Chair: Jon Towler
Enquiries to: nnccg.notts-committees@nhs.net

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Agenda (Open Session)

Governing Body
Wednesday 01 December 2021 (11:30 – 13:00)
Virtual meeting via Zoom

Time	Item	Presenter	Reference
11:30	**Introductory Items**		
	1. Welcome, introductions and apologies	Jon Towler	GB/21/093 – Verbal
	2. Confirmation of quoracy	Jon Towler	GB/21/094 – Verbal
	3. Declarations of interest for any item on the agenda	Jon Towler	GB/21/095
	4. Management of any real or perceived conflicts of interest	Jon Towler	GB/21/096
	5. Questions from the public	Jon Towler	GB/21/097 – Verbal
	6. Minutes from the meeting held on 6 October 2021	Jon Towler	GB/21/098
	7. Action log from the meeting held on 6 October 2021	Jon Towler	GB/21/099
11:35	**Strategy and Leadership**		
	8. Accountable Officer Report	Amanda Sullivan	GB/21/100
	9. Joint Clinical Leaders' Report	Stephen Shortt /James Hopkinson	GB/21/101 – Verbal
12:05	**Commissioning Developments**		
	10. Primary Care Commissioning Committee Highlight Report – 20 October 2021 and 17 November 2021	Eleri de Gilbert	GB/21/102
	11. Patient and Public Engagement Committee Highlight Report – 26 October 2021 2021	Sue Clague	GB/21/103
12:15	**Financial Stewardship and Resources**		
	12. Finance and Resources Committee Highlight Report – 27 October 2021 and 24 November 2021	Shaun Beebe	GB/21/104
	13. 2021/22 Financial Report Month Seven	Stuart Poynor	GB/21/105
12:30	**Quality and Performance**		
	14. Quality and Performance Committee Highlight Report – 28 October 2021 and 25 November 2021	Eleri de Gilbert	GB/21/106
	15. Quality Report	Rosa Waddingham	GB/21/107

Time	Item	Presenter	Reference
	16. Integrated Performance Report	Stuart Poynor	GB/21/108
12:50	**Corporate Assurance**		
	17. Audit and Governance Committee Highlight Report – 2 November 2021	Sue Sunderland	GB/21/109
	18. Corporate Risk Report	Lucy Branson	GB/21/110
12:55	**Information Items** *The following items are for information and will not be individually presented. Questions will be taken by exception.*		
	19. Ratified Minutes of CCG committee meetings: a) Patient and Public Engagement Committee – 28 September 2021 b) Quality and Performance Committee – 23 September 2021 and 28 October 2021 c) Finance and Resources Committee – 22 September 2021 and 27 October 2021 d) Primary Care Commissioning Committee – 15 September 2021 and 20 October 2021 e) Audit and Governance Committee – 31 August 2021	N/A	GB/21/111
13:00	**Closing Items**		
	22. Any other business	Jon Towler	GB/21/112 – Verbal
	23. Date of the next meeting: 02/02/2022 To be held virtually	Jon Towler	GB/21/113 – 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 14O 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 25 November 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	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date From:	Date To:	Action taken to mitigate risk
ARORA, Dr Manik	Governing Body GP Representative	Nottingham City GP Alliance Limited a federation of GP practices to work together to develop and deliver solutions for member practices to deliver services to the local community	Rivergreen Medical Centre (of which Dr Arora is a GP Partner) is a member of the NCGPA. As a shareholder the practice is entitled to receive a dividend payment (albeit no dividend is currently paid to members).	✓				01/04/2013	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangement) relating to services that are currently, or could be, provided by the Nottingham City GP Alliance.
ARORA, Dr Manik	Governing Body GP Representative	Rivergreen Medical Centre	GP Partner	✓				01/04/2013	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to services that are currently, or could be, provided by GP Practices.
BALL, Alex	Director of Communications and Engagement	Keyworth Medical Practice	Registered Patient			✓		01/12/2019	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
BEEBE, Shaun	Non-Executive Director	University of Nottingham	Senior manager with the University of Nottingham	✓				-	Present	This interest will be kept under review and specific actions determined as required.

BRANSON, Lucy	Associate Director of Governance	St George's Medical Practice	Registered Patient			✓		01/11/2005	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
CLAGUE, Sue	Non-Executive Director	Victoria and Mapperley Practice	Registered Patient and member of Patient Participation Group			✓		09/01/2016	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
CLAGUE, Sue	Non-Executive Director	University Hospitals of Derby and Burton Hospitals NHS Foundation Trust	Family Member, Non Executive Director				✓	31/10/2015	01/09/2021	Interest expired - no action required
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	03/09/2021	Interest expired - no action required
DADGE, Lucy	Chief Commissioning Officer	First for Wellbeing Community Interest Company (Health and Wellbeing Company)	Director	✓				01/12/2016	01/10/2021	Interest expired no action required.
DADGE, Lucy	Chief Commissioning Officer	Valley Road Surgery	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
DADGE, Lucy	Chief Commissioning Officer	Nottingham Schools Trust	Chair and Trustee			✓		01/11/2017	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	Care Workers Union	Director (not remunerated)			✓		01/09/2021	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	Cleaners Union	Director (not remunerated)			✓		01/09/2021	Present	This interest will be kept under review and specific actions determined as required.
DE GILBERT, Eleri	Non-Executive Director	Middleton Lodge Surgery	Individual and spouse are registered patients at this practice				✓	-	Present	This interest will be kept under review and specific actions determined as required.
DE GILBERT, Eleri	Non-Executive Director	Rise Park Practice	Son 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.
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.
OKUBADEJO, Dr Adedeji	Independent Secondary Care Doctor	Carwis Consulting Ltd – Healthcare Management Consulting	Director	✓				01/04/2018	Present	This interest will be kept under review and specific actions determined as required.
OKUBADEJO, Dr Adedeji	Independent Secondary Care Doctor	Transform Hospital Group Ltd	Group Medical Director and Responsible Officer	✓				01/07/2019	Present	This interest will be kept under review and specific actions determined as required.

OKUBADEJO, Dr Adedeji	Independent Secondary Care Doctor	OBIC Ltd - facilitates improvement in education attainment and the quality of teaching and learning for ethnic minority children in the UK and Nigeria.	Director			✓		04/10/2020	Present	This interest will be kept under review and specific actions determined as required.
OKUBADEJO, Dr Adedeji	Independent Secondary Care Doctor	Burcot Hall Hospital, Bromsgrove	Independent private clinical anaesthetic practice	✓				01/11/2020	Present	This interest will be kept under review and specific actions determined as required.
POYNOR, Stuart	Chief Finance Officer	Denstone College Uttoxeter.	School Governor			✓		-	Present	This interest will be kept under review and specific actions determined as required.
SHORTT, Dr Stephen	Joint Clinical Leader	Village Health Group (formerly East Leake Medical Group)	GP partner	✓				01/04/2013	Present	To be excluded from all commissioning decisions (including procurement activities and contract management 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 - 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	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.
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)	Sppouse 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.
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

NHS
Nottingham and Nottinghamshire
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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.

Nottingham and Nottinghamshire Clinical Commissioning Group

Governing Body (Open Session)
UNRATIFIED minutes of the meeting held on
06/10/2021, 09:00-11:40
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
Amanda Sullivan	Accountable Officer
Sue Sunderland	Non-Executive Director
Rosa Waddingham	Chief Nurse
Dr James Hopkinson	Joint Clinical Leader
Dr Hilary Lovelock	GP Representative, Mid-Nottinghamshire
Dr Adedeji Okubadejo	Secondary Care Specialist
Stuart Poynor	Chief Finance Officer
Dr Stephen Shortt	Joint Clinical Leader

In attendance:

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

Apologies:
No apologies

Cumulative Record of Members' Attendance (2021/22)					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Dr Manik Arora	4	3	Stuart Poynor	4	3
Shaun Beebe	4	4	Dr Stephen Shortt	4	4
Sue Clague	4	4	Dr Richard Stratton*	3	3
Lucy Dadge	4	3	Amanda Sullivan	4	4
Eleri de Gilbert	4	4	Sue Sunderland	4	4
Dr James Hopkinson	4	3	Jon Towler	4	4
Dr Hilary Lovelock	4	3	Rosa Waddingham	4	4
Dr Adedeji Okubadejo	4	3			

* *Dr Richard Stratton left 24/09/2021*

Introductory Items

GB 21 070 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 21 071 **Confirmation of Quoracy**
The meeting was declared quorate.

GB 21 072 **Declaration of interest for any item on the shared agenda**
There were no identified conflicts of interest.

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

GB 21 073 **Management of any real or perceived conflicts of interest**
No management action was required.

GB 21 074 **Questions from the Public**
There were no questions.

GB 21 075 **Minutes from the meeting held on 04 August 2021**
The minutes were agreed as an accurate record of the discussions held.

GB 21 076 **Action log from the meeting held on 04 August 2021**
Actions GB 21 042 and GB 21 063 were noted as for completion during October 2021 by the Quality and Performance Committee.

Regarding the completed action GB 21 061, relating to Integrated Care System (ICS) acronyms, it was considered that a list should be circulated more widely.

All other actions were noted as completed.

ACTION:
- **Alex Ball to circulate a list of new ICS acronyms to staff and members of committees.**

Strategy and Leadership

GB 21 077 **Accountable Officer Report**
Amanda Sullivan presented the item and highlighted the following key points:

a) Covid infection rates continued to be monitored closely, with rates of hospital admissions levelling off in recent weeks. Latest figures showed 187 patients hospitalised. The average age of patients with Covid in hospital settings was much younger than last year, with a clear correlation between unvaccinated patients and admissions to hospital.
b) The Vaccination Programme continued to focus on increasing the number of younger people taking the vaccine and walk-in centres were open in several sites across the City and County. Phase three of the Programme was now underway with the roll out of booster vaccines being undertaken using the same cohort process as in phase one, with the most clinically vulnerable individuals being invited in the first instance.
c) The Vaccination Centre on the Forest Recreation Ground had temporarily closed to prepare it for the winter months and several larger venues would be closing. Vaccinations would continue to be administered via a range of community settings, including GP surgeries, pharmacies, Kings Mill Hospital and Queens Medical Centre and the vaccine bus.
d) The CCG held its Annual Public Meeting on 29 September and a recording of the event was available on YouTube. Thanks were given to participants and attendees.

e) The Nottingham and Nottinghamshire Integrated Care System (ICS) had been successful in its expression of interest to be an accelerator site for the Rapid Diagnostic Concept, which would boost the diagnostic capacity of the acute hospitals.
f) The CCG was deeply concerned by the findings of the Care Quality Commission's (CQC) report following its wider inspection of Nottingham University Hospitals NHS Trust (NUH) and was working closely with NHS England and Improvement (NHSEI) and the Trust to make sure urgent changes were made across the organisation and in the specific areas highlighted. The Chief Executive, Tracy Taylor, had recently stepped down from her post due to ill health.
g) The development of the ICS Provider Collaborative at scale (Sherwood Forest Hospitals NHS Foundation Trust, NUH and Nottinghamshire Healthcare NHS Foundation Trust) was continuing. The collaborative would ensure a more effective utilisation of resource across the three trusts, with the management of elective capacity a key part of this work. Next steps were to establish a provider leadership board.
h) Recruitment for a Chief Executive for the Nottingham and Nottinghamshire Integrated Care Board was underway, which would be followed by a recruitment process for other board members later in the year. The ICS had held two development sessions to discuss governance arrangements for the new organisation and national guidance had recently been circulated to help guide development.
i) The County Council had led on the development of a Nottingham and Nottinghamshire Compact to foster stronger collaborative working relationships with the voluntary and community sectors to support more effective partnership working and the CCG had been asked to sign up to its principles. It was recommended that the CCG adopted the Compact.

The following points were raised in discussion:
j) Members queried what more was being done to increase vaccination rates in younger people. It was noted that a social media campaign had been launched and community leaders had been engaged. The vaccine bus was also stopping at colleges.
k) Members queried the value for money considerations of the changed approach to vaccination sites and it was noted that an update was due to be brought to a future meeting of the Finance and Resources Committee.
l) Members queried what further support the CCG could give NUH whilst they recruited to the Chief Executive position. It was noted that the CCG was working with the trust's acting Chief Executive in several areas, including quality, clinical pathways, and governance. NHSEI was also providing additional support measures to ensure that the Trust continued to play an active role in the wider healthcare system. Members noted the need for continued focus on quality issues, which was acknowledged.
m) Members were supportive of the principles of the Nottingham and Nottinghamshire Compact as a statement of intent; however, they queried how the compact would be used and implemented in practice and noted that its role should also be to help reduce health inequalities. It was agreed that the Compact should be discussed by the Patient and Public Engagement Committee to discuss how to take forward its principles.

The Governing Body:
- **RECEIVED** the Accountable Officer's Report.
- **APPROVED** the adoption of the Nottingham and Nottinghamshire Compact.

ACTION:
- **Alex Ball to schedule an agenda item on the Nottingham and Nottinghamshire Compact for a future PPEC meeting for further discussion on how to take forward its principles.**

GB 21 078 Joint Clinical Leaders' Report

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

a) Regarding the development of proposals for clinical leadership within the statutory ICS, the draft framework for clinical leadership had been approved by the Clinical and Professional Leaders Group and the roles of Medical Director and Director of Nursing would be advertised before the end of the calendar year.
b) Pressures on the urgent care system were impacting on both elective care and primary care.

The following points were raised in discussion:

c) Members queried whether work to recover elective care capacity would be impacted by winter pressures. It was noted that the plan for elective care recovery was predicated on an efficient urgent care system and winter planning was underway to develop a whole system response to ensuring this; and new ways of working were being discussed.
d) The continued resilience of urgent care staff ahead of winter was raised. It was noted that the CCG had facilitated a 'listening voices' exercise with frontline staff to listen to their experiences and what additional measures would help them remain resilient.
e) Members queried whether the ICS had the appropriate mechanisms in place to pick up and act on early signs of stress within the local healthcare system. It was noted that in the short term the CCG's Quality and Performance Committee would have appropriate oversight. Moving forward the development of the analytics function, clinical arrangements and an ICS Quality Group would provide oversight, using learning from recent responses to quality concerns.

The Governing Body:

- **NOTED** the verbal update.

GB 21 079 Annual Equality Assurance Report

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

a) This report presented the CCG's first Annual Equality Assurance Report on how the organisation was meeting the Public Sector Equality Duty of the Equality Act 2010 since the CCG was established on 1 April 2020.
b) The report had been shared with the CCG's Quality and Performance Committee; Finance and Resources Committee and Patient and Public Engagement Committee as it detailed the role of the CCG in addressing equality and diversity considerations in the CCG's own governance arrangements and employment practices; its commissioning activities with regard to addressing health inequalities and in engaging with all citizens within Nottingham and Nottinghamshire.
c) The report provided an update on progress to develop the appropriate infrastructure to monitor equality, diversity and inclusion within the organisation, to assess baseline equality performance, and to implement the CCG's Equality Improvement Plan.

The following points were raised in discussion:

d) Members queried how the actions in the Plan would be monitored. It was noted that the CCG's Equality, Diversity and Inclusion Steering Group would oversee the

progress of actions in the Plan. Any escalation of issues would be through either the Quality and Performance Committee or Finance and Resources Committee, depending on the issue. The Governing Body noted the importance of ensuring ongoing monitoring of the Plan within the statutory ICS.

e) Thanks were given to the Associate Director of Governance and the Staff Network Chairs for their hard work in drafting the report.

The Governing Body:

- **APPROVED** the Annual Equality Assurance Report.

Commissioning Developments

GB 21 080 **Primary Care Commissioning Committee Highlight Report – 18 August 2021 and 15 September 2021**

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

a) The Committee had approved a request for the extension of the practice boundary for Rise Park Surgery.
b) The Committee had approved the utilisation of the Primary Care System Development Fund 2021/22.
c) A request from Oakwood Surgery to reduce the opening hours at the Bull Farm branch surgery was approved, but only on a temporary basis. The Committee had requested that an impact assessment should be undertaken in three months to review whether the change had had any adverse impact on the local patient population.
d) A refreshed Primary Care Information Technology Strategy had been approved.
e) The Committee had considered a new risk relating to the potential disengagement of Primary Care Networks (PCNs) following new contract guidance.

The following points were raised in discussion:

f) Members discussed the pressure on PCNs regarding greater operational demands and discussed how leadership within PCNs was supported. It was noted that PCNs were wider organisations than GP practices and had a large degree of autonomy; however, the framework for clinical leadership would support GP leadership development. Best practice was being shared among PCNs, which had developed well during the Covid vaccination roll out and had established their own Covid vaccination booster programme.

The Governing Body:

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

GB 21 081 **Patient and Public Engagement Committee (PPEC) Highlight Report – 24 August 2021 and 28 September 2021**

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

a) Members had welcomed the broader review of interpretation and translation services.
b) A key message from members was the need to ensure learning from Covid-19 was embedded into ICS strategy; particularly the significance of working through community leaders to cascade messages and engage with their communities.
c) Members noted the need for the citizen voice to be included at the earliest possible stage of the Community Transformation Programme.
d) A presentation on the outcomes of engagement to inform the Dementia Well Pathway had highlighted the need to deliver a co-ordinated response at place level that incorporated voluntary sector provision.
e) The outputs of workshops held to develop the approach to working with people and communities as part of the transition to the ICS had been received positively by

members.

The following points were raised in discussion:

f) Members queried when engagement was due to commence on the Community Services Transformation Programme. It was noted that it would follow the period of clinical engagement.

The Governing Body:

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

Financial Stewardship and Resources

GB 21 082 **Finance and Resources Committee Highlight Report – 25 August 2021 and 22 September 2021**

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

a) The Committee had reviewed the draft Financial Plan for the period H2 (October to April) and thanks was given to the Finance Team for their work in planning for the remainder of the year pending national guidance.
b) Workforce continued to be a focus; and an assurance report was received updating the Committee on several workforce issues, including workforce indicators, the Workforce Race Equality Standard, and the Staff Survey.

The Governing Body:

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

GB 21 083 **2021/22 Financial Report Month Five**

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

a) The CCG continued to be under the temporary financial regime due to the continuing pandemic, which split the financial year into two separate reporting periods. H1 (April-September) had ended and a financial plan for the remaining six months (H2) had been drafted.
b) As discussed at the August meeting, in-year changes to the threshold for Elective Recovery Fund income was a continuing cost pressure to the CCG. In addition, price variances for continuing healthcare had led to forecast position of a £1.2 million deficit.
c) Guidance and allocations for H2 had recently been received. The detail of the guidance, associated implications, and potential mitigating actions for the CCG to reach a break-even position were currently being discussed.

The following points were raised in discussion:

d) Discussing possible actions to mitigate the overspend, it was noted that focus on addressing clinical variation in GP practices had diminished in recent years and the refreshing of primary care performance dashboards was proposed. Members discussed a potential risk of disengagement of GP practices in the move to the ICS and the challenge to ensure that resources were being managed effectively in primary care. Given current pressures in primary care, the role of PCNs and the CCG's locality teams in supporting practices to effectively manage their resources was discussed. It was noted that the effective use of resources would be an integral part of the ICS primary care model and the ICS analytics function should be able to develop a dashboard model that was much broader in scope to take account of broader PCN activities, for example around health inequalities and monitoring outcome measures. It was agreed that this proposal should be discussed in more detail outside of the meeting.

The Governing Body:

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

ACTION:
- **Stuart Poynor and Lucy Dadge to take forward the development of an enhanced dashboard for PCNs.**
- **To discuss the development of the System Analytics and Intelligence Unit at a future Governing Body Development Session.**

Quality and Performance

GB 21 084 **Quality and Performance Committee Highlight Report – 26 August 2021 and 23 September 2021**

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

a) The focus of the Committee had continued to be on maternity services at NUH; and on wider concerns over the Trust's governance and culture, pending the publication of the CQC report. The Committee had limited assurance over the pace of change but acknowledged that progress was being made on the maternity services improvement plan.
b) The CQC report had been published in September and had recognised many of the same concerns that the CCG had identified and had escalated to the Governing Body earlier in the year. The Committee would continue to monitor the development of a robust action plan to address all the findings in the report.
c) In relation to NUH maternity services, the Committee had received an external, retrospective review of a former CCG's oversight arrangements from 2016. The review had 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 CCG and its committees had developed more robust processes to scrutinise performance and quality in the intervening years.
d) The Committee had received an update on the reporting of health inequalities data via a demonstration of the eHealthScope system. The discussion would be progressed with the Clinical Design Authority in terms of using the functionality of the system to aid planning and to target intervention at PCN level.

The following points were raised in discussion:

e) Members noted that the quality oversight arrangements for NUH maternity services felt complex and not visible to the wider system; and queried why the pace of change was slower than desired. It was noted that there was a single Maternity Improvement Plan and the CCG had aided the Trust with its development, but it needed to be developed by and owned by the Trust. There was still work to do to refine the plan and develop a dashboard. The Quality Assurance Group (QAG) was the single point of oversight of the Plan and members included the CCG, regulators, and wider partners, including Healthwatch. The QAG continued to monitor the Safe Today reports to ensure the quality of services at the present time; as well as the longer-term developments contained within the Improvement Plan. It was noted that the CCG needed to receive the same assurance on progress as the QAG.
f) Members queried whether the CCG was assured of the robustness of its oversight mechanisms. It was noted that increasingly the CCG's Quality Team had moved away from reliance on contractual measures of monitoring to a more qualitative approach, and this had highlighted many of the concerns raised in the CQC's report. However, the CCG had not had the level of access or resources of the CQC and had not captured issues around bullying and racial discrimination, as detailed in the CQC's report. The CCG Team would build on their approach going forward and take lessons on where improvement could be made.
g) It was noted that the ICS was developing a people and culture function, which would address issues raised in the CQC report.

h) Members acknowledged the complexity of the task within NUH with a changing leadership structure.
i) It was noted that the Quality and Performance Committee would commit its November meeting to scrutinising progress on maternity and wider issues at NUH.

The Governing Body:
- **RECEIVED** and **NOTED** the Quality and Performance Committee Highlight Report.

GB 21 085 Quality Report

Rosa Waddingham presented the item and highlighted the following key points:
a) The report brought together the key quality and safety metrics for NHS commissioned services in Nottingham and Nottinghamshire.
b) Significant system pressures were resulting in quality and safety concerns across a range of services.
c) A significant number of breaches of 12-hour decisions to admit were occurring due to lack of patient flow. A system oversight group was in place to put in measures to facilitate discharges at pace.
d) Eleven providers were subject to enhanced surveillance for quality, which included NUH (including maternity), Nottinghamshire Healthcare NHS Foundation Trust, Mediscan, St Andrews Northampton, three GP practices and four care homes.

The following points were raised in discussion:
e) Members queried why performance was below target for annual health checks for people with learning disabilities. It was noted that good progress had been made prior to the pandemic; however, as the service was reliant on General Practice to support, there had not been sufficient capacity to proactively reduce the number of declines or follow up on the patients who did not attend their appointments. This would form a key element of the Primary Care Recovery Plan.
f) Members queried how assured the CCG was that the rise in 12-hour breaches could be addressed in the current climate. It was noted that as part of winter planning preparations, work to examine alternative discharge arrangements were being developed. This work was being reviewed by the Accident and Emergency Delivery Board, which was implementing ten high impact actions around hospital avoidance, flow, and discharge; and work was being undertaken with local authorities to understand pressures on social care.

The Governing Body:
- **NOTED** the Quality Report.

GB 21 086 Integrated Performance Report

Stuart Poynor presented the item and highlighted the following key points:
a) The report detailed the performance against key standards and targets for the CCG.
b) 2021/22 planning guidance had given a clear expectation for CCGs to accelerate the restoration of elective services. However, it was noted this would only be achieved by a clear focus on ensuring efficient pathways in urgent care services.

The following points were raised in discussion:
c) It was noted that the Quality and Performance Committee had raised potential quality concerns regarding East Midlands Ambulance Service, which would continue to be monitored. The risk would be reviewed by the Quality and Performance Committee at its October meeting.

The Governing Body:
- **NOTED** the Integrated Performance Report.

Corporate Assurance

GB 21 087 Audit and Governance Committee Highlight Report – 31 August 2021

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

a) The Committee had reviewed an assurance report on the CCG's probity arrangements and had recommended to the Governing Body approval of an extension date for the Conflicts of Interest Policy to 31 March 2022. Its revision had been put on hold pending expected new guidance, which had not yet been received. The current policy reflected current guidance and a recent Internal Audit review of the CCG's arrangements for managing conflicts of interest had been given a rating of 'substantial assurance'.

The Governing Body:

- **NOTED** the Audit and Governance Committee Highlight Report.
- **APPROVED** the extension date for the Conflicts of Interest Policy to 22 March 2022.

GB 21 088 Governing Body Assurance Framework

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

a) The report presented the mid-year position of the CCG's 2021/22 Assurance Framework. This built on the opening position of the Assurance Framework, as presented at the Governing Body meeting in June 2021; and provided an assessment of the robustness of the mitigations put in place to manage the CCG's key strategic risks.
b) As this was a transitional year, 11 of the 16 potential risks were jointly owned with the ICS. This added a complexity to their assessment against a backdrop of evolving governance arrangements in the move towards greater system working.
c) Meetings had been held with the CCG Executive and senior responsible officers in the ICS to confirm the controls and assurances in place to manage the potential risks and to discuss the actions in place to mitigate any 'gaps' in assurance or control.
d) A review of internal and external assurances had been undertaken and there was a good balance of internal and external assurances.
e) Overall, controls in place were found to be functioning effectively and actions relating to identified gaps had named responsible officers and implementation timelines. There was an expectation that all target scores would be achieved by year end and a progress report would be brought to the January 2022 Audit and Governance Committee.

The following points were raised in discussion:

f) Members queried oversight arrangements for the jointly owned risks. It was noted that the ICS Transition and Risk Committee had oversight; and the CCG's Audit and Governance Committee received updates on progress and any issues that required escalation to the Governing Body would come through this route. In addition, the CCG's Internal Audit function had time allocated to the support of the ICS Committee.

