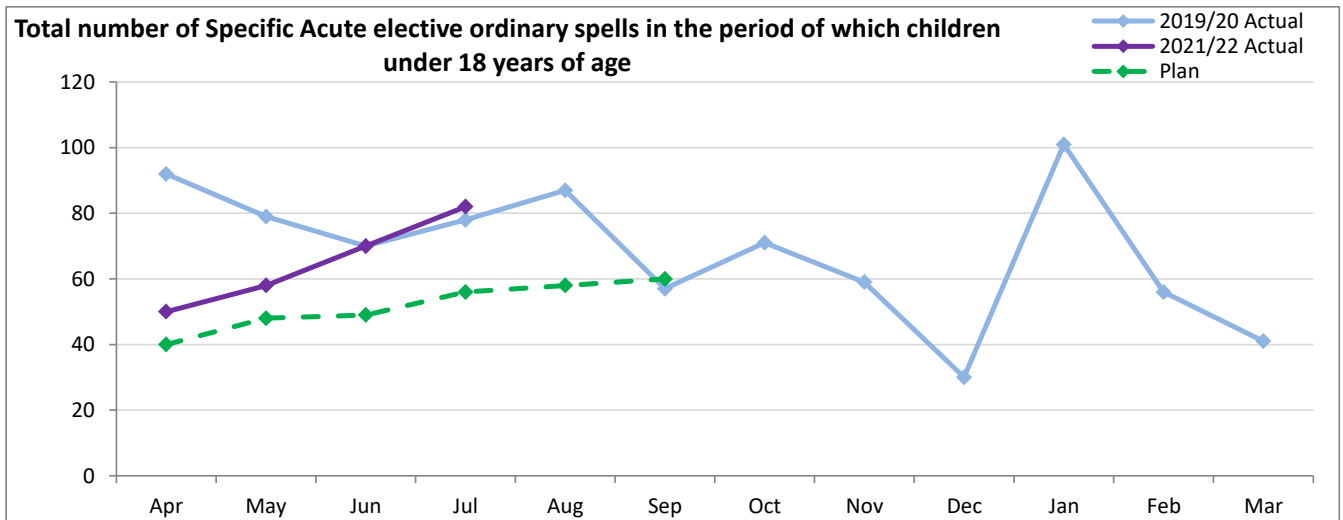
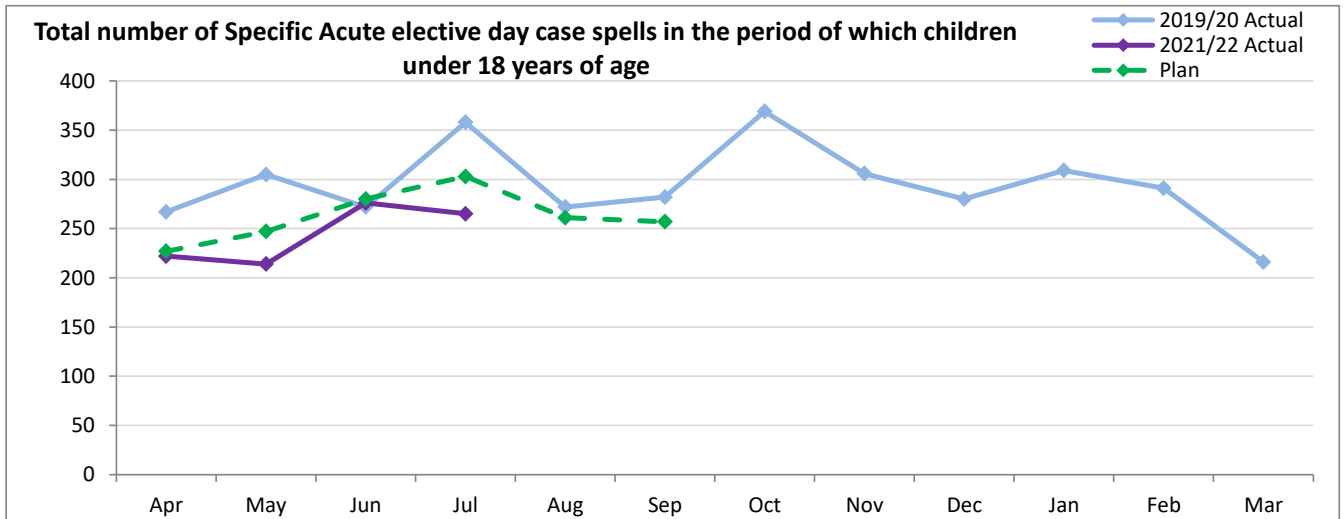
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Elective



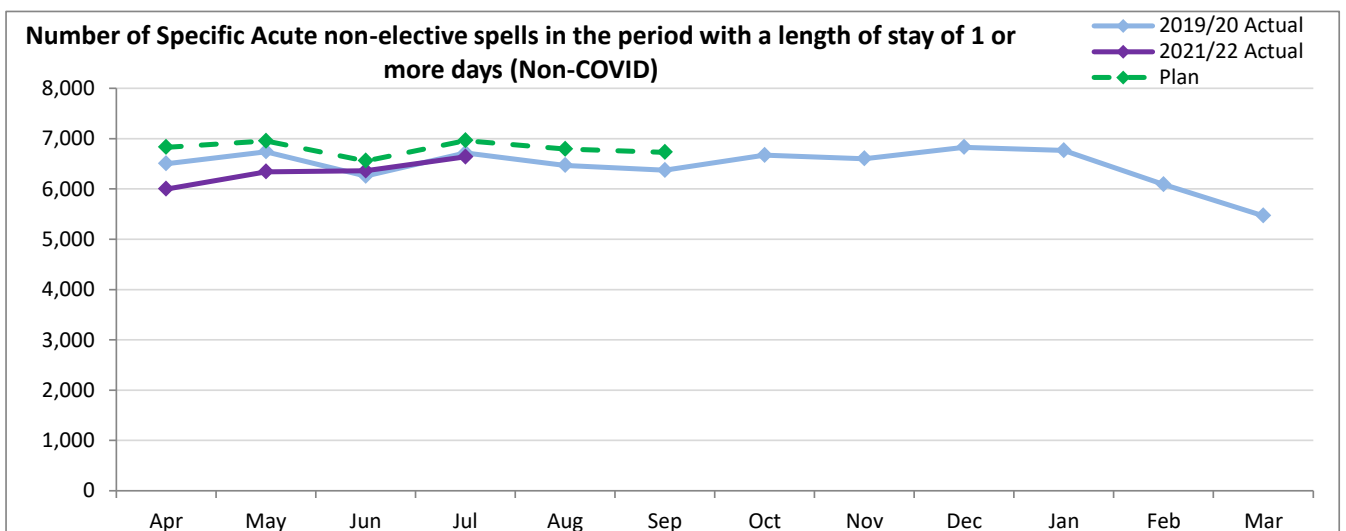
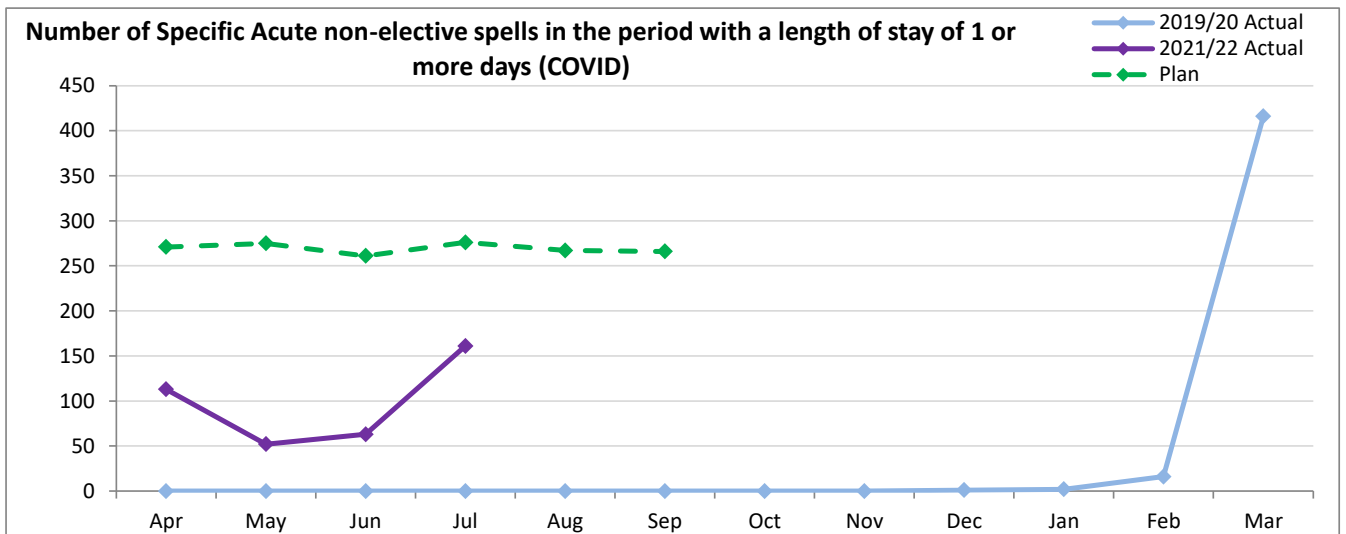
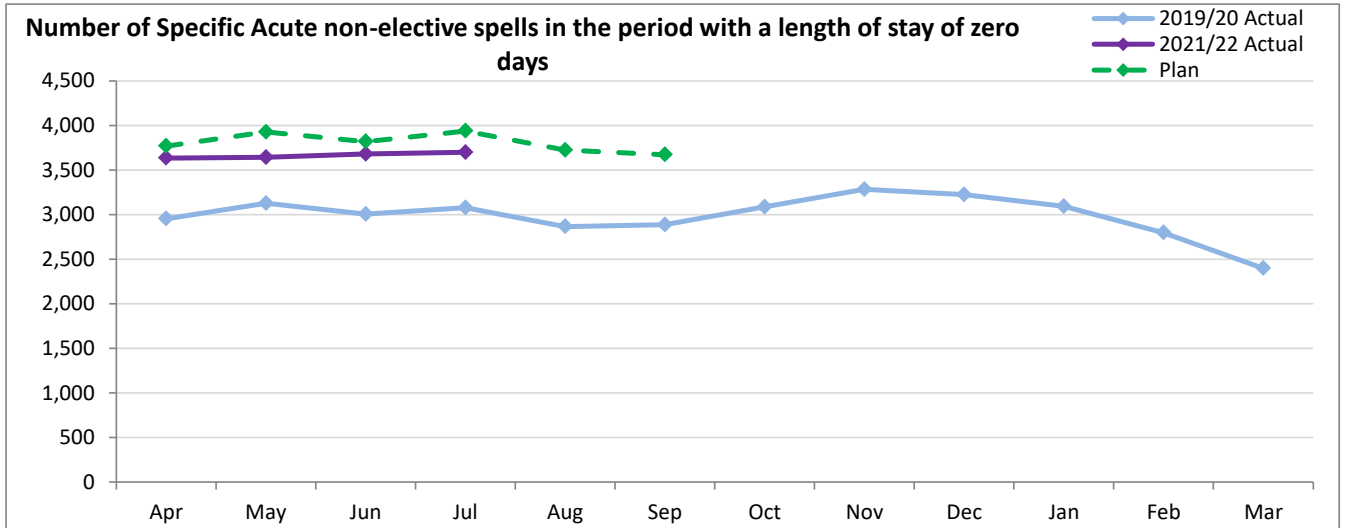
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Elective (continued)



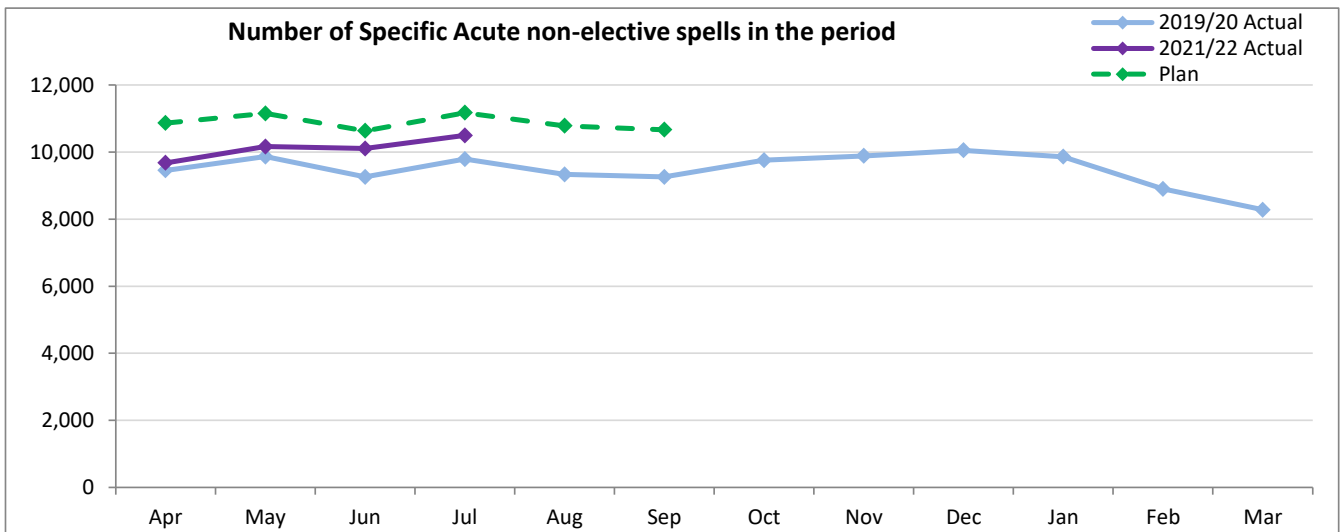
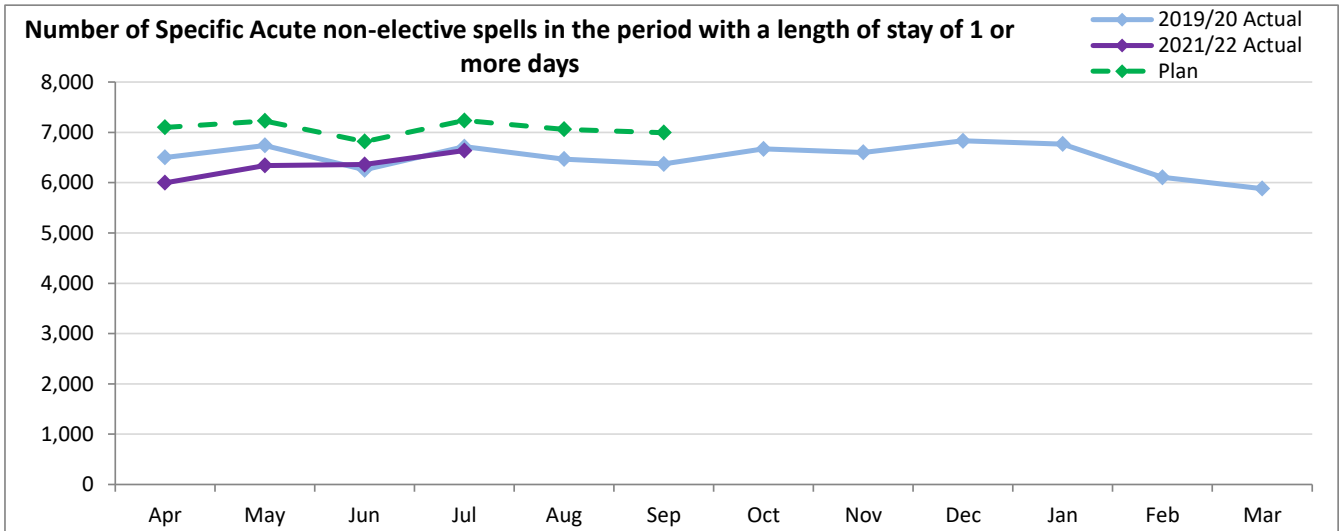
H1 Plans Monitoring (continued)

Non-Elective



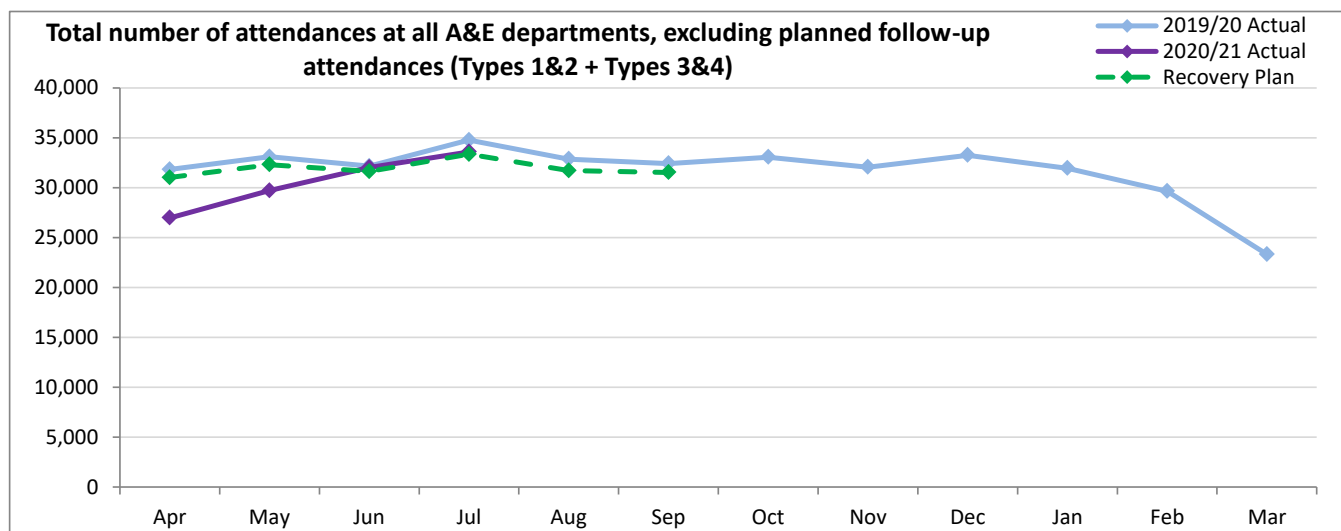
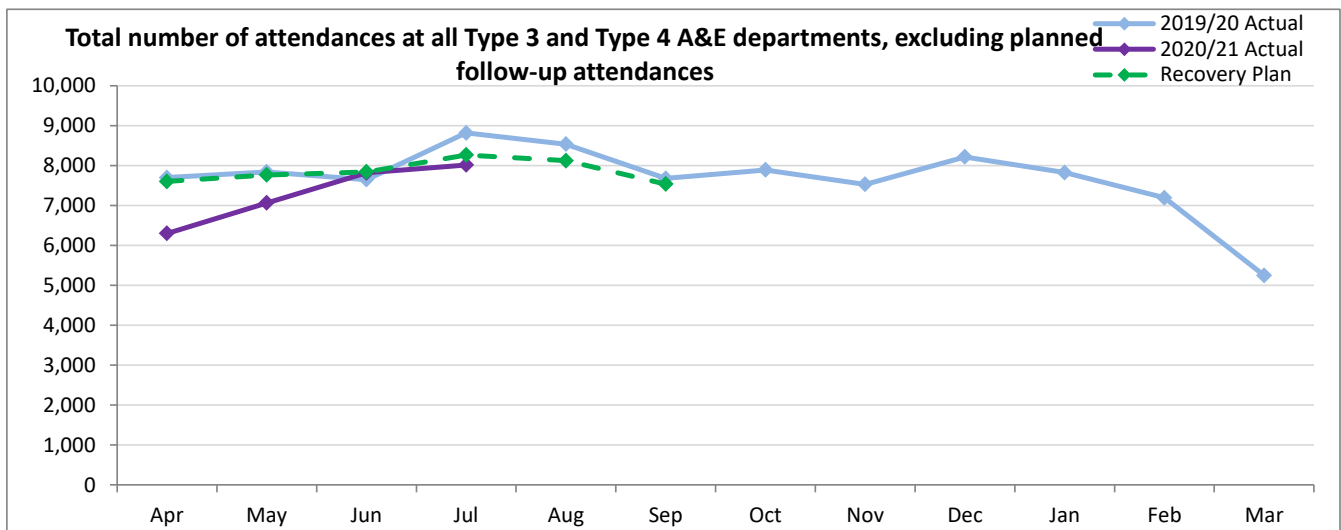
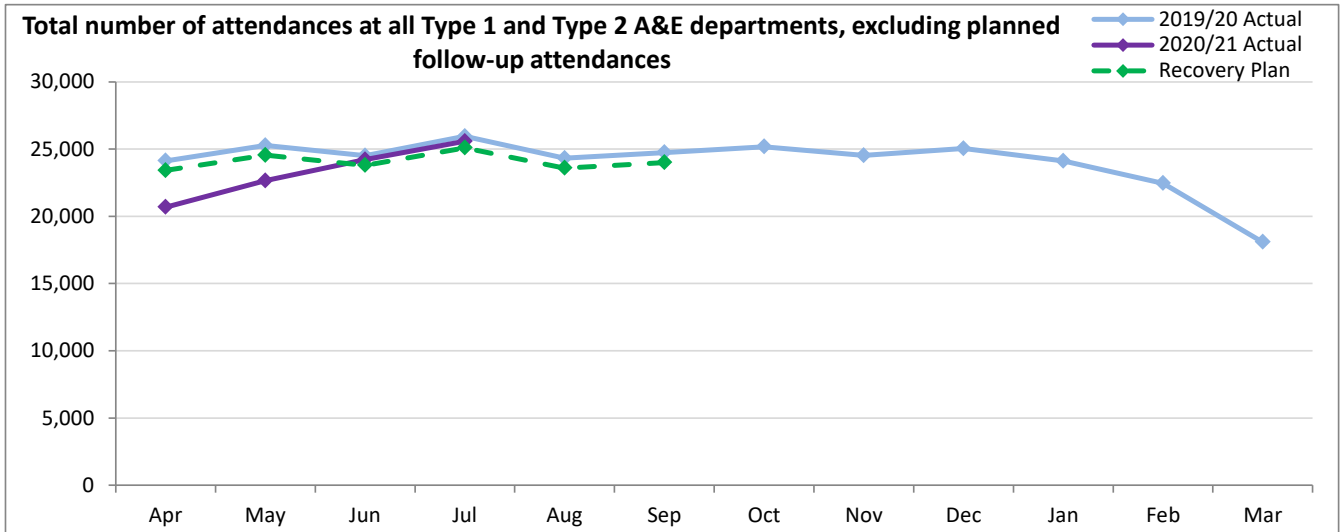
H1 Plans Monitoring (continued)

Non-Elective (continued)



H1 Plans Monitoring (continued)

A&E

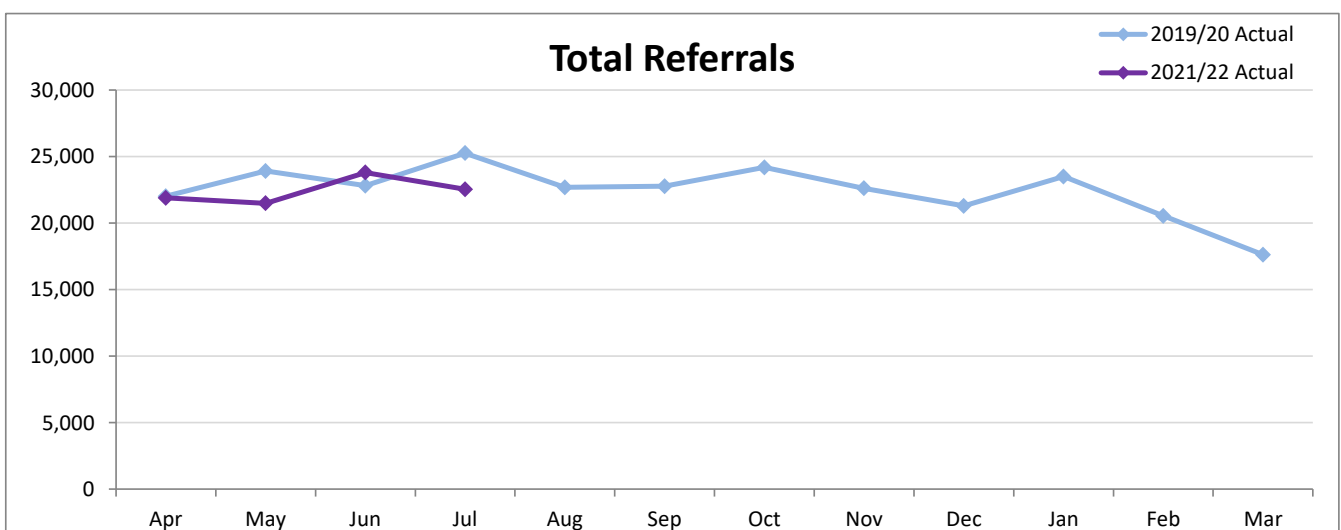
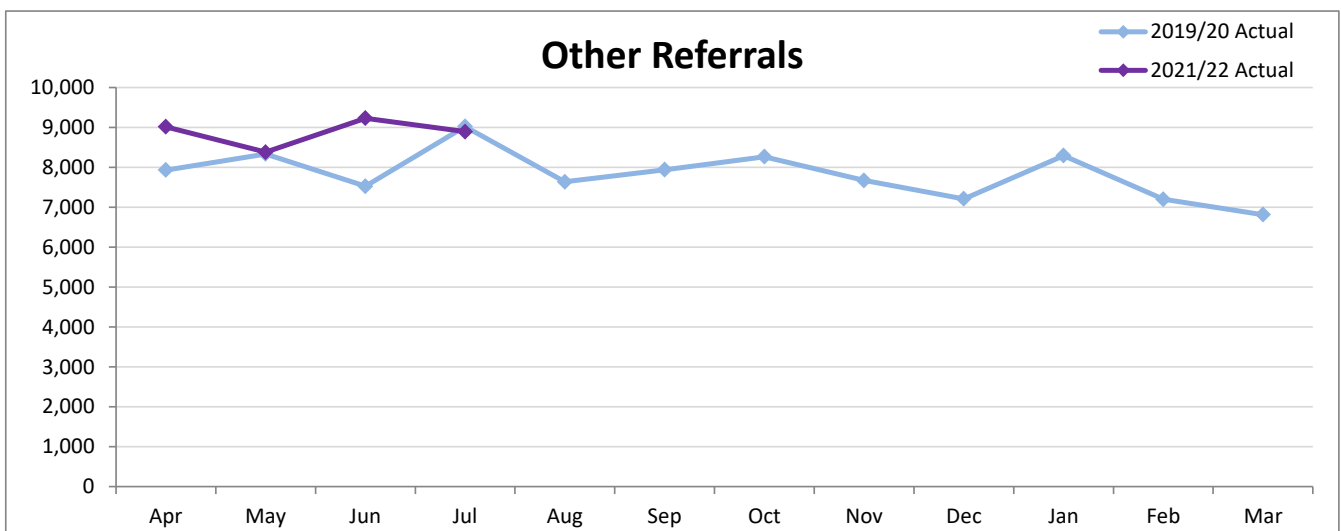
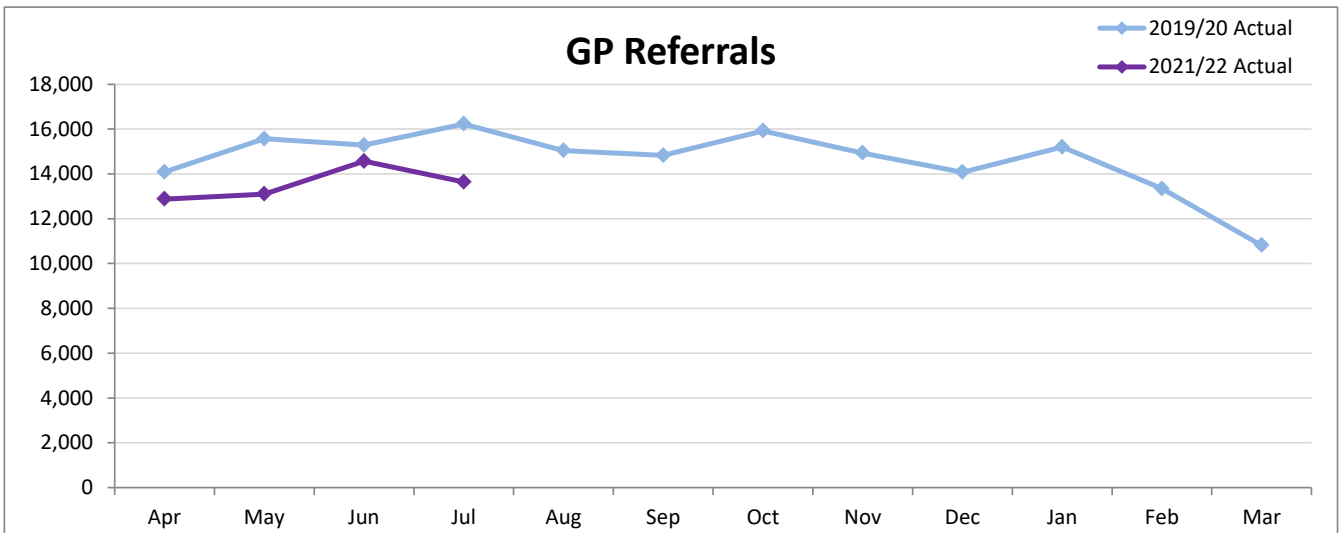


H1 Plans Monitoring (continued)



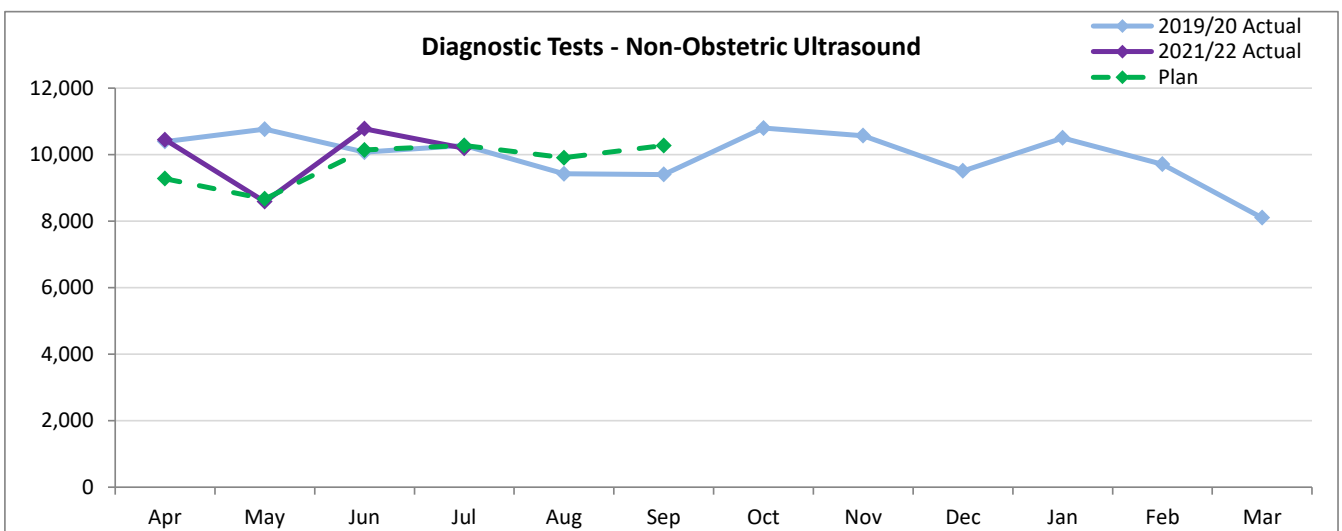
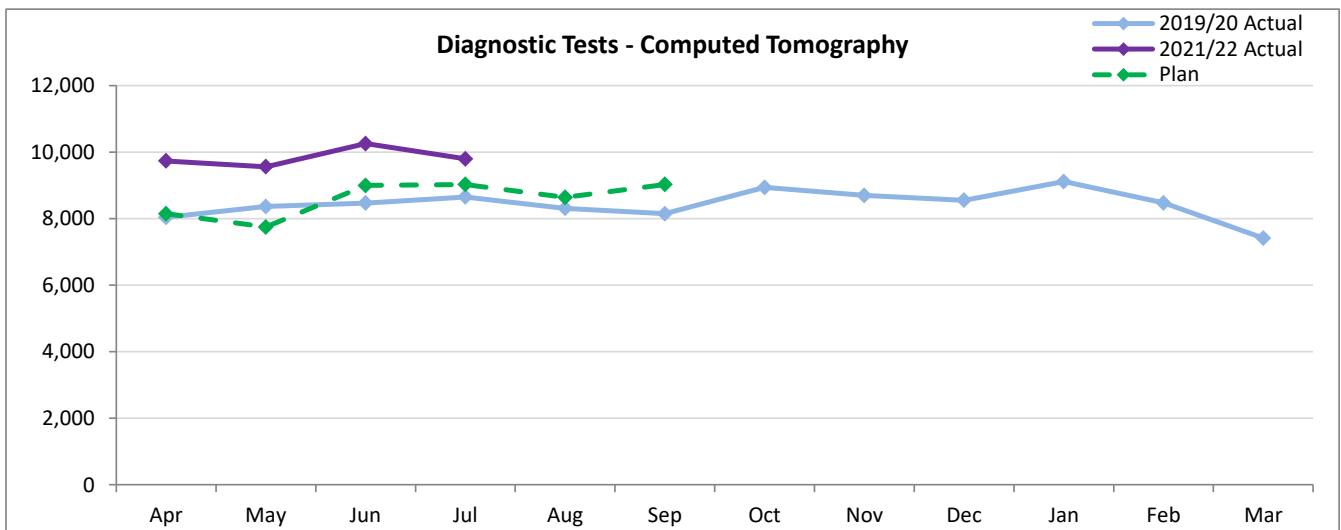
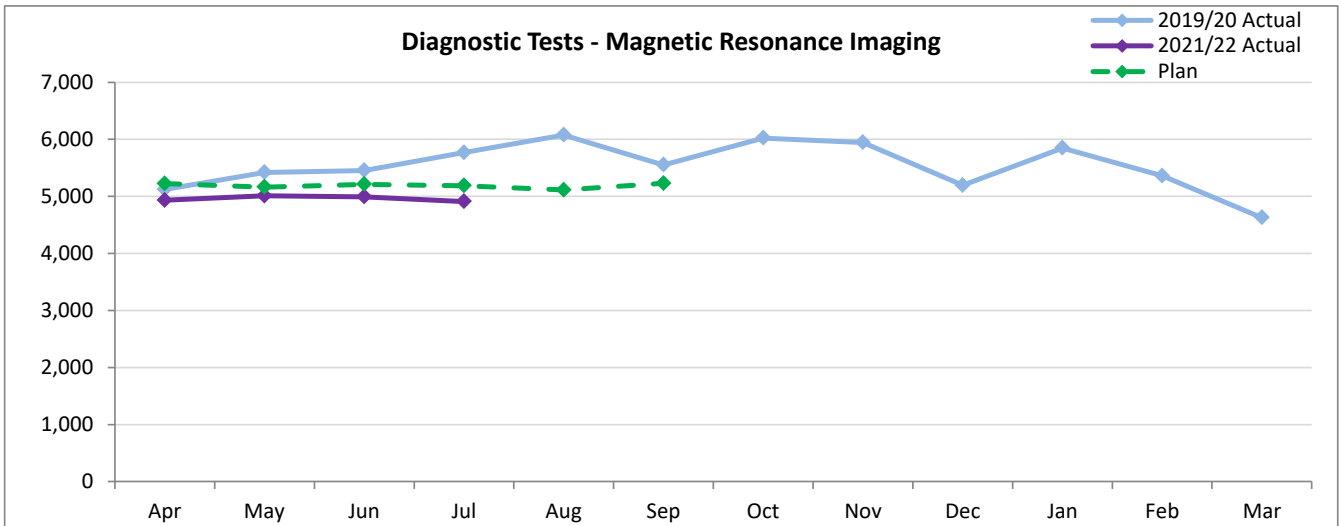
Nottingham and Nottinghamshire
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Referrals



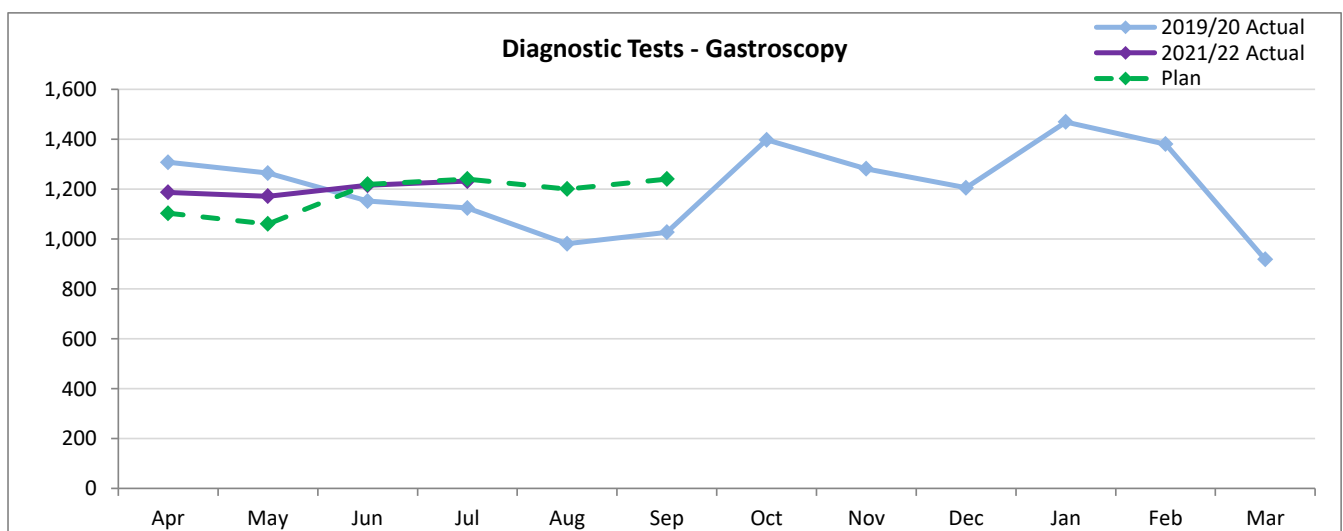
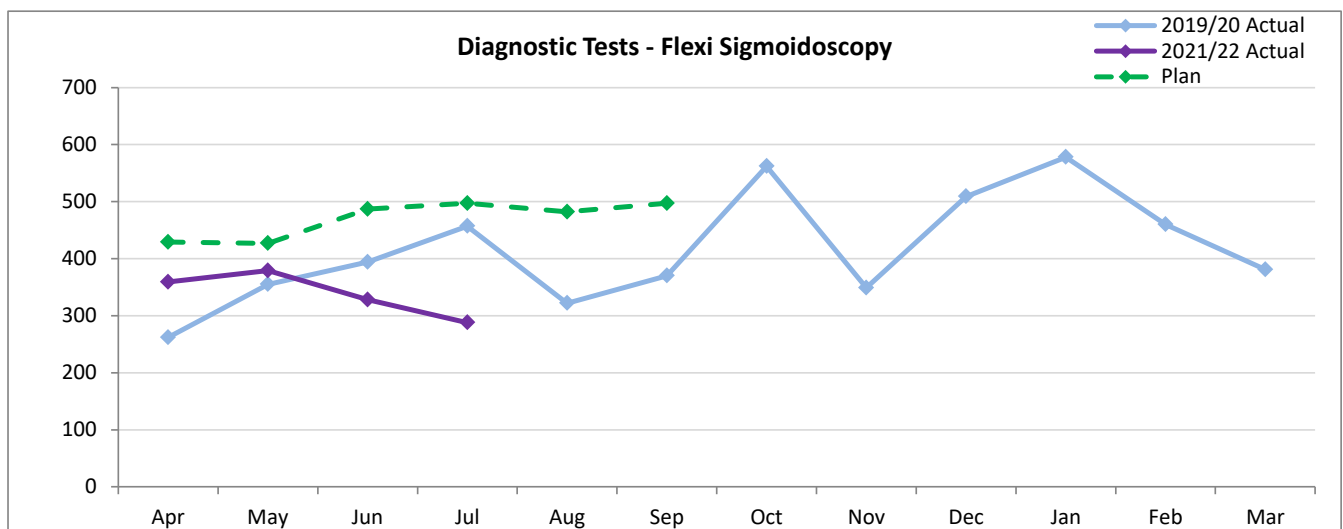
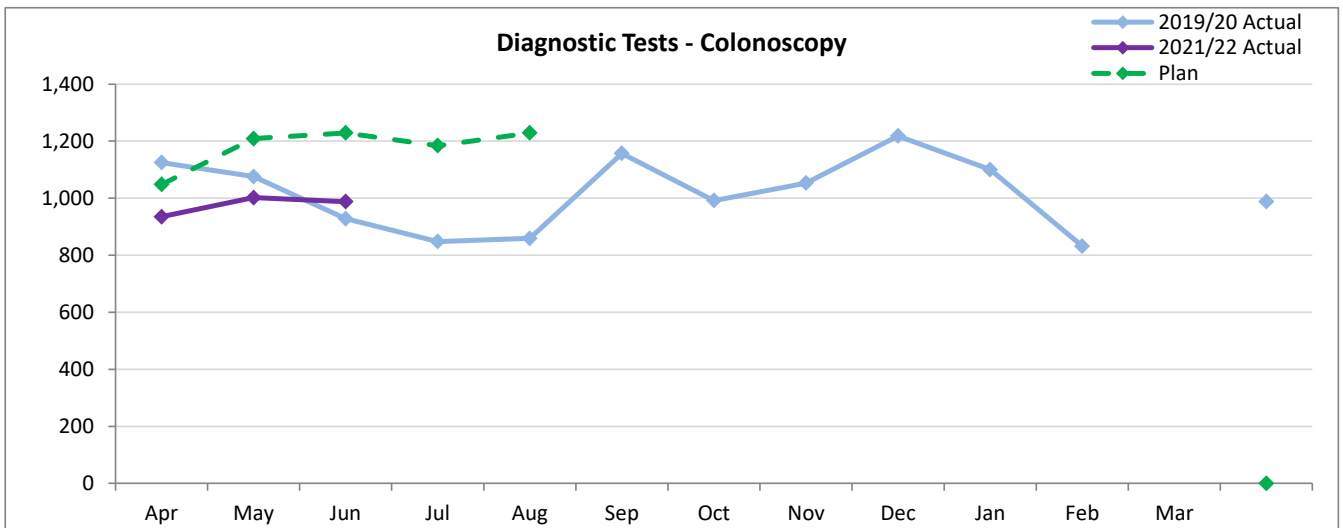
H1 Plans Monitoring (continued)

Diagnostics



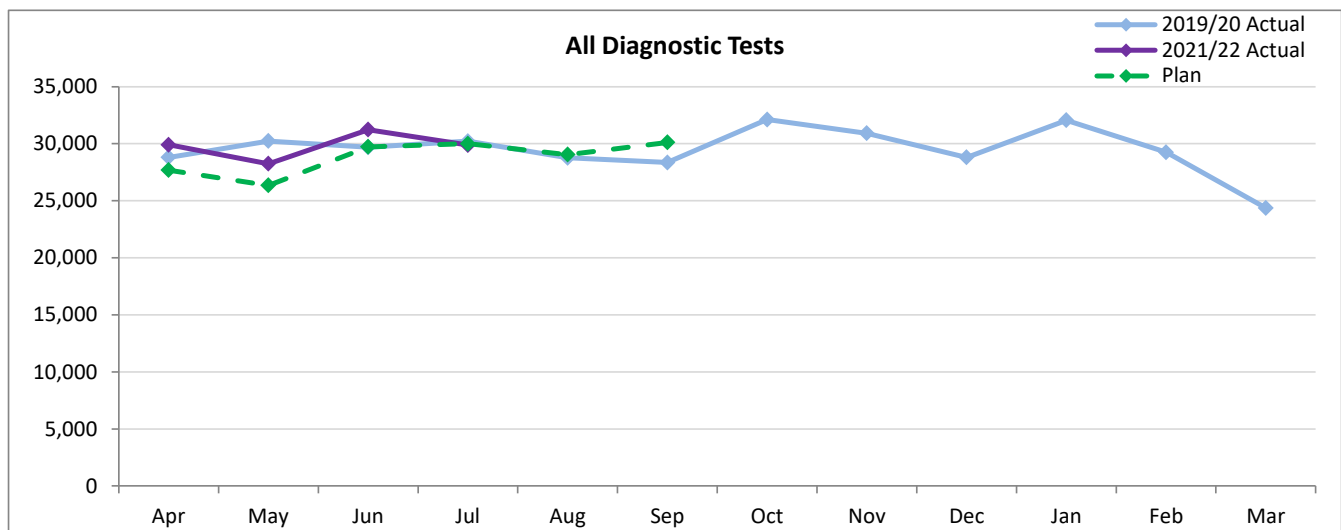
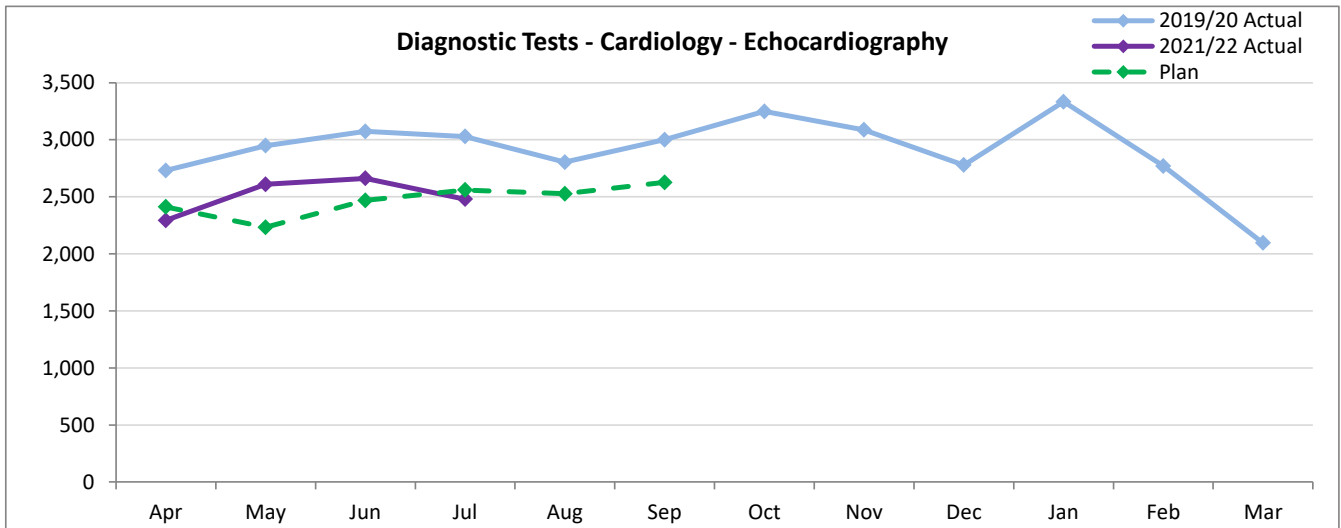
H1 Plans Monitoring (continued)

Diagnostics (continued)



H1 Plans Monitoring (continued)

Diagnostics (continued)



Theme	Indicator	Indicator Overview	CCG Lead	Focus
Safe	Cleaning Audit Score	Outcome of audits reviewing the cleanliness of provider environments	Sandy Smith	CCG Acute Providers

Organisation	Standard	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Performance Direction
		NUH		98.10%	98.90%	98.60%	98.40%	98.00%	98.60%	98.00%	98.00%
SFH		-	-	-	-	-	-	-	-	-	-
NHT Millbrook	Greater than or equal to 92.3%	93.00%	67.80%	94.40%	94.40%	94.00%	93.00%	95.00%	95.00%	93.20%	↑
NHT Lings Bar		95.00%	94.60%	94.00%	95.30%	93.60%	94.00%	96.00%	96.00%	95.00%	↑
NHT Highbury		97.02%	97.53%	100.00%	100.00%	96.75%	99.00%	96.00%	96.00%	98.00%	↑
CityCare		93.60%	93.30%	93.60%	93.00%	93.50%	94.50%	94.80%	-	-	↑

Current Issue/Risk

NUH

NUH's Cleaning Audit Score has been consistently above the national target.

SFH

Cleaning/environment audit data has routinely been collected using the Perfect Ward metrics. This data is shared via the Trust's IPC committee at which a CCG Quality Assurance Team member attends. Audit data for July 2021 identified just two clinical areas non-compliant with lines and one ward non-compliant with catheters

NHT

The monthly cleanliness audit scores for all wards are above the standard of 92.3% except for Kingsley ward that scored 92%.

CityCare

City Care's cleaning audit score is awaited

Mitigating Actions (Provider)

NHT

Cleaning and deep cleaning is in place as part of the management of outbreaks on ward areas & communal areas. Updates on the correct use of PPE are continually shared with all staff along with regular training sessions. Regular audits are undertaken of all areas. Increased touch point cleaning remains in place. There are multiple locations across all sites where staff/patients can access PPE. Following a recent Covid outbreak, NHCT have sent out a reminder 'comms' to all staff and to be used in handovers regarding the importance of maintaining excellent PPE usage and social distancing.

SFH

The chart provides the overall trust position relating to audits performed during July 2021. Performance relating to PPE, Hand Hygiene, Patient equipment/Environment and Waste management has been very strong this month with most areas seeing the high 90% for compliance. Commodes have seen a continued high rate of compliance across the Trust and general cleanliness is excellent. IV lines and Catheter management continues to see fluctuating results month on month, but July has been a particular good level of compliance. Where any non-compliance are identified these are escalated immediately and followed up by an email by the IPN responsible to the Ward Leader for action plans, if required. This continues to be closely monitored.

Assurances (CCG)

SFH

The Quality Assurance Team continues to attend the Trusts monthly Infection Prevention and Control Committee meetings where cleanliness data is discussed. The Trust continues to monitor compliance against each monthly and weekly audit cycle.

Ward Leaders/Deputy informed of non-compliance at time of audit, action plans requested from each area where necessary by IPNs (relating to Lines and Catheters). Repeat audits being conducted where required. Follow up emails are now being sent regarding PPE and Hand Hygiene by the IPNs. Further assurance gained by reviewing Trust Board papers and IPC BAF with Trust. Further insight visits are planned with support from CCG IPC team as appropriate.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Safe	Venous Thromboembolism (VTE) risk assessment	Assessment of risk of VTE for all patients admitted to hospital	Sandy Smith	CCG Acute Providers

Organisation	Standard										Performance Direction
		Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
NUH	Greater than or equal to 95%	92.90%	93.00%	93.80%	94.30%	96.20%	94.50%	94.20%	94.30%	93.30%	YTD Actual 94.3%
SFH		95.00%	90.90%	93.20%	N/A	N/A	N/A	N/A	93.20%	N/A	YTD Actual 94.0%

Current Issue/Risk

NUH
VTE risk assessment performance was 93.3% for July 2021. This is below target. Performance has improved from August 2020, and the target was met once in 2021. Electronic VTE risk assessment compliance has fallen since the introduction of the new VTE RA platform on Nervecentre.

SFH
Latest performance data provided is June 2021 93.2% (YTD 94.0%) target 95% National reporting of VTE risk assessment screening was stopped in March 2020 in response to the developing Covid crisis.

Mitigating Actions (Provider)

NUH

- Previous GIRFT thrombosis audit confirmed 100% prescription of enoxaparin in surgery and critical care
- Previous local audit data has shown overall prescription of prophylaxis exceeds 95% in the areas investigated; there is on-going audit in maternity, gynaecology, urology and orthopaedics
- Local Hospital Associated Thrombosis (HAT) data has consistently shown a low rate of preventable HAT; data collection paused April 2020 due to covid
- GIRFT HAT data indicated no preventable HAT in the audit cohort during the 6-month audit period (October 2019 - March 2020)
- Local HAT RCA resumed June 2020, awaiting first quarterly data
- VTE risk assessment has been introduced as a mandatory field in the maternity Medway electronic records system (February 2021); audit is planned for later in 2021
- Educational information has been circulated to all clinical staff in maternity regarding VTE risk assessment
- Correspondence has gone out to medical teams within NUH regarding the current situation and need to ensure VTE RA is completed and Divisional teams have been requested to report on plans to improve the overall position via the QSC.
- When E prescribing (EPMA) is introduced, VTE risk assessment will be linked as a mandatory field (December 2021)
- Extended thromboprophylaxis guideline drafted, awaiting ratification at MSG/HT governance
- Formal VTE performance report to be presented to QRS on 4.8.21

SFH

- The GSU team resumed the pre-COVID method of form collection; this was commenced on the 1st April 2021.
- EPMA will resolve the data collection issues as the VTE assessment will be included as part of the package and will be mandatory. The EPMA VTE screening tool will be based on the NG89 standards. The Trust has not proposed a start date for the launch of EPMA.
- The data collection process for VTE risk assessment is a manual process requiring a significant number of man hours to achieve and the data is this far behind due to the laborious manual effort required to capture the data.

Assurances (CCG)

- Exceptional patient safety incidents related to VTE risk assessment are picked up via the SI route. Further work is needed to understand how VTE risk assessment continues to be prioritised at both Trusts.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Safe	Falls	Falls (resulting in harm per 1,000 bed days or total number)	Sandy Smith	CCG Acute Providers

Organisation	Standard											Performance Direction
		Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		
NUH	<= 0.98	-	0.94	-	-	-	1.28	-	-	-	-	↓
SFH	Total Falls	120	132	138	106	105	114	100	114	106	↓	
NHT		91	115	100	101	156	130	94	114	70	↓	
CityCare		1	1	0	1	0	2	1	0	0	↓	

There is not a nationally set target in regards to falls hence why the providers listed have different internal targets set by their respective Boards.

Current issue/risk

NUH

The Trust's Integrated Performance Report does not report on Falls. Improvement work continues within the Trust to reduce the number of falls.

SFH

The rate of falls per 1000 occupied bed days (OBD) nationally has increased during the pandemic and Sherwood's trends have been comparable. Quarter 1 2021/2022 has seen an improvement overall with May 2021 figures being below the RCP indicative, a slight increase in June can be seen, collective for the quarter is on track and showing significant improvement.

NHT

There is no set target but there has been a significant drop from 114 falls in June to 70 in July. The Falls strategy has been started to align with the frailty work. Good work has been completed with MHSOP on falls prevention. MHSOP are working with the Trust's Falls Prevention Lead to identify learning and improve compliance with the fall's pathway.

CityCare

There was 1 fall recorded for May at CityCare but no falls have been recorded since. There is no set target.

Mitigating Actions (Provider)

NUH

- The Trust has started reporting all severe harm falls on STEIS from 1st April 2021.
- Continue IRM and QRC processes
- Education around falls is enhanced through a Trust podcast
- Divisional Falls related performance data and themes from investigations are shared at the Falls Learning Group to support trust wide improvements

SFH

- It is recognised deconditioning has increased during the pandemic which has led to a reignited drive to promote 'end PJ paralysis.'
- Collectively communities of practice are working together to look at making changes to provide sustainable improvements.
- Reframing the terminology, falls prevention v safer mobility is just one example of this and allows for a different way to engage and act.

NHT

Mitigations previously detailed remain in place, we have asked for additional assurances due to the increase in falls numbers between February, March and April.

Assurances (CCG)

NUH

A member of the Quality Assurance team attends the monthly Falls Learning Group and Incident Review meetings set up at NUH to gain assurance around the Trust's actions around falls, processes of reporting falls, etc. The Falls Incident Review meetings have been set up to review retrospective and current falls and ensure appropriate escalation.

SFH

A CCG representative attends the Mobility and Falls Steering Group and the Harm Free Care group for further assurance. The 1000 bed days are below the national average of falls at 6.63%.
Reduction in falls for July 2021
September Falls week highlighting that there is a national weekly agenda which will be followed within the Trust

NHT

The CCG Quality Assurance team meet weekly with the Head of Safety at NHT to discuss any serious incidents or emerging themes from incidents.

CityCare

The CCG Quality Assurance team meet fortnightly with the Quality Lead at CityCare to discuss serious incidents, emerging themes and actions being taken.

The Quality Assurance team are working together to promote shared learning and approaches around falls response and prevention.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Safe	Number of wards below 80% fill rate / safe staffing	Actual v. planned staffing	Sandy Smith	CCG Acute Providers

Organisation	Standard											Performance Direction
		Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		
NUH	0	2	2	7	9	6	2	5	7	6	YTD = 14	
SFH	Safe staffing care hours per patient day >8	10.1	9.8	9.1	9.5	9.5	9.5	9.3	9	8.9	YTD = 9.1	
NHT	0	8	4	7	7	9	5	4	6	16	YTD Actual = 49	

The current pandemic has impacted on providers' ability to safely staff wards. Increased staff sickness, self-isolation and shielding have all contributed to increase staff absence. There has been some mutual aid at times however each provider is risk assessing each ward when declared unsafe and managing appropriately in house.

Current issue/risk

NUH

6 wards in July 2021 reported fill rates <80% - of note, due to a change in COVID pathways 4 of the 6 wards had very low occupancy and resulting movement of staff or non-fill of vacant duties. Where required shifts were covered by relocating appropriate nursing resource, additional hours and off framework agencies and where appropriate. External patient referrals were reviewed in line with associated acuity and occupancy and discussed with the network where required.

SFH

The Trust report by exception, with this target being met. The Trust reports in their Single Oversight Framework report for Quarter 1 that they have had no serious incidents declared that were attributed to staffing levels.

NHT

Overall, the level of wards in the Trust with significantly low staffing has 'spiked' in M4 July 21, with the highest level of wards below 85% recorded for 24 months. Overwhelmingly the Forensics Division is most affected by low staffing levels, with 13 out of the 16 wards reported for the Trust. The Community Health Division, which has reported no sub-85% levels of safer staffing across its inpatient sites for several months, has, in M4, reported 2 out of its total of 6 inpatient areas as being under 85%. The Trustwide Safer Staffing Matron continues to monitor and support clinical divisions regarding the impact of patient safety.

Mitigating Actions (Provider)

NUH

- Both SafeCare and the staffing app records when wards declare unsafe. This is reported per shift through the staffing report and safety wheel. SafeCare is now used on all adult and Children's Hospital Wards (to note, ED, Maternity and NNU continue to use the staffing app).
- Divisions manage patient safety and staffing daily, through movement of staff and increasing staffing through use of temporary staff – where a ward was declared as unsafe, staff were relocated to that ward to support. An establishment review is carried out annually to review safe staffing requirements. The senior leadership establishment on one of the low fill wards has now been increased.
- An establishment review is carried out annually to review safe staffing requirements. The senior leadership establishment on one of the low fill wards has not been increased.
- Maternity overfill rate is 93.1%
- Additional mitigating actions to support safe staffing include:
- Temporary staff altered cascade and added additional agencies
- Supervision from senior nursing leads divisionally in hours and bronze flow teams out of hours
- Healthcare assistant recruitment- aiming to keep vacancies at near zero. The majority of international recruitment currently paused due to travel restrictions from India.

SFH

In the Trusts SOF they report in Quarter 1 COVID 19 has impacted on Staff Health and Wellbeing with Trust Sickness Absence levels showing an increase from the last month (May 21 -4.0%) to 4.3% and sits higher to the Trust target, this is as a result of the regional/national trend and impact of COVID 19. Additional activity is evidenced through the services provided from the Trust Occupational Health Service as expected but presents capacity challenges Overall resourcing indicators for Quarter 1 are positive with levels of vacancy's and turnover remaining low however compliance against Mandatory and Statutory Training along with Appraisals have been impacted due to Covid 19 across Quarter 1 but gradual improvement is reported. There has been a focus on increasing access for colleagues' staff Covid 19 vaccine This has resulted in 5016 (93%) of substantive staff, with 4855 (96%) receiving their second dose. The Trust have vaccinated 91% of BAME staff, 98% over 60s and 93% of CEV staff

NHCT

Within the Community Health Division, a Safer staffing review is underway to confirm safe staffing levels moving forward and this may change the current parameters in which the Division determine if the service is safe or not. The Community Health Division has commissioned a quality review and improvement process regarding Lings Bar Hospital, and this will have a direct bearing on how NHCT approach safe staffing levels hence the need for the review. The Forensics Division records, as serious incidents, reduced staffing occurrences, and ensure NHSE/I and CQC are aware of staffing difficulties. Shortfalls are monitored, to mitigate possible issues and concerns, through weekly planning and daily demand meetings. Contingency plans continue to be in place within Rampton with Therapies and Education staff redeployed to wards, to support wards and offer on ward activities. Psychology, Social Work and Allied Health Professionals are on a rota, held by the central resource team to be redeployed to wards if necessary.

Assurances (CCG)

The CCG monitors this standard through Trust Board reports and with discussions with the patient safety team of individual cases. Maternity staffing levels are also detailed in the Safe Today submission to the CCG.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Effective	Summary Hospital-level Mortality Indicator	The ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die	Sandy Smith	CCG Acute Providers

Organisation	Standard										Performance Direction	
		Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		
NUH	Not higher than expected	102.7	102.2	-	-	-	-	-	-	-	-	YTD 1.02
SFH	Standard ≤100	-	-	-	-	-	-	96.36	-	-	-	YTD 96.36

Performance chart details the most up to date nationally available data

Current issue/risk

NUH
SHMI for 12 months ending February 2021 is within the expected range. The Trust’s SHMI position (recognised by NHS Digital as the gold standard mortality indicator) is in line with expected/national.

SFH
Reporting from the Trust is through the Single Oversight Framework report by exception which in Quarter 1 (2021) states “the SHMI remains within the expected range”.

Mitigating Actions (Provider)
None identified

Assurances (CCG)
None identified

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Safe	HSMR (basket of 56 diagnosis groups)	Adjust mortality data to take account of some of the factors known to affect the underlying risk of death	Sandy Smith	CCG Acute Providers

Organisation	Standard										12 Month Position
		Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
NUH	Standard ≤ 100	-	103.4	116	112.6	109.8	-	103.6	-	-	113
SFH	Standard ≤ 100	113.1	110.6	117.1	120.4	-	-	-	-	-	

<p>Current issue/risk</p> <p>NUH</p> <ul style="list-style-type: none"> HSMR for 12-months ending May 2021 (latest data) is outside the expected range at 112.0. Crude HSMR position (2.2%) is below the national rate (3.6%) for 12 months to May 2021 (latest data). <p>SFH</p> <ul style="list-style-type: none"> HSMR; performance 120.4 against a target of 100. The trust consistently has higher than the national average but continues to track the peer groups.
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<p>Mitigating Actions (Provider)</p> <p>NUH</p> <ul style="list-style-type: none"> Extensive analysis (both via internal and external stakeholders) has been undertaken to understand NUH's elevated HSMR position. Specific diagnostic groups have been reviewed in detail (such as pneumonia) which alone do not account for the above expected position. Other sources of intelligence such as NUH's national audit outcomes and care quality reviews through the Structured Judgement Case Review process do not suggest systemic issues with outcomes/care quality (SJCR provides significant assurance of care in general being rated as good or excellent). <p>SFH</p> <ul style="list-style-type: none"> HSMR: 120.4% against a target of 100. The Trust are working with Dr Foster, the observed spike is being replicated nationally and is resultant from Covid. It can be seen to align with the Trusts Covid waves. The mortality effect is still being clarified as to Whether this is disease specific, deprivation and co morbidity associated or related to patients being seen late in their normal pathway or other currently unknown effects. When Dr Foster removes Covid activity from the analysis, the Trusts HSMR reverts to 'as expected' and the trend no longer climbs. Understanding this Covid impact is subject to national interrogation and the CCG will be provided with updates as it becomes available.

<p>Assurances (CCG)</p> <ul style="list-style-type: none"> The CCG continues to monitor this standard through attendance at provider Mortality and End of Life and Learning from Deaths groups. SFH meet monthly and NUH meet bi-monthly. Any issues are raised with appropriate teams across the CCG e.g. commissioning and contracting. Mortality outlier alert notifications from the Dr Foster Unit are shared with the CCG by the providers as received with responses shared to the Chief Nurse at the CCG.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Caring	Same Sex accommodation breaches (National target is 0)	Breach of same sex accommodation national guidance	Sandy Smith	CCG Acute Providers

Organisation	Standard										Performance Direction	
		Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		
NUH	0	0	0	0	0	0	0	0	0	0	0	→
SFH	0	0	0	0	0	0	0	0	0	0	0	→
NHT	0	0	0	0	0	0	0	0	0	0	0	→

<p>Current issue/risk</p> <p>NUH Nil reported</p> <p>SFH Nil reported</p> <p>NHT Nil reported for this period</p>

<p>Mitigating Actions (Provider) Nil required</p>
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<p>Assurances (CCG)</p> <p>NUH & SFH The Chief Nurse/Deputy Chief Nurse from the Trusts contacts the Head of Quality Assurance as soon as they think there could be a breach following escalation from ward staff. Discussions take place and the IPC guidelines and single sex guidelines are reviewed. The senior execs within the CCG are then made aware of the situation.</p>
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Theme	Indicator	Indicator Overview	CCG Lead	Focus
Caring	Friends and Family Test	Understanding whether patients are happy with the service	Sandy Smith	CCG Acute Providers

Organisation	Standard											Performance Direction
		Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		
NUH	F&F Inpatients & Day cases ≥90%	96.0%	99.0%	99.0%	98.0%	96.0%	97.0%	100.0%	96.0%	97.0%	YTD Actual 97.0%	
SFH	A and E ≥ 94%	-	92.5%	93.4%	95.7%	93.1%	91.9%	91.5%	91.9%	88.7%	YTD Actual 91.8%	
	Inpatients ≥93%	-	97.8%	95.9%	97.0%	98.6%	98.4%	97.5%	97.2%	98.1%	YTD Actual 97.8%	
	Maternity ≥ 93%	-	82.4%	76.3%	87.5%	89.9%	-	-	-	-	YTD Actuals 89%	
NHT	≥95%	97.0%	100.0%	84.0%	-	99.0%	81.0%	89.0%	86.0%	88.0%	↑	
CityCare		90.0%	93.0%	93.0%	93.0%	96.0%	93.0%	93.0%	93.0%	-	↑	

Current issue/risk

NUH

- Friends and Family Test Inpatient and Day cases is above standard for July 2021 at 97%.

SFH

Report by exception: ED Performance 88.7% (YTD 91.8%) against a target of 94%.

- Issues with SMS texts sent to patients Found 2083 eligible patients did not have a FFT SMS sent to them If the response rate is not accurate this affects the recommended rate
- Found that SMS texts are not sent to under 18 years olds, but they are still classed under eligible patients
- Theme around waiting times in the department and not enough communication about plans of care
- The Trusts Single Oversight Framework report no longer provides the reporting for Maternity FFT

NHT

- There was a change in how FFT data was calculated which led to the omission of data in the months before March. July data is 88%.

CityCare

- Performance figures consistently above target. The July data will not be published until the next committee meeting has taken place after the 23rd September.

Mitigating Actions (Provider)

NUH

- NUH have launched an online feedback system for people to share their experience of care using the Friends and Family Test Survey. People can give their feedback either by paper card, using ward IPAD devices or visiting the website. The new system enables the survey to be translated in to over 90 languages which gives opportunity for the seldom heard patients who do not have English as a first language to engage.
- The Corporate Complaints and Patient Experience Team are experiencing increased service demand and operational challenges. Workforce capacity has been reduced to 65% due to internal vacancy and long-term sickness absence. Complaints and PALS casework remains the highest priority and internal resource is being re-directed into PALS to provide additional support whilst recruitment is completed to ensure they can remain responsive to patient and public concerns and enquiries.

SFH

- PET team exploring this and will create an action plan. ED will be part of the rollout of the QR response trial.
- PET team exploring options as does pose a risk to blanket send texts to next of kin due to potential safeguarding and confidentiality concerns. To work with paediatric lead nurse to ensure all ED staff are aware that under 18-year olds do not get an SMS text and encourage use of paper copies.
- Themes of feedback to be feedback to ED lead nurses to encourage staff to try and keep patients as informed as possible about their care.
- Reiterate attendees who require a carer or have significant needs such as mental health and dementia, or end of life and those under the age of 18 can be accompanied by 1 visitor.
- Increased security presence within ED. Collaborative working with system partners as this is an emerging issue in other organisations.

Assurances (CCG)

- The Quality Assurance team monitors this standard through Trust Board reports and links in with the CCG's Patient Experience Team to check if there is any correlation between complaints received into the CCG and serious incidents reported on STEIS.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Responsive	Long stay patients Number of Inpatients >21 days	Prolonged stay in acute hospitals increases the risk of hospital-acquired infections in older patients, and disrupts patient flow and access to care due to bed shortages.	Sandy Smith	CCG Acute Providers

Organisation	Standard										Performance Direction
		Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
NUH	National target of 209	186	182	222	226	202	207	199	212	198	204
SFH	Standard ≤ 65	103	120	145	141	150	-	-	-	-	

Current issue/risk

NUH
The number of long lengths of stay (LOS) patients (>=21 days) in hospital reduced during the early phase of the pandemic, moving in alignment with the reduction in the number of medically safe patients in hospital awaiting a supported discharge. Over the winter period there has been an increase in discharge delays for supported patients resulting in more post-medically safe for transfer (MSFT) long LOS patients in hospital; this was combined with a number of the long LOS patients being in hospital with Covid-19. Recent performance is fluctuating around target with common cause variation being experienced. Whilst the average position for June was 3 (1.4%) above target, performance in July to date remains consistently within target.

SFH
Complex Discharges are high, and partners are having challenges in staffing onward care with packages of care. Care homes capacity is also affected. Long stay patients-number of Inpatients >21 days are no longer reported within the Trust's SOF report

Mitigating Actions (Provider)

NUH

- The Trust has always experienced a relationship between this national performance metric and the locally set metric that considers the number of patients awaiting a supported discharge that has been medically safe for greater than 24 hours. In the summer of 2020 the South Nottinghamshire health and care system agreed to work to a target of the number of patients waiting in hospital for a supported discharge for greater than 24 hours after being declared medically safe to be less than or equal to 37 (a position that has not been met since last summer). The system ambition to eliminate the discharge delays will support the reduction of the medically safe backlog and an associated reduction in the number of long LOS patients. Additional care packages are being put in place for the City Local Authority in recognition of the current mismatch in capacity and demand in this element of community provision that should help reduce discharge delays.
- Divisions remain focused on internal actions to reduce long LOS patients that do not have a clinical reason to reside. The Trust does operate rehabilitation units for Stroke and Neurology that will account for some of the very long LOS patients (this is an entirely appropriate clinical pathway). Recently, the regional team have advised that for the purposes of external reporting that the Trust's rehabilitation units can be omitted; the Trust is in the process of agreeing the detail around the reporting changes to ensure that they remain sighted and focused on all areas across the Trust whilst also reporting in a manner in line with NHSE/I advice.
- The fortnightly emergency pathway taskforce oversees performance against this metric at divisional-level and facilitates the airing of cross-divisional issues and the sharing of best practice.
- The Trust has recently observed that NHSE/I dashboards are now tracking long LOS performance against an ambition of this being no more than 12% of the overall occupied bed base. Based on the Trust's recent number of occupied beds (which fluctuates daily) this would lead to an ambition for NUH to have no more than circa 160 long LOS patients. The Trust is in the process of understanding if this ambition is to replace the previous nationally set target that they are currently monitoring performance against. The removal of NUH's rehabilitation units would move current NUH performance to circa 180 in June. The Trust hopes to be able to provide further clarity regarding the target and position regarding exclusion of the rehabilitation units in the next report.

SFH
There were improvements from January levels in the number of patients waiting for onward care who are medically safe for transfer. The ED expansion project continues and the first phases of increased capacity in ambulatory care are now open. Although this is not reported within the SOF, this is still monitored by the CCG through QA meetings.

Assurances (CCG)
The Quality Assurance Team receive notes from the System Call at which numbers of medically fit patients for discharges are discussed and assurance obtained that these numbers are being reviewed by the providers with support from the CCG Urgent Care Team. CCG Urgent Care and Care Homes team colleagues take part in the daily discharge meetings in order to support providers with escalation of issues when patient flow is reduced. The messaging of 'Why Not Home?' is reiterated in any discharge situation.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Responsive	Ambulance handover	Ambulance handover delays can be a symptom of system-wide issues, a mismatch of capacity and demand and inadequacy of patient flow	Sandy Smith	CCG Acute Providers

Organisation	Standard										Performance Direction
		Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	
NUH (completed within 15 minutes)	National target of 100%	71.0%	66.0%	68.0%	66.0%	67.0%	68.0%	66.0%	59.0%	55.0%	YTD Actuals 62%
SFH (Percentage of Ambulance Arrivals > 30 minutes)	<10%	2.9%	2.9%	3.1%	3.1%	2.9%	2.1%	3.3%	3.7%	3.5%	YTD Actuals 3.2%

Current issue/risk

NUH

- The recent deterioration in this metric (with last month seeing the lowest performance since new first contact processes were introduced in Spring 2019) has been driven by record level of attendances to Emergency Department (ED). The heightened demand is meaning that providing timely access to urgent and emergency care is an on-going challenge in a frequently overcrowded ED. This overcrowding is resulting in ambulance handover delays.
- Hospital flow challenges also contribute to crowding in ED as a result of constrained flow into assessment areas (patients waiting in ED whilst 'fit for ward'). The challenge in the assessment areas relates to timely flow into the base wards due to lack of timely base ward bed availability. The maximum ED occupancy is also constrained by infection prevention and control measures as the Trust operates in the 'living with Covid-19' era.

SFH

- Ambulance handovers remained within target

Mitigating Actions (Provider)

NUH

- There is a system effort to reduce medically safe patients in beds together with the Trust's own improving patient stays work programme and operational plan to support with effective flow through and out of hospital. This is to release hospital capacity to prevent patients waiting in ED for a bed and provide ED with space to be able to receive new patients in a timely manner.
- From the beginning of August, the primary care offer in ED will return to a 24/7 service (as it was pre-pandemic). This will provide much need additional resource to see patients in the 'minors' stream in the urgent treatment unit which will help release NUH ED staff to deal with the unprecedented demand.
- Ambulance handover performance oversight takes place within ED and the site operations team daily with oversight at the fortnightly Emergency Pathway Taskforce

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Safe	12 hour trolley breaches		Sandy Smith	CCG Acute Providers

Organisation	Standard	Performance									Direction
		Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	
NUH	National	0	8	27	8	0	5	0	74	124	↓
SFH	target of 0	7	1	2	1	0	1	3	0	1	↑

Current issue/risk

NUH

- There were 74 x 12-hour trolley breaches at NUH in July and 124 x 12 hour trolley breaches reported in August 2021. The critical problem/issue/factor influencing the delay was lack of admitting capacity/lack of HCOP admitting capacity as emergency pathway remains under exceptional pressure. Full RCAs are for the breaches are awaited from the Trust.

SFH

- There was 1 x 12-hour trolley breach reported by SFH in August 2021. The patient was in ED for 12 hours and 03 minutes from decision to admit. The critical problem for the breach was that the patient required a medical bed and there were no medical beds available.

Mitigating Actions (Provider)

NUH

- To support better flow through ED, NUH's transformation and improvement teams are working closely with operational teams to deliver an 'improving inpatient stays' work programme. Also, a mental health task and finish group are now receiving and acting upon information pertaining to patients presenting to ED with mental health issues with specific actions being developed to improve patient pathways and experience.

SFH

- The patient was triaged promptly following emergency medical assessment handover and had investigations instigated in a timely manner. There was evidence of on-going care and consideration for morning medications and the patient was transferred onto a hospital bed and into a quieter area to help settle and rest.

Assurances (CCG)

NUH & SFH

- The Quality Assurance team receives the notes from the daily System Call where any 12-hour trolley breaches are declared. The QA team follows up with the CCG's Urgent Care Team and Head of Operational Planning and Assurance at NUH and SFH to obtain details of the breach and review the Breach Incident Response Template. The QA Team and the Urgent Care Team also have monthly meetings to discuss any breaches that happened during the month. RCAs once completed are reviewed by the QA team who request for further assurance as needed.

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Safe	C-Diff			

C-Diff Total 2021-22		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD 21-22	TOTAL 21-22
		NHS Nottingham and Nottinghamshire CCG	Plan	20	18	19	24	21	21	21	20	20	20	20	21
	COCA	6	3	6	3	8								26	26
	COIA	1	5	1	2	5								14	14
	COHA	8	4	6	8	8								34	34
	HOHA	5	6	6	11	13								41	41
	Total acquired	20	18	19	24	34	0	0	0	0	0	0	0	115	115
	Cumulative Variance	0	0	0	0	13	-8	-29	-49	-69	-89	-109	-130	13	-130
Sherwood Forest Hospital NHS Trust	Plan	9	6	6	8	13								42	57
	COHA	5	4	4	4	5								22	15
	HOHA	4	2	2	4	8								20	13
	Total acquired	9	6	6	0	0	0	0	0	0	0	0	0	42	42
	Cumulative Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	-15
Nottingham University Hospitals NHS Trust	Plan	7	4	10	17	9								47	122
	COHA	4	0	3	6	4								17	18
	HOHA	3	4	7	11	5								30	30
	Total acquired	7	4	10	0	0	0	0	0	0	0	0	0	47	47
	Cumulative Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	-75

Current issue/risk
 New reduction objectives were released in July 21

Mitigating Actions (Provider)
 There has been a noted increase in COHA and HOHA cases reported at SFHT. SFHT are investigating these cases to identify learning and any prevention actions.

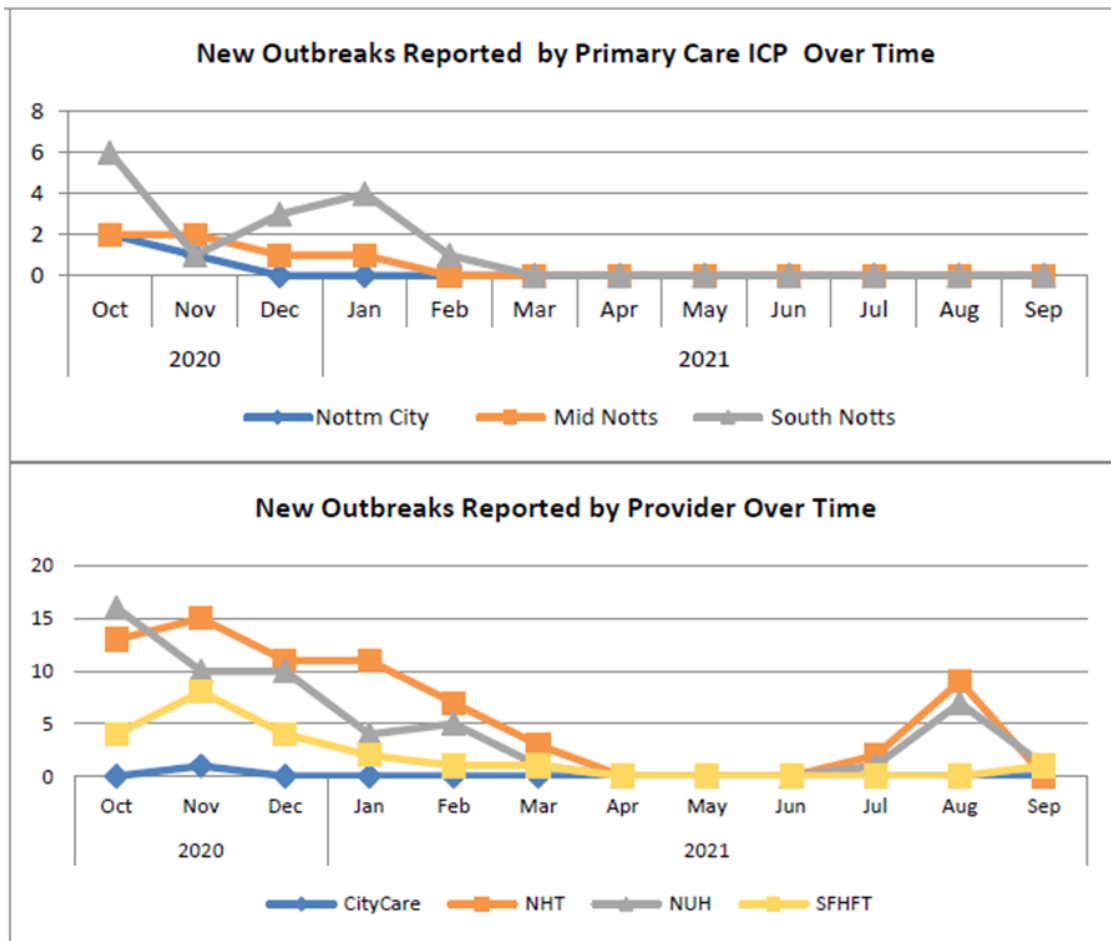
Assurances (CCG)
 System led IPC meetings are in place to support with CDI reviews and system actions

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Safe	COVID-19			

Number of confirmed COVID-19 swabbed within 8-14 days of admission	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
	2021-22												
Sherwood Forest Hospital NHS Trust	2	0	0	0	3								5
Nottm University Hospitals NHS Trust	5	0	0	6	14								25

Number of confirmed COVID-19 swabbed within 15+ days of admission	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
	2021-22												
Sherwood Forest Hospital NHS Trust	0	0	1	0	1								2
Nottm University Hospitals NHS Trust	15	1	0	3	13								32

Number of COVID-19 deaths	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
	2021-22												
Sherwood Forest Hospital NHS Trust	3	1											4
Nottingham University Hospitals NHS Trust	7	6											13



Current issue/risk

- There is an increasing number of COVID-19 related outbreaks across the system. This is against a backdrop of increasing levels of COVID-19 infection in circulation locally. The predominant strain remains the highly transmissible Delta variant (B.1.617.2) first detected in India.

Mitigating Actions (Provider)

- Implementation of IPC advice, guidance and training support. Increased testing,
- Cohorting/ zoning positive cases contact cases from those currently negative.
- Enhanced cleaning schedules.; Monitoring PPE use with audits and 'spot checks' of compliance.
- Monitoring of safe staffing levels; Adherence to guidance re reduced visitor access.
- Reduced staff movement across different sites and services; Promoting staff vaccination.
- Action plans developed following CIPCT audit. Review of outbreaks and nosocomial infections for shared learning and improvement

Assurances (CCG)

- Monthly IPC system assurance meetings with escalation to ICS Quality Group
- Public Health COVID-19 outbreak meetings 3 x week

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Safe	Individual Funding Requests & Service Restricted Procedures July & August 2021			

Type of Request	Percentage of SRP assessments completed within 10 days (target 100%)	Percentage of IFR decision made within 40 days (target >100%)	Approved				Not Approved			
			May	June	July	Aug	May	June	July	Aug
Fertility Requests	100%		8	14	5	4	0	2	1	0
Online Prior Approval Requests	100%		1159	1269	1228	1099	14	24	17	14
Prior Approval Requests	100%		543	705	686	638	67	118	85	81
Out of Area Requests	100%		3	3	2	3	2	0	3	0
Treatment Abroad Requests	100% NHS E Target of 7 day turnaround		2	0	0	0	0	0	0	0
IFR Requests		100%	1	0	0		4	5	4	

Fertility Requests

NHS Nottingham & Nottinghamshire CCG Service Restricted Commissioning Policy includes criteria for Gamete and Embryo storage. Of the 4 requests for storage, 3 patients were approved for storing products prior to commencing treatment where they are at risk of permanent infertility, including those receiving cancer treatments and 1 was approved for IVF.

Online Prior Approval Requests

The IFR Team are responsible for the triaging and monitoring of online prior approvals from secondary care providers. We received a total of 1113 online prior approval requests. Out of the 1113, 1099 were approved and 14 were not approved. The 100% indicator refers to the turnaround time as stated in the Service Restriction Policy. Indicator remains consistent meeting the 100% target, so no exception reported is required.

Prior Approval Requests

The CCG IFR Team have a 10-working day turnaround from date of receipt for all Primary Care requests.

The IFR Team are responsible for the triaging and monitoring of prior approval request from GP’s. We received a total of 719 prior approval requests. Out of the 719, 638 were approved and 81 were not approved. The 100% indicator refers to the turnaround time as stated in the Service Restriction Policy. Indicator remains consistent meeting the 100% target, so no exception reported is required.