The Governing Body:

- **REVIEWED** and **COMMENTED** on the mid-year position of the Governing Body Assurance Framework.
- **NOTED** 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.

GB 21 089 Corporate Risk Report

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

a) The CCG currently had ten major operational risks on its Corporate Risk Register,

all of which had been discussed by the relevant Committees prior to being presented to the Governing Body.

b) The risks had relevance to many of the discussions held at this meeting, covering clinical systems, quality issues and the ongoing impact of the pandemic on services.

c) Since the last meeting in August, two risks had increased their scores and had been added to the Register: risk RR 098, relating to the risk of reliance on non-recurrent funding to mitigate financial pressures; and risk RR 160, relating to the pressure on the primary care workforce.

The Governing Body:

- **NOTED** the Corporate Risk Register.

For Information

GB 21 090 **Ratified minutes of Governing Body committee meetings**
The minutes were **NOTED**.

Closing Items

GB 21 091 **Any other business**
There was no other business.

GB 21 092 **Date of the next meeting:**
01/12/21 to be held virtually.

Nottingham and Nottinghamshire Clinical Commissioning Group

Governing Body
ACTION LOG for the meeting held on 06/10/21

Meeting date	Agenda reference	Agenda item	Action	Lead	Date to be completed	Comment
ACTIONS OUTSTANDING						
-	-	-	*No actions outstanding*	-	-	-
ACTIONS ONGOING / NOT YET DUE						
06/10/2021	GB 21 083	2021/22 Financial Report Month Five	To discuss the development of the System Analytics and Intelligence Unit at a future Governing Body Development Session.	Stuart Poynor	05/01/2022	Not yet due.
ACTIONS COMPLETE						
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		Reporting of Performance against the submitted H2 Plan by speciality is included in the Integrated Performance Report.
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	-	Presented to the Quality and Performance Committee at its 28 October meeting.
06/10/2021	GB 21 076	Action log from	To circulate a list of new ICS acronyms	Alex Ball	-	Circulated to staff and appended

Nottingham and Nottinghamshire Clinical Commissioning Group

Meeting date	Agenda reference	Agenda item	Action	Lead	Date to be completed	Comment
		the meeting held on 04 August 2021	to staff and members of committees			to this report for completeness.
06/10/2021	GB 21 077	Accountable Officer Report	To schedule an agenda item on the Nottingham and Nottinghamshire Compact for a future PPEC meeting for further discussion on how to take forward its principles.	Alex Ball	-	Added to the Committee's Work Programme.
06/10/2021	GB 21 083	2021/22 Financial Report Month Five	To take forward the development of an enhanced dashboard for PCNs.	Stuart Poynor and Lucy Dadge	-	Action being taken forward by the Primary Care Team working with the System Analytics and Intelligence Unit; progress to be reported to the Primary Care Commissioning Committee.

Action Log Reference GB 21 076

Quick reference guide

Clinical Commissioning Group (CCG): CCGs commission most of the hospital and community NHS services in the local areas for which they are responsible i.e. Nottingham and Nottinghamshire. Commissioning involves deciding what services are needed for diverse local populations and ensuring that they are provided. Services CCGs commission include: Most planned hospital care, rehabilitative care, urgent and emergency care (including out of hours), most community health services and mental health and learning disability services.

Health and Wellbeing Board: A statutory forum of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health, local government, and community leaders from across health and care. They have a duty, with Clinical Commissioning Groups (CCGs), to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy for their local population. Health and wellbeing boards act as a partnership forum rather than an executive decision-making body.

Health Scrutiny Committee: A committee with democratically elected councillors and wider partners with an interest in health and care. The primary aim of the committee is to strengthen the voice of local people, by ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of services and that those services are effective and safe. Health Scrutiny also has a strategic role in taking an overview of how well integration of health, public health and social care is working. In many cases, health scrutiny reviews will be of services which are jointly commissioned by the NHS and the Council.

Healthwatch: The local independent patient and public champion. Healthwatch hold health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully and that they are transparent in their decision making. Healthwatch are not part of the NHS or local authority but work closely with them to help influence improvements for health and care services.

Integrated Care Board (ICB): The ICB will take on the NHS commissioning functions of CCGs as well as some of NHS England's commissioning functions. It will also be accountable for NHS spend and performance within the system**.**

Integrated Care Partnership (ICP): Partnership that brings together the ICB, partner local authorities and other locally determined representatives (e.g. from health, social care, public health and potentially others) who are responsible for developing integrated care strategies for its whole population, covering health and social care and addressing the wider determinants of health and wellbeing. The ICB and local authorities will have to regard the ICP strategies when making decisions.

Integrated Care System (ICS): Partnerships that bring together providers and commissioners of NHS services across Nottingham and Nottinghamshire with local authorities and other local partners to collectively plan health and care services to meet the needs of the population. The central aim of the ICS is to integrate care across different organisations and joining up hospital and community-based services, physical and mental health and health and social care. The ICS also exists to achieve four aims: improve outcomes in population health and healthcare, tackle inequalities in outcomes experience and access, enhance productivity and value for money and help the NHS support broader social and economic development.

Joint Strategic Needs Assessment (JSNA): A JSNA looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, wellbeing and social care services within a local authority area i.e. Nottingham City or Nottinghamshire County.

Neighbourhoods (populations of around 30,000 to 50,000 people): Neighbourhoods are served by a group of GP practices working with NHS community services, social care and other providers to deliver more co-ordinated and proactive services, including through Primary Care Networks (PCNs).

Places (populations of around 250,000 to 500,000 people): Places are served by a set of health and care providers in a town or district, connecting PCNs to broader services, including those provided by local councils, community hospitals or voluntary organisations.

Place Based Partnerships (PBP) (formerly known as Integrated Care Partnerships (ICP)): Partnerships that bring together the NHS, local government, public sector, and voluntary sector at a place level. In Nottingham and Nottinghamshire, there are four PBPs covering the locations of Bassetlaw, Mid-Nottinghamshire, Nottingham City and South Nottinghamshire. Partners work together to develop and deliver community-facing integrated care, join up community services across sectors and organisations / work alongside community leaders, locally tailored care for local needs, improve quality and performance, tackle inequalities and support delivery of Integrated Care System priorities.

Primary Care Network (PCN): Networks which bring together a group of local GP practices with other primary and community care organisations to join up health and care services at neighbourhood level.

Provider Collaboratives: Partnership arrangements involving NHS Trusts working across multiple places and who collaborate to provide hospital/specialist care, improve access, performance, and quality.

System (populations of around 1 million to 3 million people): Systems are where the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.

Voluntary, Community and Social Enterprise (VCSE): Any organisation working with Social purposes. This ranges from small community-based groups/schemes to larger registered charities that operate locally, regionally, and nationally. The VCSE is an important partner for statutory health and social care agencies and plays a key role in improving health, well-being and care outcomes.

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	**Date:**	01 December 2021
Paper Title:	Accountable Officer's Report	**Paper Reference:**	GB 21 100
Sponsor:	Amanda Sullivan, Accountable Officer	**Attachments/ Appendices:**	**A:** ICS Board Summary Briefing Nov 2021 **B:** Public Health England Functions Transfer
Presenter:	Amanda Sullivan, Accountable Officer		

Summary Purpose:	Approve	☒	Endorse	☐	Review	☐	Receive/Note for: • 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	☒	Establishment of a Strategic Commissioner	☒
Financial Management	☐	Wider system architecture development (e.g. ICP, PCN development)	☒
Performance Management	☒	Cultural and/or Organisational Development	☐
Strategic Planning	☒	Procurement and/or Contract Management	☐

Conflicts of Interest:

☒ No conflict identified

Completion of Impact Assessments:

Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	Not required for this item.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	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 establishment of a Mental Health and Learning Disability Specialist Treatment/Funding Panel. **3. RATIFY** the ICS 2021/22 H2 NHS Plan for NHS Nottingham and Nottinghamshire CCG, as approved via emergency decision making powers.

Accountable Officer's Report

COVID-19 Update

1. Local Prevalence and Response

As at 19 November, 189 beds in Nottinghamshire's hospitals were occupied by patients with Covid-19 (which compares to 186 beds on 9 November); with 64 admissions relating to Covid-19 in the seven days to 14 November (which compares to 100 admissions in the in previous 7-day period).

GP practices continue to see high volumes of patients. Using the latest figures available, September saw 548,322 GP appointments taking place, with 60% being face-to-face and 49% 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://nottsccg.nhs.uk/news/.

2. Covid-19 Vaccination Programme

Latest figures (8 December – 14 November) show that in Nottingham and Nottinghamshire 1,448,458 first and second dose vaccines have been administered. This means that 82.1% per cent of over 18s have now received two doses. 38.8% per cent of 12-15-year-olds in Nottingham and Nottinghamshire have had one dose of the vaccine.

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 continues to be rolled out, and from 22 November those aged 40-49 are now eligible for the booster. Jabs continue to be offered to over 50s, frontline health and care workers 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, a large number of new vaccination locations have opened. 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.

3. Flu Vaccination Programme

More people are likely to get the flu this winter as fewer people have built up natural immunity during the Covid-19 pandemic. Research has also shown getting flu and Covid-19 at the same time is likely to make people seriously ill. Getting vaccinated against both will provide protection against both serious illnesses. Local hospitals are already seeing cases of flu and a campaign is underway to encourage take up of the flu vaccine. People in eligible groups can receive their free flu vaccine at their GP practice, a pharmacy offering the service, midwifery service if pregnant or at a hospital appointment. Eligible children can receive their vaccine via their school immunisation programme or at a GP practice.

4. Planning for Winter

This winter follows an unprecedented 18 months, the Covid-19 pandemic has increased workforce pressures exponentially, 92% of trusts told NHS Providers they had concerns about staff wellbeing, stress and burnout following the pandemic, this picture is also reflected in the social care workforce. Recognising this, system partners agreed to start planning with an understanding of the reality for care providers in our system and undertook a listening event with staff from across the system to frame and focus in planning for winter, elective activity and the financial position. Key themes and areas to address have emerged and a work programme has been established to progress actions around four workstreams:

- Risks, Threshold and Triggers: focus on proactive planning, working through key system priorities at pace.
- Front door: managing demand through innovation and provider collaboration providing support to primary care initiatives linking to the right place care model.
- Back door: focus on discharge and flow, creating additional capacity through a collective approach.
- Workforce: developing shared staffing models and approaches both to maintain and attract new starters.

Progress will be overseen by the Health and Social Care Economy Tactical Co-ordinating Group and the ICS Chief Executive Group. A Programme Management Office will track implementation and report on progress, risks and issues.

CCG Updates and Developments

5. Improved governance arrangements for the management of funding requests for mental health/learning disability packages of care outside the scope of locally commissioned services

Patients, whose needs cannot be met by locally commissioned services, either due to exceptionality of diagnosis, or complexity of presenting symptoms, are able to be considered for services and treatments outside of local pathways. There is an established process for this via the Individual Funding Requests (IFR) Panel; however, there is currently no separate established process for mental health and learning disability requests. At its meeting on 10 November 2021, the CCG's Prioritisation and Investment Committee endorsed a new process to ensure robust and consistent decision making in the management of applications for these funding requests. A Mental Health and Learning Disability Specialist Treatment/Funding Panel will be established, and the Panel will approve funding for clinically appropriate cases in line with a set of criteria, which will ensure a more consistent approach and more timely decision making. The process supports appropriate use of NHS resources and it will also ensure that commissioning gaps are identified and when appropriate services are developed locally.

There are a number of key principles and processes that will be included in the Panel's terms of reference and standard operating procedures, including:

- Applications for mental health and learning disability funding requests should be made by the patient's GP or a Nottinghamshire Healthcare Trust (NHT) clinician where the request is fully supported/endorsed by NHT at a senior level prior to consideration by the CCG.
- NHT should implement an internal process to review and sign off any Trust requests, prior to submission for funding
- NHT should maintain oversight of the patient whilst accessing any specialist treatment from other services.
- Requests should be made on a Mental Health/Learning Disability funding request form.
- A CCG Mental Health and Learning Disability Panel should be set up to review/approve requests. The panel will also monitor outcomes of cases agreed to determine if a local commissioning gap has been identified.
- If required, the requesting NHT clinician may be requested to attend the panel to present the case.
- The panel will use a set of criteria to consider the requests. The panel must agree that the application complies with the criteria:
  - Local options for treatment have been exhausted or are not routinely commissioned AND
  - That the referral is supported by local secondary care mental health services AND
  - That the patient is ready and willing to engage in the applied for treatment
- A Standard Operating Procedure aligned to IFR timescales for making decisions on requests should be clearly set out. The CCG will seek a legal view of the Standard Operating Procedure.
- The Mental Health and Learning Disability Panel will provide an annual report on the decisions made to the relevant Committee.

Members of the Governing Body are requested to **APPROVE** the establishment of a Mental Health and Learning Disability Specialist Treatment/Funding Panel.

6. Notification to the CCG Governing Body of the use of the CCG's Urgent Decision-Making Powers

NHS England/Improvement published its operational planning guidance for the period October 2021-March 2022 (known as H2) at the end of September. Whilst adhering to NHS planning requirements, it is important that the plan also reflects ICS priorities and plans, as agreed by ICS health and care partners. The plan demonstrates a high level of ambition for our population and, as such, there is a significant risk in meeting both planned and unplanned patient requirements, including that from Covid-19 and seasonal viral illnesses. Delivery will require a robust whole system approach. The Plan was shared with individual partner organisations for the approval of their organisational components and approved by the ICS Board prior to submission on 16 November 2021.

Due to the timescale for response, sections 4.1.1 and 4.1.2 of the CCG's Constitution (as referenced below) were used to approve the submission of the H2 Operational Plan, via discussions at the November 2021 meeting of the Prioritisation and Investment Committee.

4.1.1 The powers of the CCG which are delegated to, or reserved by, the Governing Body may for an urgent decision be exercised by the Accountable Officer and the Clinical Chair having consulted at least one Non-Executive Director.

4.1.2 The exercise of such powers by the Accountable Officer and the Clinical Chair shall be reported to the next formal meeting of the Governing Body for formal ratification.

Members of the Governing Body are requested to **RATIFY** the ICS 2021/22 H2 NHS Operational Plan for NHS Nottingham and Nottinghamshire CCG, as approved via emergency decision making powers.

Partner Updates

7. Designate Chief Executive of the Nottingham and Nottinghamshire ICS

Following a robust process, NHS England and NHS Improvement have recommended that Amanda Sullivan is the new Designate Chief Executive of the Nottingham and Nottinghamshire Integrated Care Board (ICB), ready to take up the post as soon as the Bill receives Royal Assent.

8. ICS Board Meeting Update

The Nottingham and Nottinghamshire Integrated Care System (ICS) Board last met virtually on 4 November. A summary of the meeting is provided for information at **Appendix A**.

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

9. Nottingham and Nottinghamshire Dementia Pathway

Nottingham and Nottinghamshire CCG / ICS have been working closely with patients, carers, health and care professionals and wider stakeholders to review the Dementia pathway. The aim of this review is to help shape the future service provision for the Nottingham and Nottinghamshire Dementia Well Pathway. To support this review a period of engagement took place during the 17 May 2021 (Dementia Awareness Week) and the 16 July 2021 to understand the experiences of all those affected by Dementia. Engagement activities included participants taking part in a survey, focus groups, attendance at community groups and relevant stakeholder meetings to obtain views, thoughts, feedback and comments. On 24 November a webinar shared the findings from the engagement, the priorities and next steps for the Dementia Pathway. A full copy of the presentation and information together with relevant feedback will be made available on our website.

10. Nursing Times Award

Nottinghamshire Healthcare NHS Foundation Trust's National High Secure Healthcare Services for Women, Intensive Care Coral Ward Team at Rampton Hospital, has won the Nursing Times Nursing in Mental Health category for reducing restrictive practice and improving patient experience. The Trust was also shortlisted for three other Nursing Times Awards, demonstrating further commitment to improving patient experience.

11. Health and Wellbeing Board Updates

Nottinghamshire County Health and Wellbeing Board

The Nottinghamshire County Health and Wellbeing Board last met on 24 November. The meeting reports on the Better Care Fund Plan 2021-22, suicide prevention in Nottinghamshire, improving outcomes for survivors of domestic abuse and the local transformation plan for children and young people's emotional and mental health.

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 24 November. The meeting received a report on coproduction in the Nottingham and Nottinghamshire ICS, a report on the development of the Joint Health and Wellbeing Strategy for Nottingham City and an interim 'state of the sector' report from the Nottingham Community and Voluntary service.

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

National Updates

12. Primary Care Networks – Next Steps

NHS Chief Executive Amanda Pritchard has asked Dr Claire Fuller, senior responsible officer of the Surrey Heartlands Integrated Care System, to set out how systems can accelerate implementation of the primary care, out of hospital care and prevention ambitions in the NHS Long Term Plan and drive more integrated primary, community and social care services at a local level. Dr Fuller, a practising GP, will look closely at how primary care networks can support integrated care systems by bringing partners together at a local or 'Place' level to address health inequalities and improve the health of the local population. The report is due to be published ahead of ICS' becoming statutory organisations.

13. Public Health System Reforms

Reforms to the public health system announced in March 2021 became fully operational on 1 October. Public Health England has transferred all of its health protection functions to the UK Health Security Agency (UKHSA) and health improvement and public health functions to the Office for Health Improvement and Disparities (OHID). **Appendix B** provides a breakdown of the location of former Public Health England functions going forward.

14. Expansion of NHS England and NHS Improvement

The Government has announced that Health Education England will merge with NHS England and NHS Improvement. NHS Digital and NHSX will also be incorporated into NHS England and NHS Improvement. Further information is expected over the coming weeks and months and changes will take effect during 2022/23, subject to legislation.

15. Chief Nursing Officer for England's strategic plan for research

The Chief Nursing Officer (CNO) for England has recently published a strategic plan for research for all nurses working in health and social care, colleagues in academia, the third sector, and all those who support research. The plan will contribute to the delivery of the Long Term Plan and sets out the CNO's ambition to "create a people-centred research environment that empowers nurses to lead, participate in, and deliver research, where research is fully embedded in practice and professional decision-making, for public benefit". A detailed implementation plan (which has developed with the profession, partners, and the public), will follow this strategic plan in Spring 2022. The Plan can be found at https://www.england.nhs.uk/publication/making-research-matter-chief-nursing-officer-for-englands-strategic-plan-for-research/

16. Review of health and social care leadership: an open letter to all those who work in health and social care

In a joint letter for health and social care staff, General Sir Gordon Messenger and Dame Linda Pollard have set out their intended approach to the Government's review into leadership across health and social care. The terms of reference of the review explicitly focuses on leadership and management at all levels across primary and secondary care and social care. The letter states that the review should be seen as an opportunity to acknowledge how the excellent leadership and management currently evident across many parts of the system can be built upon to the benefit of all and to ensure proposals will strengthen, broaden and deepen the leadership and management skills base across all components and all levels of healthcare and social care. A comprehensive programme of engagement events, including site visits, webinar-style outreach, workshops and personal interviews, with the aim to access as many viewpoints and diverse communities as possible is being planned. The letter can be found at https://www.gov.uk/government/publications/review-of-health-and-social-care-leadership-terms-of-reference/letter-from-general-sir-gordon-messenger-and-dame-linda-pollard-on-publication-of-the-leadership-review-terms-of-reference-23-november-2021#contents

17. The future of NHS human resources and organisational development report

NHS England/Improvement has recently published a ten-year strategy for the human resources (HR) and organisational development (OD) services in the NHS. It is aimed at HR and OD directors, chief people officers, HR and OD practitioners. This will support the aims of the Long-Term Plan by providing a vision for how the people profession, which comprises human resources and organisational development practitioners, will develop and work differently over the coming decade. The Plan can be found at https://www.england.nhs.uk/publication/the-future-of-nhs-human-resources-and-organisational-development-report/

Recommendation(s)

The Governing Body is requested to:

- **RECEIVE** the Accountable Officer's Report for information.
- **APPROVE** the establishment of a Mental Health and Learning Disability Specialist Treatment/Funding Panel
- **RATIFY** the ICS 2021/22 H2 NHS Plan for NHS Nottingham and Nottinghamshire CCG, as approved via emergency decision making powers.

Appendix A

ICS Board Summary Briefing – November 2021

Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 4th November. 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/. The meeting was live-streamed on the day and the recording can be found here: https://www.youtube.com/watch?v=-pOKMLQco4Y

Introduction

The Chair of the ICS, Dr Kathy McLean, welcomed the Board members to the meeting and also noted that this was the first meeting since the resignation due to ill health of Tracy Taylor as Chief Executive of Nottingham University Hospitals NHS Trust. The Board paid tribute to Tracy's contributions to the system and wished her a rapid recovery from illness.

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.

Finally Kathy confirmed that this would be the last meeting of the ICS Board – as we transition to new ICS arrangements from April 2022, new 'shadow' forums will start to meet from January 2022.

Citizen Story – Primary Care Psychological Medicine in South Nottinghamshire

John Brewin, Chief Executive of Nottinghamshire Healthcare NHS Foundation Trust and various members of his team were joined by Jane, a citizen who has benefited from this service. Jane's story was told through video in an extremely compelling and moving way. The service is provided by a community based multi-disciplinary team with combined mental health and physical health expertise. This means that they can provide care where symptoms are too complex for Increasing Access to Psychological Therapy (IAPT) providers or where the physical nature of symptoms make them unsuitable for core mental health services or where the lack of a medical explanation for their symptoms makes it difficult for physical health specialists to provide effective treatment.

The Board welcomed the report and Jane's video, noting in particular that this was an excellent example of holistic care, centred around the patient, which combines physical and mental health care. The Board also noted the ambition to expand this service to other parts of the ICS, whilst also being keen to ensure that this was affordable and did not generate additional, overlapping, services.

The Board thanked Jane and the team for attending.

Report of the Executive Lead and Chair / Building The Integrated Care System

In their regular update Kathy and Amanda Sullivan, Interim ICS Executive Lead, shared a round-up of developments from across the system recent weeks and also updated on the progress in building the new ICS for April 2022.

In particular Amanda and Kathy noted the importance of the Greener NHS programme, given particular prominence at the moment during the COP26 conference in Glasgow and also discussed the pressures currently being seen all across the health and care system, particularly in General Practice. Kathy re-emphasised her support and thanks to colleagues working in General Practice for their work in the face of unprecedented demand. Amanda praised the work of the system's vaccination programme – stressing the importance of both Covid-19 and Flu vaccinations as we head towards the colder winter months.

In terms of the progress towards April 2022 and the establishment of a statutory ICS, Kathy and Amanda updated on a number of issues;

- The proposed name for the system from April 2022 – retaining the 'Nottingham and Nottinghamshire' approach, underlining the importance of partners right across our City and County
- Continued progress on recruitment for the Chief Executive for the Integrated Care Board (the successor organisation for the CCG).
- Increasing clarity and certainty around the proposed composition for the Board of the ICB – including representatives from both top-tier Local Authorities and a range of executive roles to drive for the integration work.
- Strong development work around the Integrated Care Partnership (ICP), the 'guiding mind' for the system, which will be a joint committee between the ICB and the Local Authorities. Particular thanks was paid to Melanie Brookes, Director of Adult Social Services, Nottinghamshire County Council, who is leading on this work.

It was also noted that these structural and formal arrangements are very important but that the cultural change that will need to be in place to facilitate the system is probably even more important. A recently completed piece of work to understand the current status of attitudes and understanding of the ICS amongst staff will help guide the activities to move this forward.

The Board welcomed this update and discussed various elements of detail around the ICB Board and also the ongoing development work to form the ICP. Several Board members noted that this was a pivotal moment for the system and the services that we deliver for our citizens – the future is now in our hands more than ever before so we need to grasp the opportunities it represents.

Working with People and Communities

Alex Ball, Director of Communications and Engagement for the ICS presented to the Board the proposed approach to working with people and communities. The presentation and paper set out a comprehensive approach for working with people and communities in the new ICS from April 2022. It responds to the NHSE/I guidance issued in September 2021 and outlines out the proposed approach for Nottingham and Nottinghamshire. The proposed approach has five key elements to it;

- Governance and Structures: including establishing an Advisory Committee to champion working with people and communities in all locations and levels of the ICS.
- Embedding Community Engagement: including refreshing the prioritisation and business planning cycle to ensure that the voice of the citizen is clearly heard in that work.

- Generating and Utilising Intelligence from Communities: including establishing a Citizens Panel to complement other activities within our engagement spectrum and continuing to work with Healthwatch and the VCSE sector
- Integrating Community Involvement Work and Resources: including establishing an Engagement Practitioners Forum to bring together and coordinate all the work being delivered across the system – ensuring that it is complementary and maximises our limited resources.
- Developing Our Culture: including developing a community engagement training and development programme for all relevant staff across the system including supporting Places to grow and develop their expertise in this work area.

The Board endorsed the overall approach, although noting a number of areas that still needed to be worked through, in particular the relationship to the City Health and Wellbeing Board. It was also noted that extra attention needed to be paid to ensure that this was a true system piece of work and not too NHS-centric. The Board indicated it would want to see the next iteration of the plan before March 2022.

Signature Schemes and ICS Outcomes Framework

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 updated the Board on progress since the last public meeting. The Board welcomed the update and noted in particular the key value of starting with the ambitions and desires of citizens and populations when shaping service. The Person Centred Commissioning work was particularly noted by Local Authority colleagues as being a key piece of activity for the future, delivering better care for citizens at potentially really challenging times in their life.

East Midlands One Care (EMOC) Partnership

Jonathan Lee, Head of Finance, Nottingham and Nottinghamshire ICS presented this item. East Midlands OneCare (EMOC) is a health and care collaboration across the East Midlands formed in September 2019, formally known as a Local Health Care Record (LHCR) programme. The programme is designed to deliver a regional cross border shared care record to provide clinicians and other key workers with accurate, accessible and up-to-date information about the person. When fully implemented, EMOC will connect existing shared care records held within ICSs within the East Midlands by providing a platform for sharing between the partners. This will enable:

- The joining of records from the various areas of care and geographies.
- Support information exchange across physical and organisational boundaries.
- Make information person-centred.