Out of Area Treatment

The IFR Team are responsible for the triaging and monitoring of Out of Area Requests from both GP’s and secondary care Consultants. We received a total of 3 requests. Out of the 3 requests, all requests were approved. The 100% indicator refers to the turnaround time as stated in the Service Restriction Policy. Indicator remains consistent meeting the 100% target, so no exception reported is required.

Treatment Abroad

No Treatment abroad requests received this month.

IFR Requests

In line with the CCGs IFR Policy all requests must be acknowledged, screened and considered by the Panel (if exceptionality is demonstrated within 40 days of the receipt of the application). 3 requests have been received this month, 2 of the requests were approved and 1 was declined at the screening stage. Indicator remains consistent meeting the 100% target from last month and so no exception reporting is required

Glossary

Acronym	Meaning	Acronym	Meaning
A&E	Accident and Emergency	LD	Learning Disabilities
A&E DB	Accident and Emergency Delivery Board	LoS	Length of Stay
ACS	Accountable Care System	LTWB	Let's Talk Well Being
ADD	Attention Deficit Disorder	MHST	Mental Health Support Team
ADHD	Attention Deficit and Hyperactivity Disorder	MN	Mid Nottinghamshire
ANP	Advanced Nurse Practitioner	MOU	Memorandum of Understanding
ASD	Autism Spectrum Disorder	NEL	Non-Elective
BAU	Business As Usual	NEMS	Nottinghamshire Emergency Medical Services
CBT	Cognitive Behavioural Therapy	NHCT	Nottinghamshire Healthcare NHS Trust
CCG	Clinical Commissioning Group	NHSE	NHS England
CETR	Care Education and Treatment Review	NHSI	NHS Improvement
CFIDD	Community Forensic Intellectual and Development Disability Service	NNICS	Nottingham & Nottinghamshire ICS
CHC	Continuing Healthcare	NICE	National Institute for Health and Care Excellence
CoP	Court of Protection	NUH	Nottingham University Hospitals NHS Trust
CQUIN	Commissioning for Quality and Innovation	OAPs	Out of Area Placements
CT	Computed Tomography	OBD	Occupied Bed Days
CV	Contract Variation	OP	Outpatient
CP	Children and Younger People	PCN	Primary Care Network
DCO	Director of Commissioning Operations	PHE	Public Health England
DST	Decision Supporting Tool	PHSMI	Physical Health for SMI patients
DToC	Delayed Transfer of Care	PICU	Psychiatric Intensive Care Unit
DTT	Diagnosis to Treatment Times	PID	Project Initiation Document
EBUS	Endobronchial Ultrasound	POD	Point of Delivery
ED	Emergency Department - often referred to as A&E	PTL	Patient Targeted List
EIP	Early Intervention in Psychosis	QIPP	Quality Innovation Productivity and Prevention
EMAS	East Midlands Ambulance Service NHS Trust	QMC	Queens Medical Centre
EMCA	East Midlands Cancer Alliance	RAP	Remedial Action Plan
EOL	End of Life	RTT	Referral to Treatment Times
G&A	General & Acute	SFHFT	Sherwood Forest Hospitals NHS Foundation Trust
GI	Gastro-Intestinal - often referred to as Upper GI or Lower GI	SLA	Service Level Agreement
GN	Greater Nottingham	SLAM	Service Level Agreement Monitoring
HEE	Health Education England	SMI	Severe Mental Illness
HFID	Home First Integrated Discharge	SOP	Standard Operating Procedure
IAPT	Improving Access to Psychological Therapies	SRO	Senior Responsible Officer
IBN	Information Breach Notice	STP	Sustainability and Transformation Plan
ICATT	Intensive Community Assessment and Treatment Team	TCP	Transforming Care Partnership
ICP	Integrated Care Partnership	UEC	Urgent & Emergency Care
ICS	Integrated Care System	UTC	Urgent Treatment Centre
IR	Identification Rules	YOC	Year of Care
KMH	Kings Mill Hospital	YTD	Year to Date



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	Date:	06 October 2021
Paper Title:	Highlight report from the (virtual) meeting of the CCG's Audit and Governance Committee	Paper Reference:	GB 21 087
Chair of the meeting	Sue Sunderland, Non-Executive Director	Attachments/ Appendices:	-
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 	

Summary of the Meeting

The Audit and Governance Committee met on the 31 August 2021. Due to the current Coronavirus (Covid-19) restrictions, the meeting was held virtually.

At the meeting, the Committee:

- **RETROSPECTIVELY APPROVED** invoice payments and credit notes transacted outside of delegated limits. The Committee had received a quarterly report that noted that 2.15% of all transactions during the period April-June 2021 had been approved outside of limits set in the CCG's Standing Financial Instructions. All had been investigated and errors were found to be as a result of the limitations of the financial reporting systems rather than intentional breaches and mitigating actions continued to be put in place to reduce the number of breaches. The Committee will continue to monitor compliance.
- **APPROVED** the CCG's updated Information Security Policy, which included changes to reflect updated Data Security and Protection Toolkit requirements; and contained new sections on the legal and regulatory framework, confidential data stored in the home environment; and IT equipment.
- **REVIEWED** the CCG's 2020/21 Tender Waiver Register.
- **NOTED** the issuing of Internal Audit's annual review of arrangements for managing conflicts of interest, which had given a rating of 'Substantial Assurance'.
- **REVIEWED** an assurance report on the CCG's probity arrangements:
 - The CCG's Policy on the Management of Conflicts of Interest had been due for formal review and re-approval in March 2021. It was proposed that revision be delayed pending new national guidance yet to be received. The Committee was assured that the current policy reflects the current national requirements and recommends that the Governing Body **APPROVE** the extension of the approval date for the policy to 31 March 2022.
 - The Committee endorsed a number of recommendations for improvement following a full review of the CCG's 'Raising Concerns (Whistleblowing) Policy' and organisational arrangements for 'speaking up'. Whilst it was found that the CCG's policy was generally fit for purpose, it was agreed that the CCG will take forward the proposed enhancements to the current arrangements during 2021, which will ensure that the organisation met the current needs of its workforce, whilst preparing to transition into the ICS.

Key Messages for the Governing Body

- Assurance on the robustness of the CCG's probity arrangements and endorsement of the approach for Freedom to Speak Up.
- Approval for the extension of the review date of the CCG's Conflicts of Interest Policy.

The ratified minutes of the meeting will be received by the Governing Body on the 01 December 2020.



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	Date:	06 October 2021	
Paper Title:	2021/22 Governing Body Assurance Framework: Mid-year Position	Paper Reference:	GB 21 088	
Sponsor:	Rosa Waddingham, Chief Nurse	Attachments/ Appendices:	Appendix A – 2021/22 Governing Body Assurance Framework	
Presenter:	Lucy Branson, Associate Director of Governance			
Summary Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>	Receive/Note for: <ul style="list-style-type: none"> Assurance Information <input checked="" type="checkbox"/>

Executive Summary

The purpose of the paper is to present the mid-year position of NHS Nottingham and Nottinghamshire CCG's 2021/22 Governing Body Assurance Framework for scrutiny and comment. This builds upon the opening position, presented in June 2021, which confirmed the strategic objectives and 16 strategic risks for the organisation.

As a reminder, in recognition of 2021/22 being a year of transition (subject to legislation), 11 of the strategic risks are jointly owned by the CCG and the Nottingham and Nottinghamshire Integrated Care System (ICS). These 11 strategic risks, which were approved by the ICS Board in July 2021, will also form the basis of an ICS Board Assurance Framework.

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Financial Management	<input checked="" 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 checked="" type="checkbox"/>
Strategic Planning	<input checked="" type="checkbox"/>	Procurement and/or Contract Management	<input checked="" 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):

Appendix A outlines the CCG's 16 strategic risks, which may impact achievement of the strategic

objectives.
Confidentiality:
<input checked="" type="checkbox"/> No
Recommendation(s):
The Governing Body is requested to:
1. REVIEW and COMMENT on the mid-year position of NHS Nottingham and Nottinghamshire CCG's Governing Body Assurance Framework; and
2. NOTE the levels of controls and assurances which are in place in relation to the CCG's strategic risks and actions being taken to address any identified 'gaps'; in particular, the ICS-led controls and assurances for those risks that are jointly owned with the ICS.

2021/22 Governing Body Assurance Framework: Mid-year Position

1. Introduction

The purpose of the paper is to present the mid-year position of NHS Nottingham and Nottinghamshire CCG's 2021/22 Governing Body Assurance Framework for scrutiny and comment. This builds upon the opening position, presented in June 2021, which confirmed the strategic objectives and 16 strategic risks for the organisation.

As a reminder, in recognition of 2021/22 being a year of transition (subject to legislation), 11 of the strategic risks are jointly owned by the CCG and the Nottingham and Nottinghamshire Integrated Care System (ICS). These 11 strategic risks, which were approved by the ICS Board in July 2021, will also form the basis of an ICS Board Assurance Framework.

2. The Role of the Governing Body Assurance Framework

Strategic risk management processes are centred around a Governing Body Board Assurance Framework, which is a structured way of identifying and mapping the main sources of assurance in support of the achievement of an organisation's aims/objectives.

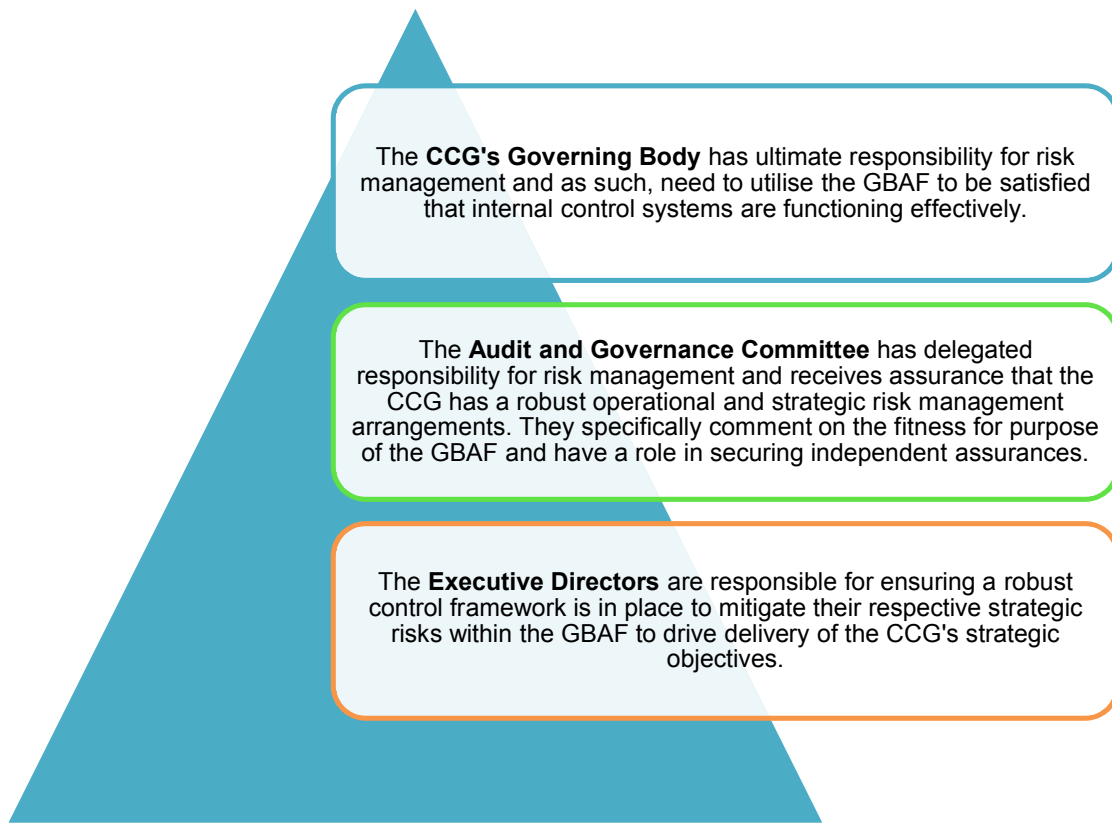
It provides the Governing Body with confidence that what needs to be happening is happening in practice. More specifically it enables the Governing Body to:

- a) Gain a clear and complete understanding of the control environments that have been established to manage its strategic risks;
- b) Consider the types of assurance currently obtained and whether they are effective and efficient;
- c) Identify areas where assurance activities are not present or are insufficient (i.e. assurance gaps), or where assurances may be duplicated or disproportionate (i.e. where there is scope for efficiency gains or reduction of duplication of effort); and
- d) Identify areas where existing controls are failing (i.e. control gaps), and consequently, the risks that are more likely to occur.

The Assurance Framework also plays an important role in informing the production of the Annual Governance Statement and is the main tool that a Governing Body should use in discharging its overall responsibility for ensuring that an effective system of internal control is in place.

3. Monitoring and Scrutiny Roles and Responsibilities

Roles and responsibilities in relation to the Governing Body Assurance Framework (GBAF) are described in the diagram below:



The reporting cycle for the CCG's 2021/22 Assurance Framework is described below.

	Apr-21	Aug-21	Oct-21	Jan-22	Mar-22
Governing Body: Governing Body Assurance Framework	✓ <i>(Opening position)</i>	✓ <i>(Strategic risks)</i>	✓ <i>(Mid-year position)</i>		✓ <i>(Closing position)</i>
Audit and Governance Committee: GBAF Targeted Assurance Report				✓ <i>(Quarter 3 position)</i>	

Discussions are being held with the CCG's Audit and Governance Committee Chair to ensure that the Committee's duties regarding the Assurance Framework will continue to be met during Quarter 4 2021/22, in light of the proposal to move to shadow working arrangements for the Integrated Care Board (subject to legislation) from January 2022.

For information, a parallel reporting cycle is in place within the ICS via both the ICS Transition and Risk Committee and the ICS Board, as part of the process to ensure a robust Integrated Care Board (ICB) Board Assurance Framework is developed and in place for 1 April 2022.

4. 2021/22 Governing Body Assurance Framework

The 16 strategic risks shown within the Assurance Framework have been identified as high-level, *potential* risks that are unlikely to be fully mitigated unless the external environment changes significantly. 11 risks are jointly owned by the CCG and ICS and five are relevant only to the

CCG as they link to statutory duties which the CCG continues to be accountable for until the 31 March 2022.

The strategic risks are in the following areas:

Culture and Partnership Working	Recovery and Transformation of Services	Health Inequalities	Quality Improvement
Clinical and Multi-Professional Leadership	Patient and Public Involvement	Workforce	Finance
Data, Analytics, Information and Technology	ICS Operating Model (including Place-Based Partnerships)	Governance and Decision-Making	Emergency Preparedness, Resilience and Response (CCG only)
Safeguarding (CCG only)	Cyber Security (CCG only)	Equality, Diversity and Inclusion (CCG only)	CCG Disestablishment (CCG only)

Since the last report was presented to the Governing Body, meetings have been held with the Accountable Officer, Executive Directors and senior responsible officers within the ICS to identify the controls and assurances in place for their respective strategic risks, as well as to talk through any ‘gaps’ and actions required.

As a result of these discussions, it was agreed that three former separate risks, relating to service transformation, service delivery and demand and capacity, would be combined in a strategic risk 2 (*Recovery and transformation of services*). This enabled the control framework and planned assurances to be more clearly defined.

It was also agreed that it would be more appropriate for risk 12 (*Emergency Preparedness, Resilience and Response*) to be a CCG only risk as the statutory responsibilities for being a responder (under the NHS England EPRR Framework) will remain with the CCG until its’ disestablishment on 31 March 2022.

It should be noted that the development of the Governing Body Assurance Framework is becoming increasingly challenging when seeking to align the structured format of controls and assurances against the backdrop of evolving system working. This will require the Governing Body to place reliance on the controls and planned assurances for those risks which are jointly owned with the ICS.

The fully populated Governing Body Assurance Framework is provided at **Appendix A**. For reference, within the Assurance Framework template, the detail of the ICS-led controls and assurances are described in the first row under the blue shaded header and the CCG-led controls and assurances are described in the second row (which is shaded grey).

4.1 Mid-year Assessment

The following sections summarise the key themes from the Governing Body Assurance Framework against the areas the Governing Body will be seeking answers to.

How robust is the CCG's control framework?

Key controls have been considered for each strategic risk across key category areas (e.g. roles and responsibilities, policies and/or frameworks, operational groups/forums and training).

Considering controls across these key category areas supports the identification of any 'gaps'.

Many of the 'gaps' currently identified relate to system-led work that is already underway to deliver against the nine ICS Transition Workstreams, ICS System Development Plan and ICB 'Readiness to Operate' statement. More specifically, this includes:

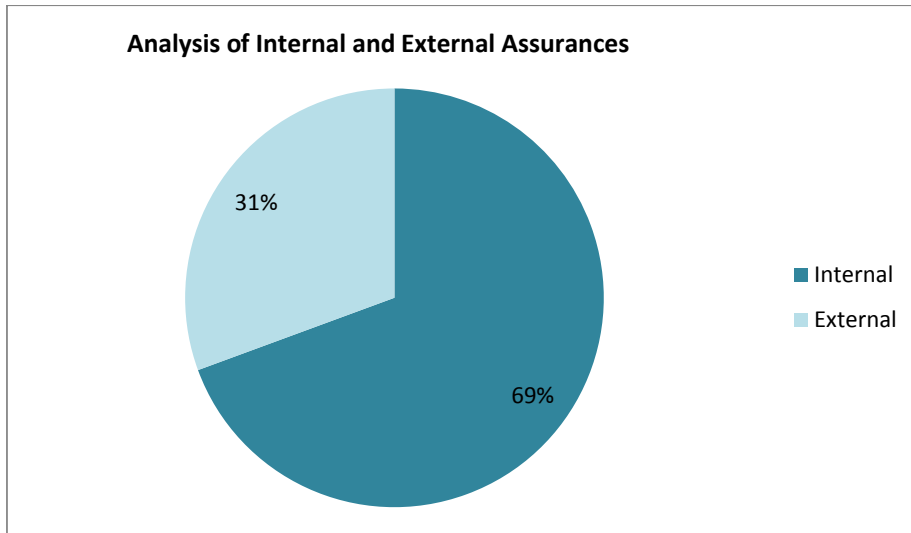
- The need to establish and 'embed' shadow governance, accountability and assurance arrangements for the Integrated Care Board (ICB);
- Clarifying roles, responsibilities and accountabilities for key roles within the ICB Executive and senior management teams;
- Producing and/or revising ICS strategies to ensure they are 'fit for purpose' and developing supporting delivery plans;
- The need to undertake a comprehensive review of all CCG corporate policies to ensure their readiness for the new statutory organisation;
- The need to develop a robust framework to support decision making at 'System' and 'Place' levels.

It is important to note that a number of the aforementioned 'gaps' in controls would be expected in a year of transition. It is anticipated that all these 'gaps' will be addressed as part of the ongoing work that is being undertaken to establish the ICB as a new statutory body from 1 April 2022 (subject to legislation).

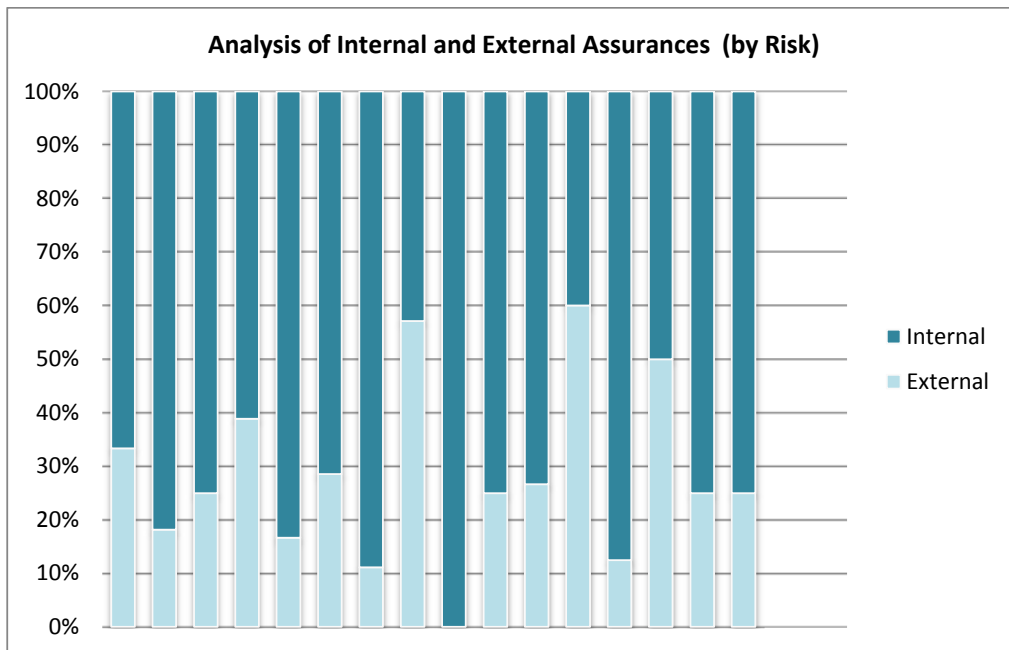
Where are our assurances coming from?

A review of the internal and external assurances set out within the Assurance Framework has been completed. This has shown that the overall split of internal and external assurances against all identified controls is 69% internal and 31% external, which we believe is at an acceptable level.

As a reminder, internal assurances are classed as any which are produced by the CCG, or system partners, and external assurances relate to parties which are independent to the CCG and its partners (e.g. regulators, internal and external audit providers).



A further assessment of the number of internal and external assurances per strategic risk has also been undertaken.



Analysis found that strategic risk 13 (*Equality, Diversity and Inclusion*) is the only risk which does not have any external assurances listed.

As part of the due diligence and 'handover' arrangements from the CCG (and NHS Bassetlaw CCG) to the new Integrated Care Board, an assessment of strategic risk areas will be undertaken to determine what the content of a future ICB Internal Audit Plan may look like.

What are the assurances telling us?

A total of 145 assurances are listed within the Assurance Framework.

There is a good balance of assurances which have already been received (or being routinely received) and assurances which are 'pending'. The latter refers to assurances that are planned

but have not yet been received. At this mid-year stage, this is considered acceptable as many of the CCG's planned assurances are ordinarily tailored to be received towards the end of the year (such as delivery of the Internal Audit and External Audit plans).

Of those assurances which have been received, all provide positive assurance, meaning that the controls in place are largely functioning effectively.

How are we addressing and monitoring the 'gaps'?

Actions have been identified in relation to all gaps with named responsible officers and clear implementation timelines. It is recognised that some of the implementation dates are not as specific as in previous years, as timeframes continue to be iterative whilst the CCG (and ICS) await further national guidance.

Nevertheless, many of the identified actions relate to system-led work that is already underway to deliver against the nine ICS Transition Workstreams, ICS System Development Plan and ICB 'Readiness to Operate' assessment. Progress in delivering these actions is monitored routinely by the ICS Transition and Risk Committee.

A 'targeted' Governing Body Assurance Framework report is also scheduled for the January 2022 meeting of the Audit and Governance Committee. This report will provide an update on progress with actions identified to address 'gaps' and enable the Committee to review the design and operation of the GBAF to ensure it continues to be 'fit for purpose' for this year of transition.

What are our expectations in terms of movement in risk score?

It is important to remember that the CCG's strategic risk profile is expected to be high due to the nature of the risks contained within the Governing Body Assurance Framework (i.e. if their impact rating isn't high or very high, then it is questionable whether they should be classified as strategic risks to the organisation).

A target risk score has been assigned to each strategic risk which has been set in line with the CCG's risk appetite statement. There is no movement in risk scores at this point, given it is the first time these have been presented to the Governing Body, however, it is expected that target risk scores will be achieved by year-end.

5. Head of Internal Audit Opinion

Strategic risk management, including the use of the Governing Body Assurance Framework, is a key component of the CCG's year-end Head of Internal Audit Opinion, provided by 360 Assurance (the Internal Audit provider for the CCG).

The Head of Internal Audit Opinion work programme will review *'the extent to which the organisations utilise the Governing Body Assurance Framework to support the management of strategic risk and achievement of organisational objectives'*. Initial output from Stage 1 of the Head of Internal Audit Opinion is scheduled to be presented to the November 2021 meeting of the Audit and Governance Committee.

6. Recommendations

The Governing Body is requested to:

- **REVIEW** and **COMMENT** on the mid-year position of NHS Nottingham and Nottinghamshire CCG's Governing Body Assurance Framework; and
- **NOTE** the levels of controls and assurances which are in place in relation to the CCG's strategic risks and actions being taken to address any identified 'gaps'; in particular, the ICS-led controls and assurances for those risks which are jointly owned with the ICS.

Siân Gascoigne

Head of Corporate Assurance

October 2021



Nottingham and Nottinghamshire
Clinical Commissioning Group

Governing Body Assurance Framework

October 2021

How to read the Assurance Framework

Strategic risks: High-level risks that threaten the achievement of the ICS shared purpose/strategic aims.

Controls: The mechanisms put in place by management to mitigate potential risks (e.g. roles and responsibilities, delivery groups, work programmes, plans, policies, training, etc.)

Gaps in control or assurance: These are identified where an additional/enhanced system or process is needed to better control the risk, or where there is a lack of evidence that controls are effective (e.g. where no assurances have been, or are planned to be, received).

Risk score: This is the current risk rating which considers the controls that are in place (e.g. those remedial actions to reduce the impact/ likelihood).

Target score: This is the level of risk that the organisation is prepared to accept and must be aimed for.

Risk ref: 1						Risk score (I x L)	Target score (I x L)	Movement in risk score	
Strategic Risk Narrative:									
Risk Owner(s):									
Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
				1	2	3	4		
Action(s):						Responsible Officer	Implementation Date		

Action(s): Where gaps have been identified, these are the actions required to address them. Actions will have a named lead and target date; progress against these actions is reported to the Transition and Risk Committee.

Assurances: Documented evidence that provides assurance that appropriate controls are in place and operating effectively.

Internal/External Assurances: Assurances can be provided from within the organisation (internal) or by an independent body, such as NHS England/Improvement or Internal/External Audit (external).

Positive/Negative Assurances: Assurances can be positive (e.g. telling us that the control is working) or negative (e.g. that the control is not effective).

Strategic Risks	Executive Lead (Risk Owner)		Initial Risk Score (I x L)	Current Risk Score (I x L)	Target Risk Score (I x L)	Movement in Risk Score
	CCG	ICS				
Risk 1: Culture and partnership working Failure to establish a cohesive system culture, conducive of successful partnership working.	Accountable Officer	Independent Chair and Executive Lead	Red (5 x 3)	Red (5 x 3)	Amber / Red (5 x 2)	↔
Risk 2: Recover and transform services Failure to work effectively across the system to recover and transform services, in line with 2021/22 priorities, to ensure current and future demand is met.	Chief Commissioning Officer	Executive Lead	Red (5 x 3)	Red (5 x 3)	Amber / Red (5 x 2)	↔
Risk 3: Health inequalities Failure to adequately address the health inequalities experienced by Nottingham and Nottinghamshire citizens.	Chief Commissioning Officer	Health Inequalities SRO	Red (5 x 4)	Red (5 x 4)	Amber / Red (5 x 2)	↔
Risk 4: Quality improvement Failure to maintain and improve the quality of services.	Chief Nurse	Chief Nurse	Red (5 x 4)	Red (5 x 4)	Amber / Red (5 x 2)	↔
Risk 5: Clinical and multi-professional leadership Failure to establish and maintain a robust and distributed clinical and multi-professional leadership model to drive clinical and care prioritisation and transformation.	Chief Nurse / Joint Clinical Leaders	Chief Nurse / Medical Director	Red (5 x 3)	Red (5 x 3)	Amber / Red (5 x 2)	↔
Risk 6: Patient and public involvement Failure to effectively engage with the diverse local population and ensure that patient and public insights inform decision making.	Director of Communications and Engagement	Director of Communications and Engagement	Red (5 x 3)	Red (5 x 3)	Amber / Red (5 x 2)	↔
Risk 7: Workforce Failure to ensure sufficient capacity, capability and wellbeing support within the local workforce.	Chief Finance Officer	People and Culture SROs	Red (5 x 4)	Red (5 x 4)	Amber / Red (5 x 2)	↔
Risk 8: Finance Failure to establish robust financial governance and resource allocation arrangements.	Chief Finance Officer	Director of Finance	Red (4 x 4)	Red (4 x 4)	Amber (4 x 2)	↔
Risk 9: Data, analytics, information and technology Failure to deliver digital transformation and establish effective system intelligence solutions.	Chief Finance Officer	DAIT SRO	Red (4 x 4)	Red (4 x 4)	Amber (4 x 2)	↔

Strategic Risks	Executive Lead (Risk Owner)		Initial Risk Score (I x L)	Current Risk Score (I x L)	Target Risk Score (I x L)	Movement in Risk Score
	CCG	ICS				
Risk 10: ICS Operating Model Failure to establish an effective operating model at ICS and 'place' level.	Accountable Officer	Executive Lead	Red (5 x 3)	Red (5 x 3)	Amber / Red (5 x 2)	↔
Risk 11: Governance and Decision Making Failure to establish robust governance, accountability and assurance arrangements.	Chief Nurse	Executive Lead	Amber / Red (4 x 3)	Amber / Red (4 x 3)	Amber (4 x 2)	↔
Risk 12: Emergency preparedness, resilience and response Failure to be adequately prepared to respond to major and/or business continuity incidents.	Chief Commissioning Officer	N/A	Red (5 x 3)	Amber / Red (5 x 2)	Amber / Red (5 x 2)	↔
Risk 13: Equality, Diversity and Inclusion Failure to comply with the general and specific Public Sector Equality Duties.	Chief Nurse	N/A	Red (5 x 3)	Amber / Red (5 x 2)	Amber / Red (5 x 2)	↔
Risk 14: Safeguarding Failure to safeguard children and vulnerable adults in accordance with legislative and statutory frameworks and guidance.	Chief Nurse	N/A	Red (5 x 3)	Amber / Red (5 x 2)	Amber / Red (5 x 2)	↔
Risk 15: Cyber Security Failure to prevent potential cyber-attacks.	Chief Finance Officer (SIRO)	N/A	Red (5 x 3)	Red (5 x 3)	Amber / Red (4 x 3)	↔
Risk 16: CCG Disestablishment (subject to legislation) Failure to transfer CCG functions, staff and assets safely and effectively.	Chief Nurse	N/A	Red (5 x 3)	Red (5 x 3)	Amber / Red (5 x 2)	↔


Risk ref: 1 Culture and partnership working				
Strategic Risk Narrative:	Failure to establish a cohesive system culture, conducive of successful partnership working.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Accountable Officer	Red (5 x 3)	Amber / Red (5 x 2)	
ICS Risk Owner(s):	Independent Chair and Executive Lead			

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I 1	E 2	+ 3	- 4	Gaps in Assurance	Action ref:
a) ICS Independent Chair's role to promote a culture of openness and transparency with all organisations 'acting as one organisation' and stimulate wider engagement across the health and social care community.	None identified.		a) Reports from the Independent Chair and Executive Lead to the ICS Board (latest September 2021).	✓				None identified.	
b) Joint ICS Executive Lead and CCG Accountable Officer.	None identified.		b) Standing ICS Board agenda item to 'review meeting against the Partnership Agreement' (latest September 2021).	✓				None identified.	
c) Transformation Senior Responsible Officers (SROs) and Programme Leads are appointed from across system partners.	None identified.		c) Review of System Development Plan iterations by the ICS Transition and Risk Committee (latest August 2021).	✓				None identified.	
d) ICS Partnership Agreement, which has been signed-up to by all system partners and demonstrates a commitment to work effectively together for the benefit of all communities and citizens within Nottingham and Nottinghamshire.	None identified.		d) Reporting against delivery of System Development Plan / 'Readiness to Operate' Assessments with NHSE/I (e.g. 'Checkpoints') (quarterly).		✓	✓		None identified.	

¹ Internal assurances,
² External assurances
³ Positive assurance
⁴ Negative assurance

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I 1	E 2	+3	- 4	Gaps in Assurance	Action ref:
e) System Development Plan, which outlines the ambition of the system and progress against 20 development actions to ensure the ICS is prepared to become a statutory body in April 2022 (subject to legislation).	None identified.		e) System assurance arrangements with NHSE/I.		✓	✓		None identified.	
f) System Executive Group and membership of all delivery groups are comprised of representatives from system partners.	To establish and embed in 'shadow' governance, accountability and assurance arrangements for the new ICB statutory organisation.	1.1							
g) ICS Board Development Sessions to ensure successful future partnership working. Topics (to date) include the role and membership of the Integrated Care Board, the role of Place, the Integrated Care Partnership and how engagement will function effectively in partnership.	None identified.								
a) CCG's commitment to the ICS Partnership Agreement.	None identified.		a) System Development Update presented to the Governing Body Development Session (September 2021).	✓				None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 1:1: To establish and embed in 'shadow' governance, accountability and assurance arrangements for the new ICB statutory organisation (subject to legislation).	ICS Executive Lead	Q4 2021/22

Risk ref: 2 Recover and transform services				
Strategic Risk Narrative:	Failure to work effectively across the system to recover and transform services, in line with 2021/22 priorities, to ensure current and future demand is met.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Chief Commissioning Officer	Red (5 x 3)	Amber / Red (5 x 2)	
ICS Risk Owner(s):	Executive Lead			

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) The role and remit of the System Executive Group to monitor and oversee the recovery and transformation of services, in line with the 2021/22 priorities* <i>* Set out within the NHSEI 2021/22 Priorities and Operational Planning Guidance as:</i> <ul style="list-style-type: none"> - Supporting the health and wellbeing of staff and taking action on recruitment and retention. - Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19. - Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services. - Expanding primary care capacity to improve access, local health outcomes and address health inequalities. - Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay. - Working collaboratively across systems to deliver on these priorities. 	None identified.		a) Integrated Performance Report, including the **System Delivery Dashboard, presented to the ICS Board on a bi-monthly basis, provides updates in relation to: <ul style="list-style-type: none"> - System incident management. - 2021/22 Planning and Transformation. - Integrated Performance (quality, service delivery, finance, people). - ICS Development and Transition. (latest September 2021). <i>**System Delivery Dashboard outlines performance in relation to:</i> <ul style="list-style-type: none"> - Quality of Care, Access and Outcomes (Urgent Care, Mental Health, Planned Care, Quality, Cancer and GP Appointments); - Preventing Ill-Health and Reducing Inequalities; - Finance and Use of Resources; - People; 	✓				None identified.	
b) The role and remit of the ICS System Oversight Meeting, which has collective accountability for the performance of the ICS.	To ensure the ICS System Oversight Meeting is established and operating in practice.	2.1							


Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
c) The ICS Transformation and Efficiency Plan (2021 to 2025), which is the prioritised delivery plan for the NHS Long Term Plan and ICS Outcomes Framework, alongside operational H1 and H2 planning processes for 2021/22.	None identified.		<ul style="list-style-type: none"> - <i>Local Strategic Priorities (which includes Quality Improvements, Elective Recovery and Financial Sustainability);</i> - <i>Constitutional and H1 Plan Metrics Delivery; and</i> - <i>Progress against System Plans (which includes Finance Group, People and Culture Group, and Capacity Cell).</i> 						
d) Establishment of nominated Senior Responsible Officers (SROs), Programme Leads and Clinical, Workforce, Analytical and Finance Leads for each transformation programme.	To review the ongoing appropriateness of nominated leads as part of the establishment of the ICB.	2.2	b) Routine reporting to the ICS System Oversight Meeting to enable the systematic monitoring and oversight of the recovery and transformation of services (PENDING).	✓				To establish systematic reporting in relation to delivery of all priorities / transformation programmes to the ICS System Oversight Meeting.	2.4
e) The requirement for each transformation programme to develop annual operational plans, alongside Project Charters and Project Initiation Documents (PIDs).	None identified.		c) Reporting against delivery of System Development Plan / 'Readiness to Operate' Assessments with NHSE/I (e.g. 'Checkpoints') (quarterly).		✓	✓		None identified.	
f) ICS Strategy and Delivery Group, whose duties include oversight of delivery of the ICS Transformation and Efficiency Plan, supported by the System Planning Group and System Transformation Group. Meetings have a dual focus of 'grip' on delivery and focus on development of future plans.	None identified.		d) System assurance arrangements with NHSE/I.		✓	✓		None identified.	
g) Role of the System Analytics and Intelligence Unit (SAIU), which will take forward the ICS population health management (PHM) programme and individual 'outputs'.	To ensure the operation of the SAIU becomes embedded within the ICS operating model.	2.3	e) Assurance reporting in line with the NHS System Performance Oversight Framework via the ICS Performance Group and ICS Strategy and Delivery Group (PENDING).	✓				To implement NHS System Performance Oversight Framework assurance and/or escalation reporting programmes to the ICS System Oversight Meeting.	2.5
h) Establishment of transformation programme boards and/or governance structures to support each of the programmes (e.g.	None identified.								

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
Planned Care Transformation Board, Mental Health Prevention Board, Primary Care Transformation Group (formally known as Primary Care Incident Management Group), etc.).									
i) Role and remit of the Combined COVID-19 Tactical Co-ordination Group (formally known as the HSCETCG).	None identified.								
j) Role and remit of the ICS Performance Oversight Group and Quality Assurance and Improvement Group in relation to overseeing recovery of services.	None identified.								
k) Role and remit of the Mid Nottinghamshire and South Nottinghamshire A&E Delivery Boards and supporting governance groups/workstreams (including Discharge2Assess, Right Place, First Time).	None identified.								
l) Role and remit of the People and Culture Board, and supporting operational groups, to ensure sufficient workforce capacity and capability within the system to meet current and future demand.	To review the operational infrastructure of the People and Culture Board in line with the ICS operating model.	2.6							
a) Chief Finance Officer as Executive lead for planning at the Governing Body.	None identified.		a) Strategic Planning and Prioritisation – Development of the single system plan presentation presented to the Governing Body (February 2021).	✓				None identified.	
b) Chief Commissioning Officer as Executive lead for commissioning at the Governing Body.	None identified.		b) System Development Update presented to the Governing Body	✓				None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
c) CCG's 2020-2022 Commissioning Strategy which describes the approach to transition from tactical to strategic commissioner (including, for example, the development of provider alliances /collaborations, development of outcomes-based incentives, and local 'place based' commissioning).	None identified.		Development Session (September 2021).					None identified.	
			c) Committee minutes, and highlight reports, presented to the Governing Body (each meeting).	✓					
d) Prioritisation and Investment Committee's duty to oversee the development of the CCG's commissioning strategies, plans and joint commissioning arrangements.	None identified.		d) Ad-hoc transformation programme updates provided to the Prioritisation and Investment Committee (for information).	✓				None identified.	
e) Quality and Performance Committee's duty to scrutinise arrangements for monitoring the performance of commissioned services and ensuring the needs of the population are being met.	None identified.		e) Routine integrated performance reporting to the: - Governing Body (bi-monthly); and - Quality and Performance Committee (monthly).	✓				None identified.	
f) Primary Care Commissioning Committee's duty to promote increased co-commissioning to increase quality, efficiency, productivity and value for money within primary care.	None identified.		f) Weekly performance reporting of waiting list/back log position for elective activity (to all Quality and Performance Committee members).	✓				None identified.	
g) The role and remit of the CCG's Integrated Urgent Care Programme Group.	None identified.								

Action(s):	Responsible Officer	Implementation Date
Action 2.1: To ensure the ICS System Oversight Meeting is established and operating in practice.	ICS Executive Lead	Q4 2021/22
Action 2.2: To review the ongoing appropriateness of nominated leads as part of the establishment of the ICB.	ICS Executive Lead	Q4 2021/22
Action 2.3: To ensure the operation of the SAIU becomes embedded within the ICS operating model.	ICS Executive Lead	Q4 2021/22
Action 2.4: To establish systematic reporting in relation to delivery of all priorities / transformation programmes to the ICS System Oversight Meeting	ICS Executive Lead	Q4 2021/22

Action 2.5: To implement NHS System Performance Oversight Framework assurance and/or escalation reporting, programmes to the ICS System Oversight Meeting.	ICS Executive Lead	Q4 2021/22
Action 2.6: To review the operational infrastructure of the People and Culture Board in line with the ICS operating model.	ICS Executive Lead	Q4 2021/22

Risk ref: 3 Health inequalities				
Strategic Risk Narrative:	Failure to adequately address the health inequalities experienced by Nottingham and Nottinghamshire citizens.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Chief Commissioning Officer	Red (5 x 4)	Amber / Red (5 x 2)	
ICS Risk Owner(s):	Health Inequalities SRO			


Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) Joint Strategic Needs Assessments (JSNAs) for Nottingham City and Nottinghamshire County, which describe current and future health and social care needs which need to be met. The aim of the JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages.	None identified.		a) Joint Strategic Needs Assessments (JSNAs): Future development and alignment with Nottingham and Nottinghamshire ICS (presentation to the July 2021 ICS Board meeting).	✓				None identified.	
b) Nottingham City's Joint Health and Wellbeing Strategy 2016 to 2020 and Nottinghamshire Health and Wellbeing Board Joint Health and Wellbeing Strategy 2018 to 2022, both of which exist to translate City and Country JSNA findings into remedial action.	None identified.		b) Implementation of the ICS Health Inequalities Strategy Update to the ICS Board (September 2021).	✓				None identified.	
c) Establishment of an SRO and nominated Programme Leads for Health Inequalities.	None identified.		c) System assurance arrangements with NHSEI, focusing on delivery of the system's HI priorities (as described in the 2021/22 Priorities and Operational Plan submission).		✓	✓		None identified.	
d) ICS Health Inequalities Strategy (2020-2024), which outlines five key objectives: <ul style="list-style-type: none"> Protect the most vulnerable from COVID-19; Restore health and care services inclusively; Digitally enabled care which increases inclusion; 	None identified.		d) Health Inequalities and Prevention Group assurance reporting to the System Executive Group (SEG) and ICS Quality and Inequalities Committee (PENDING).	✓				To establish routine assurance reporting in relation to delivery of the HI Strategy within the ICS governance structure.	3.3
			e) Integrated Performance Report, including the System Delivery	✓				None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
<ul style="list-style-type: none"> Accelerate preventative programmes; Particularly support those who suffer from mental ill-health. 			Dashboard, presented to the ICS Board on a bi-monthly basis (latest September 2021).						
e) Health Inequalities and Prevention Group, which has oversight of delivery of the ICS Health Inequalities Strategy.	To finalise the Terms of Reference for the HI and Prevention Group.	3.1	f) Improving Health and Wellbeing for 2021/22 priority population groups paper presented to the ICS Board (July 2021).	✓				None identified.	
f) Health Inequalities Implementation Plan(s) at ICS, Place and PCN level.	To develop the HI Implementation Plans.	3.2	g) Tackling Health Inequalities as part of the COVID-19 Vaccination Programme presented to the ICS Board (May 2021).	✓				None identified.	
g) ICS Outcomes Framework, which includes a set of health inequalities metrics to progress delivery of the Strategy.	None identified.								
h) Establishment of the System Analytics Unit (SAU), which will take forward the ICS population health management (PHM) programme and individual 'outputs'.	To ensure the operation of the SAIU becomes embedded within the ICS operating model.	3.3							
i) Health Equity Assessments which are undertaken as part of transformation programmes.	None identified.								
a) All Governing Body members have a shared responsibility for ensuring that the CCG is commissioning to meet the needs of the Nottingham and Nottinghamshire population.	None identified.		a) Reporting of H&WB Board minutes via AO Report to the Governing Body (Bi-monthly dependent on timings of H&WB Board meetings)		✓	✓		None identified.	
b) Chief Commissioning Officer as Executive lead for commissioning and health inequalities at the Governing Body.	None identified.		b) Annual Research and Evidence Assurance Report to the Governing Body (June 2021).	✓				None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
c) Prioritisation and Investment Committee's duty to oversee the development of the CCG's commissioning strategies, plans and joint commissioning arrangements. This includes ensuring alignment with the Integrated Care System's (ICS) Outcomes Framework and delivery of the CCG's duty to reducing inequalities of access and inequalities of outcomes.	None identified.		c) ICS HI Strategy reported to the Quality and Performance Committee (May 2021).	✓				None identified.	
d) CCG/Governing Body membership of the Nottingham City and Nottinghamshire County Health and Wellbeing Boards.	None identified.		d) Integrated Performance Report (IPR) included a section on HI (in relation to outpatient activity) presented to the Quality and Performance Committee (April 2021).	✓				None identified.	
e) CCG/Governing Body membership of the ICS Board (Accountable Officer and Non-Executive Director, who is also Vice Chair of the ICS Board).	None identified.		e) NHSE/I's 2020/21 CCG Annual Assessment against 14 national determined Key Lines of Enquiry and five key priority areas (quality of services, reducing health inequalities, involving and consulting the public, compliance with financial duties and leadership and governance) (June 2021).		✓	✓		None identified.	
f) CCG's 2020-2022 Commissioning Strategy which describes the approach to transition from tactical to strategic commissioning, as well as the need to reduce health inequalities.	None identified.								
g) CCG membership on JSNA Steering Groups (for City and County).	None identified.								
h) Role and remit of the CCG's Research and Evidence Team.	None identified.								
i) CCG's Evaluation Framework, which will help assess to what extent services are useful to the population they are targeted at, (e.g. addressing health inequalities), as well as their clinical effectiveness. This helps inform	None identified.								

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
the development of service plans and pathways.									

Action(s):	Responsible Officer	Implementation Date
Action 3.1: To finalise the Terms of Reference for the Health Inequalities and Prevention Group.	Chief Commissioning Officer / Health Inequalities SRO	Q4 2021/22
Action 3.2: To develop the Health Inequalities Implementation Plans.		Q4 2021/22
Action 3.3: To ensure the operation of the SAIU becomes embedded within the ICS operating model.		Q4 2021/22
Action 3.4: To establish routine assurance reporting in relation to delivery of the HI Strategy within the ICS governance structure.		Q4 2021/22

Risk ref: 4 Quality improvement				
Strategic Risk Narrative:	Failure to maintain and improve the quality of services.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Chief Nurse	Red (5 x 4)	Amber / Red (5 x 2)	
ICS Risk Owner(s):	Chief Nurse			

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) ICS Clinical Leadership and Engagement Workstream; the main aim of which is to develop and mobilise clinical leadership and engagement arrangements to support quality improvement.	None identified.	4.1	a) ICS Clinical Leadership and Engagement Workstream Highlight Reports to the ICS Transition and Risk Committee (latest September 2021).	✓				None identified.	4.4
b) ICS Quality and Inequalities Committee (in development).	To develop Terms of Reference and Annual Work Programme for the Non-Executive chaired ICS Quality and Inequalities Committee.		b) QAIG reporting to the ICS Board (bi-monthly) (latest September 2021).	✓				To establish routine assurance reporting from the ICS Quality and Inequalities Committee to the ICS Board.	
c) ICS Quality Assurance and Improvement Group (QAIG) with system membership, with responsibilities to: <ul style="list-style-type: none"> ensure the fundamental standards of quality are delivered (which includes, but is not limited to, managing quality and risks, addressing inequalities and variation); and continually improve the quality of services, in a way that makes a real difference to the people using them. ICS QAIG is supported by other operational groups, including an ICS Patient Safety Specialist Group and Infection, Prevention and Control Group.	None identified.		c) System assurance arrangements with NHSEI.		✓	✓		None identified.	
			d) Integrated Performance Report, including the System Delivery Dashboard, presented to the ICS Board on a bi-monthly basis (latest September 2021).	✓				None identified.	


Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) ICS Quality Strategy (in development)	To continue developing an ICS Quality Strategy.	4.2							
a) Chief Nurse as Executive lead for quality improvement and Chair of the ICS Quality Assurance and Improvement Group (QAIG).	None identified.		a) Routine nursing and quality reporting to the Quality and Performance Committee (quarterly, plus monthly exception reports), which includes the Safe Today metrics, enabling potential areas of hidden harm to be considered.	✓				None identified.	
b) Quality and Performance Committee's duty to scrutinise arrangements for monitoring the quality of commissioned services and ensure quality outcomes and benefits in commissioned services are being achieved.	None identified.		b) Quality 'deep dive' thematic reviews to the Quality and Performance Committees (bi-monthly) in the following areas:	✓				None identified.	
c) Primary Care Commissioning Committee's duty to promote increased co-commissioning to increase quality, efficiency, productivity and value for money within primary care.	None identified.		<ul style="list-style-type: none"> - NUH Maternity Services (latest August 2021); - Nottinghamshire Healthcare NHS Foundation Trust (latest June 2021); - Nottingham University Hospitals NHS Trust (latest August 2021); - Urgent Care (NUH and SFH) (October 2021); and - Cancer (February 2021). 						
d) Prioritisation and Investment Committee's duty to quality assure business case proposals, including assessment of any associated equality and quality impacts arising from proposals and feedback from patient and public engagement/consultation activities where necessary.	None identified.								
e) CCG's 2019-2022 Quality Strategy which outlines the CCG's approach to improving outcomes for the population, supported by a Quality Strategy Delivery Plan.	None identified.								
f) CCG's Service Benefit Review Policy which requires EQIAs to be completed as part of service reviews and pathway redesigns.	To fully review the CCG's SBR Policy to determine its fitness for purpose for the ICS NHS statutory body.	4.3	c) Grant Thornton Review – CCG's Quality Assurance Arrangements (PENDING).		✓			None identified.	
			d) Ad-hoc specific quality assurance reporting, covering:	✓				None identified.	

Controls			Assurances							
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:	
g) CCG's Patient Experience (Complaints, Concerns and Enquiries) Policy which set out the organisation's approach to handling complaints and concerns about commissioned services.	None identified.		- Planned Care (Waiting List backlog) (latest April 2021);							
h) The CCG's quality framework processes (including the Safe Today Programme), which include: <ul style="list-style-type: none"> Risk-based quality insight visits across primary, community and secondary care; Monitoring of provider compliance with key quality indicators; and Arrangements for sharing good practice and lessons learnt (including incident management, complaints investigations and adult and children's safeguarding arrangements). 	None identified.		- Care Homes and Home Care (August 2020);							
i) Primary Care Quality Groups (per ICP footprint), which have responsibility for delivery and improvement of quality services within primary care.	None identified.		- Swabbing and Testing (May 2020);							
			- Personal Protective Equipment (PPE) (May 2020);							
			- Safeguarding (June 2020);							
			- IPC (July 2020);							
			- Flu Plan (August 2020);							
			- Focus on harm (September 2020);							
			- Outbreak report (latest March 2021);							
			- Vaccination programme (latest March 2021).							
			<i>*The above for part of the Quality Assurance Report (from April 2021).</i>	✓				None identified.		
			e) Routine integrated performance reporting to the:							
			- Governing Body (bi-monthly); and							
			- Quality and Performance Committee (monthly).							
			f) Annual reporting to the Quality and Performance Committee:	✓				None identified.		
			- Safeguarding Annual Reports (including LAC and SEND) (PENDING September 2021);							

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
			<ul style="list-style-type: none"> - Learning Disability Mortality Review (LeDeR) Annual Report (June 2021); - Serious Incidents Bi-annual Report (July 2021); - Patient Experience Annual Report (including complaints) (May 2021); and - Infection, Prevention and Control Annual Report (PENDING September 2021). 						
			g) Assurance reports relating to the safe and effective management of medicines, including the Controlled Drugs Annual Report and the Nottinghamshire Area Prescribing Committee's Annual Report (latest July 2021).		✓			None identified.	
			h) Quality and Performance Committee Annual Report, incorporating the Committee effectiveness review (latest March 2021).		✓			None identified.	
			i) Routine reporting to the Primary Care Committee in relation to Primary Care quality and performance (quarterly).		✓			None identified.	
			j) Receipt of annual Quality Accounts prepared by the CCG's main providers prior to final sign off; with			✓	✓	None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
			specific responsibility for approval of the CCG's insert within the document (June 2021).					None identified.	
			k) 2021/22 Internal Audit Review – Liberty Protection Standards (Mental Capacity Act) (Q3 PENDING)		✓			None identified.	
			l) NHSE/I's 2020/21 CCG Annual Assessment against 14 national determined Key Lines of Enquiry and five key priority areas (quality of services, reducing health inequalities, involving and consulting the public, compliance with financial duties and leadership and governance) (June 2021).		✓	✓		None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 4.1: To develop Terms of Reference and Annual Work Programme for the Non-Executive chaired ICS Quality and Inequalities Committee.	Associate Director of Governance	Q4 2021/22
Action 4.2: To continue developing an ICS Quality Strategy.	Chief Nurse	April 2022
Action 4.3: To fully review the CCG's SBR Policy to determine its fitness for purpose for the ICS NHS statutory body.	Chief Commissioning Officer	April 2022
Action 4.4: To establish routine assurance reporting from the ICS Quality and Inequalities Committee to the ICS Board.	Chief Nurse	Q4 2021/22

Risk ref: 5 Clinical and multi-professional leadership				
Strategic Risk Narrative:	Failure to establish and maintain a robust and distributed clinical and multi-professional leadership model to drive clinical and care prioritisation and transformation.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Chief Nurse / Joint Clinical Leaders	Red (5 x 3)	Amber / Red (5 x 2)	
ICS Risk Owner(s):	Chief Nurse / Medical Director			

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) Nursing and Medical Directors, as a mandatory member of the Integrated Care Board.	To appoint to the ICB Medical Director role.	5.1	a) ICS Clinical Leadership and Engagement Workstream reporting to the ICS Transition and Risk Committee (monthly).	✓				None identified.	
b) Establishment of a Clinical Leadership and Engagement Workstream, as a transition workstream.	None identified.		b) ICS Transition and Risk Committee highlight reports presented to the ICS Board (latest September 2021).	✓				None identified.	
c) The role and remit of the Clinical and Professional Leadership Group (CPLG) (formally known as the Clinical Executive Group) within the ICS governance structure.	To develop and finalise Terms of Reference for the CPLG.	5.2	c) Reporting against delivery of System Development Plan / 'Readiness to Operate' Assessments with NHSE/I (e.g. 'Checkpoints') (quarterly).		✓	✓		None identified.	
d) Clinical membership of the ICB Board and its Committees (to be described in the ICB Constitution and Governance Handbook).	To formalise and agree clinical membership of Committees/Groups in the ICB governance structure.	5.3							
e) Programme of engagement in relation to the establishment of the Clinical Transformation Partnership.	None identified.								
a) Joint Clinical Leaders of the CCG with shared responsibility for providing clinical leadership to the development of strategic commissioning to secure continuous	None identified.		a) Joint Clinical Leader Reports to the Governing Body.	✓				None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
improvement in the quality of healthcare services and outcomes for patients.			b) Prioritisation and Investment Committee minutes, and highlight reports, presented to the Governing Body (each meeting).	✓				None identified.	
b) GP Representatives on the Governing Body (one for each of the three geographical Places defined within the CCG's Constitution: Mid-Nottinghamshire, South Nottinghamshire and Nottingham City); alongside the roles of the ICP and PCN Clinical Directors.	None identified.		c) Primary Care Commissioning Committee minutes, and highlight reports, presented to the Governing Body (each meeting).	✓				None identified.	
c) Prioritisation and Investment Committee's duty to set the CCG's ethical decision-making framework and prioritisation methodology and process, and evaluate, scrutinise and quality assure the clinical and cost effectiveness of business case proposals for new investments, recurrent funding allocations and decommissioning and disinvestment of services.	None identified.								
d) Primary Care Commissioning Committee's remit to manage relevant primary medical services contracts including by assessing quality and outcomes (including clinical effectiveness, patient experience and patient safety).	None identified.								
e) Clinical membership of the Governing Body and Committees, as described in the CCG's Constitution and Governance Handbook.	None identified.								
f) The Clinical Design Authority (CDA) exists to provide clinical leadership in relation to the commissioning of health services for the population of the CCG. The CDA provides	None identified.								

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
advice in relation to clinical policies, clinical pathways and referral guidelines, with the aim of meeting the health needs of the CCG's population within limited resources, whilst reducing unwarranted clinical variation and improving consistency of pathways.									
g) CCG's Ethical Decision-Making Framework which outlines four key ethical principles that form the basis of decisions made in accordance with the Service Benefit Review Policy, with rationale 2 specifically linked to improvement in health outcomes.	None identified.								
h) Service Restriction Policy, and supporting processes, which ensures the CCG funds treatment only for clinically effective interventions delivered to the right patients.	None identified.								
i) Twice-monthly Executive Management Team meetings with ICP Clinical Leads, chaired by the CCG Joint Clinical Leaders.	None identified.								
j) Role and responsibilities of the CCG's Research and Evidence team to support the work of the CDA.	None identified.								

Action(s):	Responsible Officer	Implementation Date
Action 5.1: To appoint to the ICB Medical Director role.	ICS Executive Lead	Q3 2021/22
Action 5.2: To develop and finalise Terms of Reference for the Clinical and Professional Leadership Group (CPLG)	ICS Executive Lead (with support from the Chief Nurse / Medical Director)	Q4 2021/22
Action 5.3: To formalise and agree clinical membership of Committees/Groups in the ICS governance structure.	ICS Executive Lead	Q4 2021/22

	(with support from the Nursing and Medical Directors and Associate Director of Governance)	
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Risk ref: 6 Patient and public involvement				
Strategic Risk Narrative:	Failure to effectively engage with the diverse local population and ensure that patient and public insights inform decision making.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Director of Communications and Engagement	Red (5 x 3)	Amber / Red (5 x 2)	
ICS Risk Owner(s):	Director of Communications and Engagement			


Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) ICS Transition Communications and Engagement Workstream; the aims of which are: <ul style="list-style-type: none"> - To describe to citizens, stakeholders and staff the benefits of working in a more integrated way across health and care - To ensure that staff and stakeholders are informed and involved in the development and establishment of the statutory ICS. - To establish the structures and approach required for citizen and patient involvement in the ICS from April 2022. Secondary: - To ensure that citizens are informed about the establishment of the statutory ICS 	None identified.		a) Routine engagement assurance reporting to the ICS Quality and Inequalities Committee (when established) (PENDING).	✓				To establish routine engagement assurance reporting to the ICS Quality and Inequalities Committee.	6.5
b) ICS Health and Care Workstream; the main aim of which is the statutory establishment of the ICS Health and Care Partnership functions, accountability and governance.	None identified.		b) Citizen / Patient stories presented to the ICS Board (latest September 2021).		✓	✓		None identified.	
c) Establishment of an appropriate patient engagement /involvement/ partnership forum	To establish an appropriate patient engagement /involvement/ partnership	6.1	c) ICS Communications and Engagement Workstream Highlight Reports to the ICS Transition and Risk Committee (latest September 2021).	✓				None identified.	
			d) ICS Health and Care Workstream Highlight Reports to the ICS Transition and Risk Committee (latest September 2021).	✓				None identified.	
			e) Update to the ICS Board on implementing <i>ICS implementation guidance on working with people</i>	✓				None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
within the Integrated Care Board's governance structure.	forum within the Integrated Care Board's governance arrangements.		<i>and communities</i> (PENDING due November 2021).						
d) 2022/23 Engagement Development Plan which will lay the groundwork for a framework for public involvement that can inform transition to ICS led strategic commissioning (in development).	To finalise and deliver against the 2022/23 Engagement Development Plan.	6.2							
e) ICS Board Development Sessions to how engagement will function effectively in partnership.	None identified.								
a) Accountable Officer with overall Executive responsibility for patient and public engagement on the CCG's Governing Body.	None identified.		a) Patient and Community Engagement Indicator 2020/21 CCG Annual Assessment (e.g. compliance with statutory guidance on patient and public participation in commissioning health and care) (PENDING; 2019/20 was 'amber').		✓	✓		None identified.	
b) Director of Communication and Engagement as senior management lead for communication and engagement.	None identified.								
c) Non-Executive Director lead for Patient and Public Involvement on the CCG's Governing Body.	None identified.		b) Patient and Community Engagement Indicator 2021/2022 CCG Annual Assessment (PENDING)		✓			None identified.	
d) Patient and Public Engagement Committee, which provides an interface between communities and networks across CCG's 'footprint' for the purposes of providing a patient and public perspective in the planning and commissioning of health care services.	None identified.		c) Patient and Public Engagement Committee (PPEC) minutes, and highlight reports, presented to the Governing Body (bi-monthly).	✓				None identified.	
e) Prioritisation and Investment Committee's duty to quality assure business case proposals, including feedback from patient	None identified.			✓				None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
and public engagement/consultation activities where necessary.			d) 2021/22 Patient and Public Involvement Annual Assurance Report (PENDING).						
f) Quality and Performance Committee's duty to scrutinise arrangements for ensuring that patient feedback and engagement are embedded in the commissioning cycle and meeting legal duties.	None identified.		e) Recovery Insight reporting to the Governing Body and associated action plan (October 2020).	✓				None identified.	
g) CCG's 2019-2021 Communications and Engagement Strategy which sets out the strategic approach for engagement for the CCG.	None identified.		f) Patient and Public Engagement assurance reporting to the Quality and Performance Committee (latest April 2021).	✓				None identified.	
h) CCG's Equality, Diversity and Inclusion (EDI) Policy, which recognises patient and public engagement as one of the CCG's key business activities where due regard to the general public sector equality duty is required. The policy requires a range of different mechanisms to be used to ensure meaningful engagement with people from all protected characteristic and disadvantaged groups in the CCG's population, particularly those whose voices may not be routinely heard.	None identified.		g) Annual Engagement Report 2020/21 presented to Quality and Performance Committee (draft in March 2021 and final in April 2021).	✓				None identified.	
i) CCG's Service Benefit Review Policy which sets out the importance to identify and engage with key stakeholders when developing proposals to change services.	To fully review the CCG's SBR Policy to determine its fitness for purpose for the ICS NHS statutory body.	6.3	h) Healthwatch Report presented to the PCCC meeting (June 2020).	✓				None identified.	
j) CCG's Ethical Decision-Making Framework which outlines four key ethical principles that form the basis of decisions made in	To establish an Ethical Decision-Making Framework	6.4	i) NHSE/I's 2020/21 CCG Annual Assessment against 14 national determined Key Lines of Enquiry and five key priority areas (quality of services, reducing health inequalities, involving and consulting the public, compliance with financial duties and leadership and governance) (June 2021).		✓	✓		None identified.	
			j) Internal Audit Review – Compliance with ICS <i>implementing</i>		✓			None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
accordance with the Service Benefit Review Policy (Principle1: Rationale must consider views of key stakeholders).	for the ICS NHS statutory body.		<i>guidance on working with people and communities</i> guidance (scheduled for Q4 2021/22).						
k) Recovery Insight framework, and supporting action plan, which outlines how the CCG is listening to patients and taking their views on board.	None identified.								
l) Engagement with Health Scrutiny Committees as part of the CCG's commissioning decision making (Health Scrutiny Committees are responsible for carrying out the statutory health scrutiny function in Nottingham/shire).	None identified.								
m) CCG's relationship and engagement with Healthwatch Nottingham and Nottinghamshire (Healthwatch is an independent consumer champion for health and social care), including membership within the CCG's PPEC.	None identified.								

Action(s):	Responsible Officer	Implementation Date
Action 6.1: To establish an appropriate patient engagement /involvement/ partnership forum within the Integrated Care Board's governance arrangements.	Director of Communications and Engagement	Q4 2021/22
Action 6.2: To finalise and deliver against the 2022/23 Engagement Development Plan.	Director of Communications and Engagement	March 2022
Action 6.3: To fully review the CCG's SBR Policy to determine its fitness for purpose for the ICS NHS statutory body.	Chief Commissioning Officer	April 2022
Action 6.4: To establish an Ethical Decision-Making Framework for the ICS NHS statutory body.	Chief Commissioning Officer	April 2022
Action 6.5: To establish routine engagement assurance reporting to the ICS Quality and Inequalities Committee.	Director of Communications and Engagement	Q4 2021/22

Risk ref: 7 Workforce				
Strategic Risk Narrative:	Failure to ensure sufficient capacity, capability and wellbeing support within the local workforce.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Chief Finance Officer	Red (5 x 4)	Amber / Red (5 x 2)	
ICS Risk Owner(s):	People and Culture SROs			

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) Nominated People and Culture SRO.	To further define role and responsibilities of the People and Culture SRO as part of the statutory ICB leadership arrangements.	7.1	a) Integrated Performance Report, including the System Delivery Dashboard, presented to the ICS Board on a bi-monthly basis (latest September 2021).	✓				None identified.	
b) ICS People and Culture Strategy (2019 to 2029), which outlines five strategic priorities: <ul style="list-style-type: none"> Planning, attracting and recruiting people to work in our health and care system; Retaining staff and trainees, promoting career paths and talent management; Role redesign and embedding new roles; Developing and preparing people to work in new ways, including digital skills development; Enabling cultural change and leadership development to maximise system effectiveness. 	None identified.		b) People and Culture: Update on the delivery of the ICS People Plan 2020/21 to the ICS Board (February 2021).	✓			To establish routine assurance reporting in relation to delivery of the People and Culture Strategy within the ICS governance structure.	7.6	
c) ICS People and Culture Two-year Delivery Plan (2019 to 2021).	None identified.		c) People and Culture: Overview of Staff Wellbeing presentation to the ICS Board (January 2021).	✓				None identified.	
d) Primary Care Workforce Strategy.	None identified.								

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
e) Establishment of a People and Culture Committee, which is supported by a comprehensive governance structure, including the: <ul style="list-style-type: none"> People, Culture and Inclusion Collaborative, which has five individual workstreams (Resourcing, OD, EDI, Wellbeing, Just and Restorative Culture); and Primary Care Delivery Board. 	To develop Terms of Reference and Annual Work Programme for the Non-Executive chaired ICB People and Culture Committee.	7.2							
a) Chief Finance Officer as Executive lead for workforce and organisational development at the Governing Body.	None identified.		a) CCG's 2020 Staff Survey results reported to the Finance and Resources Committee and Governing Body (March and April 2021).		✓	✓		None identified.	
b) Finance and Resources Committee's role to: <ul style="list-style-type: none"> Oversee the development and implementation of the CCG's Workforce Strategy (as approved by the Governing Body), including establishment of, and monitoring performance against, a set of key workforce indicators. Oversee arrangements for responding to the views and experiences of the CCG's workforce, as highlighted by the annual staff survey. Oversee the development and implementation of the CCG's Organisation Development Strategy. 	None identified.		b) Workforce Report, which includes employee turnover, vacancy rates, sickness absence, appraisals and an analysis of workforce demographics, presented to the Finance and Resources Committee (latest July 2021).	✓				None identified.	
c) CCG's 2019-2021 Organisational Development Strategy which sets out plans to devise a new culture, establish a clear vision and role as a single strategic commissioner.	None identified.		c) Workforce Report to the Governing Body (PENDING).	✓				None identified.	
			d) Bi-annual Mandatory Training Compliance Reports to the Audit and Governance Committee which outline performance (%) against all statutory and mandatory training targets (latest June 2021).	✓				None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
d) CCG's 2019-2021 People Strategy which outlines plans to ensure the CCG has the right people, with the right skills, knowledge, values and experience in the right place at the right time.	None identified.		e) Health & Safety assurance reporting to the Audit and Governance Committee (twice yearly) (November 2020 and April 2021).	✓				None identified.	
e) Introduction of the CCG's agile working model supported by an Agile Working Policy (in development).	To finalise and publish the CCG's Agile Working Policy.	7.3	f) Annual Health & Safety Report to the Governing Body (via Audit and Governance Highlight Report) (August 2021).	✓				None identified.	
f) Suite of Human Resources (HR) policies to ensure best practice in terms of: <ul style="list-style-type: none"> - Organisational change; - Flexible working; - Training and development; - Statutory and mandatory training; - Capability; and - Recruitment and selection. 	To review all HR policies to reflect implementation of the CCG's agile working model.	7.4							
g) Suite of Health and Safety Policies to ensure staff wellbeing in terms of: <ul style="list-style-type: none"> - Health, safety and security at work; - Fire safety at work; - Display Screen Equipment (DSE) use; and - Incident reporting. 	To review all H&S policies to reflect implementation of the CCG's agile working model.	7.5							
h) Staff Engagement Group, whose role is to stimulate and support an empowered, engaged and well-supported workforce.	None identified.								

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
i) CCG's BAME and LGBTQIA+ Staff Networks to ensure staff that identify with these protected characteristics are supported and have a safe area to talk through concerns.	None identified.								
j) CCG's Disability and Wellbeing Network (DAWN) to ensure that staff with disabilities or long-term mental or physical health conditions have a voice within the CCG and can contribute to the changing culture of the CCG.	None identified.								
k) Health, Safety and Security Steering Group exists to develop, and oversee the implementation of, comprehensive and effective health and safety (including fire and security management) arrangements within the CCG.	None identified.								
l) Role-related and personal development training, as identified through the staff appraisal process.	None identified.								
m) Monthly virtual Staff Briefings available for all staff to access 'live' and recording publicised for retrospective viewing.	None identified.								
n) Intranet Wellbeing Hub which provides all the Occupational Health Service resources offered through the Sugarman contract. This includes counselling services, financial advice and legal support.	None identified.								

Action(s):	Responsible Officer	Implementation Date
Action 7.1: To further define role and responsibilities of the People and Culture SRO as part of the statutory ICB leadership arrangements.	ICS Executive Lead	Q4 2021/22

Action 7.2: To develop Terms of Reference and Annual Work Programme for the Non-Executive chaired ICS People and Culture Committee.	Associate Director of Governance	Q4 2021/22
Action 7.3: To finalise and publish the CCG's Agile Working Policy.	Chief Finance Officer	March 2022
Action 7.4: To review all HR policies to reflect implementation of the CCG's agile working model.	Chief Finance Officer	March 2022
Action 7.5: To review all H&S policies to reflect implementation of the CCG's agile working model.	Chief Nurse	March 2022
Action 7.6: To establish routine assurance reporting in relation to delivery of the People and Culture Strategy within the ICS governance structure.	People and Culture SROs	Q4 2021/22

Risk ref: 8 Finance				
Strategic Risk Narrative:	Failure to establish robust financial governance and resource allocation arrangements.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Chief Finance Officer	Red (4 x 4)	Amber (4 x 2)	
ICS Risk Owner(s):	Director of Finance			

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) ICB Finance and Performance Committee (in development), supported by an operational ICS Directors of Finance Group.	To develop Terms of Reference and Annual Work Programme for the Non-Executive chaired ICB Finance and Performance Committee.	8.1	a) Finance Group reporting to the ICS Board (bi-monthly) (latest September 2021).	✓				To establish routine assurance reporting from the Finance and Performance Committee to the ICS Board.	8.4
b) ICB Audit and Governance Committee (in development)	To develop Terms of Reference and Annual Work Programme for the ICB Audit and Governance Committee.	8.2	b) System assurance arrangements with NHSEI, focusing on collective finance and performance figures across the ICS.		✓	✓		None identified.	
c) ICS Finance Strategy (in development)	To finalise the development of an ICS Finance Strategy.	8.3	c) Integrated Performance Report, including the System Delivery Dashboard, presented to the ICS Board on a bi-monthly basis (latest September 2021).	✓				None identified.	
d) ICS Finance Framework, which sets out the rules which govern the way finances are managed within the ICS (as identified as best practice by the HfMA).	None identified.		d) Governance Update from the Chief Finance Officer presented to the ICS Board (September 2021).	✓				None identified.	
a) Chief Finance Officer as Executive lead for financial management at the Governing Body.	None identified.		a) NHSE/I's 2020/21 CCG Annual Assessment against 14 national determined Key Lines of Enquiry		✓	✓		None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
b) Operational Directors of Finance with senior operational responsibility for delivery of the CCG's statutory financial duties.	None identified.		and five key priority areas (quality of services, reducing health inequalities, involving and consulting the public, compliance with financial duties and leadership and governance) (June 2021).						
c) Finance and Resources Committee's role to scrutinise arrangements for ensuring the delivery of the CCG's statutory financial duties, including delivery of the Financial Recovery Plan.	None identified.		b) Routine financial reporting to the: - Governing Body (bi-monthly); and - Finance and Resources Committee (monthly).	✓				None identified.	
d) Audit and Governance Committee's duties to monitor the integrity of the financial statements and financial performance.	None identified.		e) Finance and Resources Committee's minutes and highlight reports presented to the Governing Body (bi-monthly).	✓				None identified.	
e) Prioritisation and Investment Committee's role to evaluate and scrutinise the cost effectiveness of business case proposals for new investments, recurrent funding allocations and decommissioning and disinvestment of services.	None identified.		f) Audit and Governance Committee's minutes and highlight reports presented to the Governing Body (six times a year).	✓				None identified.	
f) CCG's Standing Financial Instructions set out the CCG's high-level control environment for managing the organisation's financial affairs and include delegated limits for decision-making.	None identified.		g) 2020/21 Annual Accounts Audits (KPMG) (June 2021).		✓	✓		None identified.	
g) CCG's 2019-2024 Financial Strategy which outlines strategic plans to achieve the best possible value for every pound of allocation the CCG's spend.	None identified.		h) 2021/22 Annual Accounts Audits (KPMG) (PENDING due May/June 2022).		✓			None identified.	
h) H1 2021/22 Financial Plan and Opening Budgets which outline financial planning	To develop the H2 2021/22 financial plans, in line with national guidance.	8.5	i) 2020/21 Internal Audit Review – Integrity of the general ledger,		✓	✓		None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
assumptions for the first six months of the financial year.			financial reporting and budgetary control (May 2021).						
i) CCG's budget management framework which sets out operational financial management arrangements (e.g. budget monitoring, approval limits, etc.), including the refreshed Budget Holder Manual which has been published for all staff.	None identified.		j) 2021/22 Internal Audit Review – Integrity of the general ledger, financial reporting and budgetary control (PENDING Q3).		✓			None identified.	
j) Establishment of a CCG officer-led Financial Savings Group, focusing on the delivery of those savings schemes which fall within the remit of the CCG's control (e.g. Prescribing, etc.)	None identified.		k) 2020/21 Internal Audit Review – Investments and Disinvestments (March 2021).		✓	✓		None identified.	
k) CCG's business case and service benefit review processes, which ensure affordability and Return on Investment (ROI) are key considerations in investment / disinvestment decision making.	None identified.		l) 2021/22 Internal Audit Review – Contracting for Continuing Healthcare (Q3 PENDING).		✓			None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 8.1: To develop Terms of Reference and Annual Work Programme for the Non-Executive chaired ICS Finance and Performance Committee.	Associate Director of Governance	Q4 2021/22
Action 8.2: To develop Terms of Reference and Annual Work Programme for the ICS Audit and Governance Committee.		Q4 2021/22
Action 8.3: To continue developing an ICS Finance Strategy.	Chief Finance Officer	Q4 2021/22
Action 8.4: To establish routine assurance reporting from the Finance and Performance Committee to the ICS Board.	Chief Finance Officer	Q4 2021/22
Action 8.5: To develop the H2 2021/22 financial plans, in line with national guidance.	Chief Finance Officer	Q3 2021/22

Risk ref: 9 Data, analytics, information and technology				
Strategic Risk Narrative:	Failure to deliver digital transformation and establish effective system intelligence solutions.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Chief Finance Officer	Red (4 x 4)	Amber (4 x 2)	
ICS Risk Owner(s):	DAIT SRO			

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) Nominated Data, Analytics, Information and Technology (DAIT) SRO.	To further define role and responsibilities of the DAIT SRO as part of the statutory ICB leadership arrangements.	9.1	a) DAIT Strategy Implementation Plan presented to the ICS Board (January 2021).	✓				To establish routine assurance reporting in relation to delivery of the DAIT Strategy within the future ICS governance structure.	9.3
b) Data, Analytics, Information and Technology (DAIT) Strategy (2020 to 2024), which outlines five strategic initiatives: <ul style="list-style-type: none"> Develop our Public Facing Digital Services; Develop our Population Health Management capability, aligned with powerful Analytics and Intelligence to support all initiatives; Complete the digitisation of providers by 2024; Develop a single summary health and care record and supported workflows, by interoperability of our health and care data and systems; and to Improve the digital literacy of the workforce and the capability and capacity of our digital and informatics specialists and develop our culture, investment and governance. 	None identified.		b) Reporting against delivery of System Development Plan / 'Readiness to Operate' Assessments with NHSE/I (e.g. 'Checkpoints') (quarterly).		✓	✓	None identified.		

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
c) Data, Analytics, Information and Technology (DAIT) Group and supporting delivery group structure.	To review and revise Terms of Reference for the Digital and Data Group in line with the future ICS governance arrangements.	9.2							
d) Establishment of the System Analytics and Intelligence Unit, which will take forward the ICS population health management (PHM) programme and individual 'outputs'.	None identified.								
a) GP Information Technology (IT) Steering Group which exists to develop, support and implement the necessary IT infrastructure within the CCG's CP member practices.	None identified.		a) GP IT Steering Group routine reporting to the Primary Care Commissioning Committee (July 2021).	✓				None identified.	
b) Primary Care Information Technology Strategy (2021-2026) which sets out the enhanced five-year strategy, specifically aimed at IT services and functionality for primary care, most notably GP practices.	None identified.		b) Primary Care Information Technology Strategy (2021-2026) presented to the Primary Care Commissioning Committee and Finance and Resource Committee (September 2021).	✓				None identified.	
			c) Update on timeframes and delivery against the Primary Care Information Technology Strategy (PENDING due January 2022).	✓				None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 9.1: To further define role and responsibilities of the DAIT SIRO as part of the statutory ICB leadership arrangements.	ICS Executive Lead	Q4 2021/22
Action 9.2: To develop a clear Terms of Reference for the Digital and Data Group as part of the future ICS governance arrangements.	DAIT SRO	Q4 2021/22
Action 9.3: To establish routine assurance reporting regarding delivery of the DAIT Strategy within the future ICS governance structure.	DAIT SRO	Q4 2021/22

Risk ref: 10 ICS Operating Model				
Strategic Risk Narrative:	Failure to establish an effective operating model at ICS and 'place' level.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Accountable Officer	Red (5 x 3)	Amber / Red (5 x 2)	
ICS Risk Owner(s):	Executive Lead			

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) ICS Partnership Agreement, which has been signed-up to by all system partners and demonstrates a commitment to work effectively together for the benefit of all communities and citizens within Nottingham and Nottinghamshire.	None identified.		a) System Development Plan Updates (including the ICS Progression Tool) presented to the ICS Transition and Risk Committee (latest August 2021).	✓				None identified.	
b) System Development Plan, ICS Progression Tool and 'Readiness to Operate Statement' which all exist to ensure the ICS has established an effective operating model for 1 April 2022.	None identified.		b) Reporting against delivery of System Development Plan / System 'Readiness to Operate' Checkpoints with NHSEI (quarterly).		✓	✓		None identified.	
c) Establishment of transition workstreams, with nominated SROs and Programme Leads, in relation to: <ul style="list-style-type: none"> Integrated Care Partnership Workstream; Integrated Care Board Establishment, Accountability and Governance; CCG Transition; Joint Commissioning for Integrated Care; Integrated Commissioning with NHSEI; Provider Collaboratives; 	None identified.		c) ICS Workstream Highlight reporting to the Transition and Risk Committee (monthly, latest August 2021).	✓				None identified.	
			d) ICS Progression Tool Self-Assessment presented to the ICS Transition and Risk Committee (August 2021).	✓				None identified.	
			e) NHS Bassetlaw CCG Boundary Decision Updates presented to the ICS Transition and Risk Committee (latest September 2021).	✓				None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
<ul style="list-style-type: none"> Place Model; Communications & Engagement; and Clinical Leadership and Engagement. 			f) ICS Transition and Risk Committee Highlight Reports to the ICS Board (latest September 2021).	✓				None identified.	
d) Place Workstream, specifically established to oversee and support the development of Places within Nottingham and Nottinghamshire, ensuring they are a key pillar for the local integrated care model enabling decisions to be taken as close to the local population as possible.	None identified.		g) 360 Assurance (Internal Audit) attendance at monthly ICS Transition and Risk Committee meetings.		✓	✓		None identified.	
h) ICS Transition and Risk Committee, with duty to oversee the system transition to meet NHSEI requirements to establish a statutory NHS ICS Body and an Integrated Care Partnership (subject to legislation) by 1 April 2022.	None identified.								
i) Fortnightly operational ICS and CCG Transition meetings with all workstream leads.	None identified.								
j) Establishment of a Primary Care Transition Oversight Group to support the delivery of the Integrated Commissioning with NHSEI Workstream.	None identified.								
k) ICS Board Development Sessions to ensure successful future partnership working. Topics (to date) include the role and membership of the Integrated Care Board, the role of Place, the Integrated Care Partnership and how engagement will function effectively in partnership.	None identified.								

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
l) Nottingham and Nottinghamshire ICS Organisational Development (OD) Plan (in development)	To develop and implement the ICS' OD Plan.	10.1							
a) Alignment of CCG structure/workforce as part of the merger to a single strategic commissioner in April 2021.	None identified.		a) System Development Update presented to the Governing Body Development Session (September 2021).	✓				None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 10.1: To develop and implement the ICS' OD Plan.	ICS Programme Director	Q4 2021/22

Risk ref: 11 Governance and Decision Making				
Strategic Risk Narrative:	Failure to establish robust governance, accountability and assurance arrangements.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Chief Nurse	Amber / Red (4 x 3)	Amber (4 x 2)	
ICS Risk Owner(s):	Executive Lead			


Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) ICS Partnership Agreement, which has been signed-up to by all system partners and demonstrates a commitment to work effectively together for the benefit of all communities and citizens within Nottingham and Nottinghamshire.	None identified.	11.1	a) Report from the Independent Chair and Executive Lead to the ICS Board (latest September 2021).	✓				None identified.	
b) Statutory ICS Establishment, Accountability and Governance Workstream; which will enable the ICB statutory establishment in support of ICB functions.	None identified.		b) Highlight reports from the ICS Transition and Risk Committee to the ICS Board (latest September 2021).	✓				None identified.	
c) ICB Board and Committee structure, which ensures robust accountability and decision-making arrangements, including an ICB Constitution and Governance Handbook.	To establish and embed in 'shadow' governance, accountability and assurance arrangements for the new ICB statutory organisation.		c) ICS Governance update presented to the ICS Board, outlining the transition governance and strategic risks (July 2021).	✓				None identified.	
d) System Development Plan, which outlines the ambition of the system and progress against 20 development actions to ensure the ICS is prepared to become a statutory body in April 2022 (subject to legislation).	None identified.		d) System Development Plan iterations presented to the ICS Transition and Risk Committee (latest June 2021).	✓				None identified.	
e) ICS Progression Tool and 'Readiness to Operate Statement' which all exist to ensure	None identified.		e) Workstream Highlight Reports presented to the ICS Transition and Risk Committee (monthly; latest June 2021).	✓				None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
the ICS has established an effective operating model for the 1 April 2022.	None identified.								
f) ICS Board Development Sessions; topics (to date) include the role and membership of the Integrated Care Board, the role of Place, the Integrated Care Partnership and how engagement will function effectively.	None identified.								
a) All Governing Body and Committee member roles in relation to ensuring that standards of business conduct are upheld, and meetings of the Governing Body and Primary Care Commissioning Committee are held in public.	None identified.	11.2	a) Minutes for all CCG corporate committees (including Governing Body) outlining any conflicts of interest and how these have been managed.	✓				None identified.	
b) Accountable Officer's specific responsibilities for ensuring proper governance arrangements are in place.	None identified.		b) Tender Waiver Register presented to the Audit and Governance Committee (latest April 2021).	✓				None identified.	
c) Chief Nurse as Executive lead for corporate governance on the Governing Body.	None identified.		c) Probity Update presented to the Audit and Governance Committee (August 2021).	✓				None identified.	
d) Non-Executive Directors nominated as Conflicts of Interest Guardian and Freedom to Speak Up Guardian.	To continue to develop Freedom to Speak Up Guardian arrangements in line with the Staff Survey action plan.		d) 2020/21 Annual Governance Statements submitted to NHSE/I (May 2021).	✓				None identified.	
e) Associate Director of Governance as senior management lead for corporate governance.	None identified.		e) 2021/22 Annual Governance Statement (PENDING).	✓				None identified.	
f) Audit and Governance Committee's role to scrutinise every instance of non-compliance with the CCG's Standing Documents and monitoring compliance with the CCG's Conflict of Interest, Gifts, Hospitality and Sponsorship and Whistleblowing Policies.	None identified.		f) 2021/22 Internal Audit Review – Conflicts of Interest (August 2021).		✓	✓		None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
g) Conflicts of Interest Policy sets out the CCG's requirements in relation to openness and transparency in business transactions, including: <ul style="list-style-type: none"> Maintenance and publication of a Register of Declared Interests; Arrangements for managing standing declared interests and those declared in meetings; Specific requirements for managing interests in procurements; and Maintenance and publication of a Procurement Decisions Log. 	None identified.		g) 2021/22 Annual Self Review Tool (SRT) submission to NHS Counter Fraud Authority (PENDING)		✓	✓		None identified.	
h) Gifts, Hospitality and Sponsorship Policy sets out the CCG's requirements to maintain and publish a Gifts, Hospitality and Sponsorship Register.	None identified.		h) Bi-annual Mandatory Training Compliance Reports to the Audit and Governance Committee which outline performance (%) against all statutory and mandatory training targets (latest June 2021).		✓			None identified.	
i) Raising Concerns (Whistleblowing) Policy sets out arrangements for employees of the CCG to voice any concerns they have in relation to the conduct of the organisation.	None identified.								
j) Fraud, Bribery and Corruption Policy, which sets out the arrangements to manage anti-fraud, corruption and bribery within the CCG.	None identified.								
k) Procurement Policy describes the CCG's approach to the procurement, commissioning and contract management of goods, services and works, whilst ensuring probity in spending public funds.	None identified.								