The Board supported the proposal and welcomed the benefits this would bring to patients – unlocking a more person-centred approach and better care options. It was noted that Bassetlaw would be included in this programme as well.

Integrated Performance Report and Winter Planning

Amanda briefly outlined the content of the Integrated Performance Report, highlighting in particular that the balancing of demand at A&E, the impact of Covid-19 hospitalisations and the need to recover elective treatments was placing great strain on the system. In addition to this, the response to retaining and supporting staff within the system, especially after a prolonged period of extreme pressure during the pandemic, is a huge focus.

The Board noted the report with particular comments made around supporting East Midlands Ambulance Service (EMAS) colleagues in addressing ambulance handover times as well as noting the work focussing on ensuring timely discharge of patients from hospital. There was also a discussion about the future format and use of the Integrated Performance Report as the system moves towards April 2022.

Following on from this discussion Amanda updated the Board on the system's planning for Winter which has been developed by all organisations within the system, recognising the high level of demand which is anticipated. In particular the Board discussed more about the plans to support the Homecare market and continue to focus on the knock-on impact of ambulance handover delays in other areas of the region.

Other Business

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

Finally, the Board reviewed the meeting against the Partnership Agreement and confirmed that there would be no further meetings of the ICS Board in its current form. Kathy thanked everyone who has been involved in this Board over the last few years and indicated that there is an intent to keep the positive and joint working elements of the ICS Board in place as the system establishes the ICB Board and the wider ICP.

Dr Kathy McLean,
Independent Chair, Nottingham and Nottinghamshire ICS

Amanda Sullivan,
Interim Executive Lead, Nottingham and Nottinghamshire ICS

Appendix B: Location of PHE functions from 1 October 2021

Function name	Primary PHE directorate	Function destination
Emergency Preparedness and Response (EPR)	Health Protection and Medical	UKHSA
Regional and Local Health Protection	Places and Regions	UKHSA
Rare Zoonotic Infections, Gastrointestinal Infections and Associated Areas	National Infection Service	UKHSA
Radiation, Chemical and Environmental Hazards	Chief Operating Officer	UKHSA
National Specialist Surveillance and Reference Laboratories	National Infection Service	UKHSA
Local Microbiology Laboratories and Infection Specialist Services	National Infection Service	UKHSA
Infections Research and Development	National Infection Service	UKHSA

Function name	Primary PHE directorate	Function destination
Healthcare Acquired Infections and Anti-Microbial Resistance	National Infection Service	UKHSA
National Immunisation	National Infection Service	UKHSA
Vaccines and Countermeasures	National Infection Service	UKHSA
National Poisons Information Service	Health Protection and Medical	UKHSA
Global Public Health (Health Protection)	Health Protection and Medical	UKHSA
Global Public Health (Health Improvement)	Health Protection and Medical	OHID
Medical and Public Health Professional Leadership and Practice	Health Protection and Medical	UKHSA
Nursing, Midwifery, AHP and Emergency Services Public Health Leadership	Nursing, Maternity and Early Years	OHID

Function name	Primary PHE directorate	Function destination
Maternity and Early Years	Nursing, Maternity and Early Years	OHID
Alcohol, Drugs, Tobacco and Inclusion health	Health Improvement	OHID
Diet, Obesity and Physical Activity	Health Improvement	OHID
Health Marketing and Behavioural Change	Health Marketing	OHID
Regional and Local Health and Wellbeing Advice and Support	Places and Regions	OHID
Dental public health	Health Improvement	OHID
Health Improvement Priority Programmes (including public mental health)	Health Improvement	OHID
Health and Justice	Health Improvement	UKHSA

Function name	Primary PHE directorate	Function destination
Blood safety, Hepatitis, Sexually Transmitted Infections Service (STIS) and HIV	National Infection Service	UKHSA
Sexual Health and HIV services	Health Improvement	OHID
National Screening Programmes	Health Improvement	OHID and NHSE/I
UK National Screening Committee	Health Improvement	OHID
Screening Quality Assurance	Health Improvement	NHSE/I
Regional and Local Screening and Immunisation Commissioning Support and Expert Advice (embedded in NHSE)	Places and Regions	NHSE/I
National Disease Registration	Health Improvement	NHSD
Science Hub Programme	Science Hub	UKHSA

Function name	Primary PHE directorate	Function destination
Research, Translation and Innovation (Health Improvement)	Health Improvement	OHID
Research, Translation and Innovation (Health Protection)	Health Improvement	UKHSA
Health Intelligence	Health Improvement	OHID
People services	People	UKHSA
Public Health Workforce	People	OHID
Health Economics and modelling	Strategy	OHID
Strategy	Strategy	UKHSA
Corporate Functions	Corporate Affairs	UKHSA
Regional and Sub Regional Health Care Public Health	Places and Regions	NHSE/I

Function name	Primary PHE directorate	Function destination
(HCPH)		
Internal and external communications	Communications	UKHSA
Business development	Finance and Commercial	UKHSA
Financial management and financial strategy and services	Finance and Commercial	UKHSA
Digital and Information Communication Technology (ICT)	Finance and Commercial	UKHSA
Procurement	Finance and Commercial	UKHSA
Estates and Facilities	Finance and Commercial	UKHSA
Data and Analytical Sciences	National Infection Service	UKHSA
National Healthcare Public Health	Health Protection and Medical	NHSE/I

Function name	Primary PHE directorate	Function destination
Quality, Clinical Governance and Safeguarding	Nursing, Maternity and Early Years	OHID
COVID-19 response	Pandemic response unit	UKHSA
Public Health Grant Assurance	Finance and Commercial	DHSC and OHID

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Meeting Title:	Governing Body (Open Session)	**Date:**	01 December 2021
Paper Title:	Highlight report from the (virtual) meeting of the CCG's Primary Care Commissioning Committee	**Paper Reference:**	**GB 21 102**
Chair of the meeting:	Eleri de Gilbert – Non Executive Director	**Attachments/ Appendices:**	

Summary Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Summary of the Meetings

The Primary Care Commissioning Committee (PCCC) met on the 20 October 2021 and 17 November 2021. Due to the current Coronavirus (Covid-19) situation, the meetings were held virtually.

At the October 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. There were no claims received in relation to Covid-19 additional expenses and this report was the final report against this fund. In terms of OPEL reporting the most prevalent status reported was level 2, amber.
- **RECEIVED** a report on Primary Care Network (PCN) development for quarter two. Practices will be invited to submit bids against the Additional Roles Reimbursement Scheme (ARRS) unclaimed fund pot.
- **RECEIVED** an update on Primary Care Estates developments. Funding has been secured from NHSE/I to progress a primary care estates strategy. PCN engagement will be a key feature in the development of the strategy which will commence early in 2022.
- **REVIEWED** the risk register and **NOTED** that two emerging risks are under discussion. The risks relate to the primary care workforce and potential disengagement by PCNs.

At the November meeting, the Committee:

- **RECEIVED** routine reports in relation to; Primary Care Contracting and OPEL reporting.
- **RECEIVED** information related to the successful bids against the Additional Roles Reimbursement Scheme (ARRS) unclaimed fund. 15 PCNs submitted bids. The value of the fund was £526k. In addition, the Committee were **INFORMED** of additional funding for PCNs to support leadership and management capacity. The funding will be in place from November 2021 to 31 March 2021.
- Papers shared with the Scrutiny Committees were provided for information. Members were informed that the City Scrutiny Committee had recorded their thanks to Nottingham City practices for their on-going work during this extended time of significant pressure.

Key messages for the Governing Body

The Committee:

- **APPROVED** the authorisation of Clinical Director uplift payments to support the Covid-19 vaccination programme as required by NHSE/I.
- **AGREED** to produce a set of indicators to address the issue raised by the Governing Body in relation to PCN variation, quality and value for money.
- **DISCUSSED** the NHSE/I publication – *Our plan for improving access for patients and supporting general practice* shortly after its publication in October 2021. In November 2021 the Committee **RECEIVED** the report on utilisation of the funds. Plans submitted are for a budget of £4.6 million for the CCG and offer a PCN and centralised hub model to improve availability and access for patients.
- **RECEIVED** the Quality report for quarter two. 95 practices are rated green, 25 are amber with no practices rated red. In terms of CQC ratings, 19 practices are rated outstanding, 98 good, one requires improvement and none are rated inadequate. Six practices are yet to be rated by the CQC.
- **RECEIVED** the annual patient survey report. The CCG response rate was 36%. The CCG surpasses the national average against 'Overall experience of the GP Practice'. 35 practices score 90% or above and the lowest practice is rated 55% in terms of experience. In order to improve patient experience further a focus is required in terms of telephony and online bookings/services.

The ratified minutes of the October 2021 meeting are available in the 'information items' section of the agenda.

The ratified minutes of the November 2021 meeting will be received by the Governing Body on the 02 February 2022.

Nottingham and Nottinghamshire Clinical Commissioning Group

Meeting Title:	Governing Body (public session)	**Date:**	01 December 2021
Paper Title:	Highlight report from the PPEC meeting held on 26 October 2021.	**Paper Reference:**	**GB 21 103**
Chair of the meeting:	Sue Clague	**Attachments/ Appendices:**	-

Summary Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • 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 met most recently on 26 October 2021. PPEC members have valued the attendance of Alex Ball representing the Executive Team.

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

- Working with people and communities as part of the ICS transition featuring a proposed framework and development of a co-production strategy.
- Community services transformation programme.
- Digital transformation.
- Covid update.

The next meeting will take place on 30 November 2021 and agenda items include:

- Children and Young People's Holistic Healthy Lifestyle Service providing details of the outcome of engagement
- ICS Transition; Working with people and communities
- Interpretation & Translation Services Update
- Elective Recovery Update

Key Messages for the Governing Body

The key messages that PPEC members agreed to share with the Governing Body from its meeting held on 26 October 2021 are:

1. PPEC members welcomed the progress made to date to develop a framework for working with people and communities as part of the ICS transition. It was noted that there was a significant amount of work to do to implement the framework and that supporting the establishment of robust arrangements at place and neighbourhood level are key to the successful implementation of the framework.
2. The development of a co-production strategy for implementation across the ICS was welcomed. PPEC members look forward to understanding more about the practical application of co-production and suggested this could be piloted using a patient pathway approach.
3. A presentation on the Community Transformation Programme provided PPEC members with details of the stakeholder engagement undertaken to date to agree high level principles that all partners can sign up to. PPEC members noted that citizen engagement would take place at neighbourhood level to facilitate co-production of community services that are responsive to health inequalities and

differing needs. PPEC members requested further detail regarding plans for citizen engagement in January 2022.

4. PPEC members welcomed the details shared regarding digital transformation across the ICS and highlighted the need for a single gateway to NHS digital applications to improve accessibility and data security.

The ratified minutes of Patient and Public Engagement Committee meetings held on 26 October 2021 and 30 November 2021 will be presented to the Governing Body on 02 February 2022.

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Meeting Title:	Governing Body (Open Session)	**Date:**	01 December 2021
Paper Title:	Finance and Resources Committee Highlight report – 27 October and 24 November 2021.	**Paper Reference:**	**GB 21 104**
Chair of the meeting:	Shaun Beebe – Non-Executive Director	**Attachments/ Appendices:**	None

Summary Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Summary of the Meeting

The Finance and Resources Committee (FRC) met on the 27 October and 24 November 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 report for month five at the October meeting, which showed a forecasted breakeven position for the remainder of the year. At the November meeting, the month six finance report was received. This showed that the CCG continued to report a year to date breakeven position, which reflected the actions taken to mitigate the issues caused by the changes to Elective Recovery Fund (ERF) thresholds.
- **AGREED** at the November meeting to convene a Finance and Resources Committee meeting in December 2021.
- **ENDORSED** the CCG element of system financial plan for the H2 period at the October meeting, which had been updated to reflect the published planning guidance. As expected the plan is largely based on H1 figures and cost budgets. At the November meeting the Committee **APPROVED** an updated version of the H2 Plan.
- **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.
- **CONSIDERED** risks specific to the Committee's remit and approved a number of risks to be added to the register.

Key Messages for the Governing Body
The Committee agreed to update the Governing Body on the following matters;- • The progress of the H2 Plans

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

The ratified minutes of the November 2021 meeting will be received by the Governing Body on 2 February 2022.

Nottingham and Nottinghamshire Clinical Commissioning Group

Meeting Title:	Governing Body (public session)	**Date:**	01 December 2021
Paper Title:	Finance Report Month Seven	**Paper Reference:**	**GB 21 105**
Sponsor:	Stuart Poynor, Chief Financial Officer	**Attachments/ Appendices:**	
Presenter:	Stuart Poynor, Chief Financial Officer		

Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Executive Summary

The CCG currently remains under a temporary financial regime due to the continuing COVID-19 situation which splits the financial year into two reporting periods H1, April to September and H2, October to March.

For this reporting period, the H2 financial plan remains as per the draft financial plan presented to, and approved by, the September committee. This draft plan is a £5.586 million deficit plan for the six months. A final H2 plan is due for submission to NHSE/I on 18 November which will reflect a breakeven plan. It should be noted that NHS EI have not required CCGs to report against any plan/budget for month seven, however, for internal reporting purposes CCG is reporting against the (approved) draft deficit plan. This draft plan will be superseded in month eight by the final, approved H2 plan.

The year to date month seven reported position is on plan against the combined H1 and draft H2 financial plan. In overall income and expenditure terms this represents a (planned) deficit of £0.931 million (i.e.1/6 of the H2 deficit plan of £5.586 million). In respect of non-ERF items, Continuing healthcare costs continue to be the main cost pressure for the CCG (£2.0 million overspend year to date). The H1 ERF pressure has reduced slightly within the month seven year to date position at a total of £2.8 million.

The above overspending areas are mitigated by the release of reserves and other non-recurrent measures as described in the month six finance report.

The forecast outturn for the year is breakeven in line with the reported H1 position plus the anticipated final H2 plan.

The CCG capital plan for the full year is £2.1 million, utilising the full Capital Resource Limit (CRL) notified by NHSE/I. At this point in the year no expenditure has been incurred yet, however, it is still forecast that the

full £2.1 million will be committed and incurred in this financial year.

The report was received and discussed at the Finance and Resources Committee at its meeting on 24 November.

Relevant CCG priorities/objectives:			
Compliance with Statutory Duties	☐	Wider system architecture development (e.g. ICP, PCN development)	☐
Financial Management	☒	Cultural and/or Organisational Development	☐
Performance Management	☐	Procurement and/or Contract Management	☐
Strategic Planning	☐		

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 ☐	No ☐	N/A ☒	Not required for this item.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this item.

Risk(s):

None identified.

Confidentiality:

☒No
☐Yes

Recommendation(s):

1. The Governing Body is asked to **NOTE** Finance Report


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Finance report
Month seven 2021/22
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- Introduction and executive summary
- CCG month 7 financial position
- ICS month 7 financial position
- Month 7 reporting risks and issues
- Month 7 Cash/BPPC/Debtors
- 2021/22 capital plan update
- 2021/22 H2 financial plan update
- Conclusions and recommendations
- Appendix 1 – month 7 OCS
- Appendix 2 – detailed vacancy factor monitoring
- Appendix 3 – QIPP

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 planning periods, H1 April to September and H2 October to March. NHS EI have advised that whilst these periods have been planned separately, the reporting for the financial year will be based on the entire period. As such, at month seven, the year to date position of month one through to month seven will be reported.
- For this reporting period, the H2 financial plan remains as per the draft financial plan presented to, and approved by, the September committee. This draft plan is a £5.586 million deficit plan for the six months. A final H2 plan is due for submission to NHS EI on 18 November and which will reflect a breakeven plan. It should be noted that NHS EI have not required CCGs to report against any plan/budget for months seven, however, for internal reporting purposes CCG is reporting against the (approved) draft deficit plan. This draft plan will be superseded in month eight by the final, approved H2 plan.
- The year to date month seven reported position is on plan against the combined H1 and draft H2 financial plan. In overall income and expenditure terms this represents a (planned) deficit of £0.931 million (i.e.1/6 of the H2 deficit plan of £5.586 million)
- Within this on plan position, there are in month pressures in the areas of CHC £0.280 million, prescribing £0.221 million and mental health (locked rehab and section 117 packages) £0.217 million. The pressures are mainly offset through non recurrent mitigations – namely through the application of reserves. There are also under spends on community contracts £0.095 million and elective recovery fund (ERF) related independent sector activity £0.101 million. On a year-to-date basis, the key pressure area continues to be CHC expenditure with a reported overspend of £2.028 million, together with the H1 ERF pressure of £3.080 million as reported in the month six finance report
- The forecast outturn for the year is breakeven in line with the reported H1 position plus the anticipated final H2 plan
- 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 has now slipped to month eight, assurance from NHSEI has been given that the full £1.1 million that relates to this scheme will be incurred by the end of the financial year

CCG month 7 financial position

The month 7 financial position is set out below (see appendix 1 for the full OCS):

21/22	Month 7 YTD Ledger			Off Ledger adjustments			
Programme Area	Budget £'000	Actual £'000	Variance £'000	Cum Surplus £'000	ERF £'000	HDP £'000	Total adjusted variance £'000
Acute	630,473	637,799	(7,326)		211		(7,115)
Community	102,936	103,003	(67)				(67)
Mental Health	118,047	118,361	(313)				(313)
Continuing Healthcare	70,079	72,107	(2,027)				(2,027)
Primary Care Co-Commissioning	97,059	93,722	3,337				3,337
Prescribing	93,560	93,564	(4)				(4)
Other Primary Care	22,669	20,925	1,744				1,744
Other Programme	50,809	52,174	(1,365)			1,845	480
Total Programme Costs	1,185,633	1,191,655	(6,022)	0	211	1,845	(3,966)
Running Costs	10,938	10,977	(39)				(39)
Contingency	0	0	0				0
Total prior to planned surplus/(deficit)	**1,196,572**	**1,202,632**	**(6,061)**	**0**	**211**	**1,845**	**(4,005)**
Planned Surplus/(Deficit)	10,032	0	10,032	(6,959)			3,073
Total reported position	**1,206,604**	**1,202,632**	**3,972**	**(6,959)**	**211**	**1,845**	**(931)**

Note, Positive variance is favourable, negative variance is adverse

The off ledger adjustments are required as follows:

- Cumulative surplus – in month seven the prior year cumulative surplus has been returned to the CCG so this has been backed out so that the above table shows the in year position
- ERF – an additional allocation is awaited for this
- HDP - an additional allocation as waited for this also

- The CCG is reporting a £0.931 million deficit for month seven in line with the **draft H2 plan** approved by the finance and resources committee in September.
- It is anticipated that this will be adjusted once the final H2 plan is submitted to NHS EI. The final plan is a breakeven plan. The key items to move the plan to breakeven are an increased efficiency requirement.
- The **forecast outturn for the year is breakeven** in line with the reported H1 position plus the anticipated final H2 plan

CCG month 7 financial position continued

Elective Recovery Fund - Latest Performance

- The plan 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.
- The net impact of which is £0.53 million favourable movement in the CCG ERF position at month seven (at month 6 £0.1 million)
- The draft H2 CCG plan makes no assumption for ERF income within H2 and has budgeted for independent sector activity based upon expected underlying IS activity levels.

ERF Income - CCG	Month 4	Month 5	Month 6	Month 7	Variance M7 to M6
	£m	£m	£m	£m	£m
Income change	-£5.95	-£5.81	-£5.57	-£5.14	£0.43
Cost Reduction	£4.76	£4.39	£4.25	£4.34	£0.09
Net Impact	**-£1.19**	**-£1.42**	**-£1.33**	**-£0.79**	**£0.53**
Threshold Change	-£1.20	-£1.20	-£1.20	-£1.20	£0.00
CCG Cost Pressure	**-£0.49**	**-£0.72**	**-£0.62**	**-£0.09**	**£0.53**
Baseline Change Impac	-1.50	-1.50	-1.50	-1.50	0.00

CCG month 7 position continued

Key variances to plan at month 7:

- Continuing healthcare package costs remain the main pressure for the CCG. The year to date month seven position has deteriorated by £0.280 million in month to give a year-to-date pressure against plan of £2.028 million. This is due to both volume (new CHC patients) and price pressures on the packages
- Prescribing/oxygen costs are marginally over plan on a year-to-date basis at £0.005 million over budget. The in month position is a £0.221 million overspend. The year to date position includes a £0.359 million non recurrent release from the accrued 2020/21 year end position.
- No ERF related income or expenditure is assumed in the approved month seven plan. The year to date ERF pressure reported in month six of £3.081 million has reduced to £2.790 million in month seven due to an underspend on ERF related activity in the acute independent sector.
- Local Covid costs are on plan
- Covid Vaccination Programme expenditure on dealing with inequalities is included in the month seven 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 £3.337 million below plan year to date.
- In addition to the primary care underspend, there are in month underspends on community contracts £0.095 million and acute independent sector activity (as noted above) £0.101 million. On a year to date basis, these underspending areas represent the main sources of mitigation that offset the financial pressures facing the CCG

ICS financial position (based on month 6)

Year to date Position

- At the end of September, the ICS is reporting an adverse variance of £7.5m against the H1 plan.
- The key driver of the adverse position is the impact of elective recovery in Q2 following the change in ERF thresholds.
- The threshold change has led directly to a £13.4m loss of income. This has been mitigated in part through reduced costs of delivering elective recovery with a residual £7.5m adverse variance.
- The two upper tier local authorities are forecasting a £6.8m overspend against adults and childrens social care budgets - £2.9m county council, £3.9m city council.

	YTD Variance £m's			FOT Variance £m's		
I&E	Plan	Acts	Variance	Plan	Actuals	Variance
NUH	-1.0	-6.5	**-5.5**	-1.0	-6.5	**-5.5**
SFH	0.0	-1.9	**-1.9**	0.0	-1.9	**-1.9**
NHT	1.0	1.0	**0.0**	1.0	1.0	**0.0**
CCG	0.0	0.0	**0.0**	0.0	0.0	**0.0**
TOTAL	**0.0**	**-7.4**	**-7.4**	**0.0**	**-7.4**	**-7.4**

H2 Planning

- Plans continue to be developed for H2. At the time of writing the ICS expects to submit a balanced H2 plan including making good of the £7.5m H1 deficit.
- The plan assumes £17.2m of ERF income based on expected elective performance. This is £6.6m lower than H1. A further £16.2m of elective recovery support has been provided by NHSE/I, recognising the gap between elective costs and the income via the ERF framework.
- However, there are significant risks in the delivery of the plan notably the impact of emergency activity over winter, lack of workforce availability and an increased efficiency requirement into H2.
- As central guidance for 2022/23 emerges the ICS has renewed its focus on the underlying position. The ambition remains to maintain an exit run rate from 2021/22 of an £85.7m deficit with a trajectory towards break even over a 3 year period.

Month 7 reporting risks, issues and forecast

Risks/issues

The key issue is that the plan for H2/month seven is based on the draft financial plan which is likely to change once the H2 financial plan has been finalised and approved by NHS EI. It should be noted that the final H2 plan will include a materially higher efficiency target than the draft plan of which a proportion will require work up and identification during the remainder of the financial year

In addition to the above, the key financial risk is:

- Assumptions regarding receipt of anticipated allocations in regards to ERF, national Covid, national vaccinations
- These risks are fully mitigated by the use of reserves, balance sheet measures and assumed allocations

Forecast

- The overall forecast for the financial year is an income and expenditure break even position in line with the anticipated breakeven H2 financial plan together with the H1 reported breakeven position

Month 7: Cash, BPPC and Debtors

Cash

- Month 7 cash position is a closing cash balance of £1.1m against a maximum target balance of £2.1m

BPPC

- Based on the thirty-day compliance, the month 7 BPPC statistics are showing compliance above the 95% for value and volume.

Volume / Value invoices paid within 30 days	Cumlative Quantity/ Value	OCT-21		Non NHS		NHS		TOTAL	
		Quantity/ Value	Quantity/ Value Fails	OCT-21	Cumulative	OCT-21	Cumulative	OCT-21	Cumulative
Volume	22,793	3,066	20	99.36%	95.85%	98.89%	98.22%	99.35%	95.90%
Value	£1,096,071,969	£164,972,967	£244,960	99.58%	97.78%	99.93%	99.96%	99.85%	99.32%

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	12	£109,356	21	£874,802	2	£69,023	29	£156,633	64	£1,209,815
NHS	10	£298,352	3	£5,196	2	£16,356	5	£36,872	20	£356,777

The key debts noted in table are:

- Non NHS – CHC recharges with 12 care homes £121k; Nottinghamshire County Council £440k; Nottingham City Council £436k of which £423k relates to prescribing; Prescribing recharges £168k; £60k other.
- NHS – Recharges with 1 NHS FT £24k; Recharges with 1 NHS Trust £1k; Recharges with 8 CCGs £319k; Recharges with 1 CSU £13k.
- 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. The capital grant agreement still remains unsigned at this point, but the regional housing lead at NHS EI is expecting this to be signed during November and that the £1.103 million will be spent by the end of this financial year.

Scheme	Annual Plan	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Mansfield Supported Living (LD Premises Grant)	1103					375	108.5				619.5		
GP Premises grants	600							25	50	50	100	175	200
GPIT	306							102	102	102			
Grants to support estates rationalisation	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	Annual Forecast	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Mansfield Supported Living (LD Premises Grant)	1103	0	0	0	0	0	0	0	483.5	0	619.5	0	0
GP Premises grants	600	0	0	0	0	0	0	0	50	50	100	175	225
GPIT	306	0	0	0	0	0	0	0	102	102	102	0	0
Grants to support estates rationalisation	126	0	0	0	0	0	0	0	0	0	50	50	26
Total	2135	0	0	0	0	0	0	0	635.5	152	871.5	225	251
Variance £000 Under / (Over) Plan													
Scheme	Annual Variance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Mansfield Supported Living (LD Premises Grant)	0	0	0	0	0	375	108.5	0	-483.5	0	0	0	0
GP Premises grants	0	0	0	0	0	0	0	25	0	0	0	0	-25
GPIT	0	0	0	0	0	0	0	102	0	0	-102	0	0
Grants to support estates rationalisation	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	375	108.5	127	-483.5	0	-102	0	-25

CCG 2021/22 H2 financial plan update

In line with national planning timescales, the CCG has prepared a final H2 financial plan. As noted in the executive summary, this financial plan is a breakeven plan which is an improved position on the draft plan approved by the committee in September that was a £5.586 million deficit plan for the six month period.