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
I) Mandatory Conflict of Interest training (annual). Role related Conflict of Interest training (Levels 2 and 3).	None identified.								

Action(s):	Responsible Officer	Implementation Date
Action 11.1: To establish and embed in 'shadow' governance, accountability, and assurance arrangements for the new ICS statutory organisation.	ICS Executive Lead	January 2022
Action 11.2: To continue to develop Freedom to Speak Up Guardian arrangements in line with the Staff Survey action plan.	Chief Nurse	December 2021

Risk ref: 12 Emergency Preparedness, Resilience and Response				
Strategic Risk Narrative:	Failure to be adequately prepared to respond to major and/or business continuity incidents.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Chief Commissioning Officer	Amber / Red (5 x 2)	Amber / Red (5 x 2)	
ICS Risk Owner(s):	N/A			

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) Nominated CCG Non-Executive Director lead for Emergency Preparedness, Resilience and Response (EPRR).	None identified.		a) 2020/21 EPRR statement of assurance submission to NHSE/I presented to the Governing Body (October 2020).		✓	✓		None identified.	
b) CCG's Emergency Preparedness, Resilience and Response (EPRR) Policy, which outlines how the CCG complies with its statutory responsibilities and EPRR obligations, planning and responding to a major incident and or a business continuity incident.	None identified.		b) 2020/21 EPRR statement of assurance submission to NHSE/I presented to the Audit and Governance Committee (PENDING due November 2021).		✓	✓		None identified.	
c) CCG's Incident Response Plan which describes the systems and processes that will be followed when responding to major incidents and emergencies in line with the requirements of the Civil Contingencies Act.	None identified.		c) Peer review of Incident Response Plan by the Local Health Resilience Partnership (LHRP), of which the CCG is a member.		✓	✓		None identified.	
d) CCG's Business Continuity Plan, which sets out the roles, responsibilities and actions to be taken to enable continuity and recovery of the key parts of the service following a significant disruption.	None identified.		d) Routine COVID-19 updates provided to the Governing Body via Accountable Officer's Reports.	✓				None identified.	
e) CCG's On-Call Handbook / Action Cards (and rota) which ensure a robust and consistent approach to the implementation of on-call	None identified.		e) EPRR and business continuity updates provided to the Audit and Governances Committee (latest November 2020).	✓				None identified.	

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
arrangements. Annual refresher training for all Silver and Gold On-Call									
f) CCG's COVID-19 Emergency Response structure, including the Incident Management Team (IMT) and escalation to the System CEO Team and Health and Social Care Economy Tactical Co-ordinating Group (HSCETCG).	None identified.								
g) CCG representative on the Local Health Resilience Partnership (LHRP), which provide a strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level.	None identified.								
h) CCG representative on the Nottingham and Nottinghamshire Local Resilience Forum (LRF), which identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities.	None identified.								

Action(s):	Responsible Officer	Implementation Date
None.		


Risk ref: 13 Diversity and Inclusion				
Strategic Risk Narrative:	Failure to comply with the general and specific Public Sector Equality Duties (PSED).	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Chief Nurse	Amber / Red (5 x 2)	Amber / Red (5 x 2)	
ICS Risk Owner(s):	N/A			

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) All Governing Body members have a collective and individual responsibility for ensuring compliance with the public sector equality duty, which will in turn secure the delivery of successful equality outcomes for the organisation, both as a commissioner and an employer.	None identified.		a) Compliance with the PSED incorporated within the CCG's 2020/21 Annual Reports, presented to the Audit and Governance Committee (May/June 2021).	✓				None identified.	
b) Chief Nurse as Executive lead for equality, diversity and inclusion on the Governing Body.	None identified.		b) Routine reporting against the CCG's Annual Equality Improvement Plan and Equality Objectives to the Finance and Resources Committee and Quality and Performance Committee (September 2021).	✓				None identified.	
c) Executive champions for specific protected characteristic areas: <ul style="list-style-type: none"> BAME Champion – Chief Finance Officer LGBTQIA+ Champion – Chief Nurse DAWN (Disability) Champion – Chief Nurse 	None identified.		c) Annual Equality Assurance Report to the Governing Body (October 2021).	✓				None identified.	
d) The Quality and Performance Committee's responsibility for monitoring the CCG's equality performance in relation to its role as a commissioner of health services.	None identified.		d) Reporting of the CCG's performance against the NHS WRES as part of Workforce Report to the Finance and Resources Committee (September 2021).	✓				None identified.	
e) The Finance and Resources Committee's responsibility for monitoring the CCG's	None identified.								

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
equality performance in relation to its role as an employer.			e) Reporting against the WRES Action Plan to the Governing Body (PENDING).	✓				None identified.	
f) The Prioritisation and Investment Committee's responsibility for making investment, disinvestment and resource allocation decisions. As part of this responsibility, the Committee ensures that appropriate equality impact assessments have been completed and their findings considered.	None identified.		f) Bi-annual Mandatory Training Compliance Reports to the Audit and Governance Committee which outline performance (%) against all statutory and mandatory training targets (latest June 2021).	✓				None identified.	
g) The Remuneration and Terms of Service Committee's responsibilities for overseeing compliance with the gender pay gap requirements set out in the Equality Act 2010.	None identified.		g) Gender Pay Gap Report to the Governing Body (PENDING).	✓				None identified.	
h) Equality, Diversity and Inclusion (EDI) Policy sets out how the CCG meets its statutory responsibility to comply with the Public Sector Equality Duty of the Equality Act 2010 (and associated Regulations) and how the CCG will work to achieve good equality performance outcomes.	None identified.								
i) Key CCG business activities where due regard to the general public sector equality duty is required include: <ul style="list-style-type: none"> Assessing the health needs of our population; Public engagement and communications; Equality impact assessments; Procurement and contract management; Recruitment, selection and the working environment; and Cultural competence. 	None identified.								

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
j) The CCG's compliance with (or working toward the principles of) the: <ul style="list-style-type: none"> NHS Accessible Information Standard NHS Workforce Race Equality Standard (WRES) The NHS Workforce Disability Equality Standard (DES). 	None identified.								
k) The Equality, Diversity and Inclusion Steering Group exists to monitor the CCG's compliance with the Public Sector Equality Duty of the Equality Act 2010 (and associated Regulations). The Group drives the equality, diversity and inclusion agenda within the CCG and provides a focal point for the discussion, development and implementation of ways to improve the CCG's equality performance.	None identified.								
l) The Equality and Quality Impact Assessment (EQIA), which will monitor the effectiveness of arrangements in place within the CCG in relation to the completion of equality impact assessments when planning, changing or removing a service, policy or function.	None identified.								
m) Mandated Equality and Diversity training (three-yearly).	None identified.								

Action(s):	Responsible Officer	Implementation Date
None.		

Risk ref: 14 Safeguarding				
Strategic Risk Narrative:	Failure to safeguard children and vulnerable adults in accordance with legislative and statutory frameworks and guidance.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Chief Nurse	Amber (5 x 2)	Amber (5 x 2)	
ICS Risk Owner(s):	N/A			

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) Chief Nurse as Executive lead for safeguarding.	None identified.		a) 2020/21 Annual Safeguarding Reports to the Quality and Performance Committee (including Adults, Children and LAC).	✓				None identified.	
b) Designated and Named Professionals in line with the Royal College of Nursing (RCN) Intercollegiate guidance.	None identified.		b) 2021/22 Annual Safeguarding Reports to the Quality and Performance Committee (including Adults, Children and LAC).	✓				None identified.	
c) Quality and Performance Committee's duty to scrutinise arrangements for safeguarding vulnerable adults and children in line with the CCG's statutory requirements	None identified.		c) Routine nursing and quality reporting to the Quality and Performance Committee (quarterly, plus monthly exception reports), which includes safeguarding.	✓				None identified.	
d) CCG's Safeguarding Policy (incorporating PREVENT and Safeguarding Training Strategy) describes how the CCG discharges its safeguarding responsibilities for commissioning health services.	None identified.		e) NHS England Safeguarding Commissioning Assurance Tool submissions (PENDING).		✓			None identified.	
e) Policy and Procedure for Managing Allegations and Concerns That an Employee or Those Who Act in the Capacity of Employees May pose a risk to a Child, Young Person or an Adult in Need of Safeguarding.	None identified.		f) Bi-annual Mandatory Training Compliance Reports to the Audit and Governance Committee which outline performance (%) against all	✓				None identified.	
f) Mental Capacity Act (MCA) 2005 Policy which outlines the duties placed on health and social care staff and how various processes within	None identified.								

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
the MCA should be followed (in development).			statutory and mandatory training targets (latest June 2021).						
g) Executive Oversight Group, which is a quarterly meeting with all safeguarding designated professionals across Nottingham and Nottinghamshire.	None identified.		g) Safeguarding Children and Adults Boards / Strategic Partnerships minutes presented to the Governing Body (via Accountable Officer report).		✓	✓		None identified.	
h) Safeguarding Assurance Group (SAG), which has operational responsibilities for ensuring delivery of the CCG's statutory safeguarding duties.	None identified.		h) External scrutiny via members on the Partnership Boards (e.g. Local Authority members).		✓	✓		None identified.	
i) Mandated safeguarding training (three yearly). Role-related safeguarding training.	None identified.		i) 2021/22 Internal Audit – Safeguarding Review (PENDING Q3)		✓			None identified.	
j) CCG partner of the Local Safeguarding Adults Boards and Multi Agency Public Protection (MAPP) Strategic Management Board (City and County).	None identified.								
k) CCG's statutory membership on the Children's Partnership Boards (City and County).	None identified.								
l) Routine safeguarding assurance processes, such as the completion of Section 11 Audits, Serious Case Reviews, Domestic Homicide Reviews and Multi Agency Audits.	None identified.								

Action(s):	Responsible Officer	Implementation Date
None.		

Risk ref: 15 Cyber Security				
Strategic Risk Narrative:	Failure to prevent potential cyber-attacks.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Chief Finance Officer (SIRO)	Red (5 x 3)	Amber (4 x 3)	
ICS Risk Owner(s):	N/A			

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) NHIS Cyber Security Strategy which outlines compliance with the 10 Steps to Cyber Security.	Refresh of the NHIS Cyber Security Strategy	15.1	a) Information Governance Compliance reporting to the Audit and Governance Committee (latest June 2021).	✓				None identified.	
b) Data Security and Protection Toolkit (DSPT), which includes the requirement to comply with standards relating to cyber security.	None identified.		b) 2020/21 Internal Audit Review – Cyber Security (March 2021).		✓	✓		None identified.	
c) Information Governance Management Framework which outlines the strategic framework for managing and supporting the information governance agenda of the CCG.	None identified.		c) NHIS Cyber Security Assurance Highlight Reports, which are routinely produced for the IG Steering Group (latest August 2021).	✓				None identified.	
d) Information Security Policy (2020 to 2023) which defines security measures applied through technology and encompasses the expected behaviour of those who manage information within the organisation.	None identified.		d) Bi-annual Mandatory Training Compliance Reports to the Audit and Governance Committee which outline performance (%) against all statutory and mandatory training targets (latest June 2021).	✓				None identified.	
e) NHIS Cyber Assurance Programme Board and Cyber Assurance Delivery Group, both of which representatives of the CCG are members.	None identified.								

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
f) Joint CCG and NHIS Cyber Resilience exercise (September 2020), which tested the response to a cyber-attack with the aim of understanding our level of preparedness and to identify any gaps.	None identified.								
g) Mandatory IG training / data security training for all staff (annual requirement).	None identified.								
h) Cyber Security training for all Governing Body members.	To agree plan for cyber training for all future ICB Board members.	15.2							
i) NHIS ISO 27001 accreditation, which is a recognised industry standard for maintaining an Information Security Management System within the NHS.	None identified.								
j) NHIS Cyber Assurance Programme Board and Cyber Assurance Delivery Group, both of which representatives of the CCG are members.	None identified.								

Action(s):	Responsible Officer	Implementation Date
Action 15.1 To undertake a refresh of the NHIS Cyber Security Strategy.	Chief Finance Officer (SIRO)	Q4 2021/22
Action 15.2 To agree plan for cyber training for all future ICB Board members.	Chief Finance Officer (SIRO)	By March 2022

Risk ref: 16 CCG Disestablishment (subject to legislation)				
Strategic Risk Narrative:	Failure to transfer CCG functions, staff and assets safely and effectively.	Risk score (I x L)	Target score (I x L)	Movement in risk score
CCG Risk Owner(s):	Chief Nurse	Red (5 x 3)	Amber / Red (5 x 2)	
ICS Risk Owner(s):	N/A			

Controls			Assurances						
Control Description <i>(How are we going to stop the risk happening?)</i>	Gaps in Control	Action ref:	Assurance Description <i>(How do we know the controls are working?)</i>	I	E	+	-	Gaps in Assurance	Action ref:
a) CCG Disestablishment and Transition Workstream, specifically established to oversee and management the disestablishment of NHS Nottingham and Nottinghamshire CCG.	None identified.	16.1	a) ICS Workstream Highlight reporting to the Transition and Risk Committee (monthly, latest September 2021).	✓				None identified.	
b) CCG membership on the ICS Transition and Risk Committee, with duty to oversee the system transition to meet NHSEI requirements to establish a statutory NHS ICB Body (subject to legislation) by 1 April 2022.	None identified.		b) System Development Update presented to the Governing Body Development Session (September 2021).	✓				None identified.	
c) CCG attendance at fortnightly operational ICS and CCG Transition meetings with all workstream leads.	None identified.		c) Assurance reports to the Audit and Governance Committee (PENDING)	✓				None identified.	
d) Due Diligence Plan, People Impact Assessment, Equality Impact Assessment and Management of Change Process	Due Diligence Plan, People Impact Assessment, Equality Impact Assessment and Management of Change Process to be finalised.		d) Internal Audit review of transition plans (PENDING).		✓			None identified.	
			e) Reporting against delivery of System Development Plan / 'Readiness to Operate' Assessments with NHSE/I (e.g. 'Checkpoints') (quarterly).		✓	✓		None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 161 To finalise Due Diligence Plan, People Impact Assessment, Equality Impact Assessment and Management of Change Process.	Associate Director of Governance	Q3, 2021/22



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	Date:	06 October 2021
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Paper Title:	Corporate Risk Report	Paper Reference:	GB 21 089
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Sponsor:	Rosa Waddingham, Chief Nurse	Attachments/ Appendices:	N/A
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:

No

Recommendation(s):

1. **NOTE** the major risks shown at Section 2.1 and comment on whether sufficient controls and actions are in place; and
2. **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 **ten** major (red) operational risks in its Corporate Risk Register. There are two new major (red) risks since the last meeting.

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
	4 – High		4	5	8	1
	3 – Medium		5	4	3	
	2 – Low			1		
	1- Very low					
		1 - Rare	2 - unlikely	3 - Possible	4 - Likely	5 - Almost Certain
		Likelihood				

2.1 Major/Red Operational Risks:

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
RR 098 (July 2019) (Score increased since last Governing Body)	The risk of over reliance on non-recurrent (one-off) funds / mitigations to temporarily offset recurring (year on year) pressures may result in: <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: For 2021/22, the CCG has included a view of the 'non-recurrent' delivered recurrent risk in its planning to avoid this being an 'unknown' factor at year-end. However, this creates an additional risk as the non-recurrent monies will not be available as additional support at year-end.</p> <p>As at Month 5, the CCG continues to use non-recurrent solutions materially to meet a shortfall in ERF (elective recovery fund) due to forecast under delivery of activity, as well as to address overspends in Continuing Healthcare (CHC). As such, it is considered appropriate to retain the overall risk score at 16.</p> <p>Guidance and funding for H2 has yet to be received (due to be published imminently). At that time, the CCG should have further</p>	Overall Score 16: Red (14 x L4)	Finance & Resources Committee

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	<p>clarity on the ongoing impact of COVID on the CCG's underlying position (UDL) and the extent to which further reliance may need to be placed on non-recurrent solutions.</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 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: The CCG's Quality Team continues to work with the Trust as part of their organisational-wide Improvement Plans (e.g. attendance at Trust-wide Improvement Boards), which includes those relating to Priory Hospital, Specialised Services, suicide prevention and Lings Bar Hospital, as well as monitoring core safety metrics through the Safe Today returns/calls.</p> <p>A comprehensive 'deep dive' review into the Trust is scheduled for the October 2021 meeting of the Committee, at which time a full review of the risk narrative and score will be undertaken. The Trust continues to be on an 'improvement journey' with examples of good practice particularly around the performance indicators. 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. As such, the risk score currently remains at 16.</p>	<p>Overall Score 16: Red (14 x L4)</p>	<p>Quality & Performance Committee</p>
<p>RR 129 (May 2020)</p>	<p>There is a potential risk of increased morbidity and/or mortality for the CCG's population, both directly and indirectly, as a result of the COVID-19 pandemic.</p> <p>The indirect factors include, but are not limited to, changes in patient behaviours (e.g. reluctance to seek health advice from primary and secondary care), limited access to services and longer waiting times for elective and planned care.</p> <p>Update: The ICS Clinical and Professional Leadership Group (previously known as the ICS Clinical Executive Group) continues to be engaged as part of the clinical prioritisation of backlog/waiting lists for planned/elective care.</p> <p>Comprehensive updates in relation to clinical prioritisation of backlog/waiting lists have been reviewed to the CCG's Quality and Performance Committee. 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.</p> <p>The above is being undertaken in the context of the ICS being identified as an 'accelerator site' in relation to elective recovery. A Planned Care Transformation Board has been established to oversee the development and delivery of system-wide</p>	<p>Overall Score 16: Red (14 x L4)</p>	<p>Quality & Performance Committee</p>

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	<p><i>transformation plans relating to planned care, cancer and diagnostics. It also oversees the Elective and Outpatient Transformation Programme and achievement of Elective Recovery Fund (ERF) gateways. Progress with the ERF is reported to the ICS Board via the ICS System Dashboard.</i></p> <p><i>A meeting is scheduled with the CCG's System Delivery Director; Planned Care, Cancer and Diagnostics to undertake full review of the risk narrative and risk score in early October.</i></p>		
<p>RR 130 (May 2020)</p>	<p>COVID-19 may exacerbate health inequalities across the CCG's population if robust processes are not in place to ensure the prompt restoration of services.</p> <p>Update: Mitigations to this risk largely link to the work which is being undertaken described against risk RR 129; weekly monitoring of the CCG's backlog position is in place, which includes reporting to Quality and Performance Committee members. 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.</p> <p>The ICS Health Inequalities Group has been established and meetings are held every two months, 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 and Inequalities Committee when in place. An operational ICS Health Inequality, Prevention and Wider Determinants Group also exists.</p> <p>A comprehensive update on implementation of the ICS Health Inequalities Strategy was presented to the ICS Board at its meeting on 2 September 2021. It provided context of the strategy's objectives and 'Conditions for Success' and provided assurance of progress which has been made. It highlighted work which has been undertaken at Place Based Partnership level as well as the implementation of the System Analytics Unit.</p> <p>The update also outlined key next steps, which the Board was asked to endorse. This included the requirement for systems to produce a Strategic Health Inequalities Plan, developing and agreeing health gain metrics and progressing plans for the ICS as an Anchor Institution.</p>	<p>Overall Score 16: Red (I4 x L4)</p>	<p>Prioritisation & Investment Committee</p>
<p>RR 151 (Sept 2020)</p>	<p>There is a risk that the CCG may incur increased costs of service provision due to COVID related requirements and the resulting reduction in productivity. This may manifest in increased prices for services that the CCG seeks to procure in the future, as well as increased costs to the NHS provider cost base. This, in turn, would have a cost pressure on the system.</p> <p>Update: 2021/22 planning submissions for H1 were co-produced by system partners and submitted to regulators. Contracts have been put in place with the Independent Sector providers for 2021/22, however, the financial regime put in place</p>	<p>Overall Score 16: Red (I4 x L4)</p>	<p>Finance & Resources Committee</p>

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	<p>during COVID continues for NHS providers.</p> <p>The CCG and ICS submitted a balanced financial plan for H1 2021/22, however, once adjusted for ERF (Elective Recovery Fund), the CCG is reporting a break even financial position for month four (year to date) and a £1.2 million overspend (forecast). For non-ERF items, CHC costs have continued to increase (£1.6 million forecast overspend), as well as costs associated with the provision of services relating to A&E streaming and the Urgent Treatment Unit at NEMS.</p> <p>Given H2 will continue to be based on 2019/20, a true assessment of spend will need to be undertaken as part of planning for 2022/23, which will then help determine an accurate cost base. As such, it is proposed that this risk score remain at 16 until a full assessment has been undertaken.</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: NUH Maternity Safety Oversight and Quality Assurance Group meetings continue to be held and updates on progress made by the Trust are provided. It is recognised that the pace of change needs to improve. The LMNS Shared Governance Group also continues to support the Trust with the review of Serious Incidents.</p> <p>Work continues to develop a Maternity Improvement Plan by the Trust and a new Director of Midwifery has commenced in post. Recruitment is also underway for a range of supporting leadership roles.</p> <p>NUH Maternity continues to be a priority focus area of the ICS Quality Assurance and Improvement Group (QAIG). Daily NUH Safe Today calls are also in place and mutual aid has been provided from neighbouring providers and system partners.</p> <p>It was agreed at the September 2021 meeting of the CCG's Quality and Performance Committee that the risk score is to remain at 25.</p>	<p>Overall Score 25: Red (15 x L5)</p>	<p>Quality & Performance Committee</p>
<p>RR 158 (April 2021)</p>	<p>The transition to system-led financial accountability, coupled with the continued expectation that each constituent organisation achieves its statutory organisational requirements, presents a potential risk that the CCG may not deliver its 2021/22 financial duties (e.g. if individual organisation-led objectives for 2021/22 are not congruent with system level objectives (and vice versa)).</p> <p>This risk may be further exacerbated given the underlying, deficit position across the system.</p> <p>Update: The CCG, and the system, submitted a balanced financial plan for the first six months of 2021/22 (known as H1), however, as of Month 5, a forecast deficit of £1.2 million is being</p>	<p>Overall Score 16: Red (14 x L4)</p>	<p>Finance & Resources Committee</p>

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	<p><i>reported. The draft opening budgets for H2 were presented to the September meeting of the Committee, in advance of the H2 guidance being received.</i></p> <p><i>Work is being undertaken as part of the ICB Establishment, Governance and Accountability workstream to develop and implement transition governance arrangements, with support from the Chief Finance Officer and Operational Directors of Finance. A shadow ICS Finance and Performance Committee is proposed to be in place for Q4 2021/22. The operational ICS Directors of Finance Group continues to meet.</i></p> <p><i>An ICS Finance Framework has been produced and 'signed off' by the ICS Chief Executives Group and ICS Board, 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> <i>• Describes processes for reaching consensus and resolving disputes about how best to use financial and other resources available to the ICS; and</i> <i>• 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.</i> <p><i>A draft three-year financial strategy for the ICS has been produced and reviewed by the ICS Directors of Finance Group; the strategy includes the distribution of growth on a prioritised investment basis.</i></p> <p><i>H2 planning guidance is expected imminently and is dependent on national agreement with the Treasury on allocations. The risk narrative, and score, will be reassessed once the H2 guidance has been received and impact assessed.</i></p>		
<p>RR 160 (Oct 2019)</p> <p>(Score increased since last Governing Body)</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; this includes work which is being undertaken to develop the primary care 'heat map'. The Nottinghamshire Local Medical Committee 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. Primary Care Network (PCN) workforce planning and 'roving' workforce support is also in place. An update was also provided at the September 2021 Primary Care Commissioning Committee (PCCC) meeting on the development PCN Workforce Plans.</i></p> <p><i>However, in response to discussions at the July and September 2021 PCCC meetings, it was recognised that there continues to</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>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: <i>Further work has been undertaken to understand current challenges around culture and leadership, governance, quality of care, and performance recovery and restoration; supported by the publication of the CQC reports. An action plan is in place which is being monitored by the ICS Quality Assurance and Improvement Group (QAIG); key themes within the action plan relate to organisational culture, patient experience, patient safety and clinical effectiveness. Resource from the CCG continues to support NUH in relation to delivery of the actions.</i></p> <p><i>Action is also being taken to seek assurance on progress through Executive and ICS Forums, 'mock' internal CQC inspections and quality improvement programmes, Safe Today progress and the development of a local Quality Schedule (to include dashboard metrics).</i></p> <p><i>Comprehensive updates in relation to NUH, including NUH maternity, continue to be presented to meetings of the Quality and Performance Committee. Risk score to remain at 20 following the CQC publications. A full risk review will be undertaken as part of the next 'deep dive' review at the Committee.</i></p>	<p>Overall Score 20: Red (14 x L5)</p>	<p>Quality & Performance Committee</p>
<p>RR 165 (April 2021)</p>	<p>There is a potential risk that H1 funding received by the system (for 2021/22) may not be sufficient to address recovery of services for the CCG's population (e.g. meeting planning/performance trajectories and addressing backlog).</p> <p>Update: <i>The CCG, and the system, submitted a balanced financial plan for the first six months of 2021/22 (known as H1), however, as of Month 5, a forecast deficit of £1.2 million is being reported. The draft opening budgets for H2 were presented to the September meeting of the Finance and Resources Committee, in advance of the H2 guidance being received. The CCG/System have developed monitoring and reporting processes for activity recovery. Financial management and reporting processes are in place at system and CCG level to ensure delivery against the H1 and H2 plans continues to be monitored.</i></p> <p><i>In July 2021, it was announced that the Q2 thresholds for elective recovery will be increased from 85% to 95%, which would result in a reduction in expected allocation (which was</i></p>	<p>Overall Score 16: Red (14 x L4)</p>	<p>Finance & Resources Committee</p>

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	<p><i>planned to fund recovery). The impact of this change is being worked through with ICS system partners, however, would result in reduced income from the accelerator site. As such, the likelihood of this risk was increased from 3 to 4, resulting in an overall score of 16, and was reported to the Finance and Resources Committee at its meeting in July.</i></p> <p><i>The Elective Recovery Fund (ERF) threshold change has been fully assessed at a net of £7.5 million shortfall for the system (£1.2 million for the CCG). The system has reflected this gap in its Month 5 H1 forecast position reporting (which has been agreed with NHSEI Regional Team).</i></p> <p><i>It was agreed at the September meeting of the Finance and Resources Committee that at the next meeting, this risk would be reviewed and archived (given the H1 reporting period would be concluded) and a new risk relating to H2 will be drafted.</i></p>		

3. Recommendations

3.1 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; and
- b) **HIGHLIGHT** any risks identified during the course of the meeting for inclusion within the Corporate Risk Register.

Siân Gascoigne

Head of Corporate Assurance

October 2021



**Minutes of the Nottingham and Nottinghamshire
Patient and Public Engagement Committee
held virtually on Tuesday 27 July 2021
3 pm to 4 pm**

Attendees;

Sue Clague, Chair
Chitra Acharya, Patient Leader/Carer
Teresa Burgoyne, Nottingham West
Michael Conroy, My Sight Nottinghamshire
Mike Deakin, Nottinghamshire County Council
Kerry Devine, Improving Lives
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
Jules Seblin, Community Voluntary Sector representing City ICP
Helen Miller, Healthwatch Nottingham and Nottinghamshire
Daniel Robertson, Nottingham and Nottinghamshire Refugee Forum

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

Julie Andrews, Engagement Manager
Sasha Bipin, Engagement Officer
Andrea Collis, System Capacity Cell Lead
Lisa Durant, System Delivery Director; Planned Care, Cancer and Diagnostics
Lewis Etoria, Head of Insights and Engagement
Jane Hufton, Engagement Assistant (minute taker)
Rosa Waddingham – Executive Team representative

Apologies for absence were received from;

Colin Barnard, Patient Leader/Diabetes
Gilly Hagen, Patient Leader/Sherwood Patient Participation Groups
Jasmin Howell, Vice Chair
Carolyn Perry, Community Voluntary Sector representing, South Nottinghamshire ICP

NN/164/07/21	Welcome and introductions
	<p>Sue Clague welcomed everyone to the Nottingham and Nottinghamshire Patient and Public Engagement Committee (PPEC) meeting and extended a warm welcome to Rosa Waddingham representing the Executive Team.</p> <p>Sue Clague raised concerns about screenshots of PPEC members and presentations being shared on social media during a virtual meeting. PPEC members were reminded of the etiquette when attending virtual PPEC meetings and that any PPEC meetings held virtually would only be recorded for the purposes of assisting with production of accurate minutes of the meeting and would be deleted upon completion of the minutes. Sue Clague reminded members that occasionally confidential items are shared within the meeting and it would be inappropriate for these to be shared on social media. Julie Andrews would update the Terms of Reference to incorporate virtual meeting etiquette.</p>

	Action: Julie Andrews to update the PPEC Terms of Reference to include virtual meeting etiquette.
NN/165/07/21	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/166/07/21	Minutes of the last meeting
	<p>The minutes of the last PPEC meeting held on 29 June 2021 were discussed and it was highlighted that a slight change to the attendee list was required ensuring each member is listed on a separate line. Other contents were agreed as an accurate record of the discussion that took place at that meeting.</p> <p>Action: Jane Hufton to update the attendee list of the minutes held on 29 June 2021.</p>
NN/167/07/21	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>PPEC members confirmed that the actions marked as completed accurately reflected their status.</p> <p>NN/159/06/21 Children and Young People's Mental Health Pathway. Julie Andrews confirmed that the report regarding the outcomes of engagement had been shared with PPEC members. A request was made regarding clarification of timescales from commissioners. Sasha Bipin confirmed that she would follow this up with the commissioning team.</p> <p>Julie Andrews provided an update on the outstanding actions as detailed below:</p> <p>A number of items related to the transition to the Integrated Care System (ICS) and what this means for engagement. The CCG would be working with an external facilitator to arrange 3 workshops to take place over the first three weeks of September with invitations going out to:-</p> <ol style="list-style-type: none"> 1. Engagement specialists from across the ICS footprint 2. Wider stakeholders (including PPEC members) 3. Internal strategic Group <p>The workshops would review and refine a model for engagement prior to it being presented to the ICS Board Meeting in November with a plan to start the roll out in December 2021 in readiness for the transition in April 2022.</p> <p>Other ongoing actions relate to different areas of work that PPEC members have asked for updates and presentations. It was confirmed that these are being scheduled into future agendas.</p> <p>Sue Clague requested an update regarding engagement with ethnically diverse communities in Mid Nottinghamshire to obtain assurance that progress is being made.</p> <p>Action: Sasha Bipin to request timescales relating to the children and young</p>

	<p>people's mental health pathway from the commissioning team.</p> <p>Action: Julie Andrews to schedule presentations regarding areas of work members have requested an update on at an appropriate time.</p> <p>Action: Sasha Bipin to request an update on engagement with ethnically diverse communities from the Mid Notts. Health Inequalities Group.</p>
NN/168/07/21	Platform One Practice PPEC Effectiveness Framework
	<p>Details of engagement undertaken to support the transition of vulnerable patients from the Platform One Practice to Parliament Street Medical Centre had been circulated to PPEC members prior to the meeting.</p> <p>Lewis Etoria gave an overview of the background and engagement process relating to the Platform One Practice. The practice had a list size of 10,000 patients which included some of the most vulnerable patients in the City with the most complex needs. Changing the boundary and dispersing patients who resided outside the City Centre led to 3,000 patients being registered nearer to their home address. A new provider had been secured to deliver services to the remaining 7,000 patients and a Local Enhanced Service (LES) had been put in place for people with severe multiple disadvantage.</p> <p>The Health Scrutiny Committee had raised concerns about the lack of engagement and transparency in the process and this led to the establishment of Stakeholder Group chaired by Healthwatch. This group supported a smoother transition for patients and a robust communication plan was developed and delivered in partnership with advocacy groups and the new provider.</p> <p>Key learning highlighted the need to ensure Equality Impact Assessments are done at an early stage and used to inform engagement plans. Sue Clague highlighted the absence of any patient and public engagement representation on the Primary Care Commissioning Committee to advise on engagement.</p> <p>Lewis Etoria confirmed that the Health Scrutiny Committee would review the Platform One Practice transition in December and the outcome of this review could be shared with PPEC in order to identify any further learning.</p> <p>PPEC members were supportive of this piece of work and suggested that the resultant good practice should be shared with other CCGs.</p> <p>Action: Julie Andrews to identify opportunities to share the learning arising from this piece of work.</p> <p>Action: Julie Andrews to schedule a further update to PPEC following the Health Scrutiny Committee meeting in December.</p>
NN/169/07/21	Restoration of elective activity
	<p>Copies of a presentation on the restoration of elective activity had been circulated to PPEC members prior to the meeting.</p> <p>Lisa Durant, System Delivery Director, Planned Care, Cancer and Diagnostics gave an overview of the elective recovery programme as follows;</p>

	<ul style="list-style-type: none"> • Covid 19 has had a significant impact on elective waiting times as routine appointments and surgery were not carried out during the initial phase of the pandemic. The longest waits are in Ear Nose and Throat and the largest waiting lists are in Trauma and Orthopaedics and Ophthalmology. • System partners are working together on a programme of Elective Recovery to restore elective services and enable timely access for patients. • This is supported by a system wide programme of transformation across Planned Care, Cancer and Diagnostics. • Based on the Community and Clinical Services Strategy this programme has the patient need central to all planning to: offer high quality care, make best use of resource, reduce health inequalities and control demand on acute hospitals. • A successful bid for elective accelerator funding has supported more patients to have surgery within ophthalmology, orthopaedics and general surgery, more patients to have a diagnostic test(s) and more patients to be seen in a clinic or virtually. Some funding has been spent on new equipment to aid future sustainability. <p>An update around Community Diagnostic hubs confirmed the CCG had been successful in securing significant funds for Year 1 to put extra CT, MRI and endoscopy capacity attached to our hospitals. Then (subject to funding) it is hoped to add capacity in Community Diagnostic Hubs in future.</p> <p>PPEC members requested more specific information regarding targets to reduce waiting lists, timescales, roadmap and risks. Lisa Durant confirmed that a plan is in place to achieve the required level of activity and this formed part of the accelerator bid. Weekend lists and use of the independent sector is creating additional capacity but there are limiting factors relating to staff and urgent care demand that was at a level usually expected during winter.</p> <p>A query was raised regarding shared decision making and progress to date, future plans and how PPEC may be able to support this suggesting the use of digital platforms, NHS App and Patient Knows Best. Lisa Durant agreed to give this further consideration and follow up with PPEC members.</p> <p>Sue Clague thanked Lisa Durant for an informative presentation and suggested a further presentation would be helpful to provide more detail regarding targets to reduce waiting lists, timescales, roadmap and risks.</p> <p>Action: Julie Andrews to invite Lisa Durant to a future meeting to provide PPEC members with specifics on targets to reduce lists by which dates, roadmap and risks.</p>
NN/170/07/21	Governing Body Feedback & Key Messages from PPEC
	<p>Sue Clague provided feedback from the Governing Body meeting held on 3 July 2021 and summarised the key messages as follows;</p> <ul style="list-style-type: none"> • Discussion had focussed on Nottingham University Hospital maternity services' challenging external inspections. Rosa Waddingham, Chief Nurse for the CCG confirmed there would be a system wide approach to oversee quality and change needed. Clear pathways would be in place to ensure patients could share their experiences. PPEC members were advised to signpost anyone raising concerns about maternity services or anyone who would like to be



	<p>involved in the review to the CCG at nccg.nottsmaternityreview@nhs.net</p> <ul style="list-style-type: none"> • A further extension to the overnight closure at Newark Urgent Treatment Centre had been reported. <p>Key messages from PPEC to highlight at the next Governing Body meeting on 4 August 2021 were;-</p> <ol style="list-style-type: none"> 1. Discussion regarding Platform One Practice transition had highlighted the need for earlier and better engagement in Primary Care Commissioning decisions working with local groups and networks who support the most vulnerable within our communities. A stronger link between PPEC and the Primary Care Commissioning Committee was also recommended. 2. Lewis Etoria was attending his final PPEC meeting prior to leaving the CCG. PPEC members thanked Lewis for his commitment to public engagement over the past 6 years and wished him well for the future.
NN/171/07/21	Any Other Business
	<p>Sue Clague bid a fond farewell to Lewis Etoria, Head of Insights and Engagement who would be leaving the CCG at the end of the week. Sue Clague reflected on her time working with Lewis and commended him on his work over the past 6 years in particular for being a strong advocate of public engagement. PPEC members thanked Lewis for his contribution to patient and public engagement across Nottingham and Nottinghamshire and wished him every success in his new role.</p>
NN/172/07/21	Date of Next Virtual Meeting
	<p>The next PPEC meeting will be held virtually on Tuesday 24 August 2021 from 2 pm to 4 pm.</p>



**Minutes of the Nottingham and Nottinghamshire
 Patient and Public Engagement Committee
 held virtually on Tuesday 24 August 2021
 2 pm to 4 pm**

Attendees;

Sue Clague, Chair
 Teresa Burgoyne, Nottingham West
 Kerry Devine, Improving Lives
 Gilly Hagen, Patient Leader/Sherwood Patient Participation Groups (from 14.50)
 Jane Hildreth, Community Voluntary Sector representing Mid Nottinghamshire ICP
 Amdani Juma, African Institute for Social Development
 Roland Malkin, Nottinghamshire Cardiac Support Group
 Deb Morton, Healthwatch
 Paul Midgley, Rushcliffe
 Carolyn Perry, Community Voluntary Sector representing, South Nottinghamshire ICP
 Jules Sebelin, Community Voluntary Sector representing City ICP

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

Julie Andrews, Engagement Manager
 Alex Ball, Director of Communications and Engagement
 Lucy Dadge, Chief Commissioning Officer
 Jane Hufton, Engagement Assistant (minute taker)
 Joe Lunn, Associate Director of Primary Care

Apologies for absence were received from;

Jasmin Howell, Vice-Chair
 Chitra Acharya, Patient Leader/Carer
 Colin Barnard, Patient Leader/Diabetes
 Michael Conroy, My Sight Nottinghamshire
 Mike Deakin, Nottinghamshire County Council
 Helen Miller, Healthwatch Nottingham and Nottinghamshire
 Daniel Robertson, Nottingham and Nottinghamshire Refugee Forum

NN/173/08/21	Welcome and introductions
	Sue Clague welcomed everyone to the Nottingham and Nottinghamshire Patient and Public Engagement Committee (PPEC) meeting and extended a warm welcome to Lucy Dadge representing the Executive Team, Alex Ball, Director of Communications and Engagement and Deb Morton representing Healthwatch in the absence of Helen Miller.
NN/174/08/21	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/175/08/21	Minutes of the last meeting
	The minutes of the last PPEC meeting held on 27 July 2021 were discussed and these were agreed as an accurate record of the discussion that took place at that meeting.

NN/176/08/21	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>Julie Andrews shared a copy of the outstanding actions for discussion which included:-</p> <p>NN/167/07/21 - Children and young people's pathway. Nichola Reed had provided an update explaining that the expected waiting time thresholds would be confirmed as part of the mobilisation process. The service offer would provide a level of instant access to support in some areas and other more traditional face to face/group work would have a level of waiting time dependent on demand. The NHS contract is a mandated contract and no young person would wait more than 18 weeks but recognise this is too long and commissioners would be working with the preferred provider to reduce the waiting time thresholds.</p> <p>NN/157/06/21 & NN/168/07/21- Engaging with ethnically diverse communities in Mid Nottinghamshire had been raised via the Mid Nottinghamshire Health Inequalities Group. Julie Andrews confirmed that Diane Carter had agreed to follow up directly with Amdani Juma. It was agreed a briefing would be requested for the next PPEC meeting.</p> <p>Action: Request a briefing from Diane Carter on progress regarding engagement with ethnically diverse communities in Mid Nottinghamshire.</p> <p>NN/132/04/21- Community Transformation Programme. The design workshops would commence on 17th September and citizen engagement/co-production would be one of the key design principles to be adopted when the transformation cycles are being undertaken. This programme of work is being supported by Healthwatch and co-production colleagues from the two local authorities. PPEC members agreed that an update in September would be helpful.</p> <p>Lucy Dadge advised that work is taking place to develop the best model that will be implemented at place level. Initial engagement has taken place with services providers and Place Based Partnerships to agree clinical components. Citizens will be engaged at the earliest opportunity. Lucy Dadge agreed to share the project plan that explains how this will link to place level and for a presentation to be delivered to PPEC in September.</p> <p>Action: Julie Andrews to schedule a presentation on the Community Transformation Programme for the September PPEC meeting.</p> <p>Action: Lucy Dadge to share copy of Community Transformation Programme project plan with PPEC members.</p>
NN/177/08/21	Interpretation & Translation Services
	<p>Copies of a paper providing an update on the review of general practice interpretation and translation services had been circulated to PPEC members prior to the meeting.</p> <p>Joe Lunn gave an overview regarding current interpretation and translation services explaining that there is an inherited inequity of access to interpreter and translation</p>



	<p>services between Nottingham City and Nottinghamshire County practices. Based on the outcome of the initial review and feedback from stakeholders, members of the Primary Care Commissioning Committee at its July 2021 meeting asked that this review was extended further to ensure a more comprehensive analysis was undertaken. Intelligence gathering is underway and the timeline for the commencement of a new service has been extended to July 2022.</p> <p>PPEC members asked if any improvements could be made to the current services prior to the new service commencing in July 2022. Joe Lunn explained that the current contract could not be changed without pre-empting the outcome of the re-procurement process.</p> <p>Lucy Dadge reiterated that the reshaping of the service needs to be informed by citizens' needs and stressed the importance of completing the review thoroughly but as quickly as possible because in the interim the service would remain the same.</p> <p>Amdani Juma explained that some communities depend on interpreting services to access healthcare and during Covid with the increased use of remote consultations this has proved difficult for many. Access to face to face consultations supported by access to good quality interpretation and translation services is vital to this group of patients. Lucy Dadge acknowledged the concerns raised and confirmed that as part of the broader review the CCG would look at the options, costs and if face to face interpretation is considered a priority the CCG would need to decide if this is something that should be funded.</p> <p>Jules Sebelin suggested engagement could be progressed through the Nottingham Together Board and BAME sub-group who act as a reference group to the ICP health inequalities workstream alongside groups such as the Nottingham and Nottinghamshire Refugee Forum.</p> <p>Action: Further engagement to be progressed through the Nottingham Together Board, the BAME sub-group and the Nottingham and Nottinghamshire Refugee Forum.</p>
<p>NN/178/08/21</p>	<p>Nottingham University Hospitals NHS Trust Update</p>
	<p>Alex Ball, Director of Communications and Engagement and Lucy Dadge, Chief Commissioning Officer gave an overview on work the CCG is undertaking with the NHS England and Improvement Regional Team in relation to issues, incidents and quality concerns regarding maternity services at Nottingham University Hospitals NHS Trust.</p> <p>Nottinghamshire and Nottingham Clinical Commissioning Group (CCG) have been working closely with the provider to improve the quality of maternity care at Nottinghamshire University Hospitals over the last few months. The next stage is to undertake an independent thematic review of incidents, issues and concerns at Nottingham University Hospitals. The review will be led by clinicians and managers external to Nottingham University Hospitals. Families would be involved in the review. shaping the Terms of Reference and being involved in the ongoing work. The outcome and recommendations of the review would be published.</p> <p>Alex Ball asked PPEC members to advise any group or families who may wish to be part of the ongoing discussion to email:- ncccg.nottsmaternityreview@nhs.net.</p>

<p>NN/179/08/21</p>	<p>Recovery Engagement Action Plan – Progress Report</p>
	<p>Copies of reports providing updates on progress regarding delivery of the Recovery Engagement Action Plan had been circulated to PPEC members prior to the meeting and were noted.</p> <p>Following an extensive programme of engagement with the Nottingham and Nottinghamshire population between June and September 2020, to understand the impact of the changes made in response to Covid-19 the Recovery Engagement Action Plan was developed and presented to Governing Body in April 2021.</p> <p>The Action Plan was developed in partnership with PPEC members to improve access and experience of patients using health services particularly the most vulnerable and marginalised groups and those not in contact with health services. It focuses on key areas of improvement relating to;</p> <ul style="list-style-type: none"> • Accessible information • Services delivery and design • Innovation <p>Detailed updates were provided regarding the following actions;</p> <ul style="list-style-type: none"> - Provision of information to vulnerable people during the Covid 19 pandemic with a strong focus on increasing uptake of the Covid vaccination addressing key factors including vaccine hesitance, barriers to access and complacency. - Cascade of information through the community and voluntary sector, local authorities and community/faith leaders to ensure wider reach of information in appropriate formats to the most vulnerable and marginalised groups - Through the CCG commissioned engagement service with the Voluntary Sector Alliance, undertake in depth reviews of communication and engagement preferences with ethnically diverse communities and people with a learning disability. <p>Jules Sebelin updated on the work taking place in Nottingham City to engage with trusted community leaders to cascade messages to Black, Asian and Minority Ethnic communities to improve health and wellbeing. Engaging in this different way will deliver fundamental changes. The same model will be adopted to engage with the Roma community.</p> <p>Julie Andrews reminded PPEC members that provision of interpretation and translation services featured in the action plan and had been covered in some detail earlier in the meeting. A number of actions related to Equality, Diversity and Inclusion and a presentation was scheduled for the September PPEC meeting. Digital innovations and support would be considered at the October PPEC meeting.</p> <p>Lengthy discussion followed with PPEC members highlighting the following key issues;</p> <ul style="list-style-type: none"> • Need for learning from Covid-19 to be incorporated at system, place and neighbourhood level

	<ul style="list-style-type: none"> • Working through community leaders has proved effective and should be built upon • Consider how to cascade messages to people who are not computer literate • Obtain clarity about the help and support available from Connected Notts, Click Silver to ensure digital innovation is inclusive. Further information is available at https://www.connectednottinghamshire.nhs.uk/public-services/digital-social-inclusion/ https://www.ageuk.org.uk/notts/our-services/it-training/ <p>In conclusion, Sue Clague summarised that the importance of ensuring the learning from Covid-19 is embedded into ICS strategy and at place level to deliver real improvement in outcomes for citizens. Much has been learned about the significance of working through community leaders.</p>
NN/180/08/21	Covid Update
	<p>Alex Ball, Director of Communication and Engagement presented an update on the Covid 19 pandemic and vaccination programme in Nottingham and Nottinghamshire.</p> <p>Alex Ball confirmed that the number of people testing positive for Covid-19 had risen in Nottingham and Nottinghamshire and hospital admissions were also higher than usual.</p> <p>The vaccination programme was open to all aged 16 and over and those aged 12 to 15 years who are clinically vulnerable or live with someone who is immunosuppressed. Walk-in offer is available to anyone over the age of 18 for their first and second vaccinations. Information on different age groups and where to access their vaccination can be found on the Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) website https://nottscg.nhs.uk/covid-19/covid-19-vaccinations/groups-being-vaccinated/</p> <p>Alex Ball advised that details of the third phase of the vaccination programme were yet to be confirmed by the Joint Community Vaccination Immunisation (JCVI) and Government.</p> <p>Plans have been developed locally in readiness for phase three, and there would be considerably more sites including 2 mass vaccinations sites in Nottingham and Mansfield, 20 GP vaccination sites, almost 20 community pharmacies, roving support and vaccination bus would continue in targeted areas of the City and County. Further information would be available on the CCG website; https://nottscg.nhs.uk/ at the earliest opportunity.</p> <p>PPEC members queried how effectively the roving team was operating. Alex Ball advised that bookings should be made by calling 0115 8834640 and added that sometimes it does take a little time to ensure all planning is in place when new people are identified as being housebound.</p>
NN/181/08/21	ICS Engagement Transition
	<p>Julie Andrews gave a brief update on planning taking place to support the involvement of people and communities as part of the ICS transition.</p>



	<p>Three workshops are scheduled to take place on 6, 16 and 22 September to review and refine the framework for involving people and communities. The first workshop would involve engagement specialists working across the system, the second would be for wider stakeholders (patients, patient leaders, PPEC members, VCSE partners, local authorities). The final workshop would be for an internal strategic group to consider the framework. All workshops would be supported by an external facilitator.</p> <p>Upon completion of the workshops, plans would be presented to the ICS Board on 4 November 2021 followed by an implementation phase between November and April 2022.</p> <p>PPEC members were advised that NHS England and Improvement had indicated that detailed guidance regarding involving people and communities would be published by 3 September 2021.</p> <p>Action: Julie Andrews to circulate invitation to second workshop to take place on 16 September 2021 to PPEC members together with documents to read in advance of the workshop.</p>
<p>NN/182/08/21</p>	<p>Governing Body Feedback & Key Messages from PPEC</p>
	<p>Sue Clague provided feedback from the Governing Body meeting held on 4 August 2021 and summarised the key messages as follows;</p> <ul style="list-style-type: none"> - Unvaccinated patients make up the vast majority of patients in hospital and ITU being treated for Covid-19. - The system's financial position is on track for H1 (April to September 2021), but elective recovery would present a challenge for H2 (October 2021 to March 2022). - Maintained focus on maternity services at Nottingham University Hospitals - Prioritisation and Investment Committee discussion around all commissioning decisions having consistency across the system and being delivered through Place Based Partnerships - Ongoing discussions are taking place with clinicians regarding Reshaping Health Services Across Nottinghamshire (Tomorrow's NUH) with a view to pre-engagement work commencing in the Autumn. <p>Key messages from PPEC to highlight at the next Governing Body meeting on 4 August 2021 were:-</p> <ol style="list-style-type: none"> 1. PPEC members welcomed the broader review of interpretation and translation services and look forward to receiving further information as this progresses. 2. PPEC members would like to ensure learning from Covid-19 can be embedded into ICS strategy and at place level to deliver real improvement in outcomes for citizens. Much has been learned about the significance of working through community leaders 3. PPEC members look forward to actively contributing to the workshops to inform the framework for involving people and communities as part of the ICS transition.
<p>NN/183/08/21</p>	<p>Any Other Business</p>

	<p>PPEC members referred to recent events in Afghanistan and requested that the review of interpretation and translation services take account of the likely increased need for these services in the future.</p> <p>Jules Sebelin advised that an Expression of Interest had been submitted for Nottingham and Nottinghamshire to access support and funding through the National Development Programme – Embedding the Voluntary Community and Social Enterprise (VCSE) Sector within Integrated Care Systems. Further information would be provided in due course.</p>
NN/184/08/21	Date of Next Virtual Meeting
	<p>The next PPEC meeting will be held virtually on Tuesday 28 September 2021 from 2 pm to 4 pm.</p>

NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Quality and Performance Committee
Ratified minutes of the meeting held on
22/07/2021 9:00-12:00
MS Teams Meeting

Members present:

Eleri de Gilbert	Non-Executive Director (Chair)
Sue Clague	Non-Executive Director
Andy Hall	Associate Director of Performance and Information
Hazel Buchanan	Associate Director of Strategic Programmes & EPRR (left at 11am)
Danni Burnett	Deputy Chief Nurse
Lisa Durant	Director of Commissioning - Mid Nottinghamshire
Dr Hilary Lovelock	GP Representative
Dr Richard Stratton	GP Representative
Maxine Bunn	Associate Director of Commissioning
Mindy Bassi	Chief Pharmacist
Stuart Poyner	Chief Finance Officer (left at 11:30am)
Dr Manik Arora	GP Representative (left at 10:15am)

In attendance:

Lucy Anderson	Deputy Director-Contracting
Louise Espley	Corporate Governance Officer (minutes)
Sian Gascoigne	Head of Corporate Assurance
Shannon Wilkie	Corporate Governance Officer (Observing)
Susie Gill	Senior Cancer and End of Life Manager
Donna Nussey	Head of Quality Improvement (item QP 21 068 & QP 21 069)
Elizabeth Cowley	Head of Urgent and Proactive Care Commissioning

Apologies:

Jon Towler	Non-Executive Director
Rosa Waddingham	Chief Nurse
Caroline Nolan	System Delivery Director- Urgent Care

Cumulative Record of Members' Attendance (2021/22)					
Name	Possible	Actual	Name	Possible	Actual
Dr Manik Arora	04	03	Eleri de Gilbert	04	04
Mindy Bassi	04	01	Andy Hall	04	04
Hazel Buchanan	04	04	Dr Hilary Lovelock	04	04
Maxine Bunn	04	02	Caroline Nolan	04	03
Danni Burnett	04	04	Stuart Poynor	04	03
Lisa Durant	04	04	Dr Richard Stratton	04	04
Sue Clague	04	04	Jon Towler	04	03
Rosa Waddingham	04	03			

Introductory Items

QP 21 059

Welcome and Apologies

Eleri de Gilbert welcomed members to the Quality and Performance Committee meeting which was held on MS Teams due to the current Covid-19 situation.

Apologies were noted as above.

QP 21 060

Confirmation of Quoracy

The meeting was confirmed as quorate.

QP 21 061

Declaration of interest for any item on the shared agenda

Dr Richard Stratton has an interest relating to Nottingham University Hospitals NHS Trust (NUH) as he is an employee. This is on the Committee's Register. The conflict is noted in relation to items:-

- QP/21/063 – Minutes of the previous meeting
- QP/21/065 – NUH Confidential update
- QP/21/073 – Risk Register

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

QP 21 062

Management of any real or perceived conflicts of interest

The Chair highlighted conflicts of interest noted and how they would be handled at this meeting:-

- a) For item **QP/21/063** the proposed management action is that Dr Richard Stratton is excluded from any discussion relating to the NUH agenda items. He has received a redacted version of the minutes.

- b) For item **QP/21/065, NUH confidential update**, the proposed management action is that Dr Richard Stratton is excluded from the meeting for this discussion. He has not received the update paper.
- c) For item **QP/21/073** the proposed management action is that Dr Richard Stratton is excluded from the meeting when the NUH risk is discussed. He has received a redacted version of the paper.

Dr Stratton had pre-arranged to join the meeting at 09.50 after the presentation of items QP/21/063 and QP/21/065.

QP 21 063 Minutes from the meeting held on 24 June 2021

The minutes were agreed as an accurate record of proceedings.

QP 21 064 Action log and matters arising from the meeting held on 24 June 2021

All actions were noted as complete, on the meeting agenda or planned for a future meeting. There were no matters arising.

Quality and Performance

QP 21 065 Nottingham University Hospitals NHS Trust (NUH) Confidential update

The Chair introduced the confidential update. A further, focused discussion related to NUH is scheduled for the August 2021 committee meeting, but this update is an opportunity for the Committee to be sighted on the current position ahead of the Governing Body meeting on 04 August 2021; where the risk in relation to NUH will be reported in the public session.

Danni Burnett presented the item highlighting the following points:

- a) A deep dive on NUH was presented to the Committee in May 2021, with the findings escalated to the Governing Body in confidential session at its meeting in June 2021.
- b) The deep dive has since been shared with the Chief Nurse at NUH. It was agreed that a system support action plan would be produced and monitored via the ICS Quality Committee.
- c) The plan needs to incorporate findings from the external well-led review which NUH commissioned and CQC visits to Surgery and the Emergency Department (ED). The CQC did not raise any serious concerns in relation to Surgery. Informal feedback regarding the ED visit is awaited but appeared to focus on well led elements, governance and infection control.
- d) In addition, NUH has undertaken a Quality Insights Visit Programme, which members of the CCG Quality Team attended, along with a scheduled visit to ED to review Paediatric Surge Plans.
- e) A number of organisational wide themes for attention have been identified as a result of these visits in relation to estates, staff well-being and training, engagement and effectiveness.

- f) The August committee meeting will be a 'deep dive' focus on NUH reviewing the recommendations from the May 2021 CCG Risk Review and the system action plan. It will also provide an opportunity to review CQC findings and the outcome of the internal well-led review.
- g) The paper also provided an update on maternity services.
- h) During July 2021 there has been national media coverage related to maternity services at NUH. Referenced within the media was a letter from MPs to the Secretary of State for Health. This letter was not shared with the CCG at the time; however, the CCG has become aware that MPs have been meeting with families and regulators. A briefing has been shared with GPs following the coverage and a single-point of contact has been established.
- i) A retrospective review of 15 maternity incidents supported by the Local Maternity and Neonatal system (LMNS) Safer Care & Outcomes has drawn to a conclusion. The final report will be shared with the Committee at the August 2021 meeting. Interim findings indicate that 80% of the cases reviewed were identified as meeting the Serious Incident Criteria and that in 47% of cases, clear opportunities to provide different care which would have impacted upon the outcome for mother, baby or both, were seen. 20% of the cases were considered by the review panel to have an outcome where different care would have been unlikely to have made a difference though substantial opportunities for learning were still identified. The three most common contributing themes identified related to education and training, team communication, and risk recognition.
- j) There are signs of progress in maternity services but there remains a lack of pace. A new Director of Midwifery is now in post and an Assistant Director of Midwifery post is in the process of recruitment. Interim governance support for the team has been identified.
- k) Staff support and psychological support systems have been accelerated and are now in place.
- l) In terms of escalation, policy and practice is still not embedded, although there is more evidence of openness and executive visibility.
- m) 27 serious incidents have been reported since January 2021, suggesting that learning is not embedded due to repeating themes identified in 72hr reports.
- n) NUH are meeting with the regional Senior Leadership Team every two weeks to focus on executive leadership and the pace of transformation.

The following points were raised in discussion:

- o) Discussion ensued regarding the concern at the pace of change and the apparent lack of learning, education and training.
- p) Further discussion focused in the role of the CCG versus the role of regulators. The CCG has a responsibility for the services it commissions but is not a regulatory body and therefore its role is to assess whether learning has been implemented and embedded following regulatory action. The impact of this role across multiple providers was recognised as a challenge in terms of capacity and complexity.
- q) A chronology of action taken by the CCG in respect of NUH will be produced

and shared with the Governing Body.

- r) Whilst it was noted that there is some progress and good news regarding staff support, the lack of progression and system action plan means the CCG lacks assurance.
- s) Following detailed discussion the committee agreed to raise the risk score of RR 156 (Maternity services) from 20 to 25.
- t) Risk RR 162 addressing NUH Quality concerns would remain at a score of 20 at this time ahead of a deep dive review by the committee in August 2021.
- u) Members agreed that there is a potential internal risk arising for the CCG in terms of capacity and reputation. This will be explored ahead of the next meeting.

ACTION:

- Consideration to be given to a potential internal risk arising for the CCG in terms of capacity and reputation.

The Quality and Performance Committee:

- **NOTED** the report and changes to risk scores.

QP 21 066

Integrated Performance Report

Dr Richard Stratton joined the meeting.

Andy Hall presented the item highlighting the following points:

- a) The Governing Body had requested the Committee review recovery timescales by specialty for each provider. These are not currently available as providers are still working through the impact of increased elective activity and developing their trajectories. It is anticipated that the H2 plans will include information on waiting list volume so will be a focus for the next planning round.
- b) An additional section was added to the report to address the enquiries made at the previous Governing Body meeting related to increased demand in primary care. The analysis provided aims to estimate the number of patients who would have received a primary care service during 2020/21 but didn't due to the Covid-19 pandemic. Preliminary findings suggest there is a backlog with circa 3,500 fewer screening events taking place during quarter four. Further metrics will be included as they become available. Data analysis suggests there is a backlog in primary care but further analysis is required.
- c) The demand into secondary care services is relatively static whilst elective activity is increasing. The overall number of patients waiting for their first definitive treatment continues to rise.
- d) Overall, the number of CCG registered patients on the waiting list has is 84,213, an increase of around 2,000 patients since the March 2021 position reported in May 2021.
- e) The shape of the waiting list continues to be challenging although there is a

reduction in the number of very long-waiting patients i.e. those over 52-weeks.

- f) Diagnostic services are showing an improvement in performance with respect to the number of patients waiting against the 6-week national standard.
- g) Cancer services continue to show relatively good levels of performance compared to similar populations across the country, although a recent surge in two week wait referrals has deteriorated the measured performance in this area. Treatment volumes remain high and the use of the independent sector continues.
- h) Performance around the 31 day and 62 day standards remains stable.
- i) Attendance volumes to A&E departments continue to show an increase but remain below pre-pandemic levels. A total of six 12-hour breaches were reported in May, with a further three in June across acute providers.

The following points were raised in discussion:

- j) Members welcomed the detail regarding primary care and received assurance in terms of the focus this is given by the Primary Care Commissioning Committee. It was accepted that there is a need to focus on the design of primary care performance reporting as the ICS develops. This led to a wider discussion about opportunities for further metrics to be presented via the integrated performance report.
- k) Discussion followed as to whether there is any data to demonstrate the acuity of long waiters. In response it was noted that weekly meetings bring a level of scrutiny to waiting list management. At the same time the accelerator site bid is being developed which if successful will be a positive initiative.
- l) Access to mental health services for children and young people was highlighted as a concern.

The Quality and Performance Committee:

- m) **NOTED** the report.

Dr Manik Arora left the meeting.

QP 21 067

Nursing and Quality Exception report

Danni Burnett presented the item highlighting the following points:

- a) 12 providers are on enhanced surveillance for quality across the health and care sector. The latest of which relates to Mediscan, a non-obstetric ultrasound provider where a suspension is in place. A single item QSG is currently in place for the provider led by the North West Region.
- b) There is an increase in the number of serious incidents reported however this is a likely consequence of the changes to reporting guidance which now includes healthcare acquired Covid-19 infections (from February 2021).
- c) The report included an update on suicide prevention following the deep dive review by the Committee in June 2021.
- d) Two safeguarding reports have been published during quarter one, five reviews completed and three new reviews commissioned.

- e) A project delivery plan regarding Liberty Protection Safeguards is expected in September 2021.
- f) There has been increased activity in terms of host commissioner arrangements largely related to mental health and learning disability settings.
- g) The CQC has issued a notice of decision to St Andrews (Northampton). 13 patients from the CCG area are located at St Andrews. The notice is not expected to lead to a closure but an intensive improvement plan will be required.
- h) Delays to the building of new estate for learning disabilities will impact on 15 patients. This has been escalated to the national team as the position is causing delays to the discharge of these patients.

The following points were raised in discussion:

- i) Members requested an update on the St Andrews position in August 2021.

ACTION:

- Committee to receive an update in September 2021 on the St Andrews issue as part of the next Nursing & Quality Report.

The Quality and Performance Committee:

- **NOTED** the exception report.

QP 21 068

Serious Incident Annual Report

Donna Nussey joined the meeting.

Donna Nussey delivered a presentation highlighting the following points:

- a) The report covered the period 2020/21. The report provided insight into the incidents reported as 'serious incidents' or 'never events' and described actions being taken to improve care and delivery and share learning, particularly in respect of the top five categories for incident reporting.
- b) During 2020/21 318 serious incidents were reported, an increase compared to the previous year when 252 serious incidents were reported.
- c) 89% of all serious incidents were reported within the expected two days from identification.
- d) 79% of investigation reports were received within 60 days or had alternative action approved. An improvement from 69% the previous year.
- e) 73% of completed investigation reports indicated compliance with duty of candour and mechanisms in place to share learning from incidents.
- f) The top five categories for serious incidents were; pressure ulcers, self-harm and suicide, sub optimal care of the deteriorating patient, maternity and slips, trips and falls. 80% of all incidents fall into one of these categories.
- g) Advances have been made in analyzing patient demographics in relation serious incidents. This granularity of detail enables improvements to be

targeted and focused.

- h) The focus moving forward is to create a learning culture across the ICS with the ability to share learning widely.
- i) The report included a number of ambitions and actions to close existing gaps. This included actions related to preventing future deaths notices. This item would be discussed at item 11 QP 21 069.

The following points were raised in discussion:

- Members noted the improvements in reporting and were assured by the detailed work on demographics.
- The Committee forward work programme would be reviewed to incorporate a pressure ulcers deep dive and an in-year report on serious incidents.
- Members requested that the actions be made 'smarter' in terms of accountability and timelines.
- The connections to medicines management were highlighted along with the challenge of how to bring multiple work programmes together under the patient safety agenda.

ACTION:

- Work programme to be reviewed to include a pressure ulcers deep dive and in-year serious incident report.

The Quality and Performance Committee:

- **REVIEWED** and **APPROVED** the report.
- **APPROVED** the ambitions/actions for 2021/22.

QP 21 069

Position Paper – Preventing Future Deaths (PFD)

Donna Nussey presented the item highlighting the following points:

- a) The report provided the current position regarding oversight and management of PFDs.
- b) Action is required to align systems for taking action following a PFD report. PFDs should be routinely discussed at 'learning from deaths' groups but there is inadequate assurance that this is taking place and commissioners are not routinely sighted on responses to the Coroner following PFDs.
- c) The report recommended alignment of the PFD and serious incidents processes.

The following points were raised in discussion:

- d) The importance of identifying and embedding learning was highlighted along with auditing compliance.

The Quality and Performance Committee:

- **NOTED** the position and ambitions to improve the identified gap in assurance and opportunities to ensure learning from when things go wrong are maximised.
- **APPROVED** the approach to align a PFD oversight process with the current serious incident management process and established governance arrangements following its review.
- **APPROVED** the recommendations detailed in the paper.

Stuart Poyner left the meeting.

Medicines Management

QP 21 070

Nottinghamshire Area Prescribing Committee (APC) Report

Mindy Bassi presented the item highlighting the following points:

- a) The report outlined the work of the Area Prescribing Committee (APC) over the last twelve months. It included a summary of medicines guidelines produced/maintained, formulary decisions and their potential financial impact.
- b) The APC works collaboratively with a number of different stakeholders across Nottinghamshire to make recommendations on the safe, clinical and cost effective use of medicines and has been in place since 2007.
- c) The presentation summarised achievements over the last year and the financial implications of decisions. The APC has delegated authority up to £60k.
- d) The Covid-19 pandemic and the vaccination programme has meant that the priorities of some committee members have been diverted although the joint formulary work of the APC has remained a priority.
- e) The presentation also highlighted the challenges faced by the APC, including shared care protocols and approvals over and above delegated limits.

The following points were raised in discussion:

- f) In respect of the challenges highlighted in the report, ongoing work is required regarding financial approvals and shared care protocols.
- g) Thanks were recorded to the long standing APC patient representative who will be leaving in the near future. The importance of a representative patient voice was stressed with regards to appointing a replacement.
- h) Members expressed their thanks to the Chief Pharmacist and the team for progressing the medicines agenda despite the challenges faced over the last year.
- i) It was highlighted that the work of the APC had contributed to the green agenda with a move away from aerosol inhalers to dry powder inhalers.

The Quality and Performance Committee:

- j) **NOTED** the annual report for assurance.

Elizabeth Cowley left the meeting.

Hazel Buchanan left the meeting.

QP/21/071

Medicine Safety Officer's (MSO) Annual Report

Mindy Bassi presented the item highlighting the following points:

- a) The report summarised the work undertaken by the Medicines Safety Officers (MSO) as part of the Nottinghamshire MSO network during 2019/20 and 2020/21. The primary aims of the network are; to increase and improve medication error incident reporting, to analyse incident trends and issues and develop supportive action, to share and improve learning from medication safety incidents and safety intelligence and to identify, develop and promote best practice for medication safety.
- b) During 2019-2021 the focus for medicines safety has been on; controlled drugs, lessons learned from local incidents and PINCER (a national project based on interventions by a Pharmacist).
- c) The MSO network not only responds to incidents, safety alerts and coroners letters, it is about data, horizon scanning and planning. The work programme takes into account national, regional and local priorities.
- d) The MSO team received a gold PrescQIPP (Prescribing for quality, innovation, productivity and prevention) award for the CCG Splenectomy audit, the resource tools are now on national shared learning platform.
- e) In 2020 the CCG submitted a project around the safe prescribing of Direct Oral Anticoagulation (DOACs). The team received a highly commended award from PrescQIPP for this project.
- f) The network has continued to be driven by the aims within the five year anti-microbial resistance strategy. Work has included promotion of the Nottinghamshire anti-microbial guidelines to prescribers and continuing to raise public awareness. The presentation detailed performance against antimicrobial targets.
- g) The CCG are performing well against PINCER (Pharmacist led IT based intervention). This is a nationally recognised medicines safety intervention and has been incorporated in NICE guidelines. The intervention identifies at risk patients who are being prescribed drugs that are commonly associated with medication errors.
- h) Monitoring of controlled drugs remains a long standing medicines safety priority and is a statutory CCG function.
- i) Following a Medicines and Healthcare products Regulatory Agency (MHRA) alert in 2018 regarding the use of Sodium Valporate in females of child bearing age audit programmes are in place in practices to ensure prescribing is in line with guidance.
- j) The report included detail of the future work programme.

The following points were raised in discussion:

- k) Members commended the team for the significant amount of work undertaken and the high performance outcomes.
- l) In recent months it has been noted that the CQC has served notices to practices for not meeting targets around monitoring of high risk medicines. No such notices have been served in the CCG area to date.
- m) Electronic prescribing of medicines in secondary care is a development that will have a positive impact.

The Quality and Performance Committee:

- a) **NOTED** the report and recorded their **APPRECIATION** to the team for their significant achievement in progressing business as usual whilst being diverted by the requirements of the Covid-19 response.

QP/21/072

Implementation of ReSPECT

Susie Gill joined the meeting.

The Committee had received a number of updates on the implementation of ReSPECT, the last being in March 2021. At the March meeting the Committee requested an update to this meeting, particularly focused on implementation of ReSPECT at NUH.

Susie Gill provided an oral update on the implementation of ReSPECT highlighting the following points:

- a) Implementation of ReSPECT is going well, with 3,500 forms completed in May 2021.
- b) An audit across both community and secondary care has commenced and will review the quality of completed ReSPECT forms.
- c) NUH is progressing with implementation following a slow start. A clinical lead is in place and a training video and podcast are available as training aids. Training has been delivered in the following areas; Respiratory, Renal, Cardiology and Cancer services. NUH plan to incorporate ReSPECT training into the induction programme for new staff.
- d) Connective Notts continue to look at interim solutions for IT connectivity for ReSPECT ahead of securing a long term solution.

The following points were raised in discussion:

- e) Members were assured to see progress and engagement at NUH and were particularly pleased to hear that ReSPECT training will be part of the staff induction programme in the future.
- f) It was highlighted that any forms completed during the first two months of the pandemic now require review as it is likely that action taken today would be different to that taken in March/April 2020.
- g) The importance of understanding that ReSPECT is about care planning rather

than end of life planning was stressed. As such, forms should be updated each time something changes for the patient. This is particularly pertinent to patients recently discharged following an acute hospital episode.

- h) Opportunities to improve data quality and reporting were discussed and would be linked to the audit that will commence in September 2021.
- i) The Committee would receive the audit outcome in January 2022.

ACTION:

- ReSPECT audit findings to be reported to the Committee in January 2022.

The Quality and Performance Committee:

- k) **NOTED** the update for assurance.

Susie Gill left the meeting.

Corporate Assurance

QP 21 073

Risk Report

As the risks related to NUH performance had been addressed at item 7, QP 21 065 Dr Richard Stratton was permitted to be present for this item.

Sian Gascoigne presented the item and highlighted the following points:

- a) There are currently eight risks pertaining to the Committees responsibilities. This is the same number of risks as presented to the Committee in June 2021.
- b) There are four major (red) risks in the Committees remit.
- c) It was highlighted that RR 162 (*NUH Quality Concerns*) will be presented to the open session of the August 2021 meeting of the Governing Body.

No further points were made in discussion.

The Quality and Performance Committee:

- **NOTED** that risk RR 162 (*NUH quality concerns*) will be presented to the open session of the August 2021 meeting of the Governing Body
- Did not **HIGHLIGHT** any new risks during the course of the meeting for inclusion within the Corporate Risk Register.

Closing Items

QP 21 074

Any other business

No further business was raised.

QP 21 075

Key messages to escalate to the Governing Body

The Committee:

- a) **AGREED** to escalate concerns in relation to the performance of Nottingham University Hospitals NHS Trust (NUH) after a number of potential and actual, complex and significant quality issues had been identified. The risk score is 20 and as such is escalated to the Governing Body.
- b) **AGREED** to elevate the risk score related to NUH Maternity services from 20 to 25 due to the pace of change. As such this risk is escalated to the Governing Body.
- c) **APPROVED** the Serious Incident and Never Event Annual Report for 2020/21.
- d) **RECEIVED** a paper on the oversight and monitoring of Preventing Future Deaths (PFD) reports issued by the Coroner and **APPROVED** the approach to align an oversight process with the existing serious incident management process.
- e) **RECEIVED** two reports from the Chief Pharmacist; Nottinghamshire Area Prescribing Committee Report and Medicine Safety Officer's (MSO) Annual Report and recorded their appreciation to the team for their significant achievement in progressing business as usual whilst being diverted by the requirements of the Covid-19 response.
- f) **RECEIVED** an update on the implementation of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) and were **ASSURED** by the progress reported. An audit would take place in the coming months with the outcome reported to the Committee in January 2022.

QP 21 076

Date of next meeting:

26/08/2021 via MS Teams meeting

NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Quality and Performance Committee
Ratified minutes of the meeting held on
26/08/2021 9:00-12:00
MS Teams Meeting

Members present:

Eleri de Gilbert	Non-Executive Director (Chair)
Sue Clague	Non-Executive Director
Jon Towler	Non-Executive Director
Rosa Waddingham	Chief Nurse
Stuart Poyner	Chief Finance Officer
Danni Burnett	Deputy Chief Nurse
Lisa Durant	Director of Commissioning - Mid Nottinghamshire
Caroline Nolan	System Delivery Director- Urgent Care
Dr Manik Arora	GP Representative

In attendance:

Louise Espley	Corporate Governance Officer (minutes)
Sue Cordon	Director of Clinical Governance, Grant Thornton
Lucy Dadge	Chief Commissioning Officer
Stephen Shortt	Joint Clinical Chair
Rob Taylor	Deputy Director of Performance & Information (Deputising for Andy Hall)
Becky Gorringe	Head of Quality Assurance and Outcomes
Becky Gray	Head of Quality Assurance for Maternity
Amy Calloway	Assistant Director of Quality, Transformation and Oversight

Apologies:

Mindy Bassi	Chief Pharmacist
Hazel Buchanan	Associate Director of Strategic Programmes & EPRR
Dr Hilary Lovelock	GP Representative
Dr Richard Stratton	GP Representative
Andy Hall	Associate Director of Performance and Information
Maxine Bunn	Associate Director of Commissioning

Cumulative Record of Members' Attendance (2021/22)					
Name	Possible	Actual	Name	Possible	Actual
Dr Manik Arora	05	04	Eleri de Gilbert	05	05
Mindy Bassi	05	01	Andy Hall	05	05
Hazel Buchanan	05	04	Dr Hilary Lovelock	05	04
Maxine Bunn	05	03	Caroline Nolan	05	04
Danni Burnett	05	05	Stuart Poynor	05	04
Lisa Durant	05	05	Dr Richard Stratton	05	04
Sue Clague	05	05	Jon Towler	05	04
Rosa Waddingham	05	04			

Introductory Items

QP 21 077 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.

Sue Cordon, Director of Clinical Governance from Grant Thornton was welcomed. In addition to presenting item 9, QP 21 085 Sue was observing the meeting as part of a review she was undertaking into how the CCG approaches its quality oversight. Sue will be making a set of recommendations which will feed into the Committees discussions in October around quality assurance and improvement in the ICS.

Apologies were noted as above. Due to the volume of apologies, Lucy Dadge, Chief Commissioning Officer and Stephen Shortt, Joint Clinical Chair had been invited to attend the meeting to provide additional Exec and clinical leadership into today's discussions

QP 21 078 Confirmation of Quoracy

The meeting was confirmed as quorate.

QP 21 079 Declaration of interest for any item on the shared agenda

Dr Richard Stratton has an interest relating to Nottingham University Hospitals NHS Trust (NUH) as he is an employee. This is on the Committee's Register. The conflict is noted in relation to items:-

- QP/21/081 – Minutes of the previous meeting
- QP/21/084 – NUH Confidential update
- QP 21/085 – Quality Assurance – Oversight of NUH Maternity services
- QP/21/086 – NUH Maternity Confidential update

- QP/21/087 – Risk Report
- QP/21/088 – ICS Quality Report

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

QP 21 080 Management of any real or perceived conflicts of interest

Dr Richard Stratton has not received the Committee papers and was excluded for the whole meeting. He recorded his apologies.

QP 21 081 Minutes from the meeting held on 22 July 2021

The minutes were agreed as an accurate record of proceedings.

QP 21 082 Action log and matters arising from the meeting held on 22 July 2021

All actions were noted as complete, on the meeting agenda or planned for a future meeting. There were no matters arising.

Queries were raised in relation to two open actions as follows:

Reference QP 20 148 – Health inequalities performance reporting would be scheduled for the September 2021 meeting. In addition, the wider action related to ICS development would be scheduled for October 2021.

An update was requested regarding quality assurance in respect of Community services. The Chief Nurse clarified that the Committee's forward plan includes a deep dive into NHCT in October 2021. The deep dive will cover a wider review of Community Services in addition to those provided by NHCT. It will cover key issues and a report of the assurance work undertaken.

QP 21 083 Actions arising from the Governing Body meeting held on 04 August 2021

A number of actions are detailed on the action log.

Quality and Performance

QP 21 084 Nottingham University Hospitals NHS Trust (NUH) Confidential update

In introducing the item, the Chair summarised the position to date. An extensive amount of intelligence and information has been gathered over recent months, culminating in the two risks associated with NUH. The Committee undertook a deep dive focus on NUH in May 2021.

Risk RR 162 relates to services at NUH and has a risk score of 20, risk RR 156 relates to NUH maternity services and has a risk score of 25. Both risks have been escalated to the Governing Body at their last two meetings and presented in the public session at the August Governing Body meeting. At the August Governing Body meeting there was a comprehensive discussion and a clear summary provided by Amanda Sullivan defining the different roles and relationships of the CCG, CQC and NHSE/I in relation

to the risks and issues. This is referenced in the Governing Body minutes but was summarised ahead of the discussion as it provides an important context. The CCG's role as commissioner of services is to seek assurance in relation to the quality and safety of commissioned services; performance manage contract delivery; quality improvement and to proactively triangulate intelligence and share as appropriate with Providers and regulators. We also have a responsibility to participate in shared assurance processes. The CQC has the power to inspect; intervene and impose and NHS England/Improvement have regulatory powers including the ability to impose conditions. They also have the ability to intervene in the running of Trusts where they consider the level of risk deems it appropriate.

Rosa Waddingham and Danni Burnett presented the item highlighting the following points:

- a) The Chief Nurse introduced the item before inviting the Deputy Chief Nurse to deliver the detailed presentation. The presentation provided a summary of the risk and action taken to mitigate since May 2021. A suite of detailed documents were provided in support of the presentation.
- b) An internal risk review was undertaken by the CCG during May 2021 to scrutinise the available evidence and assurance in respect of the quality of care provided by NUH. This review identified 39 risks across four key areas of concern; Organisational Culture, Patient Safety, Clinical Effectiveness and Patient Experience. Ten of the 39 risks were rated red - further assurance required. A number of risks were linked to maternity services, which was the service under the greatest amount of oversight at that time but it became apparent that the risks were not confined to maternity services but widespread across NUH.
- c) Since May 2021 there has been an increased level of CCG involvement in NUH and at the same time, regulatory scrutiny via the CQC and NHSE/I has increased.
- d) The CCG were part of NUH's internal mock CQC inspection that took place in May 2021; the outcome of which was limited assurance, primarily due to lack of evidence to provide assurance.
- e) The presentation detailed progress with the risk review recommendations. Of the nine risks listed, three are rated green, five amber and one red. The red risk relates to the outstanding CQC well-led final report. There is some positive progress, with strengthened executive discussion via the evolving ICS infrastructure.
- f) NUH's commitment to engage is improving, although capacity and operational demands appear to be impacting on the ability to take positive action leading to improvement. The culture is slowly becoming more open, the CCG are now invited to more meetings. Quality schedules are being developed to continually challenge the 'so what' question.
- g) The presentation included a detailed slide of immediate actions taken by the CCG and partners. This slide highlighted the alignment and information sharing between the CQC, NHSE/I and the Improvement Director.
- h) Further work is required to update 'one version of the truth' however, delays

are due to the impact of changes in senior nursing and quality leadership. A detailed system action plan is still required.

- i) The update on incident management highlighted concern due to the significant number of open incidents (3,958 as at 30 June 2021). In terms of context, NUH is ranked 64th nationally in respect of this measure and is not an outlier, although when the detail of incidents is triangulated the picture is more concerning. NUH reports no harm in 81.5% of cases, despite harm being the trigger for incidents. Traction in respect of serious incidents has only been seen in recent weeks. A revised incident management policy is in place, although time is needed before there is evidence it is fully embedded and effective. The CCG continues to support NUH in the thematic review of the circa 4k incidents and participates in incident review meetings to bring focus and challenge. Incident review meetings (IRMs) are taking place twice per week due to the high number of incidents under review. There is also a rapid review process in place for maternity incidents, alongside a specific IRM for pressure ulcers and falls. Concern remains regarding staff training for incident management. Likewise, divisional dashboards are slow to develop and are not yet in place.
- j) In terms of duty of candour, performance appears to be good, with 90% compliance reported for quarter one. The concern is that there remain a number of unknowns in this regard. The national alignment of definitions and national/regional training will address this.
- k) The presentation summarised themes from insight visits. All visits have evidenced that staff are compassionate and caring, although are increasingly physically and emotionally drained due to the pressures the last year has brought. There is evidence of higher numbers of incidents of aggression and violence and staff report feeling anxious about speaking up. Delays in recruitment and estate challenges are impacting on staff morale.
- l) More recently the CQC have carried out a well-led review, the report from this inspection is awaited but is seen as critical to the next steps.
- m) Improvements and good practice was highlighted, this included; recognising and responding to the deteriorating patient, improved engagement with the CCG and NUH quality leads, strong performance and improvement against the same day emergency care indicator and improved alignment between urgent care pressures and the impact on elective activity.
- n) Emerging quality and operational concerns and areas for on-going focus were presented. The CQC visit to the Emergency Department (ED) revealed two areas of concern in relation to triage and flow out of the department to specialties. Improvement work has since taken place. The Committee heard about some of the system work to address waiting lists, which included weekly meetings to review waiting lists by specialty.
- o) The presentation highlighted gaps in assurance as follows; Organisational culture and board to ward assurance, sharing of investigation outcomes and embedding actions and associated learning, serious investigation process, organisational ownership and coproduction of quality and safety priorities, consent and Mental Capacity Act, with concerns around training plans and numbers, pace and scale of change and engagement from NUH.