The key movement to take the CCG from the draft deficit plan to a breakeven plan is an increased efficiency requirement. The total efficiency requirement now sits at £10.4 million.

Inherent in the plan are a number of risks. These are primarily, the efficiency requirement of £10.4 million (of which £3.4 million is unidentified at this stage), costs with regard to the NUHT maternity review £1.1 million and the system-wide risk resulting from the Covid vaccination programme costs £1.5 million. These risks are mitigated with further work being undertaken to identify additional efficiencies, and additional funding being sought from NHSEI.

The H2 plan is summarised here, and **the committee is asked to formally approve the H2 plan and associated budgets.**

Item	H2 Plan Total £000	Memorandum: Efficiencies £000
Expenditure		
Acute Services	£521,735	£0
Community Services	£88,447	£647
Mental Health Services	£102,616	£0
Primary Care Contracting	£81,782	£0
Prescribing	£80,491	£500
Other primary care	£17,595	£183
Continuing care/FNC	£62,031	£1,442
Other Contracts	£25,469	£0
Corporate Non-Running Costs	£10,218	£379
Programme Reserves	£7,507	£6,582
Running Costs	£8,827	£719
Total expenditure	**£1,006,718**	**£10,452**
Total allocations	**£1,006,718**	
Surplus/(deficit)	**£0**	

NB. programme reserves are SDF investment reserves and system capacity reserve, net of non-recurrent efficiency requirement

Conclusion and recommendations

- The CCG is reporting an on plan position against the combined H1 and draft H2 year-to-date financial plan
- In income and expenditure terms this is a £0.931 million deficit as a result of the draft month seven financial plan
- The final H2 financial plan will be breakeven, with an increased efficiency requirement, once approved by NHS EI – this will inform month eight reporting
- The CCG is reporting ERF financial pressures of £3.1 million (i.e. the year to date month six ERF position)
- Non-ERF financial pressures are mainly within CHC expenditure, with a year to date overspend of £2.028 million
- These pressures are fully mitigated by the use of reserves and non-recurrent balance sheet measures
- The CCG capital plan remains at £2.1 million and at this stage of the year is forecast to be fully committed

The Finance and Resources Committee is recommended to:

- Note the financial position for the reporting period
- Approve the finance report for onward submission to the Governing Body
- Approve the final H2 financial plan

Appendix 1

Operating Cost Statement: M7

NOTTINGHAM & NOTTINGHAMSHIRE CCG	MONTHS 7-12 YEAR TO DATE			YEAR TO DATE		
	Draft H2 plan £m	Actual £m	Variance £m	H1 plus draft H2 Plan £m	Actual £m	Variance £m
Acute Services						
Nottingham University Hospitals	58.44	58.44	0.00	372.83	372.83	0.00
Nottingham University Hospitals - Treatment Centre	0.00	0.00	0.00	0.00	0.00	0.00
Nottingham University Hospitals - Non Core	0.00	(0.00)	0.00	26.22	26.22	(0.00)
Sherwood Forest Hospitals	27.64	27.64	0.00	176.42	176.42	0.00
Sherwood Forest Hospitals - Non Core	0.00	0.00	(0.00)	7.32	7.33	(0.01)
East Midlands Ambulance Service	3.77	3.77	0.00	24.05	24.05	0.00
University Hospitals Of Derby And Burton	0.63	0.63	0.00	4.01	4.01	(0.00)
United Lincolnshire Hospitals	0.51	0.51	0.00	3.23	3.23	0.00
Doncaster & Bassetlaw	0.33	0.33	0.00	2.12	2.12	0.00
University Hospitals Leicester	0.19	0.19	0.00	1.22	1.22	0.00
Sheffield Teaching	0.12	0.12	(0.00)	0.77	0.77	CHC yes that's
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	0.17	0.19	(0.01)	0.93	1.21	(0.28)
Ramsay Woodthorpe	1.05	0.88	0.17	8.50	7.05	1.46
BMI Healthcare	0.62	0.42	0.20	5.91	4.05	1.86
Barlborough	0.05	0.03	0.02	0.55	0.36	0.20
Spire	0.16	0.24	(0.08)	2.33	1.17	1.15
Other Non NHS - Acute	0.06	0.07	(0.02)	0.32	0.35	(0.03)
Cancer Monies	0.02	0.01	0.01	3.27	3.27	(0.00)
Diabetes Projects	0.00	0.00	0.00	0.39	0.39	0.00
Resilience	0.00	0.00	(0.00)	0.00	0.00	(0.00)
Urgent Care Centres	0.27	0.25	0.03	1.70	1.74	(0.04)
Acute Investment QIPP	0.00	0.00	0.00	0.00	0.00	0.00
Activity - Other	0.00	0.00	0.00	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	0.00	0.00	0.00	(11.65)	0.00	(11.65)
Acute - CCG Coding Change Adjustments	0.00	0.00	0.00	0.00	0.00	0.00
Total Acute Services	**94.03**	**93.71**	**0.32**	**630.47**	**637.80**	**(7.33)**
Community Services						
Nottinghamshire Healthcare - General Health	9.08	9.08	0.00	58.00	58.00	0.00
Sherwood Forest Hospitals	0.97	0.97	(0.00)	6.22	6.22	(0.00)
Sherwood Forest Hospitals - Activity Reserve / QIPP / FRP	0.00	0.00	0.00	0.00	0.00	0.00
Other NHS - Community	0.31	0.28	0.02	1.97	1.94	0.02
Other Non NHS - Community	2.58	1.95	0.63	33.11	32.25	0.86
End of Life	2.81	2.78	0.03	3.70	3.67	0.03
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	0.15	0.16	(0.01)	0.70	0.93	(0.23)
Community - Balancing Adjustments to NHSE/I Model	(0.11)	0.00	(0.11)	(0.76)	0.00	(0.76)
Community - CCG Coding Change Adjustments	0.00	0.00	0.00	0.00	0.00	0.00
Total Community Services	**15.79**	**15.22**	**0.56**	**102.94**	**103.00**	**(0.07)**
Mental Health Services						
Nottinghamshire Healthcare - Mental Health	13.23	13.23	0.00	82.31	82.31	0.00
Other NHS - Mental Health	0.08	0.08	0.00	0.51	0.51	0.00
Other Non NHS - Mental Health	1.58	1.61	(0.03)	11.05	11.29	(0.24)
S117 Placements	2.53	2.72	(0.19)	17.72	17.83	(0.11)
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	0.00	0.00	0.00	0.01	(0.02)	0.04
Mental Health - Balancing Adjustments to NHSE/I Model	0.00	0.00	0.00	6.44	6.44	0.00
Mental Health - CCG Coding Change Adjustments	0.00	0.00	0.00	0.00	0.00	0.00
Total Mental Health Services	**17.42**	**17.64**	**(0.22)**	**118.05**	**118.36**	**(0.31)**
Primary Care Services						
Primary Care Contracting	14.73	14.22	0.51	97.06	93.72	3.34
Primary Care Contracting - Balancing Adjustments to NHSE/I Model	0.00	0.00	0.00	0.00	0.00	0.00
Prescribing	13.42	13.64	(0.22)	93.56	93.56	(0.00)
Prescribing - QIPP	0.00	0.00	0.00	0.00	0.00	0.00
Medicine Management - Clinical	0.28	0.26	0.02	1.95	1.75	0.20
CCG Pathways	0.00	0.00	0.00	0.00	0.00	0.00
EH - Primary Care	0.00	0.03	(0.03)	0.16	0.19	(0.03)
PC Transformation	0.39	0.39	(0.00)	4.63	3.52	1.11
Enhanced Services	0.86	0.86	0.00	6.05	5.74	0.32
Practice Transformation fund	0.00	0.00	0.00	0.00	0.00	0.00
GPIT	0.08	0.08	(0.01)	0.61	0.59	0.02
Out of Hours	1.11	0.96	0.15	6.72	6.67	0.05
Primary Care - Other	0.04	0.04	0.01	0.31	0.26	0.05
Primary Care - COVID	0.01	0.01	0.00	2.24	2.21	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	**30.91**	**30.48**	**0.43**	**213.29**	**208.21**	**5.08**

Other Healthcare							
	Continuing Care & Free Nursing Care	8.99	9.26	(0.27)	60.88	62.96	(2.08)
	City Care CHC Assessment	0.23	0.22	0.01	1.58	1.53	0.05
	Continuing Care - COVID	1.12	1.12	0.00	7.62	7.62	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		**10.33**	**10.60**	**(0.26)**	**70.08**	**72.11**	**(2.03)**
TOTAL PROGRAMME HEALTHCARE COSTS		**168.49**	**167.65**	**0.83**	**1,134.82**	**1,139.48**	**(4.66)**
Other Contracts							
	Other Non-NHS Services	0.05	0.05	0.00	0.43	0.43	0.00
	Patient Transport	0.61	0.55	0.06	4.35	4.22	0.13
	Other Non-NHS Services - 111	0.49	0.41	0.08	3.27	3.27	(0.00)
	HDP - COVID	4.13	1.84	2.29	6.92	8.76	(1.84)
	Social Care	3.01	3.01	0.00	21.07	21.07	0.00
	Other - COVID	0.09	0.09	0.01	0.65	0.50	0.15
	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		**8.38**	**5.95**	**2.43**	**36.70**	**38.26**	**(1.56)**
Corporate Non-Running Costs							
	Corporate - Estates	1.07	1.07	0.00	9.02	8.77	0.24
	Corporate Costs - Chief Officer	0.11	0.09	0.01	0.75	0.66	0.09
	Corporate Costs - Chief Commissioning Officer	0.18	0.18	0.00	1.35	1.39	(0.04)
	Corporate Costs - Chief Finance Officer	0.00	0.00	0.00	0.00	0.00	0.00
	Corporate Costs - ICS	0.39	0.22	0.17	2.94	1.64	1.30
	Corporate Costs - ICS - Income	(0.39)	(0.22)	(0.17)	(1.99)	(0.70)	(1.30)
	Corporate Costs - Chief Nurse	0.34	0.37	(0.03)	2.40	2.57	(0.18)
	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	0.08	0.00	0.07	0.09	0.09	(0.00)
	Depreciation, provisions & technical adjustments	0.00	0.00	0.00	0.00	(0.51)	0.51
Total Corporate Non-Running Costs		**1.78**	**1.72**	**0.06**	**14.55**	**13.91**	**0.63**
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	0.00	0.00	0.00	(0.44)	0.00	(0.44)
	Other Reserves - CCG Coding Change Adjustments	0.00	0.00	0.00	0.00	0.00	0.00
Total Programme Reserves		**0.00**	**0.00**	**0.00**	**(0.44)**	**0.00**	**(0.44)**
TOTAL PROGRAMME NON- HEALTHCARE COSTS		**10.15**	**7.66**	**2.49**	**50.81**	**52.17**	**(1.37)**
TOTAL NET OPERATING EXPENDITURE - PROGRAMME		**178.64**	**175.32**	**3.33**	**1,185.63**	**1,191.66**	**(6.02)**
Planned Surplus		0.06	0.00	0.06	10.03	0.00	10.03
TOTAL AVAILABLE RESOURCE - PROGRAMME		**178.71**	**175.32**	**3.39**	**1,195.67**	**1,191.66**	**4.01**
Running Costs							
	Running Costs	0.00	0.00	0.00	0.00	0.00	0.00
	Running Costs - Chief Officer	0.13	0.11	0.02	0.90	0.85	0.05
	Running Costs - Chief Finance Officer	0.45	0.44	0.02	3.20	3.12	0.08
	Running Costs - Chief Commissioning Officer	0.48	0.49	(0.01)	3.49	3.58	(0.09)
	Running Costs - Chief Nurse	0.11	0.15	(0.04)	0.78	0.83	(0.05)
	Running Costs - Special Projects	0.09	0.06	0.04	0.71	0.67	0.04
	Running Costs - Communications	0.05	0.05	(0.00)	0.33	0.35	(0.02)
	Running Costs - Estates	0.16	0.16	(0.00)	1.53	1.57	(0.04)
	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		**1.47**	**1.45**	**0.02**	**10.94**	**10.98**	**(0.04)**
TOTAL		**180.18**	**176.77**	**3.41**	**1,206.60**	**1,202.63**	**3.97**
Position (less planned surplus)				**3.35**			**(6.06)**

Appendix 2 – Vacancy Factor achievement at month 7

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
Programme					
CHC Assessment Team	628	597	31	(61)	(30)
ICS Staff	221	172	49	0	49
Meds Management Team	2,201	1,796	405	(213)	191
GP IT Team	127	125	2	0	2
Chief Commissioning Officer	1,387	1,263	124	(130)	(6)
Chief Nurse	2,398	2,300	97	(229)	(132)
Chief Officer	831	657	173	(83)	91
Running Costs					
Estates	176	169	7	(17)	(10)
Chief Finance Officer	2,809	2,343	466	(276)	190
Chief Commissioning Officer	3,549	3,369	180	(335)	(155)
Chief Nurse	782	712	70	(76)	(6)
Chief Officer	583	485	98	(58)	40
Comms Team	360	333	27	(35)	(8)
Special Projects Team	476	416	60	(41)	20
Grand Total	**16,527**	**14,737**	**1,790**	**(1,555)**	**235**

The table shows that at the end of M7 the CCG is meeting the vacancy factor in full and in fact is £235,000 (15.10%) to the good

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Appendix 3 – CCG efficiency

2021/22 H2 Plan - Efficiency		
	H2	Delivery Risk Rating
21/22 Target	10.45	
Transacted:		
CHC	1.39	G
Corporate VF	1.33	G
Prescribing	0.50	G
Community	0.65	G
Primary Care		
Identified Non-recurrent Opportunities	3.20	G
Unidentified Non-recurrent Opportunities*	3.38	A
	10.45	

- The table provides an update of the current CCG QIPP plans for 2021/22 H2 which are currently being developed, and monitored through the Financial Savings Group of the CCG.
- *The unidentified non-recurrent plans reflect the balance of assessed recurrently delivered non-recurrent savings each year that have yet to be identified to a specific source. These savings are normally delivered through budget reviews, slippage against commitments, and unutilised accruals.
- Due to the basis of allocation for H2, the corporate vacancy factor has been maintained at the H1 levels of 10%. The CCG has reviewed **its controls in this area to support delivery, and is current over delivering by £235k.**
- The current over performance in the CHC position is not due to CHC under delivery of QIPP. The QIPP delivery is providing increased mitigation preventing an increased overspend.

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NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	**Date:**	01 December 2021
Paper Title:	Highlight Report from the meeting of the CCG's Quality and Performance Committee	**Paper Reference:**	**GB 21 106**
Chair of the meeting:	Eleri de Gilbert, Non-Executive Director	**Attachments/ Appendices:**	None

Summary Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Summary of the Meetings

The Quality and Performance Committee met on the 28 October and 25 November 2021. Due to the current Coronavirus (Covid-19) situation, the meetings were held virtually.

At its October meeting the Committee:

- Undertook a deep dive review on Nottinghamshire Healthcare NHS Foundation Trust (NHT), Community Service restoration and recovery and Community Service transformation.
- The Committee **RECEIVED** and noted the update on Community Services recovery and restoration. This focused on the performance of the two main providers, NHT and CityCare alongside independent providers of specialist services. There will be a further discussion in January/February 2022 in respect of Community Services outcome measures.
- The Committee **RECEIVED** an update on Community Services transformation and the development of the programme vision statements. The importance of the role of Patient and Public Engagement Committee (PPEC) and citizen engagement was stressed in co-production of the programme as was the need to pilot services in Primary Care Network's (PCN's) where the most vulnerable service users reside.
- **RECEIVED** a report on the Patient Safety Specialist (PSS) role. The role was identified as part of the NHS Patient Safety Strategy NHS England in 2019. The intention is to provide opportunities to build local patient safety knowledge and improvement expertise, especially as patient safety networks develop at ICS, regional and national levels. The PSS role for the CCG is currently a tripartite arrangement between the Assistant Director of Quality, Associate Chief Pharmacist, and a representative from the Clinical Design Authority (CDA).
- **NOTED** that the risk related to East Midlands Ambulance Service (EMAS) has increased to a score of 12 as a result of current pressures.

At its November meeting the Committee:

- **RECEIVED** the routine Integrated Performance Report and Quarter two Nursing and Quality report. The reports articulated the extraordinary pressures being seen across the system. Significant pressure is evident in respect of elective activity, Cancer performance, urgent care and mental health services. The report included the H2 system plan to deliver waiting list recovery.
- **NOTED** the external review of Quality Assurance undertaken by Grant Thornton will be presented to the Committee in January 2022. Some initial findings were shared with the committee which

confirmed that on the whole, quality assurance processes are now good, with confirmation that the committee is working effectively. The findings of the review will be taken on board when designing new system Quality assurance processes.

- **RECEIVED** the quarterly report on Patient and Public engagement. Nottingham and Nottinghamshire ICB has been awarded additional funding to establish a citizens panel which will become a key route for engagement from April 2022. In addition the example of citizen engagement in influencing the Dementia strategy was shared as a recent example of proactive engagement.

Key messages for the Governing Body:

- Following review of a comprehensive suite of papers the Committee **AGREED** to maintain the NHT risk score at 16. Although there have been some significant improvements and an open and transparent relationship has been established, the risk score reflects the scale of the work ahead and the need for further assurance that improvements are embedded.
- **RECEIVED** a presentation on quality assurance and improvement arrangements within the new system. The presentation set out the shared system approach to quality and system quality principles. This will require working in different ways at system, Place and PCN level. The importance of consistency in quality measures at place level was stressed, as was clarification of the role of Non-Executive Directors at place level and the role of NHSE/I from April 2022. A readiness to operate statement will be produced in early 2022 as part of the wider ICS transition programme arrangements, followed by a more detailed quality strategy.
- **RECEIVED** a presentation on planning for pressures and winter through a quality lens. System partners held a listening event to focus on planning for winter and agreed four principles. As a result, four working groups have been established with the following focus; Risks, Threshold and Triggers, Front door (managing demand), back door (discharge and flow) and Workforce. The discussion highlighted significant system pressures, which is having a sustained impact on the workforce. The response requires a long term plan; the need for open honest communication and for risks and proposed mitigations to be clearly understood and communicated.
- **APPROVED** the Infection Prevention and control Annual report 2020/21. The Committee commended the work of the team and expressed their sincere thanks to all members of the team for their sustained effort during the Covid-19 pandemic.
- In both October and November 2021 the Committee **RECEIVED** updates in relation to NUH maternity services and NUH wider performance. In October 2021 the Committee expressed significant concern with respect to the pace of improvements in maternity services. The November report indicated that there are some signs of improvement but considerable workload pressures remain and the committee remained concerned around scale and pace of change required. The independent thematic review of NUH maternity services has commenced. Phase one will conclude in February 2022 with key learning points shared as the review progresses. In October, the Committee were informed that a NUH Quality and Assurance oversight group jointly chaired by the CCG and NHSE/I has been established. It is expected that the NUH improvement plan will be agreed by NUH by 26 November 2021 and **RECEIVED** by the Quality and Performance Committee in January 2022.
- **APPROVED** the addition of two risks to the risk register, RR 171 in respect of public confidence in health services (this risk is also included in the PCCC risk register) and risk RR 174 (emergency response to a mass casualty event). The narrative of this risk will be revisited following a major incident planning event taking place in December 2021.

The ratified minutes of the October 2021 meeting are available in the 'Information Items' section of the agenda.

The ratified minutes of the November 2021 meeting will be received by the Governing Body on 02 February 2022.

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)		01 December 2021
Paper Title:	Nursing & Quality Quarter 2 (2021/2022) Report	**Paper Reference:**	**GB 21 107**
Sponsor:	Rosa Waddingham – Chief Nurse	**Attachments/ Appendices:**	
Presenter:	Danni Burnett – Deputy Chief Nurse		

Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Executive Summary

This Quarter 2 (2021/2022) report provides assurance in relation to the activity of the CCG's Quality Team and its statutory duties in addition to highlighting the main quality and safety issues of individual providers and the impact this is having on the wider system.

Delays in access to care and discharge between settings has been highlighted as a system-wide area for focus, this is evidenced through incident reporting and backlogs, workforce pressures and resilience, increasing demands in the urgent care and home care sector.

During this reporting period Care Quality Commission inspection reports have been published in relation to Nottingham University Hospitals Trust NHS Trust (NUH). The report concludes that NUH 'requires improvement' generating a focused quality improvement plan to address quality concerns. The CCG Quality, Commissioning and Contracting Teams are working closely with NUH to monitor and support.

Working with the Local Authority the CCG Care Homes and Home Care Team are supporting several providers to address both quality and workforce challenges, this includes outbreak management.

CCG CORE FUNCTIONS

During Quarter 2 (Q2) the CCG Nursing & Quality Team has been:

- Actively working with partners to support the Asylum Seeker & Afghanistan Resettlement Programme ensuring that people have access to the appropriate health care services
- Progressing the necessary steps to prepare for the implementation of the Liberty Protection Safeguards (LPS)
- Continuing to highlight the challenges that providers are facing in relation to the impact of COVID-19 on waiting times for Initial Health Assessments and the need for the whole system to contribute to a solution as it is not solely an issue health can resolve on its own
- Working with commissioners on complex Court of Protection (CoP) cases taking the learning from the cases to improve the outcomes for our patients especially those living in the community with complex care packages.

TRANSFORMATION AND OVERSIGHT

During Q2 the CCG Nursing & Quality Team has:

- Maintained oversight against the Ockenden Report Recommendations developing an oversight framework to ensure appropriate visibility with an increased focus on maternity safety and quality surveillance
- Continued to coordinate the maternity element of the COVID-19 vaccination programme, extending to all pregnant women. A working group has been established and vaccinations are taking place at antenatal clinics across both provider trusts
- Developed a Local Maternity and Neonatal System (LMNS) Perinatal Outcomes Dashboard. To date 25 indicators have been built bringing together both local and national level data, these will continue to be developed
- Revised and agreed trajectories with NHS England and NHS Improvement (NHSE/I) for all adult Learning Disability Inpatients for March 2022
- Commenced 'Escalation and Executive Oversight' developing a system-led action plan to improve inpatient performance: Learning, Disability and Autism (LDA) Exec Board members have oversight with monthly extraordinary meetings
- Monitored Annual Health Checks (AHC) performance. Quarter 2 is below the target of 953 health checks by 179 checks. Low Q2 performance is not unusual (Q2 performance in 2020/21 was 130 health checks short but the end of year trajectory was met), usually AHC performance peaks in Q4. However, a focused system effort has been instigated to increase performance to achieve higher trajectories for this year
- Developed a Review Team offer to support the implementation of the Learning Disability Mortality Reviews (LeDeR) System Strategy. The new LeDeR strategy is to be reviewed to ensure alignment between Nottingham & Nottinghamshire and Bassetlaw CCG. Work-stream meetings are ensuring alignment with GP annual health checks and medicines management to ensure that primary care systems are targeting prevalent morbidities.

During this reporting period NHS England and NHS Improvement (NHSE/I) have set a national priority in the NHS response to the Norfolk Safeguarding Adults Review (SAR) concerning the deaths of three patients at Cawston Park Hospital. The priority is that all children and young people and adults with a learning disability and/or who are autistic who are currently in an NHS or independent mental health, learning disability or autism inpatient setting (including those on section 17 leave) must undergo a thorough review of their care and support needs by the end of January 2022. The CCG is responsible for carrying out the reviews for those individuals that we fund and the IMPACT NHS provider collaborative will undertake the reviews for those in low and medium secure services. All these reviews have now been booked and we will report the progress to NHSE/I on weekly basis.

The report was received by the Quality and Performance Committee at its November meeting.

Relevant CCG priorities/objectives:			
Compliance with Statutory Duties	☒	Wider system architecture development (e.g. ICP, PCN development)	☐
Financial Management	☐	Cultural and/or Organisational Development	☒
Performance Management	☒	Procurement and/or Contract Management	☐
Strategic Planning	☒		

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 ☐	No ☐	N/A ☒	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.
Confidentiality:				
☐No				
☒Yes				
☐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. To **NOTE** the Nursing & Quality Quarter 2 (2021/2022) Report				

NOTTINGHAM AND NOTTINGHAMSHIRE CCG

NURSING & QUALITY REPORT

Quarter 2 2021/2022

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EXECUTIVE SUMMARY

During Quarter 2 the CCG Nursing & Quality Team have been focusing on strengthening relationships with key stakeholders across health and care drawing together the data and intelligence from across the system and creating one system narrative.

This quarterly report demonstrates the breadth and reach of the team across all system partners evidencing the work not only with the large NHS providers but also across voluntary organisations, local authorities, provider collaboratives, and statutory boards partnership boards.

Delays in access to care and discharge between settings has been highlighted as system-wide area for focus, this is evidenced through incident reporting and backlogs, workforce pressures and resilience, increasing demands in the urgent care and home care sector.

Across Nottingham and Nottinghamshire the CCG there are 7 providers where Enhanced Surveillance is in place: Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare Trust FT (ongoing programme of improvement), Mediscan Non-Obstetric Ultrasound (contract suspension and quality concerns), 3 primary care medical services, and 4 care homes.

During this reporting period CQC inspection reports have been published in relation to Nottingham University Hospitals Trust NHS Trust (NUH). The report concluded that NUH were assessed as ‘requires improvement’ generating a focused quality improvement plan to address quality concerns. The CCG Quality, Commissioning and Contracting Teams are working closely with NUH to monitor and support.

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PART ONE: SYSTEM CHALLENGES & REPORTING

DELAYS IN ACCESS TO CARE AND DISCHARGE/HANDOVER BETWEEN SETTINGS

Delays in access to emergency care continued during Quarter 2 (Q2) and considerable challenges are anticipated during Q3/Q4. The large NHS providers (NUH/SFH/NHT) are working with system partners across health and care to identify effective escalation processes and to understand the impact on patients and citizens. System partners are working collectively around this issue and there are examples such as East Midlands Ambulance Service (EMAS) where reviews are being undertaken to understand and monitor harms. Additional peer support and intelligence has been identified via the ICS Planned Care Board and associated subgroups (elective/outpatients' transformation; cancer; diagnostics) to ensure oversight of elective waiting lists recognising that the experience of care is equally an essential focus point.

QUARTER 3 (2021/2022) FOCUS

ACTION: ICS Patient Safety Specialist Steering Group (PSSSG) to continue to work with the ICS Planned Care Board and ICS Clinical Executive Group to triangulate and build intelligence around harms associated with delays

NOTTINGHAM & NOTTINGHAMSHIRE ICS COVID-19 DISCHARGE ESCALATION STANDARD OPERATING PROCEDURE

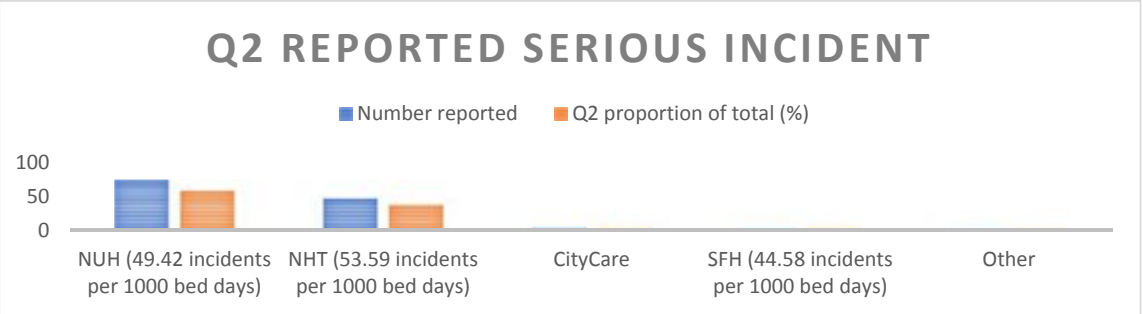
As a system we need a safe risk-based process to enact during periods of excessive demand that will support with timely discharge of patients. Work is underway to develop a Standard Operating Procedure (SOP) which creates a consistent approach across the system. The SOP intends to support safe and timely discharge that requires a system approach to decision making in times of excess demand when normal routes are no longer effective and deviation from national guidance may be required. This does not replace the standard discharge processes that currently exist, and these should continue to be followed outside of OPEL 4 (*Operational Pressures Escalation Levels*) reporting and excessive pressures.

SERIOUS INCIDENTS (SI)

Reviews & Backlogs: Providers have been significantly impacted by delays in the SI process across all specialities, from identifying panels to submitting reports and action plans. The acknowledged timeframe for submission of reports is 60 working days, this timeframe was paused during COVID and remains paused.

The CCG are working proactively with provider partners to accommodate unavoidable delays whilst continuing to advocate for patients and their families. A focus for Q3 will be to build on system capacity for thematic tabletop review, using support from the PSSSG; and continuing to mature the patient safety agenda towards implementation of the Patient Safety Incident Response Framework (NHS England)

Serious Incident Activity: The table below illustrates that Nottingham University Hospitals NHS Trust (NUH) and Nottinghamshire Healthcare FT (NHT) report a higher number of serious incidents in comparison with the baseline incidents per 1000 bed days.



Further interrogation of the data for Q2 and comparable periods over the last three years demonstrates an overall increase in the number of serious incidents reported (Fig. A).

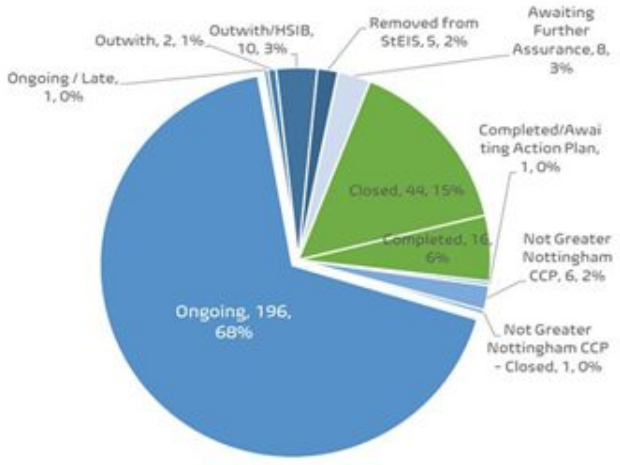
Fig. A

Period	2019/20	2020/21	2021/22	Grand Total
M01-Apr	26	15	37	78
M02-May	42	32	50	124
M03-Jun	32	30	43	105
M04-Jul	27	38	40	105
M05-Aug	39	35	40	114
M06-Sept	17	28	45	90
M07-Oct	34	29	28	91
M08-Nov	25	23	7	55
M09-Dec	20	39		59
M10-Jan	34	34		68
M11-Feb	20	45		65
M12-Mar	27	37		64
Grand Total	**343**	**385**	**290**	**1018**

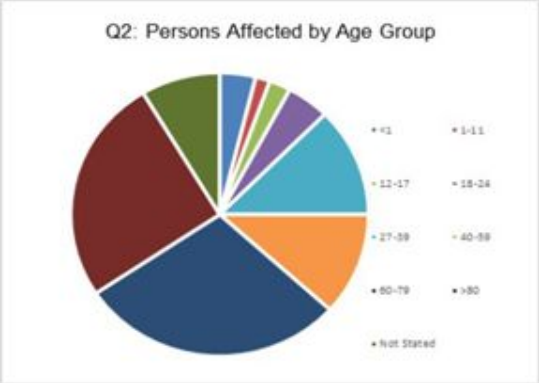
It is key to reflect the impact of retrospectively reported incidents following a number of thematic reviews and deep dives (including maternity, pressure ulcers, and falls). Of the 127 incidents reported in Q2, 18 of these incidents occurred prior to Q2 and 14 of these were pressure ulcers reported retrospectively by a single provider.

Fig. B below indicates the position at the end of Q2 for all SIs reported with 68% of investigations still ongoing.

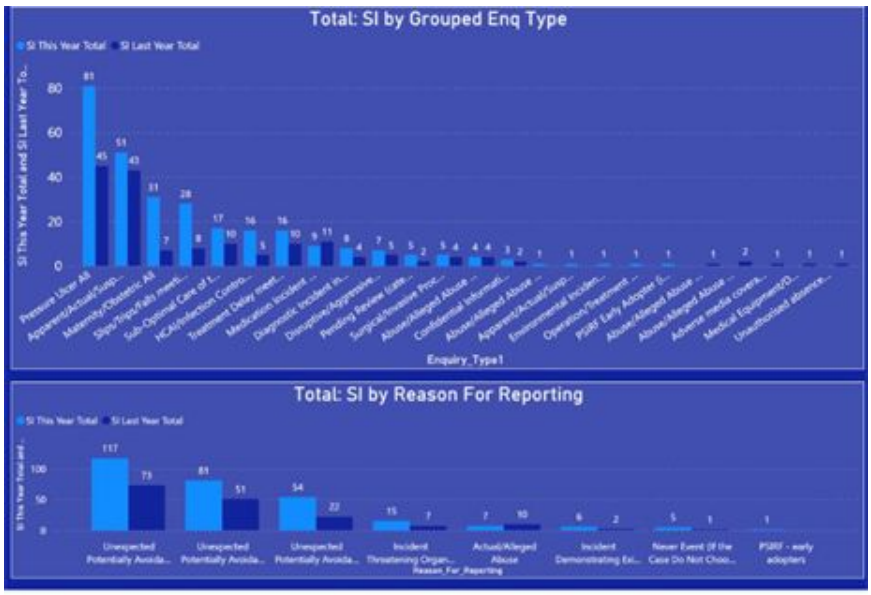
Fig. B



Serious Incident Demographics:
Demographics are collected across a range of indicators. There is still further work to do to ensure all reporting fields are populated. Based on the detail provide the charts below demonstrate that for Q2 people the predominant indicators were age >50; White British (or 'not stated'); male. Whilst areas of deprivation could be identified there are significant data quality issues which prevent reliable reporting for this quarter.



Serious Incident Types: SI types remain largely consistent with 2020/2021, with pressure ulcers, falls, maternity and self-harm/suicide being those incidents most frequently reported. At present it is not possible to draw a causal link between incidents which occur as a result of 'treatment delay' and the impact of COVID on waiting lists, however the anecdotal link is a strong one and bears further scrutiny. The QA/QI team have this work in scope.



ICS Patient Safety Specialists Steering Group (PSSSG): The PSSSG will be focusing on a system wide patient safety approach as part of Q3 work planning, this is in preparation for the launch of Patient Safety Incident Response Framework (PSIRF) in April 2022. As per the CCG Serious Incident Annual Report (2020/2021), Pressure Ulcers will be used as an example to further explore system opportunities for learning and develop communities of practice. This work will continue through Q3 and Q4 and it is anticipated that PSSSG can offer an overarching system approach to thematic learning for serious incidents, thus reducing the burden on individual organisations and maximising learning opportunities.

Never Events: One Never Event has been reported at Sherwood Forest Hospitals NHS FT (SFH) in Q2 which was in relation to a 'wrong site' event. The Trust have identified there is a theme around wrong sites and consent. In July 2021 the Trusts medical director

commissioned a piece of work to pull together learning from all 'Wrong Site Surgery' Never Events for dissemination and circulation across the Trust.

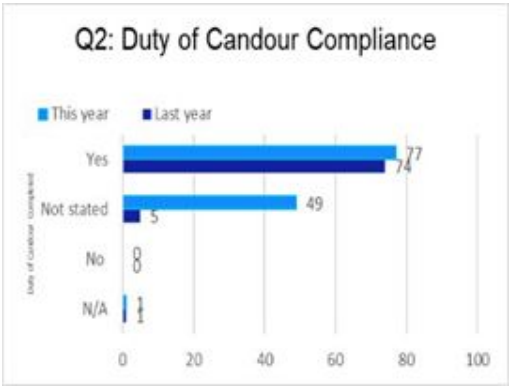
QUARTER 3 (2021/2022) FOCUS

ACTION: Continue to work with individual providers through participation in serious incident scoping & review meetings; this work is moving at pace with significant progress made during Q2. Ongoing alignment with the national patient safety strategy is a key system action.

ACTION: Meetings planned for Q3 for CCG/Infection Prevention Control Teams and NHS providers to agree process for retrospective reporting of nosocomial COVID-19[1] cases

DUTY OF CANDOUR COMPLIANCE

The table below indicates compliance with Duty of Candour (DoC) for this reporting period in comparison with the same period last year. Work is underway with providers to support their DoC compliance through improved identification of relevant incidents, and to enhance the principles of candour through improved communication with patients and families, for example where investigations are lengthy, and timeframes need to change. Further work is also required to understand whether the numbers of 'not stated' relate to a lack of field completion rather than actual compliance.



QUARTER 3 (2021/2022) FOCUS

ACTION: To work with providers to improve DoC reporting

CARE HOME & HOME CARE OPERATIONAL DEMAND

HOME CARE CAPACITY*:* The Local Authorities (LA) continue to report many hours of unmet needs across Home Care. This directly impacts on flow across the system and the ability to discharge patients from acute care. A variety of actions are underway to address the issues which includes utilisation of Home First Response Service (HFRS) to facilitate discharges; and progressing procurement for Adult Home Care with the aim to increase capacity for Continuing Health Care and Fast Track packages of care.

[1] Nosocomial COVID-19 HCAI cases should be reviewed via the standard infection prevention root cause analysis process including Trust Board and Executive Oversight . Where the result of probable or definite hospital- onset healthcare associated COVID-19 infection is thought to be moderate harm or worse Duty of Candour should be discharged. All COVID-19 related deaths require reporting on STEIS.

NURSING STAFFING*:* There has been an increase in providers contacting the CCG and Local Authorities to report issues recruiting nurses and covering nursing shifts. The ICS Care Sector Partnership Strategic Group have initiated a deep dive to further understand the gaps in provision.

NHS Professionals continue to run a pilot recruiting nurses to work bank shifts across social care and opportunities are being considered to expand this offer.

OPERATIONAL PRESSURES ESCALATION LEVELS (OPEL) FOR CARE HOMES & HOME CARE**:** Work has been undertaken in relation to Care Home & Home Care OPEL reporting to accurately represent care sector pressures. Workforce status, outbreak status, agency workforce usage, workforce absence and suspensions are used to score each Care Home allowing an OPEL rating to be assigned. Care Homes will automatically be reported as OPEL Black if they have an outbreak or a contract suspension as they are unable to take any admissions, effecting system flow. In addition, each Locality has an overall OPEL score calculated based on the OPEL rating of individual services within the Locality.

CCG & SYSTEM ACTIONS:

- Partners are working together to identify immediate, medium- and long-term solutions to Home Care capacity
- Urgent scoping and engagement exercise to understand current risks to possible nursing workforce challenges across the care sector
- Continued engagement with the Care Sector to seek solutions to address capacity and flow issues
- 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. Q3 To continue to work with partners to access and plan for the winter. Using the data and intelligence rom the capacity tracker and the OVOTT (one version of the truth dashboard).

WORKFORCE

The experience of NHS and care staff is strongly connected with the quality of care and it is with this in mind that there are real challenges presented whilst supporting a vulnerable workforce. Actions are being taken across the system to address sickness, training and vacancies:

- Capacity modelling is being completed through to March 2022 to support system planning/operational decisions and escalation of issues relating to Home Care recruitment
- Wellbeing Plans are being put in place with increased targeted support from the system staff support hub plus implementation of stress management offer
- Ongoing work with Higher Education to further develop placements
- Development of a career academy

PART TWO: PROVIDER QUALITY & SAFETY

PART TWO should be read in conjunction with the CCG Integrated Performance Report which includes key quality and safety metrics and actions being taken to address performance and outliers.

NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST (NUH)

ENHANCED SURVEILLANCE

Care Quality Commission (CQC): Findings from the CQC visits during Q2 were published on 15 September 2021 downgrading the overall quality rating to '**Requires Improvement'**, with the well-led domain reducing to '**Inadequate'**. The rating for caring remained **'Outstanding'**. There was a total of 14 'must do' actions and 12 'should do' actions identified, with 11 relating to the well led domain.

NUH was served notice under section 29a of the Health and Social care Act of 2008 to make significant improvement in the quality of services provided in five identified key areas:

- A disconnect between the Board and wider organisation
- The board not working effectively together to achieve its full potential
- Ineffective quality of information and assurance, lacking professional curiosity
- Corporate and clinical governance not working together to provide effective oversight of risks
- A culture of bullying across the organisation

CCG Quality Assurance & Oversight: NUH continue to engage with the CCG Quality Assurance / Quality Improvement Team (QA/QI) with extended invitations to internal meetings plus support as part of preparatory work e.g. terms of reference for incidents; and support with planning internal quality reviews. An increase in *quality touchpoint* meetings have been established with the corporate patient safety and governance team.

The number of open **Overdue No/Low Harm Incidents** continues to decrease. All divisions have worked to reduce their open incidents. There has been a significant reduction in the backlog of no/low harm incidents at NUH requiring investigation (from >3000 to <800). The **risk of harm** remains a significant risk for NUH due to concerns regarding waiting lists. A task and finish group has been established to review and enhance clinical prioritisation processes, through identification of emerging complications or deterioration of patients on the waiting list. The CCG QA/AI team are involved and will support the focused work into Q3.

ED 12 Hour Breaches: The demand and increasing system pressures has resulted in an increasing number of **12-hour breaches**. The CCG IPR provides further detail.

Fragile Services: The CCG QA/QI team are working with NUH on several fragile services (including chemotherapy and urology) with challenges around workforce resilience and availability; service backlog and demand; governance and preparedness. Improvements

have been noted following initial concerns during Q2 and an internal programme of work is underway with one service supported by the CCG QA/QI team.

Maternity Services: NUH continue to report extraordinary pressure on maternity services which is reflected across the country. The COVID19 pandemic continues to impact across the service both in terms of positive pregnant women and associated staffing challenges, though inpatient numbers affected by COVID are reducing. Significant vacancies in both midwifery and medical staffing continue though successful recruitment of midwifery staff is starting to and have a positive impact on rotas. NUH continue to progress a service-wide Maternity Improvement Programme. **Maternity Service Thematic Review:** The CCG and NHS England / Improvement (NHSE/I) are jointly commissioning an Independent Thematic Review of NUH Maternity. The Review Terms of Reference have been finalised (18th October 2021) following a period of consultation with families.

Infection Control Board Assurance Framework (BAF): Following September BAF review NUH are reporting partial assurance:

- Focus on unnecessary patient bed moves – local investigations are in place
- Mandatory IPC training compliance - improvement reported, now 79% compliant
- Touch point cleaning – focus on maternity services plus alignment with local audit work across other ward areas
- Ventilation - A Ventilation Technical Assurance Group (VTAG) is in place with investment in portable HEPA filtration units to mitigate areas of poor ventilation such as ED or wards known to have repeated COVID-19 outbreaks
- Social distancing & PPE compliance - Audits are in place and actions are taken with internal reporting of all breaches

An NUH improvement action plan is in place to address and mitigate areas not meeting full compliance.

Healthcare Acquired Infections (HCAI): A system RCA group is in place to support supporting a focus on bloodstream infections.

NUH-related Complaints reported to CCG Patient Experience Team: During Quarter 2 NUH had 14 complaints in total with no identifiable themes noted. The team will continue to investigate complaints whilst sharing the learning across the wider quality team and back into providers.

QUARTER 3 (2021/2022) FOCUS

ACTION: Ongoing support to identify levels of harm; undertake DoC to its fullest extent; improve data quality reporting of patient demographics

ACTION: To continue to work with NUH colleagues on a 12-hour breach thematic review, quantifying patient harms due to delays, and embed prevention as a result of the learning

ACTION: To include fragile services as part of the quality insight programme

ACTION: To work and support NUH on implementing actions in response to the CQC outcome; aligning other improvement plans which are interdependent (including IPC)

ACTION: CCG follow up quality insight visit scheduled for NUH ED November 2021

ACTION: Ongoing support and surveillance of Maternity Services

NOTTINGHAMSHIRE HEALTHCARE NHS FT (NHT)

ENHANCED SURVEILLANCE

As part of ongoing support and surveillance the CCG QA/QI team and NHT continue to focus on 3 key areas:

- Workforce/staffing fragility
- Embedding and sustainability of governance and oversight arrangements as quality priorities are established
- Application of strategic and systemic organisational learning

CCG QA/QI Activity: The Trust have worked collaboratively with the CCG QA/QI team to identify relevant quality, risk and governance meetings across the organisation and extend invitations. CCG attendance at these meetings and proactive development of touchpoints has refocused discussions and resulted in quality governance and patient safety considerations 'at source' rather than via formal reporting structures.

Capacity in relation to **Serious Incidents** remains an issue despite the recent recruitment of two SI leads. The CCG QA/QI team continue to work with NHT colleagues to identify strategies for reducing the SI backlog whilst maximising learning opportunities. Quality Insight visits schedule has been drafted and this will be developed during Q3.

The Trust won a **Nursing Times Award** for a project on a women's high secure ward which resulted in an improved culture and a significant reduction in restrictive practices. The case surrounded a patient who was successfully moved out of segregation after 10 years.

The Trust have worked proactively with other providers in order to strengthen the 'IMPACT' provider collaborative approach to quality and patient safety in sub-contracted services. Oversight of concerns and incidents within these services is maintained via weekly review at NHT with CCG representation.

Infection Control Board Assurance Framework: Following a September BAF review NHT are reporting partial assurance in the areas below:

- Compliance with required admission screening for COVID-19 - polices are in place and audits are completed
- Staff compliance with PPE and IPC precautions and twice weekly lateral flow testing

Focused work also continues at Rampton with an IPC Improvement Plan in place.

NHT-related Complaints reported to CCG Patient Experience Team: During Quarter 2 NHT have had 6 complaints in total with no identifiable themes noted.

QUARTER 3 (2021/2022) FOCUS

ACTION: Continue to strengthen relationships with NHT colleagues and support work around SI investigations.

ACTION: Provide ongoing 'critical friend' challenges where cross divisional themes and trends arise, e.g. restrictive practices; closed cultures; physical healthcare. Supporting the cascade of good practices and learning

ACTION: NHSEI, NHT IPC assurance visit scheduled December 2021. NHSEI, Local Authority Public Health, and CCG attendance at the weekly outbreak meetings continue

MEDISCAN (NON-OBSTETRIC ULTRASOUND)

ENHANCED SURVEILLANCE (CQC INADEQUATE)

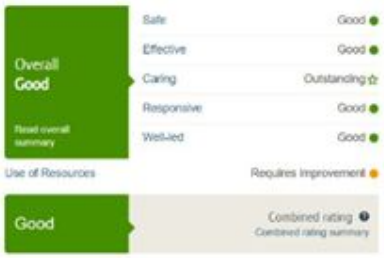
Mediscan has not been providing services to Nottingham & Nottinghamshire patients since the start of Quarter 2 (2021/2022). 159/322 patients are confirmed to have been appropriately followed up by the referring GP practice. 31 patients required re-booking of their scans and 22 of these have been confirmed as complete. Enhanced surveillance is expected to continue to the end of Q4 to ensure that all actions and follow-up can be completed.

QUARTER 3 (2021/2022) FOCUS

ACTION: Work in partnership with Primary Care Quality Team to conduct targeted follow up for the remaining 163 patients, with particular emphasis on the nine who are not yet confirmed as re-booked for scanning. Where potential or actual harms are identified, due to the Mediscan suspension, this will be reported as an incident and investigated accordingly. To date, no harms have been identified.

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST (SFH)

ROUTINE SURVEILLANCE



Healthcare Acquired Infections (HCAI): Cases have increased. SFH have breached the Pseudomonas BSI and C.difficile year-end objectives. Thematic reviews are underway and there is ongoing work with external partners in primary care and across the system regarding antimicrobial prescribing practices. The CCG QA/QI team are represented at the SFH IPC Committee and this reports to execs through the Patient Safety Committee. A system assurance group is in place to support with local scrutiny and shared learning to reduce incidence. An NHSEI/IPC assurance visit is planned in November 2021.

Infection Prevention & Control Board Assurance Framework: Partial compliance was reported in July 2021 (with three indicators partially compliant and 124 fully compliant). Mitigations were identified related to improved functionality in NerveCentre. In October 2021

there was a slight improvement in position however full compliance is dependent on NerveCentre update which is in progress.

Restoration & Recovery: During Q2 SFH has seen continued sickness absence levels which are higher than Trust target, and there has been an increase in demand for Occupational Health services. Staff wellbeing remains a high priority with the Trust shortlisted for a number of awards around workforce mental health support and culture. Surge plans remain in place across all services in anticipation of further Covid outbreaks; there have been significant challenges for outpatients and diagnostics which remain under review.

SFH-related Complaints reported to CCG Patient Experience Team: During Quarter 2 SFH have had 4 complaints in total with no identifiable themes noted in Q2.

QUARTER 3 (2021/2022) FOCUS

ACTION: To continue with current proactive relationship which will support the identification of emerging issues; the development of a Quality Insight visit schedule; and maturation of PSSSG work towards adoption of PSIRF

ACTION: Maternity Insight Visit as part of perinatal surveillance

ACTION: Focus on HCAI and implementing the actions and recommendations from investigations and assurance visits

CITYCARE

ROUTINE SURVEILLANCE

Workforce & Staffing: There is a continued impact on workforce from both emotional and physical perspective, with staffing shortages and a fragile workforce. It is not anticipated that this position will improve over Q3 / winter period and due to the size of the organisation the impact is significant.

Health Checks: The service has been working to clear a backlog of outstanding agency health checks in the Multi Agency Safeguarding Hub (MASH) and is now no longer a current risk. However focused work is now in place to address the backlog of referrals to the Domestic Abuse Referral Team.

Infection Control Board Assurance Framework: Following September BAF review CityCare are reporting partial assurance in the areas below:

- Compliance with required ventilation requirements due to old estate - risk assessments are in place
- Fit testing of new staff
- COVID-19 vaccinations – currently at 85%
- Staff compliance with routine lateral flow testing

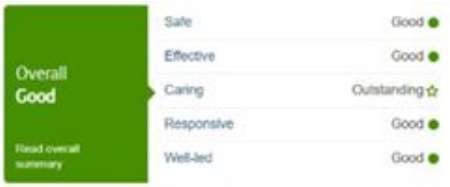
QUARTER 3 (2021/2022) FOCUS

ACTION: To support a thematic review of workforce challenges and the potential or actual impact of this on quality of care provision and patient outcomes

ACTION: To plan an insight visit for 2021/2022

EAST MIDLANDS AMBULANCE SERVICE (EMAS)

ROUTINE SURVEILLANCE



Serious Incident & Harm: EMAS Incident reporting continues to be monitored through their Clinical Quality Review Group (CQRG). There were 17 SIs reported in Q2 across EMAS (compared with 9 in Q1). Three of these incidents related to Nottinghamshire patients. A formal harms review was undertaken during October 2021 and a final report is expected at CQRG in November with associated recommendations. EMAS continue to provide valuable representation at the PSSSG and contribute to system wide reviews and learning.