- p) The presentation detailed the oversight arrangements in place to bring about improvement. This included an outline of the circa 24 groups and forums in place.
- q) Since May 2021 there has been some improvement. Openness and transparency is better although it is too early to be confident of the impact. NUH remains under considerable pressure due to operational demands and in response to the level of external scrutiny it is now subject to. The CCG continues to offer support and challenge and the CQC and NHSE/I continue to apply their scrutiny role. As a result NUH remains on high surveillance and the conclusion is of limited assurance to date.

Extensive discussion ensued and the following points were raised:

- r) Firstly members acknowledged the significant effort of the CCG team in understanding the issues and supporting NUH. Concerns were raised regarding the workload this places on the CCG and the risk that attention may be diverted from scrutiny of other providers as a consequence. In response, assurance was provided that the team had created more capacity internally to ensure the required level of focus on NUH can be given.
- s) Members were heartened to hear that patient care is compassionate and caring and paid tribute to NUH staff. It was recognised that staff are feeling exhausted as a consequence of the pressures created by the Covid-19 pandemic.
- t) Members were disappointed at the lack of pace of change and the risk in terms of leadership due to the continued absence of the Trust Chief Executive Officer.
- u) Significant concern was expressed regarding the absence of any tangible shifts in behaviour and outcomes. NUH face an enormous challenge as a result of the scale and complexity of the issues requiring resolution. In addition, the size of the task continues to escalate as regulatory scrutiny increases. A further pressure is the high demand on services and need to reduce backlog waiting times.
- v) Whilst the CCG was commended for its focus, members felt that central co-ordination of effort by NUH was lacking and consequently, it was difficult to be assured of progress. The necessary forensic approach was not evident in any of the plans or action taken to date and there is little evidence of a supportive culture promoting evidence based practice.
- w) Members expressed a view that they were not assured due to the lack of detailed, risk focused recovery plans. There was a significant amount of unease that such plans are not in place after this amount of time. There was a view that this represented an absence of leadership and ownership by NUH.
- x) Members were concerned about the reference to Duty of Candour in the papers, specifically that NUH are not adhering to national guidelines and that NUH staff do not feel supported to speak up and express concerns.
- y) The Chief Nurse agreed with concerns expressed in relation to Leadership, ownership and culture and reflected that NUH are only now accepting the scale and depth of the issues.

- z) The issue of whether concerns should be escalated further in the form of a Quality Surveillance Group (QSG) or single item quality oversight group was considered and would be re-visited once the CQC well-led report was published.
- aa) It was confirmed that NUH received the CQC well-led report in draft form on 23 August 2021 and have an opportunity to review it for factual accuracy ahead of publication. Members considered that this report would be critical in addressing Leadership concerns and challenges.
- bb) Discussion focused on the system wide approach and opportunities to work differently in the Integrated Care System (ICS) space, recognising that this challenge provides a good test for the design of ICS systems and processes. The ICS, like the CCG, will not have regulatory powers of enforcement; hence the need for continued open and frequent communication with the CQC and NHSE/I.
- cc) In conclusion, members felt assured that the approach by the CCG is proportionate and appropriate but were not assured by NUH's action plans or pace of change. Leadership, governance, culture and quality issues remain and there is little assurance of change at either the pace or depth required.
- dd) The issues at NUH are gaining momentum, the magnitude and visibility of concerns faced is ramping up at pace. The well-led review will be a significant lever for the next steps. The narrative of risk, RR 162 will be reviewed to reflect the severity of the concerns expressed by the Committee following receipt of the CQC well-led review. The Committee would once again refer their concerns to the Governing Body in October 2021.

ACTION:

- Risk, RR 162 narrative to be amended on receipt of the CQC well-led review report.

The Quality and Performance Committee:

- **REVIEWED** the documents and **REVIEWED** the CCG risk relating to NUH concluding that risk, RR 162 narrative to be amended on receipt of the CQC well-led review report.

QP 21 085

Quality Assurance – Oversight of NUH Maternity Services

Due to the scale of the risk associated with NUH maternity services, the report was commissioned to review NUH Maternity oversight arrangements by the legacy CCGs.

Sue Cordon presented the item highlighting the following points:

- a) The retrospective review covers the period 2016-2020. During this time there were various configurations of CCGs and in carrying out the review, it is evident that there has been some loss of organisational memory and documentation.
- b) Five key lines of enquiry were detailed in the report. The review assessed the systems and processes in place at former CCGs to provide oversight and assurance of the quality and safety of NUH's maternity services.

- c) The report identified that in 2017, a robust process to review maternity serious incidents was established and meetings provided good oversight. However there were some missed opportunities in terms of quality surveillance visits, senior leadership involvement and appropriate escalation regarding challenges with engagement.
- d) The CCGs have been reconfigured overtime which is important context for the review. In July 2019 six CCGs came together in shadow form prior to a formal merger to become Nottingham and Nottinghamshire CCG in April 2020.
- e) The findings of the review suggest that since 2019 there has been a step change in approach as 'Committees in Common' were formed. The focus on issues, outcomes and remedial action is more apparent and well documented. It is clear that there are now mechanisms in place to seek assurance via established governance structures.
- f) The report focused on the roles, responsibilities and key accountabilities at the time (2016-2020). Evidence revealed a lack of continuity and gaps in CCG assurance functions during those years. Commissioning arrangements were sub optimal, with maternity commissioned via the Children's integrated hub which, the evidence suggests was disjointed. This sat alongside what was described as "a dysfunctional relationship with NUH". The CCGs did not have representation at the necessary Trust forums and there was no evidence of NUH being held to account for lack of engagement.
- g) Formal meetings around quality and contract performance in relation to maternity services appeared light in legacy CCGs who had lead commissioning responsibility. The evidence suggested only six meetings had taken place in four years.
- h) Whilst the evidence suggested the CCGs were working with NUH to strengthen assurance, only one visit to maternity services was documented between May 2016 and November 2017. The feedback from the visit was positive and did not spark any further professional curiosity.
- i) In 2017 the CCGs set up maternity review panels were put in place. NHSE/I were the driving force and the good level of documentation is credited to NHSE/I rather than the CCGs. The panel meetings considered serious incidents in detail and asked a lot of questions of NUH.
- j) Governing Body minutes do show an escalation of issues related to NUH maternity services. The Governing Body received lots of information, although the tone was one of reassurance rather than assurance. There was a lack of triangulation of information.
- k) There was evidence of Quality scrutiny panels although there were no notes available for review before July 2018.
- l) Since 2019 there has been a step change in approach with greater focus on issues, outcomes and remedial actions. Meeting governance has improved significantly.
- m) Evidence suggested there was lack of a coordinated approach. The disparate CCGs meant that there was no central repository for evidence or its review.
- n) A further piece of work is underway to look at whether the quality assurance systems that are currently in place are fit for purpose and fit for the future. The CCG are currently showing great resilience and indications are (following observation of some meetings) that comprehensive systems and processes are in place with the necessary vision. This is certainly the case in relation to the Chief Nurse and Deputy Chief Nurse it will be important to cascade that vision and approach through the whole team.
- o) In summary, considering the severity of the index case, the retrospective review concludes that the Governing Body at that time should have applied a

higher level of enquiry and scrutiny to the information it received.

The following points were raised in discussion:

- p) Members reflected the outcome of the report and the opportunities lost that led to people and families being let down. More positively, the review provided assurance that systems and meeting governance has improved in recent years.
- q) The retrospective review is timely and provides opportunities for focus at this time of significant system re-design. As the CCG transfers its functions to the ICS it should consider how it ensures the transfer of corporate memory and information. It was noted that this would be addressed in more detail in the quality assurance report that is underway.
- r) Members were confident that the necessary governance structures are now in place. As an example, Sue Cordon reflected on her observation of an ICS quality assurance group meeting where issues and problems were discussed in an honest and open way.
- s) Members noted that the report is very helpful in terms of the retrospective review but felt that the next steps are equally important. Discussion followed as to whether the nature of the way CCGs are constituted leads to an inherent risk in identifying issues with service provision. It was felt that in the current climate the Chief Nurse and Deputy Chief Nurse have continued to act with rigor and persistence in their pursuit of assurance.
- t) Members agreed that this was a very informative and timely retrospective review and accepted the findings that there were significant gaps in evidence and fragmentation in intelligence resulting from organisational change, loss of corporate memory and a loss of records, all of which would be important to capture as the current transition moves forwards.

The Quality and Performance Committee:

- **CONSIDERED** the findings of the report and **AGREED** immediate actions to be taken; noting that there is a review of wider Quality Assurance underway that will report in October 2021.

QP 21 086

NUH Maternity Confidential update

Danni Burnett presented the item highlighting the following points:

- a) The papers and presentation focused on the current position in relation to the quality and safety of NUH maternity services.
- b) The NUH Maternity Safety Oversight & Quality Assurance Group (QAG) took place on 09 July 2021 with the presentation included in the suite of papers.
- c) Acuity was a challenge for the department in July 2021, largely driven by staffing. Recruitment drives since September 2020 have had limited success with only five midwifery staff recruited.
- d) During this reporting period the Neonatal Intensive Care Units (NICU) across NUH reported that they were closed to admissions on 13 occasions, on two occasions both NUH NICUs were closed simultaneously as a result of staffing levels and the complexity and intensity of care required. The Neonatal Unit

- also declined a minimum of three Intra Uterine Transfers and transferred out one surgical baby.
- e) On City labour suite staffing met acuity on 33.9% of occasions. On 8% of the remaining occasions, midwifery staffing was more than three short of requirements. At the Queens Medical Centre (QMC) labour suite staffing met acuity on 41.6% of occasions. On 3.7% of the remaining occasions midwifery staffing was more than three short of requirements.
 - f) The maternity Covid-19 virtual ward managed upwards of 50 women on a daily basis and although plateauing, admissions to hospital for those requiring additional management remains frequent.
 - g) As of 12 August 2021, the uptake for vaccination for those accessing maternity services was 42% for first dose and 22% for second dose. NUH are leading a pilot within antenatal services as part of the vaccination programme.
 - h) The CCG and NHS England/Improvement (NHSE/I) are in the early stages of jointly establishing an independent thematic review of maternity incidents, complaints and concerns at NUH. Details of the review and who will be conducting it are yet to be confirmed and work is underway to ensure involvement of families in all aspects of the review.
 - i) The review terms of reference will incorporate the following; Independence, require the review to be led by experts in the subject matter, identification of themes and issues drawing from the experience of families as well as documented incidents, litigation cases, concerns and complaints, have a core timeframe to ensure that the most recent experiences of families is understood, establishment of a reference panel for families with relevant experience to ensure ongoing dialogue as the review progresses. The review will be made public via CCG and NUH board papers and will have clear recommendations for improvement.
 - j) In addition to QAG, NHSE/I Regional Executives have continued to meet with the Trust Executive on a fortnightly basis. Additional assistance has been provided to support NUH in decompressing the activity levels in the maternity services. Recommendations to a number of service modifications have been made by NHSEI which NUH are progressing. These include a focus on theatre teams and planning activity; workforce and deploying nursing staff to support services; and a peer review of multi-disciplinary team processes in managing planned care.
 - k) A marked improvement in governance structures and control measures surrounding the NUH Maternity Improvement Plan (MIP) has been seen. This includes increased ownership of the MIP at the divisional level with named individuals against all actions and CCG representatives included as an integral part of NUH's internal review procedures.
 - l) With regard to the Local Maternity and Neonatal System (LMNS) retrospective review, the presentation included an overview of the review, summarising key findings and recommendations. Confirmation that duty of candour has been fully enacted by NUH remains outstanding.
 - m) The Local Maternity and Neonatal System (LMNS) serious incident (SI) governance group (established in January 2021) continues to meet and after conclusion of the retrospective review will focus on reviewing current serious incidents to ensure learning is identified and shared across the system. There has been some challenge in ensuring appropriate NUH multidisciplinary representation within the Group, particularly from Obstetric colleagues which has led to a delay in progressing this review.
 - n) There are greater levels of assurance with regard to maternity services but the pace of change remains concerning. The CCG continue to offer support in the following areas; ensuring the MIP is outcome focused and that the impact of activities is robustly assessed, regular quality insight visits, continuation of the work to oversee incident reporting and investigation.

- o) A chronology was provided with the meeting papers to detail actions taken and support offered by the CCG in respect of NUH.

The following points were raised in discussion:

- p) Following a question about the timescale for commencement of the Independent review, Members were informed that the sequence of events will be; to appoint a Programme Manager in early September 2021 followed by appointment of a Programme Director, Inquiry to commence by the end of 2021.
- q) Concern was expressed regarding the operational pressures reported and significant concern raised in relation to the quality of the action plan, leadership and engagement. The Chief Nurse confirmed that NHSE/I are aware of the position and the concerns of the CCG. NUH has slowly come to the awareness that there is more to do to ensure the action plan is of the quality required.
- r) Discussion turned to the unease at hearing about delays with SI investigations. Members were assured that NUH had established more lead clinical engagement for SIs from September 2021. There was a sense that NUH is slowly taking more ownership of the position in relation to serious incidents.
- s) The appointment of a Programme Director to the QAG has been a positive step in driving improvement.
- t) Risk, RR 156 (*lack of assurance regarding systematic improvements required in the quality of maternity services provided by NUH*) was reviewed. Members agreed that there was insufficient assurance to reduce the risk score and as such it will remain at 25 and be escalated to the Governing Body in October 2021.
- u) Discussion followed regarding the risk score NUH places on maternity services. After reviewing the NUH Board Assurance Framework, it was confirmed that NUH scores the maternity services risk at 12. This misalignment between the views of commissioner and provider was felt to be reflective of the concerns of the CCG and pointed to the leadership issues continually raised by the CCG. The Chief Nurse agreed to write to NUH informing them of the CCG risk narrative and score in relation to maternity services and ask that NUH carry out a review of their risk score and narrative. In addition, concerns regarding this system risk, both NUH and NUH maternity would be escalated to the ICS Board, recommending enhanced surveillance.

ACTION:

- Chief Nurse to write to NUH requesting they review the maternity services risk score and narrative.

The Quality and Performance Committee:

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

Corporate Assurance

QP 21 087

Risk Report

Danni Burnett presented the item and highlighted the following points:

- a) There are currently **eight** risks pertaining to the Committee's responsibilities. This is the same number of risks as presented to the previous meeting.
- b) There are currently four red risks in the Committees remit and no new risks identified since the last Committee meeting.
- c) It is noted that potential risks relating to the training of Personal Assistants (PAs) to deliver delegated healthcare tasks (DHTs) (as part of Personal Health Budgets) and capacity within the Quality Team are being considered as risks for inclusion within the Quality Directorate Risk Log. A number of mitigations are in place to manage these risks.
- d) The overall risk score for risk **RR 156** (*quality of maternity services provided by Nottingham University Hospitals NHS Trust (NUH)*) has been increased from 20 to 25 following discussion at the July 2021 Quality and Performance Committee and the Governing Body on 04 August 2021.
- e) Following discussion at this meeting, the risk narrative in relation to RR 162 will be reviewed once the CQC well-led report is received.

No further points were made in discussion.

ACTION:

- Risk narrative in relation to RR 162 to be reviewed once the CQC well-led report is received.

The Quality and Performance Committee:

- **COMMENTED** on the risks shown within this paper (including the high/**red** risks) and those at **Appendix A**
- Did not **HIGHLIGHT** any new risks during the course of the meeting for inclusion within the Corporate Risk Register.

Information items – the following items are for information and will not be individually presented.

QP 21 088

ICS Quality report

The report was shared for information only.

Closing Items

QP 21 088

Any other business

No further business was raised.

QP 21 089

Key messages to escalate to the Governing Body

The Committee:

- a) **REVIEWED** a detailed suite of papers in relation to the NUH risk and the NUH maternity risk. The risk score for risk **RR 156** (*quality of maternity services provided by Nottingham University Hospitals NHS Trust (NUH)*) remains at 25 following review. NUH will be asked to review their risk description and score in relation to the maternity services risk. The narrative of risk, RR 162 will be reviewed to reflect the severity of the concerns expressed by the Committee upon receipt of the CQC well-led review.
- b) **RECEIVED** a report following the retrospective review of Maternity oversight arrangements by the legacy CCGs. A wider review of Quality Assurance is underway and will report to the Committee in October 2021.

QP 21 090

Date of next meeting:

23/09/2021 via MS Teams meeting

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

Ratified minutes of the meeting held on

28/07/2021 09:00-11:00

MS Teams Meeting

Members present:

Shaun Beebe	Non-Executive Director (Chair)
Lucy Branson	Associate Director of Governance
Maxine Bunn	Associate Director of Commissioning, Contracting and Performance - Mental Health and Community
Michael Cawley	Operational Director of Finance
Lisa Durant	Commissioning Director (Mid Nottinghamshire)
Andy Hall	Associate Director of Performance and Information
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

In attendance:

Shannon Wilkie	Corporate Governance Officer (Minutes)
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Apologies:

Dr James Hopkinson	Joint Clinical Leader
Andrew Morton	Operational Director of Finance
Caroline Nolan	System Delivery Director (Greater Nottingham)

Cumulative Record of Members' Attendance (2021/22)					
Name	Possible	Actual	Name	Possible	Actual
Shaun Beebe	04	03	Caroline Nolan	04	03
Lucy Branson	04	04	Stuart Poynor	04	03
Maxine Bunn	04	04	Jonathan Rycroft	04	04
Michael Cawley	04	04	Stephen Shortt	04	04
Lisa Durant	04	04	Amanda Sullivan	04	04
Andy Hall	04	04	Sue Sunderland	04	04
James Hopkinson	04	03	Jon Towler	04	03
Andrew Morton	04	03			

Introductory Items

- FR 21 045 Welcome and Apologies**
Jon Towler welcomed members to the Finance and Resources Committee meeting which was held on MS Teams due to the current COVID-19 situation.
There were apologies from Dr James Hopkinson, Caroline Nolan and Andrew Morton.
- FR 21 046 Confirmation of Quoracy**
The meeting was confirmed as quorate.
- FR 21 047 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 21 048 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 21 049 Minutes from the meeting held on 23 June 2021**
The minutes were agreed as an accurate record.
- FR 21 050 Action log and matters arising from the meeting held on 23 June 2021**
All actions were noted as complete.

Workforce Management and Organisational Development

- FR 21 051 Agile Working Update**
Jonathan Rycroft presented the item and highlighted the following points:
- a) In line with the easing of COVID-19 restrictions across England on the 19 July 2021, the CCG proceeded with a gradual, optional and cautious return of staff to their office base.
 - b) The CCG decided to continue with Infection Prevention and Control measures and also to maintain social distancing in the workplace. Staff were also asked to complete lateral flow COVID-19 tests to coincide with days they work in the office.
 - c) A small number of staff chose to return to the office in the first week. A survey had been sent to all CCG staff. The results indicated that one of the main reasons staff were hesitant to return to the office was because of anxiety surrounding the risk of COVID-19.
 - d) Staff with exceptional circumstances continued to work from the office.
- The following points were made in discussion:
- e) Members discussed the development of a supportive plan for staff suffering with anxiety around office working. This is being discussed in the Staff Wellbeing Group and as a part of 'Wellbeing Week'. A document containing tips for dealing with anxiety after lockdown has also been made available to staff.

- f) Members noted that managers will review requirements for office presence and, where necessary, staff will be asked to attend the office where their job requires an office presence.
- g) The Committee was confident that the approach taken strikes an appropriate balance of moving forward from COVID-19 restrictions whilst still being cautious and flexible.

The Committee:

- **NOTED** the verbal update.

FR 21 052

Workforce Report

Stuart Poynor presented the item and highlighted the following points:

- a) Since the previous report, there has been a significant improvement in staff appraisal rates with 76% of staff appraisals in date at the end of May 2021.
- b) Staff sickness rates have improved during the period; however, there is work ongoing to ensure sickness is being reported in a timely manner, as if this is not done, the figures could be an inaccurate representation of performance.

The following points were made in discussion:

- c) Members noted that the increase in staff receiving notifications to self-isolate from NHS Track and Trace is not having a negative impact on operations. It was suggested that this may be because CCG staff can continue to work from home when self-isolating.
- d) Members noted that many members off staff in the Medicines Management team have joined Primary Care Networks; these roles are not aligned with the CCG's prioritised objectives. Members noted that the situation is manageable, however, from an assurance perspective it would be useful to monitor the position, in case it escalates and becomes a risk.

Financial Position and Contract Management

FR 21 053

Finance Report Month Three (M3) and Covid-19 Related Expenditure Update

Michael Cawley presented the item and highlighted the following points:

- a) The CCG remained under a temporary financial regime due to the COVID-19 pandemic. Plans for the H2 period (Months 6 to 12 of the 2021/22 financial year) had not yet been published.
- b) The CCG position showed a pre Elective Recovery Fund (ERF) deficit of £3.7m for H1. The post ERF position was breakeven.
- c) The ICS was successful in its bid to become an accelerator site for activity. This means if the system achieves 120% of 2019/20 activity levels it would receive an additional £10m on top of what it would receive under the Elective Recovery Fund rules.
- d) NHSEI had recently increased the threshold activity levels needed to be attained in order to receive ERF income. (The changes being an increase from 85% of

the baseline to 95% w.e.f. from period Q2 onwards). The anticipated reduction in income to the CCG was estimated at between £0.5m to £0.76m; which would be managed through slippage in investment reserves. However the overall impact on the system is much larger at £13.5m. The system was currently working to assess the impact of the change on its overall financial position.

The following points were made in discussion:

- e) Members noted the various elements of risk to the CCG and ICS 2021/22 financial position.
- f) Members discussed efficiency savings targets and the challenge providers will face to achieve these.

The Committee:

- **APPROVED** the Finance Report
- **APPROVED** the COVID-19 related expenditure report

FR 21 054

Update on 2021/22 Finances

Michael Cawley presented the item and highlighted the following points:

- a) 2021/22 H2 planning guidance is expected in September 2021 and is dependent on national agreement with treasury on allocations.
- b) H2 allocations are expected to be in line with the financial framework for H1, with additional efficiency requirements applied.
- c) H2 COVID-19 cost allocations are expected in line with H1, but may be reduced as COVID-19 mitigation response requirements change.

The following points were made in discussion:

- d) Members noted that plans for the H2 period have yet to be released. It was noted that it is anticipated that H2 financial arrangements will be a variation of the H1 arrangements with an additional savings requirement to be achieved in H2.

The Committee:

- **NOTED** the Finance update.

FR 21 055

Cross Provider Report

Andrew Hall presented the item and highlighted the following points:

- a) The report compared 2021 activity levels with 2020 rather than 2019; this is why the messaging differs from other reports such as the Integrated Performance Report.
- b) General Practice referrals, elective activity and 'new' demand is all significantly higher than 2020. Waiting lists have also begun to increase, as expected and providers are managing this increase well.
- c) Performance against baseline activity levels and planned trajectories for ERF was explained in detail. The CCG is largely on plan against these targets.

- d) As a system, less activity than planned had been delivered for Q2. The year to date forecast outturn position is shows a £20m shortfall to plan.
- e) It is suspected that the change in income thresholds will result in a £13m reduction in ICS income. Actions to mitigate this risk are being explored but it is reasonable to assume some deficit exceptions will be made due to the late nature of the changes.

The following points were made in discussion:

- f) Members discussed the impact of urgent care pressures in the ICS and the impact of this on the elective recovery plan. Whilst providers continue to seek to deliver the planned level of activity, it carries a high level of risk which subsequently poses a financial risk due to ERF.
- g) Members discussed waiting lists and how patient needs can change whilst waiting for a procedure. Members discussed ways in which providers can monitor this to ensure patients are prioritised by clinical need rather than by length of wait. Members were assured that providers follow Royal College of Physicians guidance surrounding this matter; waiting lists are cross prioritised looking at both the length of the patients wait and their clinical need. It was noted that the more difficult next step is embarking on a piece of work to improve the waiting list validation process over and above the national requirements, which the CCG are already compliant with. This work is to be explored further at the Clinical Executive Group (CEG).

The Committee:

- h) **NOTED** on the report and the actions taken to manage key contracts.

Action:

The CEG to explore ways to improve the validation process for waiting lists and ways to re-prioritise waiting lists in real time as a patients level of discomfort changes, rather than prioritising based on length of wait.

Risk Management

FR 21 056

Risk Report

Lucy Branson presented the item and highlighted the following points:

- a) There were eight risks pertaining to the Committee's responsibilities on the Committee's risk register, an increase in one since the previous meeting.
- b) Risk **RR 165** relating to H1 funding received by the system has increased to reflect the potential impact of the increased activity thresholds relating to the ERF.

The following points were made in discussion:

- d) Members noted the change to risk **RR 165**.
- e) Members discussed risk **RR 149** relating to wellbeing and home working and the

challenges staff are facing as a result of COVID-19 and the ways these have changed through the pandemic.

- f) Members reflected on the earlier discussion regarding the risks surrounding ERF and acknowledged that this is a system risk and, therefore, the risk score on the associated risk within the CCG risk register was accurate.

The Committee:

- **COMMENTED** on the risk report **HIGHLIGHTING** risks discussed throughout the course of the meeting.

Action;

The narrative for risk **RR 149** to be updated to reflect the anxieties staff are facing surrounding the return to office working.

Closing Items

FR 21 057 Any other business

No further business was raised.

FR 21 058 Key messages to escalate to the Governing Body

The Committee:

- Agreed to brief the Governing body on the M3 financial position and the financial performance of the COVID-19 vaccination programme.
- Agreed to brief the Governing body on the risks surrounding ERF in the confidential session.

FR 21 059 Date of next meeting:

25/08/2021

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

Ratified minutes of the meeting held on

25/08/2021 09:00-11:00

MS Teams Meeting

Members present:

Shaun Beebe	Non-Executive Director (Chair)
Lucy Branson	Associate Director of Governance
Michael Cawley	Operational Director of Finance
Lisa Durant	System Delivery Director – Planned Care, Cancer and Diagnostics
Andy Hall	Associate Director of Performance and Information
Dr James Hopkinson	Joint Clinical Leader
Caroline Nolan	System Delivery Director (Greater Nottingham)
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:

Marcus Pratt	Programme Director for Finance and System Efficiency
Shannon Wilkie	Corporate Governance Officer (Minutes)

Apologies:

Maxine Bunn	Associate Director of Commissioning, Contracting and Performance - Mental Health and Community
Andrew Morton	Operational Director of Finance
Stuart Poynor	Chief Finance Officer

Cumulative Record of Members' Attendance (2021/22)					
Name	Possible	Actual	Name	Possible	Actual
Shaun Beebe	05	04	Caroline Nolan	05	04
Lucy Branson	05	05	Stuart Poynor	05	04
Maxine Bunn	05	04	Jonathan Rycroft	05	05
Michael Cawley	05	05	Stephen Shortt	05	05
Lisa Durant	05	05	Amanda Sullivan	05	05
Andy Hall	05	05	Sue Sunderland	05	05
James Hopkinson	05	04	Jon Towler	05	04
Andrew Morton	05	03			

Introductory Items

- FR 21 060 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 apologies from Maxine Bunn, Andrew Morton and Stuart Poynor.
- FR 21 061 Confirmation of Quoracy**
The meeting was confirmed as quorate.
- FR 21 062 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 21 063 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 21 064 Minutes from the meeting held on 28 July 2021**
The minutes were agreed as a correct record pending the following amendment;-
- Amendments to be made to section FR 21 053 to include a greater level of detail surrounding income.
 - The discussion at item FR 21 055 to be amended to reflect that the Committee agreed that further discussion around waiting list validation take place at the ICS Clinical Executive Group, not the CCG Quality and Performance Committee.
- FR 21 065 Action log and matters arising from the meeting held on 28 July 2021**
Action FR 21 057 was marked as completed. It was noted that action FR 21 055 required amendment, due to the change to the previous minutes; this action must, therefore, remain open.

Financial Position and Contract Management

- FR 21 066 Month Four Position 2021/22, COVID-19 Related Expenditure Update and H2 Planning**
Michael Cawley presented the item and highlighted the following points:
- a) The CCG remains under a temporary financial regime due to the COVID-19 pandemic. Guidance on planning for the H2 period (Months 6 to 12 of the 2021/22 financial year), had not yet been published.
 - b) The CCG position year to date (YTD) is breakeven with a forecast overspend of

£1.2m for the H1 period (April '21 to September '21). The main driver of the forecast H1 overspend is the recent change to Elective Recovery Fund (ERF) thresholds.

- c) There has been an indication from NHSE/I that some level of deficit, as a result of the changes to ERF thresholds, may be deemed 'allowable'. As a result the CCG and wider ICS system have reported the position impact following discussion with the regional team.
- d) Separate to the threshold change there is £1.8m of non-ERF related pressures. The key areas contributing to the £1.8m forecast overspend are £1.5m Continuing Healthcare (CHC) costs, £0.44m prescribing costs and £0.14m rehab costs.
- e) The full year capital plan is £2.1m and a large portion of this spend is planned for the H2 period.
- f) The overall QIPP target in Q1 of £2.9m is assumed to have been delivered.

The following points were made in discussion:

- g) Members discussed the CHC overspend as the biggest risk to the CCG's overall financial position. It is unlikely that this particular budget will recover to planned levels of spend by year-end. It was explained that whilst savings targets in relation to CHC are being delivered, an overspend is being caused primarily by the pricing of the care packages. But for the delivery of the CHC QIPP savings then the risk facing the CCG would be greater.
- h) Members discussed the financial impact of staffing pressures in the prescribing service and queried the timescale for repatriating staff to the Medicines Management Team. It was explained that there is a plan in place to transition people back to the teams they had originated from before the pandemic, however, this is not an insignificant task and will take time.

The Committee:

- **APPROVED** the report.

FR 21 067

Cross Provider Report

Andy Hall presented the item and highlighted the following points:

- a) The content of the report was largely similar to the report that was presented at the previous meeting.
- b) Referrals are above 2020/21 levels but below 2019/20. 2019/20 is used as a baseline year as 2020/21 figures were impacted by COVID-19.
- c) There has been a further increase in A&E attendances.
- d) Non-elective admissions remain below plan.
- e) There has been a recent shift towards more face to face appointments.
- f) The changes to ERF thresholds have resulted in a forecast £7.5m hit to the system position.

The following points were made in discussion:

- g) Members noted the financial impact of the changes to ERF rules and queried whether this had been raised. It was explained that the forecast deficits have been reported to NHSE/I.
- h) The performance against ERF targets is being closely monitored.

The Committee:

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

Risk Management

FR 21 068 Risk Report

Lucy Branson presented the item and highlighted the following points:

- a) There were eight risks pertaining to the Committee's responsibilities on the Committee's risk register, an increase in one since the previous meeting.
- b) The likelihood rating for Risk **RR 98** relating to the over reliance of non-recurrent funds to mitigate the position in the financial year, had increased to 16 making this a major risk.
- c) Risk **RR 149** had been amended to include narrative surrounding staff anxiety regarding the return to office working.

The following points were made in discussion:

- d) Members noted that once guidance is published for the H2 period, the wording of some risks will need to be evaluated and updated.

The Committee:

- **COMMENTED** on the risk report **HIGHLIGHTING** risks discussed throughout the course of the meeting.

FR 21 069 Work Programme

Lucy Branson presented the item and highlighted the following points:

- a) The usual process for developing the annual Committee work plan had not been undertaken as the CCG is in a transition year, prior to the establishment of the statutory Integrated Care Board (ICB).
- b) Until this point, it is important that the CCG continues to deliver its' statutory responsibilities and that its Committees are able to fully discharge their duties.
- c) There is additional added complexity as COVID-19 disrupted reporting arrangements.
- d) It was proposed that the Committee continue to receive its regular reports and adapts a flexible work programme for the remainder of the year.

The Committee:

- **DISCUSSED** and **APPROVED** the Committee's work programme for the remainder of 2021/22.

Closing Items

FR 21 070 **Any other business**

No further business was raised.

FR 21 071 **Key messages to escalate to the Governing Body**

The Committee:

- Agreed to raise the conversation regarding waiting list triage (at item FR 21 064) and the work surrounding this, to be undertaken at the Clinical Executive Group.

FR 21 072 **Date of next meeting:**

22/09/2021

**NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Primary Care Commissioning Committee (Public Session)**

Ratified minutes of the meeting held on

21/07/2021 09:00 – 10:15

Zoom Meeting

Members present:

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

In attendance:

Louise Espley	Corporate Governance Officer (minute taker)
Lynette Daws	Head of Primary Care
Siân Gascoigne	Head of Corporate Assurance
Jo Simmonds	Head of Corporate Governance
Esther Gaskill	Head of Quality – Primary Care
Michael Wright	Nottinghamshire Local Medical Committee
Andy Hall	Associate Director of Performance and Information (item 8 PCC 21 066)
Theodore Philips	Head of Transforming Care for Learning Disabilities and Autism (item 15 PCC 21 078)

Apologies: None

Cumulative Record of Members' Attendance (2020/21)					
Name	Possible	Actual	Name	Possible	Actual
Shaun Beebe	04	04	Joe Lunn	04	04
Michael Cawley	04	04	Dr Richard Stratton	04	03
Lucy Dadge	04	04	Sue Sunderland	04	04
Eleri de Gilbert	04	04	Dr Ian Trimble	04	04
Helen Griffiths	04	04	Danielle Burnett	04	04

Introductory Items

PCC 21 064 Welcome, Introductions 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.

PCC 21 065 Confirmation of Quoracy

The meeting was confirmed as quorate.

PCC 21 066 Declaration of interest for any item on the shared agenda

It was noted that GPs had a conflict of interest in respect of item 10, PCC 21 073 and item 11, PCC 21 074 as providers of primary care services. GPs may be present for the discussion but not decision; however, both items were being presented for assurance/information and no decision was required.

Members were reminded that they can raise an interest at the beginning of, or during discussion of an item if they realise that they do have an interest.

PCC 21 067 Management of any real or perceived conflicts of interest

No conflicts of interest were identified.

PCC 21 068 Questions from the public

No questions had been received from the public.

PCC 21 069 Minutes from the meeting held on 16 June 2021.

The minutes of the meeting were approved as a true and accurate record of proceedings.

PCC 21 070 Action log and matters arising from the meeting held on 16 June 2021

All actions on the log are complete or to be reported to a future Committee.

With reference to PCC 21 059, clarity was sought regarding the action log entry regarding the use of the CCG's 2021/22 capital resource limit to charge against it a Learning Disabilities premises scheme. It was explained that the Learning Disabilities scheme dated back to 2018/19 but had slipped as a result of unforeseen issues that had now been addressed meaning the scheme can progress. That would mean the scheme capital cost would be charged to the current year programme (and also in 2022/23 as well). The CCG has been informed of the need to do this by NHSEI regional colleagues; this was the only way that the slipped scheme could continue as planned.

The CCG had been in discussion with NHSEI colleagues at the time and received assurances that the CCG would be recipient of additional capital monies that may become available.

The IT programme for 2021/22 is being reviewed and the CCG will be lobbying for an additional £350k for IT capital, noting that any additional funding is reliant on slippage elsewhere in the regional capital programme. The CCG would have to give assurance that it would all be spent by 31st March 2022.

Commissioning, Procurement and Contract Management

PCC 21 071 Monthly contract update

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

- a) The contract log provided detail from the last 12 months of contractual action in respect of GP providers' contracts across Nottingham and Nottinghamshire.
- b) All contractual changes follow the process outlined in the NHS England/ Improvement Primary Care Policy and Guidance Manual (PGM).
- c) Oakwood surgery has expressed an interest in reviewing the current operating hours at the Bull Farm branch surgery. A patient and stakeholder engagement pack has been agreed and patient consultation commenced on 05 July 2021. The first engagement event took place on 19 July 2021. **The Committee will receive an update at a future meeting**
- d) As members were already aware, the Platform One Practice contract ended on 30 June 2021. Following an external procurement process, Nottingham City GP Alliance (NCGPA) was awarded the contract to provide primary care services from Upper Parliament Street, Nottingham. The new practice is called Parliament Street Medical Centre and the contract commenced on 01 July 2021 with the transition reported as having gone relatively smoothly.

No further points were raised in discussion.

The Committee:

- **RECEIVED** and **NOTED** the contract update.

Covid-19 Recovery and Planning

PCC 21 072 Access Improvement Programme: Time for Care Funding

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

- a) NHS England issued a Memorandum of Understanding (MOU) to Nottingham and Nottinghamshire CCG for the 'Access Improvement Programme Funding'. This is a new funding scheme to support 15 randomly selected practices over a 12-month period.
- b) The aim of the programme is to support practices/Primary Care Networks (PCNs) to overcome challenges that are currently being faced and implement new ways of working to optimise the workforce, efficiency and patient experience.
- c) The total 'Access Improvement Funding' transferred to the CCG is £125,183.70.
- d) To date, 11 of the fifteen selected practices have engaged with the programme.

The following points were raised in discussion.

- e) In terms of clarification it was confirmed that the funding had been received at the end of March 2021.
- f) Practices who have not taken up the offer to be involved are being encouraged to avail themselves of the funding, recognising the associated work.

The Committee:

RECEIVED the paper for information and assurance.

PCC 21 073 Update to GP contract arrangements – two new Enhanced Services

Joe Lunn presented the item and highlighted the following points:

- a) NHS England published an 'Update to GP contract arrangements for 2021/22' letter on 17 June 2021 referencing two new Enhanced Services: Long COVID and Weight Management.
- b) The new Enhanced Services are a priority to support recovery from the pandemic, they are not mandatory and practices can choose whether to sign up to deliver the services (by 31 July 2021).
- c) The Committee will receive a report in August 2021 detailing practice sign up to the services.

The following points were raised in discussion:

- d) Members noted to two new services and welcomed the focus they would bring to two important areas of care.

The Committee:

- **NOTED** the new Enhanced Services for information.
- Will **RECEIVE** details of practice sign up at the August 2021 Committee meeting.

PCC 21 074 Extended Access Services

The Committee were advised in February 2021 that the new national specification would be published in the Summer ahead of extended access going live in April 2022. In April 2021 the Committee received feedback from the PCNs asking to extend the existing scheme to April 2020. The paper provides an update on the work undertaken to prepare for April 2022.

Joe Lunn presented the item and highlighted the following points:

- a) NHS England Improvement published a letter dated 21 January 2021 entitled 'Supporting General Practice in 2021/22'. The letter included a reference to extended access services, advising that the new national specification would be developed by summer 2021, ahead of implementation nationally in April 2022. The letter indicated that PCNs could start delivering extended access services before April 2022 if readiness could be demonstrated.
- b) In April 2021, 15 out of 20 PCNs indicated a willingness to provide extended access services but could not achieve this by October 2021 without publication

- of the national service specification and confirmation of funding.
- c) The paper provided an update on the current position and described the activity of the working group established to review the funding regime.
 - d) At the current time, a national, temporary NHS finance regime is in place in response to the COVID-19 pandemic. The regime is based on receiving funding for costs previously incurred rather than via a funding formula. Funding for quarter three and four has not been confirmed yet and therefore the funding for extended access services is not in place.
 - e) Updates will be reported to the Committee as the position changes.

The following points were raised in discussion:

- a) Members discussed the current temporary financing regime. A recent meeting with NHSE/I colleagues suggested that the current funding regime would extend to the second half of the year (H2). It is unlikely that any further clarity will be provided until September 2021.

The Committee:

- **NOTED** the update.
- **APPROVED** the proposed governance arrangements described in the report.

PCC 21 075

CCG/LMC Primary Care survey

The Committee were informed in June 2021 that a survey was being conducted jointly by the CCG and the Local Medical Committee (LMC) to highlight issues and challenges faced by general practice.

Joe Lunn presented the item and highlighted the following points:

- a) The paper outlined the aims, objectives, survey questions and findings.
- b) Over 300 survey responses had been received.
- c) The outcome of the survey would drive the LMC strategy for the next three years and be used to influence what general practice needs as we transition to the ICS.
- d) The findings highlight workforce issues and the need for more work to be done to share information with primary care colleagues about the role and development of the ICS.
- e) The LMC stressed the importance of the survey in terms of how it will influence their work going forward. Key concerns relate to the 40% of the workforce expressing their intention to leave general practice in the next three years.
- f) The outputs from the survey would inform a recovery plan for general practice, in tandem with clarity regarding issues for general practice as we move into the ICS.
- g) A working group would be established to progress the outcomes of the survey.

The following points were raised in discussion:

- h) The view expressed by general practice that there was not universal understanding of the role of ICS' in the system or the role of general practice within the ICS going forward. The importance of change management and organisational development programmes/effective communications and engagement was highlighted to address these concerns.

- i) Responses suggested that the supportive role of PCNs varied, despite it being recognised by the committee that PCNs had delivered a considerable amount in an unprecedented year.
- j) In providing the perspective of a GP, Dr Richard Stratton confirmed that the feedback that GPs were under immense pressure was indeed indicative of how it felt currently in general practice. He described the workforce as suffering with chronic fatigue, stress and burn out.
- k) The role of the Primary Care Transition Oversight Group in representing the needs of primary care was acknowledged, particularly as the CCG is currently a membership organisation, which would not be the case as per the proposed legislation. The membership of that group would be important in the future design of primary care. A key piece of work for the group would be to address general practice sustainability.
- l) Members stressed the importance of supporting and empowering general practice, something which is something that is often overshadowed by the process rich regulatory environment.
- m) Outputs from the working group would be reported to the Committee.

The Committee:

- **NOTED** the survey questions and findings for information.

Strategy, Planning and Service Transformation

PCC 21 076 Primary Care Networks (PCN) Quarter 1 update

Helen Griffiths presented the item and highlighted the following points:

- a) The paper provided a detailed overview of the development of Primary Care Networks (PCNs) within Nottingham and Nottinghamshire during the last quarter.
- b) The report detailed key achievements and highlighted future plans and considerations for year three of the five year development programme.
- a) In response to a request from the Committee, the paper provided detail of the additional roles entering primary care. The information is presented by PCN and detailed against regional and national targets.
- b) Primary care transformation money was received in May 2021. A report detailing the allocation of this fund will be reported to the Committee in August 2021 along with a report on the achievements of the impact investment fund.

The following points were raised in discussion:

- c) Members expressed their thanks for the detailed and informative report.
- d) With regard to IT infrastructure, it was clarified that funding for the additional roles for IT will be funded from the existing CCG allocation.