QUARTER 3 (2021/2022) FOCUS

ACTION: Refreshed activity around relationship building and proactive work with lead commissioners and EMAS; as part of ICB transition and future reporting

ACTION: TO ensure there is a timely understanding of the impact of delays on patients who deteriorate whilst waiting for an ambulance response

IMPACT (NHT-LED PROVIDER COLLABORATIVE)

The CCG Nursing & Quality Team work closely with NHT and the IMPACT Provider Collaborative as part of local information sharing and quality oversight. IMPACT is responsible for the quality assurance process for the low & medium secure placements. Where providers reach the threshold for wider stakeholder involvement the CCG Nursing & Quality Team work in partnership with IMPACT to assure the safety and appropriateness of the placement for our patients.

The CCG Nursing & Quality Team continue to work with NHT/IMPACT with particular focus on 2 providers with *Require Improvement* ratings (CQC): supporting the Wells Road Centre (Low Secure) Improvement Board; in addition to working with Northamptonshire CCG and Safeguarding Boards to seek assurances on residents placed at St Andrews.

QUARTER 3 (2021/2022) FOCUS

ACTION: They continue to work with NHFCT as Lead Provider within the collaborative to share intelligence and support them where appropriate.

PRIMARY CARE (GENERAL PRACTICE)

There are currently three GP practices on enhanced surveillance.

QUARTER 3 (2021/2022) FOCUS

ACTION: Primary Care Quality continue to work with Primary Care Contracting Team with a bespoke support offer for each practice focusing on quality improvement. ***Primary Care Assurance & Support Framework in development.***

CARE SECTOR (NHS COMMISSIONED SERVICES)

IPC Audit Programme: Resumed across care homes and general practice. IPC compliance remains variable and whilst guidance and training is in place as with other services the challenge is keeping the focus on IPC healthcare requirements against a backdrop of no requirements outside of work.

Enhanced Surveillance & Support: There are currently 4 Care Homes under Enhanced Surveillance

QUARTER 3 (2021/2022) FOCUS

ACTION: Care Homes Quality Team continue to work in partnership with local authority colleagues through the system Care Homes Taskforce to monitor and support the providers and their residents, particularly those providers on enhanced surveillance or requiring support with outbreak management

ACTION: Audit findings to be reported to CQC and relevant CCG Quality Officers and local authority colleagues by IPC team and an improvement action plan created to address areas of concern

PART THREE: CCG STATUTORY RESPONSIBILITY

CONTINUING HEALTH CARE (CHC)

There is a shortage of capacity in the homecare market in both adults and children's care. This is resulting in delays in commissioning care packages for adults eligible for CHC and children eligible for continuing care with the latter having an impact on Paediatric Intensive Care beds at NUH.

Alongside the delays care agencies are having difficulties in recruiting and retaining staff so existing care packages are not being 100% filled. Each case is risk assessed by the CHC or Children's Nurse Assessor and where necessary to ensure safety, a third-party agency is commissioned on an interim basis. This usually requires nursing staff as many of the gaps that require filling are for complex adults or children where an untrained carer cannot meet the needs. In recent months that has been an increased focus on personal health budgets (PHB), working with families and carers to identify solutions line with the PHB Guidance.

Due to the number of individuals requiring intensive case management to ensure they remain safe in their own homes; this has resulted in a back-log of routine reviews across both adult CHC and children's continuing care. The total backlog of reviews for CHC is being verified as data is held on two separate systems. The CHC delivery teams are constantly reviewing their case load and prioritising their reviews, concentrating on fast track packages as these are the most urgent, followed by home care packages.

QUARTER 3 (2021/2022) FOCUS

ACTION: To address the backlogs ensuring risk prioritisation is undertaken

ACTION: To work with local authorities on market engagement and aligning the market as part of short- and medium-term mitigations

SAFEGUARDING STATUTORY REVIEWS

No. of Reviews Commissioned Q2		No. of Reviews Completed Q2		No. of On-going Reviews Q2		No of Reviews Published Q2	
No.	Type	No.	Type	No.	Type	No.	Type
2	Rapid Review	2	Rapid Review	0	Rapid Review	0	Rapid Review
0	CSPR	0	CSPR	0	CSPR	0	CSPR
3	SAR	0	SAR	4	SAR	0	SAR
2	DHR	0	DHR	5	DHR	0	DHR
0	Alternate learning review	0	Alternate learning review	0	Alternate learning review	0	Alternate learning review
0	SCR	0	SCR	0	SCR	0	SCR

Currently there are 4 Child Safeguarding Practice reviews in progress. The themes of the reviews are physical abuse, neglect with issues of unsafe sleep, and sexual abuse. 2 cases involved Looked After Children and the other cases had been known to the Local Authority, although not active cases at the time of the incidents.

No specific learning has been identified for the CCG. There is learning in relation to both Children's and Adult reviews for Primary Care associated with *identifying who is in the household of children and vulnerable adults*. Actions are being taken in conjunction with Primary Care to cascade and embed.

QUARTER 3 (2021/2022) FOCUS

ACTION: The Designated Safeguarding Children Professionals continue to work with the Safeguarding Children Partnerships progressing the action plans developed from the learning from the statutory reviews, identifying the learning along with good practice within primary care and the wider system. Currently an event is being arranged by the Nottinghamshire Safeguarding Childrens partnership to look at the reviews and learning from the past 3 years to assess outcomes

ACTION: Continue to work with Primary Care on ensuring practitioners identifying others when in a household of children and vulnerable adults

CHILDREN SAFEGUARDING

UNSAFE SLEEP

Between January 2020 and November 2020 Nottingham and Nottinghamshire Safeguarding Children Partnerships undertook 4 reviews into serious child safeguarding incidents that were in relation to sudden infant deaths of babies where there were risk factors such as parental mental health, substance misuse and the home environment.

The CCG is a member of the multi-agency cross authority working group named the Safer Sleep Steering Group whose aim is to promote safe sleeping practice, considering the additional factors and broadening the remit and messages to be delivered by any professionals or services encountering children and families. The Safer Sleep Group have reviewed and revise their action plan each quarter, to reflect the completed actions and the work which continues to deliver messages and education on safer sleep across health, social care, education, and the voluntary sector. This includes:

- Health providers revising internal training on safe sleep to incorporate the key messages and assessments, incorporating all services who may meet families or service users who are about to become parents. This includes bitesize training/pod cast, as well as face to face training which will also be used across early years setting
- Multi-agency training packages have also been updated to reflect changes from the borne out of the learning from local and national reviews
- Specialist substance misuse midwives have linked with specialist services to further enhance their guidance and procedures as they are working with high risk families.

- Development of local questionnaires to alert professionals to the risk that babies may not always being staying at the home in which the midwife/health visitors has assessed the sleeping arrangements. *Two local infant deaths were where babies had slept on sofa's in a relative or friends house.*

QUARTER 3 (2021/2022) FOCUS

ACTION: To continue to support the Safe Sleep Steering group and share the learning through the Local Maternity & Neonatal System (LMNS) and wider safeguarding partnership.

CHILDREN'S ACT 2004 SECTION 11 SELF-ASSESSMENT AUDIT

The CCG has completed a Section 11 Self-Assessment Form which has since been shared with the Childrens and Young Peoples Partnership. The return is conducted bi-annually, although was delayed due to Covid-19. Further assurance is currently being sought on:

CCG Outstanding Assurance for the Section 11 Report				
Area of Assurance	**Action required**	**CCG Lead**	**Oversight**	**Completion Date**
Learning identified through CSPRs that has implications on practice in your organisation is effectively disseminated, identified recommendations are implemented and the impact on improving outcomes is evaluated.	Further developing of the Safeguarding Matrix will identified a plan of work to gather impact details. Triangulation of details and data to continue to enhance learning at any opportunity across the organisation and in conjunction with the wider partnership's agencies.	CCG CYP Designated Nurse	CCG Safeguarding Assurance Group and through the Childrens Partnership	December 2021
Impact of Covid19 Pandemic – The organisation has a) assessed, identified and mitigated for any organisational safeguarding risk arising from the pandemic b) has a plan in place to respond to needs going forward as we come out of the pandemic?	The Safeguarding Team will continue to be integral to the wider CCG recovery plan. The team will continue to develop plans to safeguard children which are informed by the data/ themes and trends identified but considering the matters of "hidden harm". Mapping exercise to be completed in January against Hidden Harm Paper previously submitted to Q&P	CCG CYP Designated Nurse	CCG Safeguarding Assurance Group and through the Childrens Partnership	January 2022

QUARTER 3 (2021/2022) FOCUS

ACTION: To Improve the triangulation of details and data to continue to enhance learning at any opportunity across the organisation and in conjunction with the wider partnership's agencies

ACTION: To further develop the Safeguarding Matrix to identify a plan of work to assess the impact of learning/recommendations across the system.

ACTION: To work in conjunction with wider Quality Team to review and react to Hidden Harms as they emerge following the pandemic

ACTION: To ensure completion of the CCG outstanding Assurance for S11 Report

ADULT SAFEGUARDING

LIBERTY PROTECTION SAFEGUARDS (LPS)

The ICS LPS multi-agency steering group has met (October 2021) and agreed the Project Plan going forward and key milestones. A scoping exercise is to be conducted to understand the cohort numbers, so we are aware of the impact upon the Responsible Bodies. The Code of Practice has not been published for consultation. As yet we have no definitive implementation date, it is anticipated that April 2022 is the timeline being worked towards.

In response to the Project Plan the CCG Adult Safeguarding Team have developed training aimed at a basic understanding of the Mental Capacity Act, Assessing Capacity, Undertaking Best interest Decisions and Dols (including introduction to the new LPS), this is being rolled out in anticipation of the changes in the Mental capacity Act 2019 and the implementing of LPS which will require community and commissioning colleagues to have a broad understanding of Mental Capacity and their role in undertaking assessments of capacity, documenting decision making and developing care plans.

QUARTER 3 (2021/2022) FOCUS

ACTION: To continue to facilitate and contribute to the LPS Steering Group.

ACTION: To continue to support the CCG workforce in developing competence around the MCA in readiness for LPS

ACTION: To continue to facilitate and contribute to the LPS Steering Group.

PREVENT

The PREVENT strategy follows a multi-disciplinary and contextualised approach across health with partners drawn from nursing, safeguarding, security management, emergency preparedness and management specialists. The rationale for Prevent being placed under the safeguarding arm is that it centres on the protection of the vulnerable people from being radicalised to become terrorists or support terrorism. Regional Prevent Coordinators (RPCs) are funded by The Home Office and are deployed across the regional footprints.

During September 2021 there was a Regional Counter Terrorism Workshop which the CCG Adult Safeguarding Team participated in alongside other provider safeguarding leads and LA colleagues from across the region to look at how we share information across all agencies and services to raise awareness of the Prevent Agenda and referring into the scheme for those identified as being at risk of engaging with ideological theories.

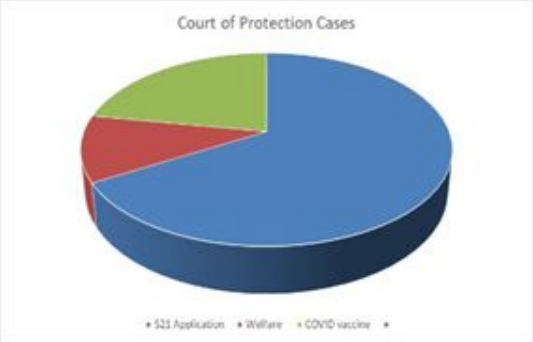
Analysis of the uptake across Nottingham and Nottinghamshire of Prevent training across NUH & NHT (both BPAT and WRAP) has been below the expected level for the last year and sits our system as underperforming both in relation to the regional data and national data. Discussions are ongoing with the Acute Trust safeguarding lead to identify how this will be address as part of their COVID recovery plan.

QUARTER 3 (2021/2022) FOCUS

ACTION: To continue to support the Acute Trusts to support the recovery plan for PREVENT in preparation to submit to NHSEI

COURT OF PROTECTION

In Quarter 2 the CCG had 9 live applications in proceedings in the Court of Protection (CoP). 6 of these are s21a applications, these cases require an urgent or standard authorisation, following an application to the court based on 'best interests' being met. In all these 6 cases the applications have a risen from challenges to the type of care setting and restrictions placed on the individual.



1 case is a welfare application, relating to where someone should live, what care they should receive, and whether they should be allowed to see their friends and relations. This case relates to the type of care being commissioned by the CCG.

The CCG also has 2 applications currently in the COP relating to the administration of the COVID vaccination both people with a learning disability who are unable to consent. There is a dispute between health professionals and family members of each of these individuals as to whether it is in their best interest to receive the vaccine.

QUARTER 3 (2021/2022) FOCUS

ACTION: Extract the learning from managing complex CoP cases and share across the wider quality team by the end Q4

ASYLUM SEEKERS & AFGAN RESETTLEMENT

Following the COVID temporary amendment to the asylum dispersal programme in June 2020, two hotels were mobilised with 2 more mobilised during 2021. In September 2021 Nottingham City Council informed the CCG that a further cohort of Asylum-seeking families and single people are to be moved into a City high rise accommodation.

Due to the numbers of Asylum Seekers being housed near each other Primary Care Services are being delivered by three local GP practices that are all signed up to the Asylum Seeker LES (Local Enhanced Service). Health assessments are being conducted at the time of writing this report and the CCG Primary Care & Safeguarding teams are working closely with system partners to ensure any risks and issues are identified early.

In September 2021 the Home Office notified Nottingham City Local Authority that a hotel located at the edge of the city was to receive a cohort of the Afghan resettlement families. This was planned to be up to a maximum of 100 people. A multi-agency group was formed and in conjunction with the Home Office and DWP. The learning from the Asylum-Seeking

Hotel accommodation was used to mobilise the local health response for the residents along with local authority including education. One of the key challenges was identifying pregnant women who at the time of arrival are imminently at the point of delivery. The local authority and community midwifery services have ensured that all mothers and new-borns had any necessary equipment before being discharge.

However, the potential risks around safe sleep and access to appropriate equipment for new-borns in an hotel environment has been raised with NHSEI regional safeguarding lead and the Local Maternity & Neonatal System (LMNS)

QUARTER 3 (2021/2022) FOCUS

ACTION: To continue to support partners including primary care, refugee forum and relevant, transformation programmes by identifying any gaps and risks and ensuring they are escalated appropriately through the system

UNACCOMPANIED ASYLUM-SEEKING CHILDREN (UASC)

Due to these recent events and the unprecedented pressures in Kent the National Transfer Scheme (NTS) for Unaccompanied Asylum-Seeking Children (UASC) was re started in July 2021. The NTS is voluntary and to date Nottinghamshire County local authority have accepted 4 young people and the City local authority 1. These are in addition to spontaneous arrivals that are unplanned for or the breakdown in placements of those young people reunified with family members. In addition, we may have more UASC due to the recent events in Afghanistan. Processes are in place to meet the health needs of UASC and the impact on providers and services will be monitored.

QUARTER 3 (2021/2022) FOCUS

ACTION: To ensure there is ongoing monitoring of young people being accepted onto the scheme. Activity is being monitored with the support of Commissioners to understand the impact on medical providers through contracting measures.

ACTION: To continue to identify UASC as a minority group for consideration when reviewing any commissioning of services/ or in health needs assessments.

ACTION: To await any key recommendations from the UK Asylum Seeker Health Steering Group in relation to UASC

LOOKED AFTER CHILDREN

INITIAL HEALTH ASSESSMENT (IHA) PERFORMANCE

The NHS Providers that conduct the Initial Health Assessments (SFH & NHT) have a time frame of 20 days to be complete these reviews. This target is not being met but this is due to reasons that are outside of health provider’s control. Examples of this are, late referrals received from the local authority and children and young people that are placed out of area where the timescales are then out of our control. The impact of Covid-19 has also increased cancellations/was not brought or being brought back for appointments has further delayed the completion of the assessments.

An audit undertaken by NUH identified that in 2020/21 only 1% of the referrals from the City local authority for IHAs were received in adequate time for an IHA to be completed by the 20-day timescale. The Childrens Partnership has been made aware.

System Actions Underway:

- Through the Children in Care Service Improvement Forum, a joint local authority/health IHA/RHA timeline has now been written and agreed. The pathway clearly identifies roles and responsibilities of partner agencies. Further discussion is required around the monitoring of progress.
- Medical providers have been asked to provide exemption reporting (this is where the provider receives a referral out of timescale from social care and exception reporting for each IHA completed out of statutory timescales, due to provider challenges). This will identify the contributing factors to poor performance and identify what is out of the control of medical providers.
- Commissioners are monitoring performance of medical providers through contracting measures.
- A report has been shared with both County and City Safeguarding Partnerships.

QUARTER 3 (2021/2022) FOCUS

ACTION: Designated CIC Professionals to have continued oversight and for data to be shared with the County Local Safeguarding Children's Partnership and both corporate local Parenting Boards.

INAPPROPRIATE SETTINGS FOR LOOKED AFTER CHILDREN

The numbers of Looked after Children are rising nationally and locally. Locally the numbers of children and young people who are Looked after children with significant emotional and behavioural health needs are also rising.

Finding appropriate placements for looked after children and young people (CYP) who have significant behavioural and mental health and emotional difficulties is challenging. Young people can present with conditions such as extreme self-harm which placements can find difficult to manage. It is reported that many placements are breaking down with the workforce and/or carers stating it is too risky to look after the presentations. Currently these young people often do not meet the threshold for a Tier 4 admission under the Mental Health Act (or may be being discharged from a unit); however, there is reportedly limited appropriate provision to care for them.

The National Network of Designated Health professionals have escalated this into Government due to this being nationwide area of concern. Nationally risks identified:

- Young people being left in perceived places of safety
- Young people being restrained inappropriately or for many hours
- A lack of support to young people
- Young people feeling abandoned/traumatized
- Acute Trust staff feeling ill-equipped to manage and support
- Impact on other patients/the functioning of the acute Trust in which they are "stuck"

Example A: In 2020 a Nottingham City looked after young person was cared for in one of our acute trusts for several weeks whilst the local authority could find an appropriate placement that could meet his emotional and physical (medical) needs

Example B: In 2021 a Nottinghamshire County looked after young person was cared for in a Tier 4 placement (despite not meeting the criteria) in the north of England for over 12 weeks whilst the local authority could source an appropriate placement that could manage her needs.

Locally the system has received several escalations over the past few years with regard to young people being treated or supported within inappropriate settings such as the acute Trust's Paediatric wards and/or in Tier 4 placements with no safe home or placement to be discharged to. At the time of writing this report the exact data is not available, however providers and local authorities are working together to improve practice and agree a protocol around how to manage these situations. This work is wider than just looked after children.

QUARTER 3 (2021/2022) FOCUS

ACTION: To enact the robust escalation process that has been agreed between ICS partners. Designated Nurse to support commissioners with any changes to the local commissioning model for LAC CAMHS to include quality assurance and/or commission an Out of Area service nationally to support with the emotional health of CYP. Designated Nurse to inform both Safeguarding Partnerships of the current risks, mitigating factors and actions being taken. Further work to understand local 'risk'. To seek response from the NHS England LAC Clinical Reference Group

Nottingham City SEND Local AREA Inspection

Work continues with local authority colleagues to prepare for the Nottingham City Local Area Inspection which is anticipated in Q3.

SEND Designated Officer continues to explore the options of developing a SEND outcomes databased working with the ICS SAIU and NHSE colleagues. This will enhance the systems activity around the SEND agenda.

QUARTER 3 (2021/2022) FOCUS

ACTION: To work collaboratively with partners respond to the outputs of the SEND review

ACTION: To work with the ICS SAIU and NHSE to develop options to ensure SEND activity and outcomes are monitored and reported on

PART THREE: QUALITY & TRANSFORMATION

LOCAL MATERNITY & NEONATAL SYSTEM (LMNS) – KEY HIGHLIGHTS

Ockenden Oversight: The Regional team has confirmed that oversight against the Ockenden Report requirements will be though the LMNS. Further submissions similar to July 2021 will not be required, but quarterly reports on progress to the Regional; team will be expected. The LMNS is reviewing and developing the oversight framework to ensure appropriate visibility, review and reporting of the Executive Partnership will maintain strategic overview and scrutiny of local Ockenden action plan, with an increased focus on maternity safety and quality surveillance. An extension to the contract for external data expertise has been agreed to continue to develop the system wide Maternity Outcomes dashboard. Recruitment is underway within the ICS/CCG for an inhouse data analyst.

Covid Vaccination*:* Continued work across the LMNS to increase the vaccination take up amongst pregnant women. This has been extended to all pregnant women. Uptake is increasing, up to 57% 1st dose and 45% 2nd dose as of end October 2021. The working group has established vaccinations at Antenatal clinic across both provider trusts (Mon-Fri, 9am-5pm).

Mandatory training for all maternity staff including pharmacy, GP, heath visitors etc is planned to be rolled out starting in November. The training is to develop motivational interviewing skills to support maternity staff to have a proactive conversation with women and families about Covid-19 and flu vaccinations. The training also covers the impact of Covid-19 on the impact to pregnancy, to the child and to the health care system. Further public engagement and communications are being developed to increase awareness and access.

Continuity of Carer: NHSEI have released updated implementation guidance which is currently being incorporated into the System wide delivery plan. The focus of the guidance is to continue to develop the building blocks of MCoC before rolling out further teams with an emphasis on requiring safe staffing for traditional models of care before any further MCoC rollout. Workforce continues to be a real challenge for both provider trusts.

Personalised Care: Commitment to train 700 staff on the more effective use of Personalised Care and Support Plan has been agreed. Planning is underway to ensure this can be delivered within the timeframe.

Maternal Health: The Early Implementor Site (EIS) model of support to quit smoking continues to be developed at SFH. Training for the EIS staff is underway. Referral process has been implemented to refer identified smokers on ward admission to the EIS team. A smoking in pregnancy video has been developed to raise awareness of the system offer with maternity staff and encourage referrals. This is being used outside of the EIS work.

Digital: The LMNS has commissioned a rapid Digital Discovery project to start the formal exploration of a single, system wide Digital Programme for Maternity, Neonatal and Early Years Services across the Nottingham and Nottinghamshire footprint. The discovery work is being undertaken collaboratively on digital solutions across our ICS to ensure improved continuity of care; enable better communication - both between professional carers and with

women and their families; improve the digital experience for all; and develop a system wide approach to quality assurance of the care provided.

The Discovery project is also working at pace to engage, agree and deliver a system bid for funding from the £52m national funding for maternity services (Unified Tech Fund -UTF) formally announced by NHSE/I/X in October 21 to support the delivery of improved digital maternity services across 'systems'. The current system bid is for circa £1.8Million and will be submitted 14 November. Oversight for the Discovery project is through the LMNS Executive Partnership.

Better Postnatal and Neonatal Care: A rapid review of the LMNS Better Postnatal and Neonatal Care improvement plan is underway. The system plan was developed before Covid-19 and work to identify system priorities and understand further additional requirements has started. This will also include feeding current digital system issues and requirements through to the LMNS Digital Discovery project.

Nottingham and Nottinghamshire LMNS Perinatal Surveillance Dashboard: Development commenced during March 2021. To date, 25 indicators have been built bringing together both local and national level data, these will continue to be developed and updated and further 15 indicators are currently under development.

QUARTER 3 (2021/2022) FOCUS

ACTION: Continued focus on establishing perinatal surveillance and safety oversight, with specific actions for learning from Serious Incidents – *Oversight from the LMNS Programme Board*

ACTION: Rapid development of the LMNS Quality Outcomes Dashboard will be maintained. Both in terms of its development but also ensuring that the appropriate skills (technological, subject matter and statistical analysis) are developed to make sure that it continues to be developed and support the appropriate intelligence and assurance that the system requires Oversight from the LMNS Programme Board

LEARNING DISABILITY & AUTISM (LD/A) INPATIENT PERFORMANCE

		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	52	52	50	50	46	45	43
	Target	48	48	48	44	44	44	40	50	50	47	46	43
	Difference against Target	4	4	3	6	8	8	10	0	0	-1	-1	0
CCG - Adult	Current Inpatients	21	21	20	18	20	20	18	16	16	12	11	12
	Target	17	17	17	16	16	16	16	16	16	14	14	12
	Difference against Target	4	4	3	2	4	4	2	0	0	-2	-3	0

NHSE - Adult	Current Inpatients	32	31	31	32	32	33	34	34	34	34	34	31
	Target	31	31	31	28	28	28	34	34	34	33	32	31
	Difference against Target	1	0	0	4	4	5	0	0	0	1	2	0
NHSE - CYP	Current Inpatients	5	5	5	4	4	3	2	3	3	2	2	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	-1	-1	0

Adult Inpatient: The current number of inpatients is at 50. Inpatient performance has been significantly off trajectory and forecasting demonstrated an end of year position that would miss trajectory. Forecasting and modelling work has been undertaken with NHSEI and agreement has been reached on revised trajectories for March 2022, see below. These revised trajectories have been included in the H2 planning submission.

Extraordinary LDA Executive met on 15 September 2021 and agreed key partnership actions to mitigate performance risk to inpatient discharge and increase discharges to meet March 22 trajectory. Monthly extraordinary meetings will take place to progress these actions with a key focus on inpatients with a red RAG rated discharge date. This will involve active work from IMPACT, Notts Healthcare Trust, Nottinghamshire County Council, Nottingham City Council and N&N CCG.

Revised trajectories for adult inpatients for March 2022 have been agreed with NHSEI. Escalation activity remains in place with a system action plan to improve inpatient performance. LDA Exec Board members have oversight and monthly extraordinary meetings are established. Regional NHSEI colleagues are involved in escalation meetings.

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.

QUARTER 3 (2021/2022) FOCUS

ACTION: Escalation activity remains in place with a system action plan to improve inpatient performance. LDA Exec Board members have oversight and monthly extraordinary meetings are established. Regional NHSEI colleagues are involved in escalation meetings.

ANNUAL HEALTH CHECKS (AHC)

As of 1 November 2021,1580 Annual Health Checks have been conducted for people on the Learning Disability Register. Current Quarter 2 performance is below target of 953 health checks by 179 checks. Low Q2 performance is not unusual (Q2 performance in 2020/21 was

130 health checks short but end of year trajectory was met), and usually AHC performance peaks in Q4. However, it does require a focused system effort to increase performance to achieve higher trajectories for this year.