The Committee:

- **NOTED** the progress and continued development of the PCN's during quarter one.
- **NOTED** and **CONSIDERED** the on-going priorities and considerations for 2021/22.

Quality Improvement

PCC 21 077 GP IT update

Andy Hall joined the meeting.

The paper provided an update to the report received in Autumn 2020 when the Committee supported the establishment of an officer led GP IT Steering Group. The report provides an update on the work of the GP IT Steering Group.

Andy Hall presented the item and highlighted the following points:

- The new national contract, 'GP IT Futures' to procure clinical systems for GP practices is a key focus for the CCG over the next 15 months.
- In terms of assurance, guidance had been received about how all NHS organisations should assure themselves of the security of electronic systems; including how organisations assess the data protection, clinical and cyber risks associated with the introduction of new or amended electronic systems.
- 'Optimising primary care' IT visits are underway. The aim is to visit all practices to discuss configuration of clinical systems and understand the concerns of general practice related to IT infrastructure.
- A refreshed IT strategy is expected by the end of October 2021.

The following points were raised in discussion:

- With regard to primary care IT focused visits, it was clarified that the visits are likely to be conclude by November/December 2021. The visits explore both contractual and functionality issues. It was noted that the CQC are taking a keen interest in online services and practice websites as part of their reviews.
- The legacy issues associated with IT provision were noted. It was also noted that the outcomes of the recent survey would be helpful to link to the work of the GP IT Steering Group.

The Committee:

- **NOTED** the creation of the GP IT Steering Group
- **NOTED** the content of the update and the work taking place to address the issues identified in September 2020.

Andy Hall left the meeting.

PCC 21 078 System update on Learning Disability Annual Health Checks and Learning Disability mortality review

Theodore Philips joined the meeting.

Theodore Philips presented the item and highlighted the following points:

- a) The paper provided an update regarding local progress in improving performance and quality in relation to Learning Difficulty (LD) annual health checks and ensuring that the prevalent morbidities highlighted by the Learning Disabilities Mortality Review (LeDeR) are being screened in primary care.
- b) The LeDeR programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and change and improve care and services as a result. Reviews of deaths are being carried out with a view to improve the standard and quality of care for

- people with learning disabilities.
- c) Responsibility for ensuring the delivery of LeDeR currently (2021/22) lies with CCGs. As the system evolves responsibility and accountability for LeDeR will move to the ICS.
 - d) The new LeDeR policy (2021) includes autism for the first time.
 - e) A LeDeR Working group is being established and will be operational from September 2021.
 - f) Work is underway to address the backlog resulting from the pandemic.
 - g) The mortality reviews reveal that the main morbidities relate to cancers, respiratory illnesses, gastro intestinal and bowel disease.
 - h) Annual health checks undertaken in 2020/21 reached the 67% target. The target for 2021/22 is 70%. At quarter one performance is slightly behind trajectory, particularly in relation to hard to reach groups.

The following points were raised in discussion:

- i) It was noted that this was the first time LeDeR had been discussed at the Committee as the Quality and Performance Committee oversee it as part of their core business.

The Committee:

- **RECOGNISED** the national expectation regarding delivery of AHC's and the associated system pressures/risks.
- **RECOGNISED** the national expectation regarding delivery of mortality reviews, as well as the use of national funding to embed learning and implementation system change and the action that has been taken to achieve stepped progression in this area
- **ENDORSED** the proposed the proposed actions and system approach to mitigate the risks, to improve delivery performance, to improve quality of care, and to increase system governance and oversight.
- **NOTED** that progress on LeDeR would continue to be reported to the Quality and Performance Committee.

Theodore Philips left the meeting.

Covid-19 Recovery and Planning

PCC 21 079 Overview of General Practice Additional Expenses in Relation to Covid-19 – No claims to report

Joe Lunn reported that no claims had been received during this period. The fund would be accessible until September 2021; therefore this would remain as a standing agenda item until October 2021.

The Committee:

- **AGREED** to maintain the report as a standing agenda item for the remainder of the claims period.

PCC 21 080 Covid-19 Practice Level Update: Operational Pressures Escalation Levels (OPEL) reporting

Joe Lunn presented the item and highlighted the following points:

- a) General Practice continues to progress through the COVID-19 outbreak with practices across all three Localities (South Nottinghamshire, Mid Nottinghamshire and Nottingham City) reporting their Operational Pressures Escalation Levels (OPEL) on a daily basis.
- b) The period reported covers the four week period to 25 June 2021 and includes Clinical Management Centre (CMC) utilisation.
- c) General Practices and Primary Care Networks (PCNs) continue to review business continuity plans to ensure robust arrangements are in place for individual practices or multiple practices within a PCN.
- d) One CMC remains operational in Nottingham City to support General Practice until 31 July 2021.
- e) Work has commenced with providers across the health system to understand the implications of OPEL reporting levels and the impact on service delivery. A number of workshops have taken place led by the CCG Urgent Care Team, with next steps agreed to progress the initiative.
- f) It was highlighted that demand in general practice remains high and work continues to explore mechanisms for support.

No further points were raised in discussion.

The Committee:

- **NOTED** the OPEL Reporting overview for General Practice for the four weeks to 25 June 2021.

PCC 21 081 Clinical Director (CD) uplift payments to support the Covid-19 vaccination programme

Helen Griffiths presented the item and highlighted the following points:

- a) Further to the updates presented in March and May 2021 the paper provided an update in respect of the payment to Primary Care Network (PCN) Clinical Directors to support the Covid-19 Vaccination Programme.
- b) A further letter had been received from NHSE/I in June 2021 extending the payments to quarter two.
- c) As with the position in March/May, NHSE/I have requested CCGs "sign-off" the payments before they are made to those eligible practices.

No further points were raised in discussion:

The Committee:

- **NOTED** the revised NHSE guidance on the allocation of this PCN CD payment.
- **CONSIDERED** the CCG's proposal on the approach to manage this transaction.
- **APPROVED** the authorisation of the payments by NHSE/I to the PCN's.

Financial Management

PCC 21 082 Finance Report month three

Michael Cawley presented the item and highlighted the following points:

- a) The report represents the financial position for Primary Care Commissioning Committee (PCCC) spend for month three 2021/22 and has been prepared in the context of the revised financial regime implemented by NHSE/I in response to the current COVID-19 pandemic for M1-6 (H1).
- b) The year to date and forecast position show a financial position at or around budget. Specifically, the year to date position shows a £0.10 million underspend (0.26% of year to date budget) due to variances on Prescribing/Dispensing Drs and Premises Costs Reimbursement.
- c) The forecast out-turn position is a £0.20m underspend (0.24% of M1-6 Budget).

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 June 2021.

Committee Business

PCC 21 083

Committee work programme

Jo Simmonds presented the item and highlighted the following points:

- a) Work is underway to design the appropriate governance architecture for the Nottingham and Nottinghamshire Integrated Care Board (ICB), with shadow governance arrangements due to commence in January 2022. It was stressed that, the CCG will continue to plan and commission primary care medical services for its populations under its current delegation agreement with NHS England until 31 March 2022. As such, the Committee will remain in effect until this date and will need to continue to fully discharge its responsibilities, as set out in the Committee's Terms of Reference.
- b) Two work programmes (open and confidential) were presented for review covering the remainder of 2021/22. The work programmes should not be considered as exhaustive and are subject to review/amendment throughout the year. Items captured through committee discussions will continue to be presented as requested, along with items requiring a decision as part of the delegation agreement.
- c) The Committee meetings dates remain as set for the rest of 2021/22. Following further, specific guidance on the easing of restrictions, a plan will be developed to re-introduce face-to-face committee meetings and meetings in public as soon as it is safe and practicable to do so.

No further points were raised in discussion

The Committee:

- **APPROVED** the work programme for the open and confidential meetings of the Primary Care Commissioning Committee.

Risk Management

PCC 21 084 Risk Report

Sian Gascoigne presented the item and highlighted the following points:

- a) There are six risks relating to the Committee's responsibilities. This is a reduction in one risk since the June 2021 meeting.
- b) RR 163 has been added to the risk register following approval at the Committee's confidential meeting in June 2021.
- c) A minor amendment has been made to RR 126 to ensure the narrative reflects wider factors which may contribute to the risk.
- d) Discussions through the course of the meeting suggest that at review of the risk score of RR 160 and other risks associated with the pressures faced by the primary care workforce would be timely.

The following points were raised in discussion:

- e) Members agreed that in light of the Primary Care survey results it would be appropriate to review the score of risks associated with primary care workforce stress.

ACTION:

- Sian Gascoigne to review the risk scores of risks associated with primary care workload and stress.

The Committee:

- **COMMENTED** on the risks shown within the paper and those at **Appendix A**
- Did not **HIGHLIGHT** any new risks identified during the course of the meeting for inclusion within the Corporate Risk Register but **AGREED** to review risk scores related to workforce pressures in primary care.

Closing Items

PCC 21 085 Any other business
No other business was raised.

PCC 21 086 Key messages to escalate to the Governing Body
The Committee agreed:

- To share the key findings of the CCG/LMC Primary Care Survey.

PCC 21 087 Date of next meeting:
18/08/2021

Confidential Motion:

The Primary Care Commissioning Committee 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)

**NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Primary Care Commissioning Committee (Public Session)**

Ratified minutes of the meeting held on

18/08/2021 09:00 – 10:05

Zoom Meeting

Members present:

Shaun Beebe	Non-Executive Director (Chair)
Danielle Burnett	Deputy Chief Nurse
Lucy Dadge	Chief Commissioning Officer
Joe Lunn	Associate Director of Primary Care
Sue Sunderland	Non-Executive Director
Dr Ian Trimble	Independent GP Advisor
Dr Richard Stratton	GP Representative

In attendance:

Louise Espley	Corporate Governance Officer (minute taker)
Lynette Daws	Head of Primary Care
Andrew Morton	Operational Director of Finance
Siân Gascoigne	Head of Corporate Assurance
Jo Simmonds	Head of Corporate Governance
Esther Gaskill	Head of Quality – Primary Care
Michael Wright	Nottinghamshire Local Medical Committee
Andy Hall	Associate Director of Performance and Information (item 12 PCC 21 099)
Andrea Brown	Associate Director, Planning and Workforce Transformation (for item 12 PCC/21/099)

Apologies:

Eleri de Gilbert	Non-Executive Director
Michael Cawley	Operational Director of Finance
Helen Griffiths	Associate Director of Primary Care Networks

Cumulative Record of Members' Attendance (2021/22)					
Name	Possible	Actual	Name	Possible	Actual
Shaun Beebe	05	05	Joe Lunn	05	05
Michael Cawley	05	04	Dr Richard Stratton	05	04
Lucy Dadge	05	05	Sue Sunderland	05	05
Eleri de Gilbert	05	04	Dr Ian Trimble	05	05
Helen Griffiths	05	04	Danielle Burnett	05	05

Introductory Items

PCC 21 088 Welcome, Introductions and Apologies

Shaun Beebe welcomed everyone to the public session of the Primary Care Commissioning Committee meeting, which was being held virtually due to the COVID-19 pandemic.

PCC 21 089 Confirmation of Quoracy

The meeting was confirmed as quorate.

PCC 21 090 Declaration of interest for any item on the shared agenda

Item 10. PCC 21 097 – Rise Park Surgery boundary expansion application

Dr Richard Stratton may be conflicted as a provider of primary care services.

Eleri de Gilbert has an indirect, non-financial interest in this item as family members are registered patients at Rise Park Surgery.

Item 11. PCC 21 098 - Update to GP Contract Arrangements for 2021/22: Practice sign up to two new Enhanced Services

Dr Richard Stratton is conflicted as a provider of primary care services.

Item 12. PCC 21 099 – Primary Care System Development Fund

Dr Richard Stratton is conflicted as a provider of primary care services.

Michael Wright declared a conflict in relation to the workforce element of item 12 PCC 21 099. Michael is a manager for the Nottinghamshire GP Phoenix Programme.

Members were reminded that they can raise an interest at the beginning of, or during discussion of an item if they realise that they do have an interest.

PCC 21 091 Management of any real or perceived conflicts of interest

Item 10. PCC 21 097 – Rise Park Surgery boundary expansion application

Dr Richard Stratton may take part in the discussion but not the decision.

Eleri de Gilbert may Chair this item and take part in the discussion and decision.

Item 11. PCC 21 098 - Update to GP Contract Arrangements for 2021/22: Practice sign up to two new Enhanced Services

Dr Richard Stratton may take part in the discussion but not the decision.

Item 12. PCC 21 099 – Primary Care System Development Fund

Dr Richard Stratton may take part in the discussion and decision.

Michael Wright will exclude himself from the discussion in relation to this item as he is not permitted to take part in the discussion or decision.

PCC 21 092 Questions from the public

No questions had been received from the public.

PCC 21 093 Minutes from the meeting held on 21 July 2021.

The minutes of the meeting were approved as a true and accurate record of proceedings subject to the following amendment:

- Page four point e) to refer to 2021 rather than 2020.

PCC 21 094 Action log and matters arising from the meeting held on 21 July 2021

All actions on the log are complete or to be reported to a future Committee.

PCC 21 095 Actions arising from the Governing Body meeting held on 04 August 2021

There were no actions arising for this Committee.

Commissioning, Procurement and Contract Management

PCC 21 096 Monthly contract update

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

- a) The contract log provided detail from the last 12 months of contractual action in respect of GP providers' contracts across Nottingham and Nottinghamshire.
- b) All contractual changes follow the process outlined in the NHS England/ Improvement Primary Medical Care Policy and Guidance Manual (PGM).
- c) Oakwood Surgery has expressed an interest in reducing the current operating hours at Bull Farm branch site. The patient consultation started on 05 July 2021 and an engagement event took place on 19 July 2021. A paper will be presented to the Primary Care Commissioning Committee in September 2021.
- d) Following the decision taken by the Committee in July 2021 in relation to Queens Bower Surgery, the mapping process to allocate patients has commenced.

No further points were raised in discussion.

The Committee:

- **RECEIVED** and **NOTED** the contract update.

PCC 21 097 Rise Park Surgery – Boundary expansion application

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

- a) In May 2021, Rise Park Surgery submitted an application to extend the practice boundary. The extension will allow the practice list size to increase offering greater patient choice for those residing in the Bulwell and Top Valley area.
- b) The practice premises are being extended to accommodate an increase in patient numbers. In addition, the practice plans to become a hub for the PCN to provide a wider range of services.
- c) Feedback from stakeholders has been engaged as part of process.

No further points were raised in discussion.

The Committee:

- **APPROVED** the extension to the practice boundary.

PCC 21 098 Practice sign up to two new Enhanced Services – Long Covid and weight management

Joe Lunn presented the item and highlighted the following points:

- a) On 17 June 2021 NHS England announced two new Enhanced Services (Long COVID and Weight Management) that practices could participate in to support recovery from the pandemic. The Enhanced Services are not mandatory.
- b) The current uptake for NHS Nottingham and Nottinghamshire CCG is as follows: Long Covid, 114 out of 125 practices have signed up to participate, weight management, 112 out of 125 practices have signed up to participate in this Enhanced Service.
- c) Remaining practices will be encouraged to sign up to the Enhanced Services. The service specifications primarily focus on training and education. Some of this work is currently taking place as business as usual.
- d) Those practices not signed up to participate in the two new Enhanced Services are required to refer patients to Community Long COVID clinics and Weight Management services to support their health needs.

The following points were raised in discussion:

- e) In response to a question about perceived barriers to sign up it was confirmed that there are no emerging themes that the Primary Care team are aware of.

The Committee:

- **NOTED** the sign up by practices to the two new Enhanced Services.

Strategy, Planning and Service Transformation

PCC 21 099 Primary Care System Development Fund 2021/22

Michael Wright declared an interest in relation to this item and left the meeting at this point.

Andy Hall and Andrea Brown joined the meeting for this item.

Joe Lunn presented the item and highlighted the following points:

- a) The paper provided an overview on the allocation of the Primary Care Transformation (PCT) Fund which was confirmed on 18 May 2021. The paper included a summary of the allocations and proposed use of the fund, as recommended by the Primary Care Programme Board.
- b) The Primary Care Transformation Fund is allocated to the ICS, underpinned by a funding agreement between the ICS and NHSE. The funding agreement sets out the requirements and deliverables to be achieved through use of this ring-fenced budget.
- c) For 2021/22 the detailed NHSE guidance is split thematically by programme area; Workforce, Digital and Access and Practice and Primary Care Resilience and Development.
- d) Detailed programme overviews were included in the report and presented in respect of all three themes.

The following points were made in discussion:

- a) With regard to the funding, it was confirmed that appendix four details the indicative funding. Funding is subject to plans and evidence of invoices being shared with NHSE/I, funding is not received automatically. The Committee accepted there is a low risk in terms of the retrospective process for receipt of funds.

The Committee:

- **DISCUSSED** and **CONSIDERED** the priority areas of spend for the Primary Care Transformation monies.
- **APPROVED** the recommended use of the Primary Care Transformation monies.

Quality Improvement

PCC 21 100 Quality report

Michael Wright joined the meeting.

Andy Hall and Andrea Brown left the meeting.

Esther Gaskill presented the item and highlighted the following points:

- a) The report provided a summary of the quarter one Primary Care quality dashboard ratings and actions identified to be taken with either

individual practices or all practices.

- b) Actions specific to medicines management, cervical screening, Learning Disability health checks and patient experience were detailed.
- c) Two patient safety incidents met the national serious incident threshold. Investigations and sharing of the learning from the incidents is underway.
- d) The report also included a summary of CQC ratings and actions being taken to support those practices with 'Inadequate' or 'Requires Improvement' ratings. One practice is currently rated 'inadequate' and one 'requires improvement'.
- e) The CQC has introduced a new monthly risk assessment for Practices.
- f) Practices continue to support the Covid-19 vaccination programme and are preparing for implementation of 'phase three' booster vaccinations.
- g) Information about the Practices receiving an enhanced level of support from the Primary Care Quality Team was included in the report.

No further points were raised in discussion:

The Committee:

- **NOTED** the primary care quality report for August 2021.

PCC 21 101 Heat map development update

Joe Lunn provided an oral update, highlighting the following points:

- a) Development of a Primary Care Heat Map was the subject of a Committee development session in April 2021.
- b) In order to progress its development, three quality assurance/heat map locality meetings have taken place to bring colleagues together from to review the multiple sources of available intelligence and begin to identify the elements to be included in the heat map. The purpose of the heat map is to identify practices that may benefit from support and/or intervention.
- c) A report will be presented to the Committee in September 2021 detailing the outputs from the locality meetings and the emerging framework for the heat map.

The following points were raised in discussion:

- d) It was reiterated that the purpose of the locality meetings was to examine the 'so what' question in order to develop a framework that will successfully identify practices and/or areas that may require support and/or intervention.

The Committee:

- **NOTED** the update and will receive a paper in September 2021.

Covid-19 Recovery and Planning

PCC 21 102 Overview of General Practice Additional Expenses in Relation to Covid-19 – No claims to report

Joe Lunn reported that there are no claims to be reported during this period. A number of claims are currently being processed and will be reported to the Committee in September 2021.

No further points were raised in discussion.

The Committee:

- **NOTED** the update.

PCC 21 103 Covid-19 Practice Level Update: Operational Pressures Escalation Levels (OPEL) reporting

Joe Lunn presented the item and highlighted the following points:

- a) General Practice continues to progress through the COVID-19 outbreak with practices across all three Localities (South Nottinghamshire, Mid Nottinghamshire and Nottingham City) 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 each day.
- b) The paper provided an overview of OPEL reporting over the five week period to 30 July 2021 and the CMC utilisation up to its closure on 31 July 2021.
- c) One practice reported 'black' during this time. This was due to a disruption with the water supply in the area rather than being Covid-19 related. The practice engaged their business continuity plan successfully and continued to provide services to patients.
- d) 20 practices have reported level 3 during this period, although the majority of practices have reported level 2.
- e) 29 practices maintained level 1 for the whole period.
- f) The Clinical Management Centre (CMC) closed on 31 July 2021. During the five weeks to 30 July 2021 the CMC reported that 161 of 242 appointments were accessed, with daily utilisation ranging from one to 11 patients per day.

The following points were made in discussion.

- g) The change to Covid-19 isolation rules which came in on 16 August 2021 is expected to have a positive impact on Primary Care staffing in terms of reducing the requirement to isolate.

The Committee:

- **NOTED** the OPEL Reporting overview for General Practice for the five weeks to 31 July 2021.

PCC 21 104 Impact of Covid-19 on routine vaccinations and screening programmes

Joe Lunn provided an oral update, highlighting the following key points:

- a) The update was provided following discussion at the Governing Body (open session) on 04 August 2021 regarding information presented in the Integrated Performance Report.
- b) Information from NHSE/I colleagues suggests that in relation to childhood vaccinations, the fall in vaccination rates is not significant overall although the NHSE Public Health team will be looking at this in more detail and working with practices on plans to address backlogs.
- c) In relation to screening, positive feedback has been received, particularly in relation to the early diagnosis of Cancer.
- d) Laboratory tests for cervical smear tests are running at 145% of pre Covid-19 levels in terms of activity.
- e) Due to the amount of information provided in the update it was agreed that a briefing note would be shared with Members.

ACTION:

- Joe Lunn to prepare a briefing note for Members detailing the position in relation to vaccinations and screening programmes.

No further points were made in discussion.

The Committee:

- **NOTED** the update.

Financial Management**PCC 21 105 Finance Report month FOUR**

Andrew Morton presented the item and highlighted the following points:

- a) The report represented the financial position for Primary Care Commissioning Committee (PCCC) spend for month four 2021/22, prepared in the context of the revised financial regime implemented by NHSE/I in response to the current COVID-19 pandemic.
- b) The year to date and forecast position show a financial position at or around budget. Specifically, the year to date position shows a £0.18 million underspend due to variances on General Practice – APMS and premises costs reimbursement.
- c) The over spend reported against Primary Care Networks relates to a timing issue with receipt of the allocation from NHSE/I.
- d) The CCG has a capital spend forecast of £2.1m for the year. Half of this relates to Primary Care. None of the planned spend has occurred to date.
- e) The CCG is expecting to remain within the delegated budget that has been set for the rest of the year.
- f) Guidance clarifying financial allocations for the second half of the year

(H2) is expected towards the end of September 2021.

The following points were raised in discussion:

- g) With regard to the capital budget an update was requested in relation to the Mansfield capital development.

Post meeting note:

Following the meeting, an update has been provided by the Local Authority's Lead Commissioning Manager in respect of the Mansfield capital development. The key points being that (a) The funding is now agreed for 21/22 and 22/23; (b) There have been delays to the scheme but the current forecast is that it will be ready by October 2022 and thus within the funding timeline. Based on this, the Local Authority is not anticipating any delays that would impact on the funding set aside in the capital plan for this year and next.

The Committee:

- **NOTED** the contents of the Primary Care Commissioning Finance Report.
- **APPROVED** the Primary Care Commissioning Finance Report for the period ending July 2021.

Risk Management

PCC 21 106 Risk Report

Siân Gascoigne presented the item and highlighted the following points:

- a) There are six risks relating to the Committee's responsibilities. The same number as reported in July 2021, no new risks have been identified since the July 2021 meeting.
- b) The risk score for RR 160 (*primary care staff exhaustion and 'burn out'*) has been increased from 12 to 16 following discussion at the July 2021 Committee and the August Governing Body (open session).
- c) Reflecting on Committee discussion with reference to the 'heat map', all risks where the heat map is referenced as mitigating action will be reviewed following the Committee discussion planned for September 2021.

No further points were raised in discussion.

The Committee:

- **COMMENTED** on the risks shown within the paper and those at **Appendix A**
- Did not **HIGHLIGHT** any new risks identified during the course of the meeting for inclusion within the Corporate Risk Register.

Closing Items

PCC 21 107 Any other business

Dr Ian Trimble reported that there is a national shortage of blood test bottles,

which is having an impact on Primary Care. The Committee would be kept informed of the issue, mitigating action and any wider impact on Primary Care. The importance of communication to patients regarding the position was noted as a priority.

No other business was raised.

PCC 21 108 Key messages to escalate to the Governing Body

The Committee:

- **APPROVED** the boundary extension for Rise Park Surgery.
- **RECEIVED** a report on the Primary Care Transformation Fund and **APPROVED** proposals for utilisation of the fund.
- **NOTED** progress towards development of the Primary Care Heat map.

**PCC 21 109 Date of next meeting:
15/09/2021**

Confidential Motion:

The Primary Care Commissioning Committee 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)

Audit and Governance Committee
RATIFIED minutes of the meeting held on
10/06/2021, 14.00-16.15
Via MS Teams

Members present:

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

In attendance:

Sarah Brown	Partner, KPMG
Craig Bevan Davies	Counter Fraud Specialist, 360 Assurance
Lucy Branson	Associate Director of Governance
Michael Cawley	Operational Director of Finance
Ian Livsey	Deputy Director of Finance
Audrey McDonald	Assistant Director of Finance
Andrew Morton	Operational Director of Finance
Stuart Poynor	Chief Finance Officer
Richard Walton	Senior Manager, KPMG
Sue Wass	Corporate Governance Officer (minutes)
Kevin Watkins	Client Manager, 360 Assurance

Apologies: None

Cumulative Record of Members' Attendance (2021/22)					
Name	Possible	Actual	Name	Possible	Actual
Eleri de Gilbert	2	1	Jon Towler	2	2
Sue Sunderland	2	2			

Introductory Items

- AG 21 018 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 21 019 Confirmation of quoracy**
The meeting was declared quorate.
- AG 21 020 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 21 021 Management of any real or perceived conflicts of interest**
This item was not required, as no interests were declared.

AG 21 022 Minutes from the meeting held on 23 April 2021

The minutes of the meeting held on 23 April were agreed as an accurate record of the discussions held.

AG 21 023 Action log and matters arising from meeting held on 23 April 2021

Action AG 21 014 was noted as not yet due and would report to the August meeting.

There was a discussion regarding action AG 20 127. An updated training compliance report for appointees had been provided that demonstrated an improvement in compliance rates for non-executive directors; however rates remained low for other appointees, which were mainly GP colleagues. The Committee noted that GPs may have undertaken some training modules within their practices; however evidence of this was required before compliance figures could be updated. An increase in GP workload as a result of the pandemic was acknowledged. It was noted that efforts would continue to encourage training compliance within this cohort of appointees.

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

Financial Stewardship

AG 21 024 Transactions Approved Outside Financial Limits

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

- a) A review of all accounts payable transactions had been undertaken for the financial year 2020/21, which had found that 99 (1.95%) of the transactions had been approved outside of the limits set out on the CCG's Standing Financial Instructions.
- b) This was noted as errors occurring as a consequence of the limitations of the Oracle financial system, including credit notes being able to be approved within the system without users having any approval limit, and it not being possible to give users more than one limit within the system when approved limits differ across programme costs and running costs.

The following points were raised in discussion:

- c) Members noted the mitigating actions that had been taken, particularly with regard to individuals that had breached their approved limits on multiple occasions.
- d) Members queried whether all transactions had been appropriate and it was confirmed that they had been.
- e) Richard Walton noted that the number and amount of the transactions approved outside of the delegated limits was not material and did not affect the External Auditor's overall opinion. Moreover, an ongoing documented retrospective review demonstrated a robust control environment.
- f) It was agreed that retrospective reviews would continue to be undertaken and a report would be brought to the Committee on a quarterly basis.

The Committee:

- **NOTED** the contents of the report.
- **NOTED** the actions taken to minimise the risk of non-compliance with the CCG's Standing Financial Instructions (SFIs).
- **RETROSPECTIVELY APPROVED** invoice payments and credit notes transacted outside of delegated limits.

ACTION:

- **Sue Wass to add a quarterly review of transactions approved outside delegated financial limits to the Committee's work plan.**

AG 21 025 Use of Procurement Cards during the emergency Response to the Covid-19 Pandemic

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

- a) The report provided an update on the usage of procurement cards, as part of the CCG's emergency response to the Covid-19 pandemic, covering the year ended 31 March 2021.
- b) Spend had been reported on a regular basis to the Committee; and due to the relatively low level of transactions, the Committee had reduced the number and financial limits of cards in January 2021.
- c) Expenditure to date amounted to £23,653.

The Committee:

- **NOTED** the contents of the report.

Annual Reporting

AG 21 026 Final 2020/21 Head of Internal Audit Opinion and Annual Report

Kevin Watkins presented this item and highlighted the following key points:

- a) The report presented the final Head of Internal Audit Opinion and the Internal Audit Annual Report.
- b) The Opinion provided an overall rating of 'Significant Assurance', which had not changed since the interim report.
- c) The two outstanding individual audits had been completed: Data Security and Protection Toolkit and Governance Review, which had received an Opinion of 'Substantial' and 'Significant' respectively and had reflected the sound framework of governance and risk management within the CCG.
- d) The section of the Opinion that related to the CCG's Governing Body Assurance Framework and strategic risk management arrangements had moved from 'Significant' to 'Substantial' assurance, which was reflective of the good processes embedded for this area.
- e) The Annual Report reflected the challenging year within which the CCG had operated.

The following points were raised in discussion:

- f) Members considered it to be a positive report, which was consistent with the feedback that the Internal Audit function had provided throughout the year.

The Committee:

- **APPROVED** the Final Head of Internal Audit Opinion and Annual Report for 2020/21.

AG 21 027 ISA 260 Report on the Financial Statements

Sarah Brown and Richard Walton presented this item and together they highlighted the following key points:

- a) The report provided the results of the External Auditor's audit of the financial statements of the CCG for the year ended 31 March 2021; and included commentary on the areas of significant risk and the Auditor's conclusions.
- b) This had been a challenging year, with changes to the funding regime, additional requests and greater rigour required; however the audit was substantially complete.
- c) The audit had not identified any uncorrected audit misstatements or control deficiencies. One material adjustment had been made to reflect the accounting requirements relating to the transfer by absorption of the closing balances of the predecessor organisations: however it was noted that the CCG's treatment of this had been consistent with guidance.
- d) Regarding fraud risks, findings had raised one low risk recommendation regarding

- the documentation of the review of journals.
- e) One significant risk had been identified in the value for money assessment relating to financial sustainability, due to the current underlying deficit, which was not unique to this CCG. However no significant weaknesses had been identified in the mitigations for this risk and no recommendations had been made.
 - f) An unqualified opinion on the CCG's accounts had been given.
 - g) Confirmation of the independence of the audit findings and thanks to the CCG's Finance Team for their co-operation during the audit was given.

The following points were raised in discussion:

- h) Members thanked the External Audit Team for their report.

The Committee:

- **NOTED** the report.

AG 21 028 Annual Report 2020/21: Final

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

- a) The report presented the final Annual Report for the Committee's consideration and approval prior to the deadline for submission of 15 June 2021.
- b) Section three of the report detailed the key changes that had been made to the document since it had been presented to the Committee at its April meeting, incorporating feedback from Committee members and NHS England.
- c) The Accountable Officer's Statement and Performance Overview sections had been circulated to members after the last meeting for comment. This was now incorporated within the final annual report, with all performance updated for the year-end position.
- d) The Governance Statement had been updated following finalisation of year-end work and the receipt of key assurance reports.
- e) The Remuneration and Staff Report sections had also been updated to reflect a change to the calculation of the median pay disclosure and to include the pension benefits information for the Chief Nurse.
- f) One area remained outstanding, which related to the receipt of the outcome of NHS England's Annual Assessment of the CCG. It was likely that the Annual Report would need to be submitted without this outcome.

The following points were raised in discussion:

- g) Members considered that the report read well and was balanced; appropriately reflecting the challenges faced during the year and the actions taken by the CCG and system partners in response.
- h) There was a query relating to the omission of detailed tables of membership and attendance for non-statutory committees; and it was noted that this was not a requirement and had been omitted to aid the flow of the document.

The Committee:

- **APPROVED** the CCG's Annual Report for 2020/21.

AG 21 029 Annual Accounts 2020/21

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

- a) Following presentation of the unaudited accounts at the April meeting, limited changes had been made as a result of review by the External Auditors.
- b) As noted under item AG 21 027, one adjustment had been made to reflect the accounting requirements related to the transfer by absorption of the closing balances of the predecessor CCGs (£68,732k). These balances were the net inherited liabilities from predecessor organisations, representing the cumulative deficits from previous financial years.

- c) As noted under item AG 21 028, the Remuneration Report had been updated to re calculate median pay disclosures and updated information from the NHS Pensions Authority.

The following points were raised in discussion:

- d) Members thanked the CCG's Governance and Finance Teams for their hard work in the compilation of the Annual Report and Accounts.

The Committee:

- **APPROVED** the Statutory Annual Accounts for Nottingham and Nottinghamshire CCG for the year end 31 March 2021.

AG 21 030

Third Party Assurances Report

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

- a) As part of the annual accounting process a number of service auditor reports (SAR) on the internal controls and procedures operated by client organisations contracted to the CCG for a range of services had been received.
- b) Attention was drawn to Appendix One of the report, which provided a summary of the reports and their conclusions.
- c) All but one report had provided a qualified opinion; however, it was noted that the opinions had been qualified on the basis of a relatively small number of exceptions and as the audits were generic in nature, they did not necessarily detect issues particular to individual organisations.
- d) Overall, the CCG was satisfied with the management responses provided in relation to these exceptions and the actions being implemented to address them.
- e) The report for NHS Shared Business Services had yet to be received. This would be presented to the next Committee meeting.

The following points were raised in discussion:

- f) Members queried the value of the reports, given their generic nature. Richard Walton noted that they did provide an additional layer of assurance; and whilst opinions were qualified, the reports indicated a level of assurance on the control environment.

The Committee:

- **NOTED** the CCG's summary of the 2020/21 Service Auditor Reports.

AG 21 031

Letter of Representation

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

- a) The letter of representation had been drafted for the signature of the Accountable Officer or Chief Finance Officer and referenced compliance with accounting and auditing standards. This was a standard template that made reference to specific technical points within the accounts.

The Committee:

- **NOTED** the content in the letter of representation.
- **ENDORSED** the action of the Chief Finance Officer to sign the letter of representation on behalf of the CCG Governing Body.

The next agenda item was taken out of turn to aid the smooth running of the meeting.

AG 21 034a

Draft Annual Auditor's Report

Sarah Brown and Richard Walton presented this item; thanks were extended to members for allowing the report to be added to the meeting's agenda at short notice.

The following key points were highlighted:

- a) The Report provided a summary of the findings and key issues arising from KPMG's 2020/21 audit of the CCG. This was a new requirement, which was required to be published alongside the CCG's Annual Report.
- b) As members had not had time to review the document in detail, comments outside to the meeting were welcomed ahead of the final draft, which would be a more public-facing report.

The Committee:

- **NOTED** the draft Annual Auditor's Report.

Internal Audit

AG 21 032 Internal Audit Plan

Kevin Watkins presented this item and highlighted the following key points:

- a) Since presenting the draft 2021/22 Internal Audit Plan to the Committee in March 2021, Internal Audit had had a number of meetings with Executive Officers including, the ICS System Executive Group, with the objective of refining and updating the Plan's content and phasing. Whilst some further meetings were due to take place, a number of amendments to the Plan had been agreed in principle, subject to approval by the Committee.
- b) Following discussion at the March meeting, three system risk-based audits were proposed that would examine transition arrangements, the development of system governance arrangements and system operational planning.
- c) The Plan would continue to be kept under proactive review given the transitional nature of the 2021/22 financial year and the ongoing need to respond to the pandemic; and an update would be given at the next meeting in August.

The following points were raised in discussion:

- d) Members queried whether there was sufficient engagement and support from system partners for the joint audits; and it was confirmed there was.
- e) Members were supportive of the focus of the proposed system audit reviews.

The Committee:

- **APPROVED** the updated Internal Audit Plan for 2021/22.

Policies

AG 21 033 Counter Fraud Self-Assessment Review/Toolkit Submission

Craig Bevan Davies presented this item and highlighted the following key points:

- a) The report presented the baseline measurements against the new Counter Fraud Functional Standard Return, which had been introduced in April 2021.
- b) Many of the standards were new, which effectively meant that the CCG was not compliant with all 13 standards at the present time. However, the CCG's annual counter-fraud work plan for 2021/22 had been based around actions to meet all standards.
- c) The CCG's self-assessment had been reviewed and approved by Sue Sunderland and Stuart Poynor prior to submission.

The following points were raised in discussion:

- d) Members noted their disappointment that the new standards did not reflect the hard work of the CCG in a number of areas; and queried whether there was confidence that all standards could be met. Assurance was given that the work plan would ensure focus on areas where improvement was required.
- e) It was noted that the outcome of the assessment was consistent with other similar

organisations.

The Committee:

- **NOTED** the Counter Fraud Self-Assessment Review/Toolkit Submission.

AG 21 034 Counter Fraud, Bribery and Corruption Annual Report

Craig Bevan Davies presented this item and highlighted the following key points:

- a) The report summarised the work undertaken in relation to counter fraud during 2020/21, which had been a challenging year for the CCG and the wider NHS
- b) Various aspects of planned fraud work had not been able to progress in the way originally envisaged, due to the pandemic response requirements. However, there had been a focus on gathering and disseminating information, intelligence and guidance about new threats that emerged as fraudsters attempted to take advantage of the pandemic.

The following points were raised in discussion:

- c) Noting the new requirement for a counter fraud champion, members queried whether one had been appointed for the CCG. Stuart Poynor undertook to give consideration to the post and report to the next meeting in August.
- d) Members queried the conclusion to the investigation for over prescribed drugs, reference #82303 in the report. It was agreed that an update would be given in the next progress report.

The Committee:

- **APPROVED** the Counter Fraud Annual Report.

ACTION:

- **Stuart Poynor to give consideration to the appointment of a counter fraud champion.**
- **Craig Bevan Davies to provide an update on the conclusion to investigation #82303 in the next counter fraud progress report.**

Corporate Governance

AG 21 035 2020/21 Health and Safety, Security and Fire Compliance Annual Report

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

- a) The report provided the Committee with an overview of the arrangements in place across the CCG to meet both 'business as usual' and Covid-19 health, safety and security requirements.
- b) Noting that the CCG was a 'low risk' environment by the Health and Safety Executive, the CCG was still required to adhere to the health and safety legislation requirements, as detailed in the report. The Health, Safety and Security Steering Group had operational responsibility to ensure that these requirements were being met.
- c) During the year focus had been on ensuring that CCG offices were operating in a Covid-19 secure way and that all necessary precautions had been put in place.
- d) Significant work had also been completed to ensure that Display Screen Equipment (DSE), lone working, and Portable Appliance Testing (PAT) assessments had been carried out for all staff working from home.
- e) A comprehensive staff wellbeing programme was also part of the support package to CCG staff.
- f) The Steering Group also oversaw arrangements for the response to corporate incidents. Two had been reported in year, both of which were considered low risk.
- g) Next steps were noted as the undertaking a full self-assessment against the

requirements of the new Violence and Reduction Standard to ensure an appropriate level of compliance for the CCG; completion of risk assessments on the new CCG headquarters; and ensuring that fully trained Fire Wardens and First Aiders were in place to support the return to offices. All relevant policies would also be updated to reflect the CCG's agile working model.

The following points were raised in discussion:

- h) Members thanked the Corporate Assurance Team for a comprehensive report, which gave assurance that the CCG was complying with relevant health and safety legislation.
- i) As there were no concerns to escalate to the Governing Body, it was agreed that onward reporting would be via the Committee's highlight report.

The Committee:

- **APPROVED** the CCG's 2020/21 Health and Safety, Security and Fire Compliance Annual Report, supporting the next steps highlighted for action.

AG 21 036 Information Governance Assurance Report

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

- a) The report provided an update on the CCG's compliance with the requirements of the Data Security and Protection Toolkit (DSPT), ahead of the final submission deadline for 2020/21 of 30 June 2021.
- b) At the present time the CCG was compliant with 94% of the mandatory evidence requirements and action was being taken to ensure full compliance by the date of submission. Ongoing areas of action were summarised in the report.
- c) The CCG's Internal Audit function had provided a high level of confidence in the veracity of the CCG's self- assessment against the requirements of the DSPT.
- d) An update relating to the Control of Patient Information Regulations 2002 (COPI) Notices was given. Work had not yet been finalised and the Information Governance Steering Group continued to oversee the necessary preparations for the cessation or continuation of data processing post the 30 September end date. It was noted this this issue mainly related to GP practice data.

The following points were raised in discussion:

- e) Members requested an update regarding the COPI Notices at the next meeting in August, which as was agreed.

The Committee:

- **NOTED** the current position on 2020/21 DSPT compliance.
- **ENDORSED** sign off of the 2020/21 DSPT submission by the Senior Information risk Owner (SIRO) by 30 June, subject to the outstanding evidence items being satisfactorily addressed.

ACTION:

- **Lucy Branson to provide an update regarding the COPI Notices at the August meeting.**

Risk Management

AG 21 037 Risk Report

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

- a) There were currently seven risks on the Corporate Risk Register that fell within the Committee's responsibilities, the same number of risks that had been presented previously. There were no major risks in the Committee's remit at the present time.

- b) In light of the CCG no longer having to submit EU Exit returns to NHS England and Improvement and no significant impact on supply chains and/or workforce having materialised post-Brexit, the score for risk RR 144 had been reduced to four. As this was below the threshold for inclusion in the Corporate Risk Register, the risk was proposed for archiving.
- c) The narrative for risk RR 152, relating to cyber security had been amended to remove specific reference to Covid-19.
- d) It was noted that if training rates for CCG staff continued to show improvement, following presentation of the next report on training compliance, it would be proposed that the risk should be archived and a new risk drafted for appointee training compliance only.

The following points were raised in discussion:

- a) Members agreed the archiving of risk RR 144.
- b) Members queried whether any risks relating to the transition of the CCG to the ICS would be reported to this committee; it was confirmed that they would.
- c) No new risks were raised.

The Committee:

- **APPROVED** the archiving of risk RR 144 (EU exit).

Closing Items

AG 21 038 Any other business

There was no other business.

AG 21 039 Key messages to escalate to the Governing Body

- Thanks were extended to staff for the drafting of the annual report and accounts and to the CCG's internal and external auditors for their positive reports.
- A good level of assurance had been received from the information governance and health and safety reports.

AG 21 040 Date of the next meeting:

31/08/2021

Via MS Teams