ICP	Performance	LD Register	LD AHCs Completed
Mid Notts	30%	2316	695
Nottingham City	23%	1909	445
South Notts	25%	1730	440
CCG	27%	5955	1580
2021/2022 Target	75%		

QUARTER 3 (2021/2022) FOCUS

ACTION: Recruitment is underway for an LD nurse to sit within the Primary Care Liaison Nurses (PCLNs) for12 months to undertake engagement and outreach support with the BAME LD community as part of the successful exemplar bid. The pilot will focus on Nottingham City where there is a large BAME community and learning will be shared across the ICS and Midlands at pace. Mid-Notts have recently recruited two LD nurses for 2 years to support improved quality, access and delivery of the health checks within the PCNs.

ACTION: In line with NHSE's focus on improving the quality of health checks this year, a quality AHC audit will be performed by the PCLNs with a sample of practices across the ICS. The audit will be based on the traffic light tool developed by Public Health England

LEARNING DISABILITY MORTALITY REVIEWS (LEDER) UPDATE

As a system we do not have any backlog reviews from January & February 2021 when the programme was paused. 7 reviews that were paused whilst the new IT platform and processes were developed. Of these have been completed within timeframe but 5 are outside timescales due to the lateness of the platform coming online which was outside of our and other areas in region control. Any new reviews between June – October 2021 have all been allocated to reviewers. 4 of these are on hold due to ongoing statutory processes i.e. coroner's inquest and Safeguarding Adult Review.

	Aug 21 (Feb 21)	Sep 21 (March 21)	Oct 21 (Apr 21)
Completed Reviews -No	6	11	0 - Platform closed
Notifications Allocated within 3 months - % - PLAN	9 (100%)	8 (100%)	NECS

Notifications Allocated within 3 months - % - ACTUALS	4 (44%)	0	NECS
Reviews Completed within 6 months - % - PLAN	9 (100%)	8 (100%)	4 (100%)
Reviews Completed within 6 months - % - ACTUALS	4 (44%)	2 (25%)	1 (25%)

QUARTER 3 (2021/2022) FOCUS

ACTION: System work is underway to develop a LeDeR review team in line with LeDeR strategy

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.

LEARNING DISABILITY AND AUTISM: SAFE AND WELLBEING REVIEWS

As part of the NHS response to the Norfolk Safeguarding Adults Review (SAR) concerning the deaths of three patients at Cawston Park Hospital, NHSE have set a national priority that all children and young people and adults with a learning disability and/or who are autistic, who are currently in an NHS or independent mental health, learning disability or autism inpatient setting (including those on section 17 leave) must undergo a thorough review of their care & support needs by the end of January 2022.

The CCG are responsible for carrying out the reviews for those individuals that we fund, and the IMPACT provider collaborative will undertake the reviews for those in low & medium secure services.

These reviews are in addition to the Care & Treatment Reviews (CTR) and any other planned commissioner visits. It will include liaising with family and /or other people close to the person including their advocate if they have one (with their consent).

IMAPCT and the CCG have developed a scheduled for the reviews prioritising those that have not had a review recently and/ or the hospital has been rated as inadequate by the CQC.

QUARTER 3 (2021/2022) FOCUS

ACTION: Weekly returns are prepared for NHSE and update on key findings along with the progress of the reviews will be reported into the Q&P as part of the LDA update.

Appendix A – Summary of Actions: Focus for Q3

	Nursing & Quality Actions / Focus for Q3	Team / Oversight	Update Expected
NOVQP01	**Harms:** ICS Patient Safety Specialist Steering Group (PSSSG) to continue to work with the ICS Planned Care Board and ICS Clinical Executive Group to triangulate and build intelligence around harms associated with delays	ICS PSSSG	Quarter 3 N&Q Report
NOVQP02	**Serious Incidents:** Continue to work with individual providers through participation in serious incident scoping & review meetings; this work is moving at pace with significant progress made during Q2. Ongoing alignment with the national patient safety strategy is a key system action.	CCG Quality Assurance/Quality Improvement (QA/QI)	Quarter 3 N&Q Report
NOVQP03	**HCAI COVID Reporting:** Meetings planned for Q3 for CCG/Infection Prevention Control Teams and NHS providers to agree process for retrospective reporting of nosocomial COVID-19 cases	CCG IPC / ICS IPC SAG	N&Q Exception Report January 2022
NOVQP04	**Duty of Candour:** To work with providers to improve DoC reporting	CCG QA/QI	Quarter 3 N&Q Report
NOVQP05	**Care Sector Demand** a) Partners are working together to identify immediate, medium- and long-term solutions to Home Care capacity b) Urgent scoping and engagement exercise to understand current risks to possible nursing workforce challenges across the care sector c) Continued engagement with the Care Sector to seek solutions to address capacity and flow issues d) 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. Q3 To continue to work with partners to access and plan for the winter. Using the data and intelligence rom the capacity tracker and the OVOTT (one version of the truth dashboard).	ICS Care Sector Strategic Partnership	N&Q Exception Report January 2022
NOVQP06	**Nottingham University Hospitals (NUH)** a) Ongoing support to identify levels of harm; undertake DoC to its fullest extent; improve data quality reporting of patient demographics b) To continue to work with NUH colleagues on a 12-hour breach thematic review, quantifying patient harms due to delays, and embed prevention as a result of the learning c) To include fragile services as part of the quality insight programme d) To work and support NUH on implementing actions in response to the CQC outcome; aligning other improvement plans which are interdependent (including IPC) CCG follow up quality insight visit scheduled for NUH ED November 2021 e) Ongoing support and surveillance of Maternity Services	CCG QA/QI & NUH Quality / Oversight Assurance Group/Subgroups	N&Q Exception Report January 2022 Monthly QAG (November 2021)
NOVQP07	**Nottinghamshire Healthcare** a) Continue to strengthen relationships with NHT colleagues and support work around SI investigations. b) Provide ongoing 'critical friend' challenges where cross divisional themes and trends arise, e.g. restrictive practices; closed cultures; physical healthcare. Supporting the cascade of good practices and learning c) NHSEI, NHT IPC assurance visit scheduled December 2021. NHSEI, Local Authority Public Health, and CCG attendance at the weekly outbreak meetings continue	CCG QA/QI & NHT Quality Assurance Group	Quarter 3 N&Q Report Bi-Monthly QAG (November 2021)
NOVQP08	**Mediscan:** Work in partnership with Primary Care Quality Team to conduct targeted follow up for the remaining 163 patients, with particular emphasis on the nine who are not yet confirmed as re-booked for scanning. Where potential or actual harms are identified, due to the Mediscan suspension, this will be reported as an incident and investigated accordingly. To date, no harms have been identified.	CCG QA/QI	Quarter 3 N&Q Report

NOVQP09	**Sherwood Forest Hospitals** a) To continue with current proactive relationship which will support the identification of emerging issues; the development of a Quality Insight visit schedule; and maturation of PSSSG work towards adoption of PSIRF b) Maternity Insight Visit as part of perinatal surveillance c) Focus on HCAI and implementing the actions and recommendations from investigations and assurance visits	CCG QA/QI	Quarter 3 N&Q Report
NOVQP10	**CityCare** a) To support a thematic review of workforce challenges and the potential or actual impact of this on quality of care provision and patient outcomes b) To plan an insight visit for 2021/2022	CCG QA/QI	Quarter 3 N&Q Report
NOVQP11	**EMAS** a) Refreshed activity around relationship building and proactive work with lead commissioners and EMAS; as part of ICB transition and future reporting b) To ensure there is a timely understanding of the impact of delays on patients who deteriorate whilst waiting for an ambulance response	CCG QA/QI	Quarter 3 N&Q Report
NOVQP12	**IMPACT:** Continue to work with NHFCT as Lead Provider within the collaborative to share intelligence and support them where appropriate.	CCG QA/QI	Quarter 3 N&Q Report
NOVQP13	**Primary Care:** Primary Care Quality continue to work with Primary Care Contracting Team with a bespoke support offer for each practice focusing on quality improvement. Primary Care Assurance & Support Framework in development.	CCG Primary Care Quality Group	CCG PCCC and Q&P Quarter 3 N&Q Report
NOVQP14	**Care Sector:** a) Care Homes Quality Team continue to work in partnership with local authority colleagues through the system Care Homes Taskforce to monitor and support the providers and their residents, particularly those providers on enhanced surveillance or requiring support with outbreak management b) Audit findings to be reported to CQC and relevant CCG Quality Officers and local authority colleagues by IPC team and an improvement action plan created to address areas of concern	CCG Care Homes & Home Care Quality Team & ICS Care Sector (Taskforce)	Quarter 3 N&Q Report Weekly Taskforce
NOVQP15	**CHC** a) To address the backlogs ensuring risk prioritisation is undertaken b) To work with local authorities on market engagement and aligning the market as part of short- and medium-term mitigations	CCG CHC Team & ICS CHC Strategic Oversight Group	Quarter 3 N&Q Report
NOVQP16	**Safeguarding – Reviews** a) The Designated Safeguarding Children Professionals continue to work with the Safeguarding Children Partnerships progressing the action plans developed from the learning from the statutory reviews, identifying the learning along with good practice within primary care and the wider system. Currently an event is being arranged by the Nottinghamshire Safeguarding Childrens partnership to look at the reviews and learning from the past 3 years to assess outcomes b) Continue to work with Primary Care on ensuring practitioners identifying others when in a household of children and vulnerable adults	CCG Safeguarding, LAC, SEND Team & ICS Safeguarding Assurance Group	Quarter 3 N&Q Report
NOVQP17	**CYP Safeguarding** a) To continue to support the Safe Sleep Steering group and share the learning through the Local Maternity & Neonatal System (LMNS) and wider safeguarding partnership b) To Improve the triangulation of details and data to continue to enhance learning at any opportunity across the organisation and in conjunction with the wider partnership's agencies c) To further develop the Safeguarding Matrix to identify a plan of work to assess the impact of learning/recommendations across the system. d) To work in conjunction with wider Quality Team to review and react to Hidden Harms as they emerge following the pandemic e) To ensure completion of the CCG outstanding Assurance for S11 Report	CCG Safeguarding, LAC, SEND Team & ICS Safeguarding Assurance Group	Quarter 3 N&Q Report
NOVQP18	**LPS** a) To continue to facilitate and contribute to the LPS Steering Group. b) To continue to support the CCG workforce in developing competence around the MCA in readiness for LPS	CCG Safeguarding, LAC, SEND Team & ICS Safeguarding	Quarter 3 N&Q Report

	c) To continue to facilitate and contribute to the LPS Steering Group.	Assurance Group	
NOVQP19	**PREVENT:** To continue to support the Acute Trusts to support the recovery plan for PREVENT in preparation to submit to NHSEI	CCG Safeguarding, LAC, SEND Team & ICS Safeguarding Assurance Group	Quarter 3 N&Q Report
NOVQP20	**CoP:** Extract the learning from managing complex CoP cases and share across the wider quality team by the end Q4	CCG Safeguarding, LAC, SEND Team & ICS Safeguarding Assurance Group	Quarter 3 N&Q Report
NOVQP21	**Asylum Seeker & Afghan Resettlement** a) To continue to support partners including primary care, refugee forum and relevant, transformation programmes by identifying any gaps and risks and ensuring they are escalated appropriately through the system b) To ensure there is ongoing monitoring of young people being accepted onto the scheme. Activity is being monitored with the support of Commissioners to understand the impact on medical providers through contracting measures. c) To continue to identify UASC as a minority group for consideration when reviewing any commissioning of services/ or in health needs assessments. d) To await any key recommendations from the UK Asylum Seeker Health Steering Group in relation to UASC	CCG Safeguarding, LAC, SEND Team & ICS Safeguarding Assurance Group	Quarter 3 N&Q Report
NOVQP22	**Looked After Children** a) Designated CIC Professionals to have continued oversight and for data to be shared with the County Local Safeguarding Children's Partnership and both corporate local Parenting Boards b) To enact the robust escalation process that has been agreed between ICS partners. Designated Nurse to support commissioners with any changes to the local commissioning model for LAC CAMHS to include quality assurance and/or commission an Out of Area service nationally to support with the emotional health of CYP. Designated Nurse to inform both Safeguarding Partnerships of the current risks, mitigating factors and actions being taken. Further work to understand local 'risk'. To seek response from the NHS England LAC Clinical Reference Group	CCG Safeguarding, LAC, SEND Team & ICS Safeguarding Assurance Group	Quarter 3 N&Q Report
NOVQP23	**SEND** a) To work collaboratively with partners respond to the outputs of the SEND review b) To work with the ICS SAIU and NHSE to develop options to ensure SEND activity and outcomes are monitored and reported on	CCG Safeguarding, LAC, SEND Team & ICS Safeguarding Assurance Group	Quarter 3 N&Q Report
NOVQP24	**LMNS** a) Continued focus on establishing perinatal surveillance and safety oversight, with specific actions for learning from Serious Incidents – Oversight from the LMNS Programme Board b) Rapid development of the LMNS Quality Outcomes Dashboard will be maintained. Both in terms of its development but also ensuring that the appropriate skills (technological, subject matter and statistical analysis) are developed to make sure that it continues to be developed and support the appropriate intelligence and assurance that the system requires Oversight from the LMNS Programme Board	CCG Quality Oversight & Transformation & LMNS Executive Partnership	Quarter 3 N&Q Report LMNS Monthly Executive Partnership Board and Subgroups
NOVQP25	**LDA** a) Escalation activity remains in place with a system action plan to improve inpatient performance. LDA Exec Board members have oversight and monthly extraordinary meetings are established. Regional NHSEI colleagues are involved in escalation meetings b) Recruitment is underway for an LD nurse to sit within the Primary Care Liaison Nurses (PCLNs) for12 months to undertake engagement and outreach support with the BAME LD community as part of the successful exemplar bid. The pilot will focus on Nottingham City where there is a large BAME community and learning will be shared across the ICS and Midlands at pace. Mid-Notts have recently recruited two LD nurses for 2 years to support improved quality, access and delivery of the health checks within the PCNs.	CCG Quality Oversight & Transformation & LDA Executive Partnership	Quarter 3 N&Q Report / By Exception January 2022 LDA Monthly

	c) In line with NHSE's focus on improving the quality of health checks this year, a quality AHC audit will be performed by the PCLNs with a sample of practices across the ICS. The audit will be based on the traffic light tool developed by Public Health England d) System work is underway to develop a LeDeR review team in line with LeDeR strategy e) 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 f) Weekly returns are prepared for NHSE and update on key findings along with the progress of the reviews will be reported into the Q&P as part of the LDA update.		Executive Partnership Board and Subgroups

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Nottingham and Nottinghamshire Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	**Date:**	01 December 2021
Paper Title:	Integrated Performance Report	**Paper Reference:**	**GB 21 108**
Sponsor:	Stuart Poynor, Chief Finance Officer	**Attachments/ Appendices:**	-
Presenter:	Stuart Poynor, Chief Finance Officer		

Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • 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 in to 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?

National operational and planning guidance for October 2021 to March 2022, was published on 30 September 2021. It sets out the priorities for the NHS for the second half of the year (H2).

The six areas set out in March remain the priorities for the NHS:
A. Supporting the health and wellbeing of staff and taking action on recruitment and retention.
B. Delivering the NHS COVID 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 (EDs), improve timely admission to hospital for ED patients and reduce length of stay.
F. Working collaboratively across systems to deliver on these priorities.

The Nottinghamshire system has worked collaboratively to rapidly develop the following plans for H2:

- Elective recovery and capacity plans for activity and performance, which were submitted on 14th October
- Final set of plans for Activity, Performance, Finance and Workforce, which were submitted on the 16th November.

A summary of H2 plan compliance with the national requirements can be seen on page 4 of this report. Weekly monitoring mechanisms are in place to report against the key metrics within the H2 plans which are used to track performance in advance of national data publication. Comprehensive reporting against the H2 plans will be included within future Performance Reports in line with the national data publication timetable.

This month's highlights

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

1. A small deterioration has occurred in the elective care RTT (referral to treatment) incomplete performance reported against the July position reported last time for the CCG population and Nottingham University Hospitals Trust (NUH). However, a small improvement was seen for Sherwood Forest Hospitals Foundation Trust (SFH).
2. Overall, the number of CCG-registered patients on the waiting list is 87,506, which is a small reduction of 262 patients since the July position was reported. Members are asked to note this 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 tracking list (PTL).
3. The shape of the waiting list continues to be challenging although page 10 illustrates a reduction (since March 21) 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 11 provides some insight into the number and experienced wait of long waiting patients for NUH and SFH, with the peak at 78-80 weeks coinciding with the reduction in of elective services capacity at the beginning on the first lockdown. A focus on patients waiting 104 weeks or more can be seen on page 13, alongside the H2 trajectory, which was recently submitted to NHSE/I.
4. Diagnostic services show an improvement in performance against the August position 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 surge in 2 week wait referrals is a significant challenge for the services to manage. Referral volumes continue to at 15-20% higher than the equivalent pre-COVID period. The performance level reported is marginally below the national standard (92.31% against the 93% standard) However, treatment volumes remain high.
6. Performance around the 31-day standard remains stable. The 62-day performance increased from July to August and has remained stable into September. The CCG's reported performance standing at 67.1%. As a result the number of patients waiting more than 62-day has increased and the backlog position remains challenging, which is illustrated on page 20.
7. Attendance volumes to 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 149 12-hour breaches have been reported in September, of which 140 were at NUH.
8. Conveyance rates via East Midlands Ambulance Service remain low and static.
9. The number of people entering treatment for Improving Access to Psychological Therapies (IAPT) has decreased since the last report and remains lower than the required standard for individual months. Local data for September shows an 11% improvement in the numbers of patients entering treatment compared to August. Waiting times and recovery rates continue to be good and better than target for both the 6-week and 18-week target.
10. Despite some small improvements in performance, perinatal mental health services continue to be below the standard for 21/22. The August performance is reported at 6.2% compared to the standard of 8.6%.
11. The proportion of patients with severe mental illness who received primary care health check

continues to improve slowly although remains below the national standard at 31.0% in October. Some variation is seen between the ICP-defined areas. The standard for this service shifted in April from 60% to 67%.

12. The number of occupied bed days for acute mental health patients placed Out of Area shows a further reduction in Q2 with 441 reported compared to a revised trajectory of 246. The revised trajectory is challenging and aims to reduce the number of bed days to zero by the end of Q4.
13. Access to eating disorder services for children and younger people deteriorated for urgent and routine patients with 59.09% of patients being seen within 1 week (Q2) and 83.93% within 4-weeks (Q2). Both indicators are performing below the standard.
14. Progress against H1 plans is shown on pages 45 – 56. 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.
15. Cleaning audit scores remain high and above the national standard for all reported sites.
16. VTE (venous thromboembolism) risk assessments for patient admissions were below the 95% national standard at both acute trusts with NUH reporting 94.3% and SFH reporting 94.0% for the year to date.
17. 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.
18. The SHMI (Hospital-level Mortality Indicator) rate for both acute Trusts remains below or close to 100. HSMR (Hospital Standardised Mortality Ratios) rates vary in the latest period between 91.2 for NUH and 126.8 for SFH.
19. No mixed-sex accommodation breaches were reported in the latest period.
20. The proportion of positive responses to the Friends and Family tests are shown on page 66 of the report. All responses are above the standard, with the exception of NHT and A&E and maternity at SFH.
21. The Ambulance Handover standard continues to be unmet at NUH with a reported level of 46% of patients being handed-over in 15 minutes, compared to a national standard of 100%. SFH remain above the standard.

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

The report was received by the Quality and Performance Committee at its November meeting.

Relevant CCG priorities/objectives:			
Compliance with Statutory Duties	☒	Wider system architecture development (e.g. ICP, PCN development)	☐
Financial Management	☒	Cultural and/or Organisational Development	☐
Performance Management	☒	Procurement and/or Contract Management	☒
Strategic Planning	☐		

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 ☐	No ☐	N/A ☒	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	Not required for this paper.
Risk(s):				
N/A				
Confidentiality:				
☒No ☐Yes				
Recommendation(s):				
1. NOTE the report and its content.				

NHS Nottingham & Nottinghamshire CCG Performance Report December 2021

Nottingham and Nottinghamshire Clinical Commissioning Group

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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 in to 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?

National operational and planning guidance for October 2021 to March 2022, was published on the 30th September 2021. It sets out the priorities for the NHS for the second half of the year (H2).

The six areas set out in March remain the priorities for the NHS:

A. Supporting the health and wellbeing of staff and taking action on recruitment and retention.

B. Delivering the NHS COVID 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 (EDs), improve timely admission to hospital for ED patients and reduce length of stay.

F. Working collaboratively across systems to deliver on these priorities.

The Nottinghamshire system has worked collaboratively to rapidly develop the following plans for H2:

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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	Sep-21	=> 92%	71.20%	4-5
		Incomplete Waiting List Size		N/A	90,322	6-8
		Incomplete number of 52 week waiters		= 0	26,013	9-12
	Diagnostics	Percentage of Patients Waiting Longer Than 6 Weeks	Sep-21	<= 1%	34.50%	13-14
	Cancer	2 Week Wait	Sep-21	=> 93%	89.74%	15
		2 Week Wait - Breast Symptoms		=> 93%	92.31%	15
		28 Day Faster Diagnosis Standard		=> 70%	76.89%	16
		31 Day Decision to Treat to First Treatment		=> 96%	90.34%	17
		62 Day GP Urgent Referral to Treatment		=> 85%	67.10%	18-20
Urgent Care	A&E	4 Hour Standard	Sep-21	=> 95%	65.41%	21-27
	NHS111	NHS 111 - Percentage answered within 60 seconds	Sep-21	=> 95%	50.70%	21-27
	Ambulance - Nottinghamshire Division (including Bassetlaw)	Category 1 – Life-threatening illnesses or injuries - Average	Sep-21	<= 00:07:00	00:08:31	21-27
		Category 2 – Emergency calls - Average		<= 00:18:00	00:44:01	21-27
		Category 1 – Life-threatening illnesses or injuries - 90th centile		<= 00:15:00	00:14:54	21-27
		Category 2 – Emergency calls - 90th centile		<= 00:40:00	01:33:46	21-27
		Category 3 – Urgent calls - 90th centile		<= 02:00:00	07:45:23	21-27
		Category 4 – Less urgent calls - 90th centile		<= 03:00:00	08:27:34	21-27
Mental Health	Improving Access to Psychological Therapies	Entering Treatment - Rolling Three Months	Aug-21	=> 6575	6550	28-29
		Recovery Rate - Rolling Three Months		=> 50%	51.64%	28-29
		Waiting Times - First Treatment within 6 Weeks		=> 75%	94.10%	28-29
		Waiting Times - First Treatment within 18 Weeks		=> 95%	100.00%	28-29
	Dementia	Diagnosis Rate	Sep-21	=> 66.7%	69.15%	30-31
	Perinatal MH	% of Population Birthrate	Aug-21	=> 7.1%	6.2%	32
	SMI	Physical Health Checks for People With an SMI	Oct-21	=> 60%	31.0%	33-34
	OAP	Inappropriate Out of Area Bed Days	Q2 2021-22	< 364	441	35-36
	EIP	Started Treatment in Two Weeks - Rolling Three Months	Aug-21	=> 60%	82.0%	37-38
	CYP Eating Disorders	Routine Cases <4 Weeks - Rolling Twelve Months	Q2 2021-22	=> 95%	83.93%	41
		Urgent Case <1 Week - Rolling Twelve Months		=> 95%	59.09%	41

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	Sep-21	=> 92%	66.60%	72.06%	4-5
		Incomplete Waiting List Size		N/A	58,153	38,626	6-8
		Incomplete number of 52 week waiters		= 0	19,423	10,794	9-12
	Diagnostics	Percentage of Patients Waiting Longer Than 6 Weeks	Sep-21	<= 1%	44.65%	20.02%	13-14
	Cancer	2 Week Wait	Sep-21	=> 93%	89.66%	90.31%	15
		2 Week Wait - Breast Symptoms		=> 93%	94.81%	92.59%	15
		28 Day FD		=> 70%	80.81%	73.69%	15
		31 Day Decision to Treat to First Treatment		=> 96%	89.46%	91.94%	17
		62 Day GP Urgent Referral to Treatment		=> 85%	69.31%	62.29%	18-20
Urgent Care	A&E	4 Hour Standard	Sep-21	=> 95%		82.42%	21-27
		12hr trolley waits		= 0	140	9	21-27

H1 Plans Monitoring

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

NHS Nottingham and Nottinghamshire Clinical Commissioning Group

NHS Nottingham & Nottinghamshire CCG H1 Plan Summary	Sep-21 Actual	*Sep-21 Plan*	% Difference to Plan	Comparison against 2019/20	Direction of Travel
Total outpatient attendances - Face to face (All TFC)	83,467	*71,531*	16.7%	-21.5%	
Total outpatient attendances - Telephone/virtual (All TFC)	24,699	*33,838*	-27.0%	529.9%	
Total outpatient attendances (All TFC)	**108,166**	***105,369***	**2.7%**	**-1.9%**	
Consultant-led first outpatient attendances (Spec acute)	20,243	*17,276*	17.2%	-10.3%	
Consultant-led first outpatient attendances with procedures (Spec acute)	3,676	*2,606*	41.1%	-8.1%	
Consultant-led follow-up outpatient attendances (Spec acute)	**48,470**	***43,965***	**10.2%**	**7.0%**	
Consultant-led follow-up outpatient attendances with procedures (Spec acute)	**8,026**	***6,788***	**18.2%**	**5.7%**	
Total Advice and Guidance requests processed/answered		***2,731***			
Number of patients moved or discharged to a PIFU pathway for the first time		***1,101***			
Specific Acute elective day case spells in the period	10,052	*9,294*	8.2%	3.4%	
Specific Acute elective ordinary spells in the period	1,296	*1,864*	-30.5%	-8.0%	
Specific Acute elective spells in the period	**11,348**	***11,158***	**1.7%**	**1.9%**	
Specific Acute elective day case spells in the period under 18 years of age	264	*257*	2.7%	-6.4%	
Specific Acute elective ordinary spells in the period under 18 years of age	91	*60*	51.7%	59.6%	
Specific Acute non-elective spells in the period with a LOS of zero days	3,883	*3,672*	5.7%	34.5%	
Specific Acute non-elective spells in the period with a LOS of 1 or more days (COVID)	352	*266*	32.3%		
Specific Acute non-elective spells in the period with a LOS of 1 or more days (Non-COVID)	6,199	*6,730*	-7.9%	-2.7%	
Specific Acute non-elective spells in the period with a LOS of 1 or more days	6,551	*6,996*	-6.4%	2.8%	
Specific Acute non-elective spells in the period	10,434	*10,668*	-2.2%	12.7%	
Attendances at Type 1 and Type 2 A&E departments, exc planned follow-up attendances	24,229	*23,999*	1.0%	-2.0%	
Attendances at Type 3 and Type 4 A&E departments, exc planned follow-up attendances	8,038	*7,534*	6.7%	4.7%	
Attendances at all A&E departments, excluding planned follow-up attendances	**32,267**	***31,533***	**2.3%**	**-0.4%**	
Diagnostic Tests - Magnetic Resonance Imaging	5,228	*5,229*	0.0%	-5.8%	
Diagnostic Tests - Computed Tomography	9,748	*9,027*	8.0%	19.6%	
Diagnostic Tests - Non-Obstetric Ultrasound	9,986	*10,270*	-2.8%	6.2%	
Diagnostic Tests - Colonoscopy	1,012	*1,229*	-17.7%	17.8%	
Diagnostic Tests - Flexi Sigmoidoscopy	319	*497*	-35.8%	-13.8%	
Diagnostic Tests - Gastroscopy	1,233	*1,240*	-0.6%	20.1%	
Diagnostic Tests - Cardiology - Echocardiography	2,601	*2,627*	-1.0%	-13.3%	

Mental Health Indicator Summary - November 2021 Update

NHS Nottingham & Nottinghamshire CCG

	Target	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
IAPT Access (Rolling 3 Month)	7490 Q2	3.69%	4.18%	4.82%	5.45%	5.15%	5.48%	6405	7070	7225	6990	6550		
IAPT Recovery Rate	50.0%	54.9%	55.6%	55.2%	54.7%	54.3%	53.3%	53.4%	52.9%	52.8%	52.4%	51.6%		
IAPT Waiting times 6 weeks	75.0%	98.7%	97.5%	97.4%	98.2%	97.1%	96.7%	96.8%	96.9%	95.1%	95.1%	94.1%		
IAPT waiting times 18 weeks	95.0%	100.0%	100.0%	99.6%	99.6%	99.6%	100.0%	99.3%	100.0%	100.0%	100.0%	100.0%		
Dementia diagnosis rate - 12mth Rolling	66.7%	70.2%	70.0%	69.8%	69.1%	68.5%	68.7%	68.5%	68.4%	68.7%	69.1%	69.1%	69.1%	69.1%
Perinatal Access (Local data) - 12mth Rolling	1008	745	750	740	730	690	680	700	725	720	725	730		
Perinatal Access Rate - 12mth Rolling	8.60%	6.36%	6.40%	6.32%	6.23%	5.89%	5.81%	5.98%	6.19%	6.15%	6.19%	6.23%		
SMI % achievement - 12mth Rolling	67.0%	24.1%	22.1%	22.1%	20.6%	19.7%	20.5%	22.5%	24.4%	25.7%	26.1%	28.3%	28.7%	31.0%
Out of Area Placement bed days (Local) - 3mth	0	318	435	536	592	469	505	516	554	466	399	389	441	
Out of Area Placement bed days (MHSDS) - 3mth	0	390	465	550	590	500	510	535	545	455	440	430		
EIP Waiting times - MHSDS - 3mth Rolling	60.0%	84.0%	86.0%	86.0%	86.0%	84.0%	85.0%	84.0%	83.0%	84.0%	83.0%	82.0%		
CYP Access Rate - 12mth Rolling (2 Contacts) 20/21	35.0%	29.9%	32.2%	34.3%	36.4%	38.3%	40.9%	44.3%	48.7%	52.3%	54.9%	56.4%		
CYP Access Rate - 12mth Rolling (1+ Contact) 21/22	11709	11330	11915	12235	12460	12745	12955	13010	13470	13690	13890	13925		
CYP Eating Disorder WT - Urgent (4 QTR)	95.0%			63.6%			72.2%			62.5%			59.1%	
CYP Eating Disorder WR - Routine (4 QTR)	95.0%			91.0%			86.6%			85.4%			83.9%	
Individual Placement Support (IPS)	608							159	190	221	263	284	332	

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Summary of H2 Planning Submission

The table below provides a summary of the plans that were submitted for the H2 period by system partners. The table is designed to illustrate the level of compliance of the plans against the requirements of the planning guidance.

Note that the provider column contains aggregated plans for NUH Total Trust and SFH Total Trust.

Ref	Measure Description	NHSE/I Target	Provider ICS Trajectory	Population ICS Trajectory
Outpatients				
E.M.33	Total Advice and Guidance requests processed/answered *(Minimum 12% First OP by March 2022)*	12% March 2022		18%
E.M.34	Number of episodes moved or discharged to Patient Initiated Follow-up pathway as outcome of their attendance *(1.5% all OP attendances by December 2021, 2% by March 2022)*	1.5% Dec 2021	4.7%	4.2%
		2% March 2022	4.6%	4.1%
E.M.32b	Outpatients - *Remote attendances 25% of total outpatients*	25% March 2022	27.0%	25.7%
Electives				
E.M.18	NEW: RTT completed admitted pathways *(ERF Threshold 89% of 2019/20)*	89% v 2019-20	146.9%	156.0%
E.M.19	NEW: RTT completed non-admitted pathways *(ERF Threshold 89% of 2019/20)*	89% v 2019-20	119.3%	110.9%
E.B.18	NEW: Number of 52+ week RTT waits *(Hold or reduce from September 2021 level)*	4720	4412	3566
E.B.19	NEW: Number of 104+ week RTT waits *(Eliminate by March 2022 except for patient choice P5 & P6)* 157 @Sep21	0 March 2022	53	46
E.B.3a	NEW: RTT waiting list *(Hold or reduce from September 2021 level)*	97792	96859	91218
Cancer				
E.B.27	NEW: Cancer 28 day waits - faster diagnosis standard *(at least 75% within 28 days of referral)*	75%	81.3%	80.9%
E.B.32	Cancer 62-day pathways waiting 63 days or more after an urgent suspected cancer referral at the end of the reporting period *(Return to February 2020 levels of 273 by March 2022)*	273 March 2022	391	
LD and autism				
E.K.3	AHCs delivered by GPs for patients on the Learning Disability Register *(@22% Q2 2021/22)*	70%		71%
E.K.1a	Reliance on Inpatient Care for People with LD or Autism - Care commissioned by CCGs *(rate per million)*	12 @March 2022		12
E.K.1b	Reliance on Inpatient Care for People with LD or Autism - Care commissioned by NHS England *(rate per million)*	32 @March 2022		31
E.K.1c	Reliance on Inpatient Care for Children with LD or Autism *(Rate per million)*	3 @March 2022		3
Primary care				
E.D.19	Appointments in General Practice *(at or above pre-pandemic levels - compared to 2019/20)*			108.6%
Note 1	March 2019 activity was already impacted by Covid, therefore % rate increases significantly in March, planned activity levels are stable			
Note 2	104 waits relate to NUH, all have been reported to be P5 & P6.			

Compliance with national requirements

- The ICS H2 planning process has confirmed that plans are in place against the 6 national priorities, 5 priorities to tackle health inequalities and continued delivery of the Long Term Plan (e.g. CYP, Respiratory, AHCs) .
- The ICS H2 NHS plan is also compliant with the majority of national performance ambitions for elective care, outpatients, cancer, learning disability and autism and primary care
- The ICS H2 NHS plan meets national ambitions to eliminate 104 week waits (except for patients choosing to wait longer), stabilise 52 week waits and stabilise/reduce the overall waiting list by March 2022
- Capacity however is the main limiting factor, with planned elective activity levels below 2019/20 levels (93% - 99% range)
- Cancer 62 days remains non compliant with the national performance ambitions
- The ICS has the highest levels of 2 week wait referrals compared to pre-COVID and performs best in the Midlands for finding and treating cancers which did not present during Covid. This has led to a sharp increase in the Cancer 62 day backlog since August 2021 presenting a significant treatment challenge which is reflected in the non-compliant trajectory. This position has been subject to considerable challenge by ICS CEOs. Operational teams have conducted a detailed review of issues and improvement opportunities at Tumour site level. This identified a number solutions, including mutual support across the Trusts, however these only deliver a marginal improvement. Residual issues of continued high referral demand, theatre and high dependency unit capacity, are not considered resolvable in H2
- Reporting of performance against the submitted H2 plan will be included within future Performance Reports.

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

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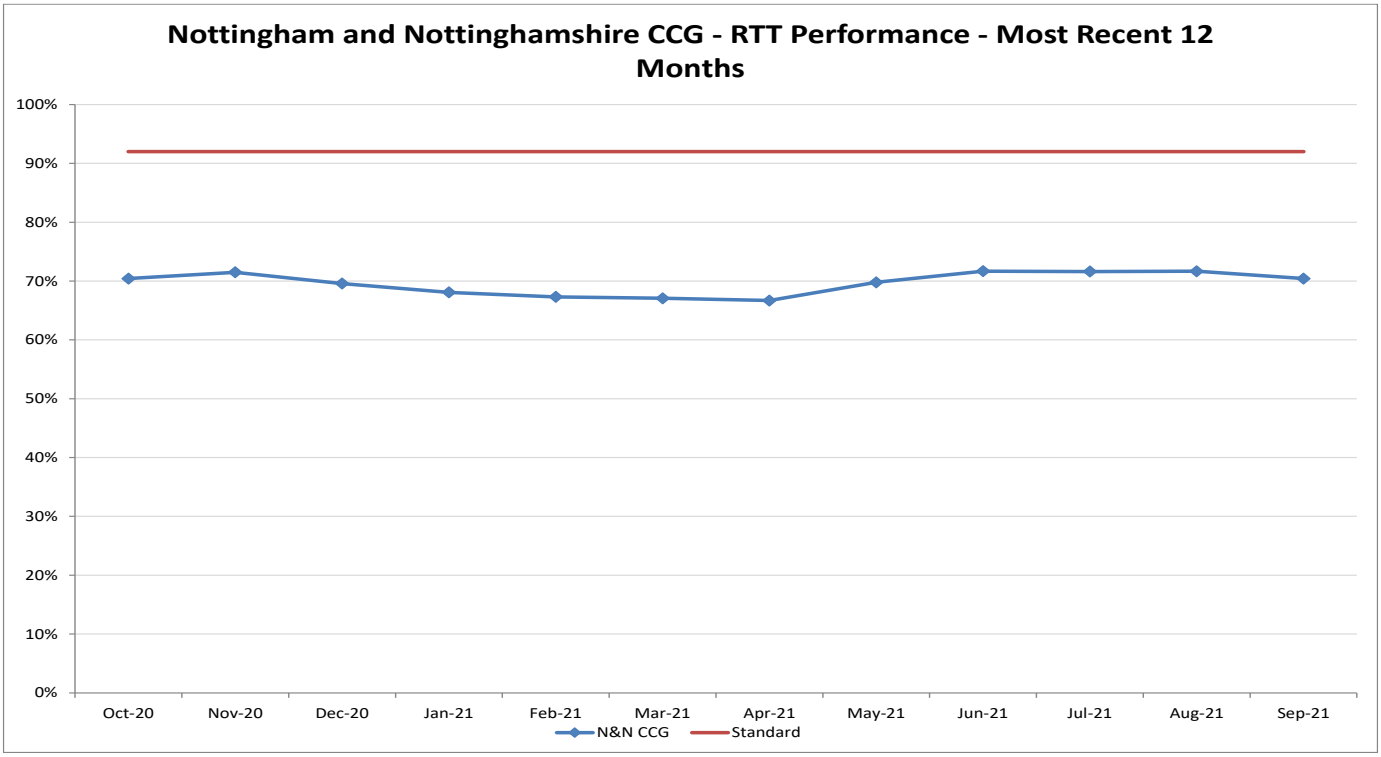
Organsation	Standard	Most Recent 12 Months Performance											
		Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
N&N CCG	Greater than or equal to 92%	89.98%	89.77%	89.07%	89.23%	88.80%	86.97%	80.76%	73.66%	64.35%	57.75%	62.44%	68.04%
NUH		92.04%	90.77%	90.00%	89.73%	89.56%	86.52%	78.85%	69.85%	58.64%	50.61%	56.75%	64.26%
SFH		86.62%	86.26%	86.04%	86.33%	86.18%	85.39%	82.15%	77.35%	70.83%	66.03%	67.74%	70.56%

Organsation	Standard	Most Recent 12 Months Performance												Performance Direction
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
N&N CCG	Greater than or equal to 92%	70.42%	71.49%	69.58%	68.08%	67.31%	67.07%	66.68%	69.78%	71.68%	71.63%	71.66%	70.43%	↓
NUH		67.92%	70.83%	70.21%	69.47%	68.19%	66.75%	65.39%	68.47%	70.31%	70.03%	68.51%	66.60%	↓
SFH		71.01%	69.78%	66.17%	62.96%	62.12%	63.58%	63.92%	66.20%	68.91%	69.63%	70.34%	72.06%	↑



RTT Specialty - September 2021	N&N CCG			NUH			SFH		
	Patients	Breaches	>18Wks	Patients	Breaches	>18Wks	Patients	Breaches	>18Wks
General Surgery	4513	1646	63.53%	884	478	45.93%	3938	1252	68.21%
Trauma & Orthopaedics	8522	3605	57.70%	6453	3085	52.19%	3197	967	69.75%
Ear, Nose & Throat (ENT)	7480	3033	59.45%	4511	1769	60.78%	4294	1772	58.73%
Ophthalmology	11993	4163	65.29%	7452	3163	57.56%	4555	1149	74.77%
Oral Surgery	15	6	60.00%	2767	1691	38.89%	911	472	48.19%
Neurosurgery	273	83	69.60%	572	187	67.31%	0	0	
Plastic Surgery	722	248	65.65%	935	355	62.03%	124	16	87.10%
General Medicine	37	13	64.86%	12	12	0.00%	0	0	
Gastroenterology	6592	2172	67.05%	4009	1564	60.99%	3503	879	74.91%
Cardiology	3436	1076	68.68%	1555	235	84.89%	2378	983	58.66%
Dermatology	4806	471	90.20%	3692	221	94.01%	1963	320	83.70%
Thoracic Medicine	2716	801	70.51%	1467	453	69.12%	1809	508	71.92%
Neurology	984	77	92.17%	1076	59	94.52%	0	0	
Geriatric Medicine	359	32	91.09%	89	1	98.88%	302	35	88.41%
Gynaecology	5991	2040	65.95%	2629	715	72.80%	1801	444	75.35%
Cardiology	3436	1076	68.68%	1555	235	84.89%	2378	983	58.66%
Other – Medical Services	8056	1299	83.88%	8056	895	88.89%	8056	649	91.94%
Other – Mental Health Services	9	1	88.89%	9	0	100.00%	9	0	100.00%
Other - Paediatric Services	4957	742	85.03%	4957	419	91.55%	4957	477	90.38%
Other – Other Services	3183	197	93.81%	3183	85	97.33%	3183	0	100.00%
Other (Total)	21332	4332	79.69%						
Total	**87506**	**25879**	**70.43%**	**58153**	**19423**	**66.60%**	**38626**	**10794**	**72.06%**

Nottingham and Nottinghamshire Clinical Commissioning Group

Root Cause
The specialty level breakdown of the September 2021 position details that performance for Nottingham and Nottinghamshire CCG is 70.43% against the national standard of 92%.

This is very similar to the August position of 71.66%. NUH and SFH failed to meet the national standard with performance of 66.60% and 72.06% 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 'Other'. Other' specialty includes a wide range of specialties including colorectal surgery, Allergy and Upper GI.

Outpatient activity continues to increase but is not yet at pre- Covid levels.

Four elective surgical wards at NUH were repurposed to support medical patients due to a high level of emergencies in September 2021. As at the 16th November three of the wards remain repurposed to elective surgery, predominantly within

Mitigating Actions
- Waiting list management is overseen at system level within the Elective Hub
- 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 continues to fully embed the existing outpatient transformation with increased virtual appointments and Patient Initiated Follow Up where appropriate.

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

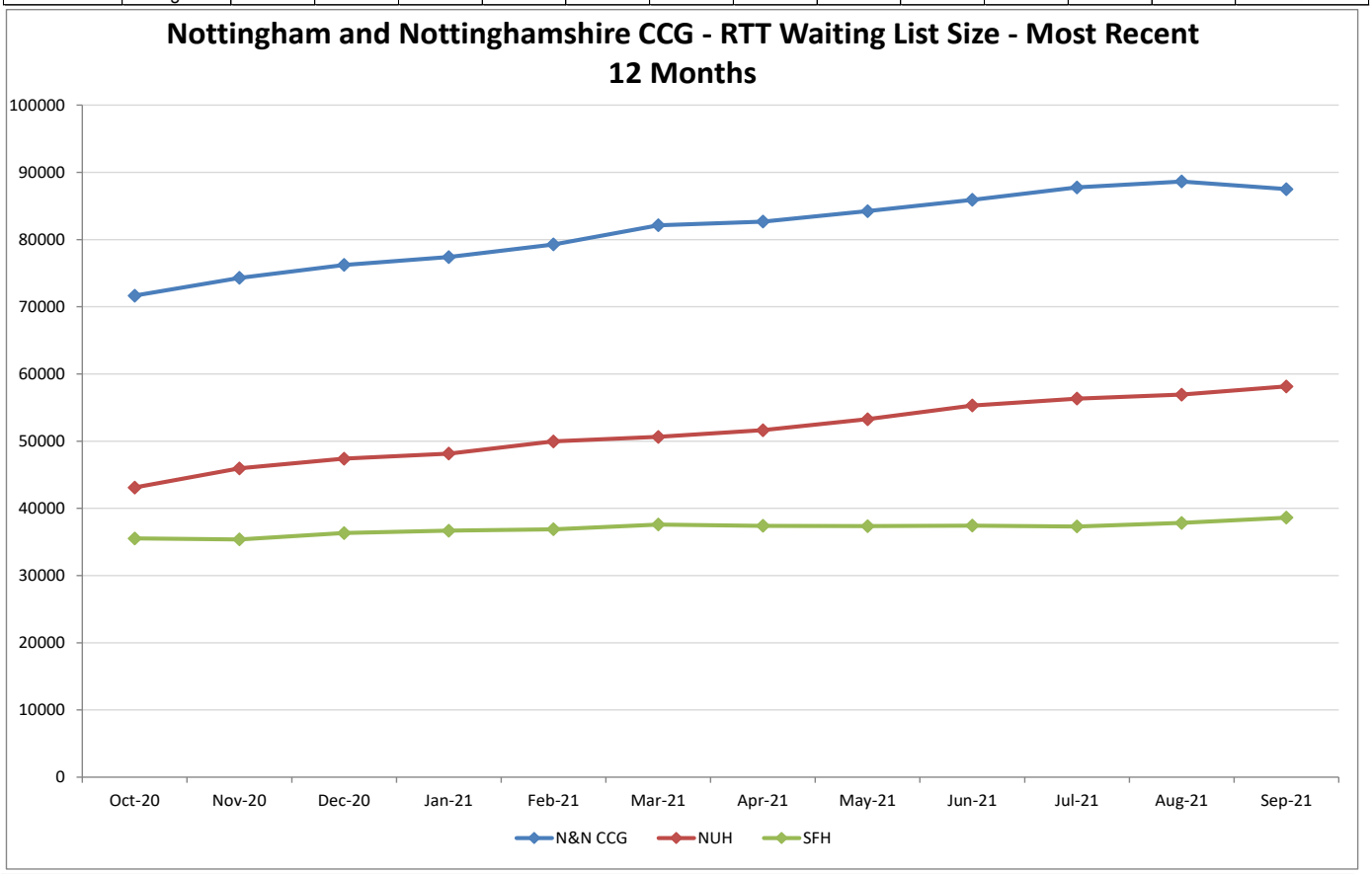
Theme	Indicator	Indicator Overview	CCG Lead	Focus
Planned Care	RTT Waiting Times	The total number of patients on an incomplete pathway at the end of the month	Lisa Durant	CCG Acute Providers

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

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

Organsation	Standard	Most Recent 12 Months Waiting List											
		Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
N&N CCG	Reduction in	65057	67662	67435	68412	65033	62670	59969	59505	60240	63228	67690	70824
NUH	patients	33159	46171	45927	45515	44452	42326	39684	38773	39805	40491	42847	43327
SFH	waiting	28325	27120	26896	26681	25812	25059	26690	27763	28535	30302	32612	34695

Organsation	Standard	Most Recent 12 Months Waiting List												Performance Direction
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
N&N CCG	Reduction in	71656	74311	76232	77400	79271	82141	82687	84229	85921	87768	88651	87506	↑
NUH	patients	43101	45964	47394	48153	49964	50645	51634	53279	55307	56334	56933	58153	↓
SFH	waiting	35531	35379	36329	36680	36895	37603	37408	37358	37433	37304	37834	38626	↓



N&N CCG Waiting List Trend	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
General Surgery	3601	3645	3690	3676	3850	4027	4246	4370	4291	4274	4326	4513
Trauma & Orthopaedics	9302	9254	9244	9102	9032	8844	8786	8908	9234	9306	9033	8522
Ear, Nose & Throat (ENT)	7329	8257	8294	8365	8344	8241	8286	8211	7818	8029	7895	7480
Ophthalmology	12536	14292	14959	14884	14742	14606	13673	13339	13591	13367	12593	11993
Oral Surgery	0	0	0	0	0	0	779	13	10	10	13	15
Neurosurgery	197	219	222	238	227	246	226	223	234	257	249	273
Plastic Surgery	380	340	393	464	555	625	649	642	628	686	680	722
General Medicine	28	25	15	28	25	17	75	27	27	24	34	37
Gastroenterology	4727	4616	4859	5331	5458	5922	6515	6320	6294	6707	6824	6592
Cardiology	2773	2936	2946	3138	3120	2916	2915	3203	3410	3503	3493	3436
Dermatology	3513	3224	3067	2978	3094	3077	3193	3504	3953	4371	4689	4806
Thoracic Medicine	2184	2141	2098	2192	2206	2237	2390	2608	2714	2696	2762	2716
Neurology	461	535	558	605	555	420	523	568	759	908	1017	984
Geriatric Medicine	623	577	508	518	477	1804	509	629	712	801	554	359
Gynaecology	5012	5095	5121	5156	5235	5447	5658	5817	6000	6042	6152	5991
Cardiology	2773	2936	2946	3138	3120	2916	2915	3203	3410	3503	3493	3436
Other – Medical Services	0	0	0	0	0	0	5674	6367	6766	6718	7572	8056
Other – Mental Health Services	0	0	0	0	0	0	10	12	14	377	21	9
Other - Paediatric Services	0	0	0	0	0	0	3540	3856	4069	4167	4444	4957
Other – Other Services	0	0	0	0	0	0	3636	3864	3496	3600	4060	3183
Other (Total)	13208	13266	14216	14519	16002	16881	17365	18748	19101	19690	20775	21332
Total	**71656**	**74311**	**76232**	**77400**	**79271**	**82141**	**82687**	**84229**	**85921**	**87768**	**88651**	**87506**

Nottingham and Nottinghamshire Clinical Commissioning Group

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 September 2021 was 87,506, which is a reduction of 1,145 patients from the August position. The majority of patients are waiting for treatment at:

- NUH – 58,153 patients (includes Nottingham Treatment Centre)
- SFH – 38,626 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 September both Acute Trusts had a number of patients waiting over 52 and 78 weeks:

- Over 52 weeks: NUH had 3,528 and SFH had 1,040 patients waiting
- Over 75 weeks: NUH had 1583 and SFH had 201 patients waiting
- Over 78 weeks: NUH had 1517 and SFH had 179 patients waiting
- Over 104 weeks: NUH had 123 and SFH had 4 patients waiting

11.19% of the NUH waiting lists are waiting over 40 weeks, which compares to 5.90% for SFH

As of 16th November the number of patients waiting for surgery over 78 weeks has started to fall. Patients waiting over 104 weeks is driven by lack of theatre capacity within ENT at NUH as surgeons focus on cancer patients. Patients waiting over 104 weeks are of low clinical priority.

The 3 main Independent Sector hospitals within Nottingham & Nottinghamshire have a total of 148 patients waiting over 52 weeks covering T&O, Orthopaedics, Ophthalmology, Neurosurgical, General Surgery, Urology, Gastroenterology, Gynaecology, and ENT. This is a reduction of 127 patients when compared to July 2021 data.

Mitigating Actions

- The Capacity Cell has confirmed the system bed model bed model which has informed the H2 plan. This has been based on a realistic scenario over and above the national requirement to plan for zero % growth.
- There is a residual bed gap, however mitigating actions have been agreed to increase capacity over winter by reducing discharge delays, all have been risk assessed and are overseen at a system level
- Additional mitigations are being considered to further reduce the risk during winter
- Day case and short stay capacity has been identified to enable lower risk long waiting patients to be treated
- IS providers have been approached and negotiations are underway to confirm additional capacity
- 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.
- Plans to reduce patients waiting over 104 weeks within ENT include use of insourcing companies at the weekends, mutual aid and recruitment of additional ENT theatre staff.
- 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 such as heart services
- 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 provide an update on the 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.

Nottingham and Nottinghamshire Clinical Commissioning Group

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

Gaps in Assurance
Waiting times will not reduce until current pressures related to non elective admissions subside and Trusts are able to utilise the elective wards that have been repurposed to generate additional emergency capacity

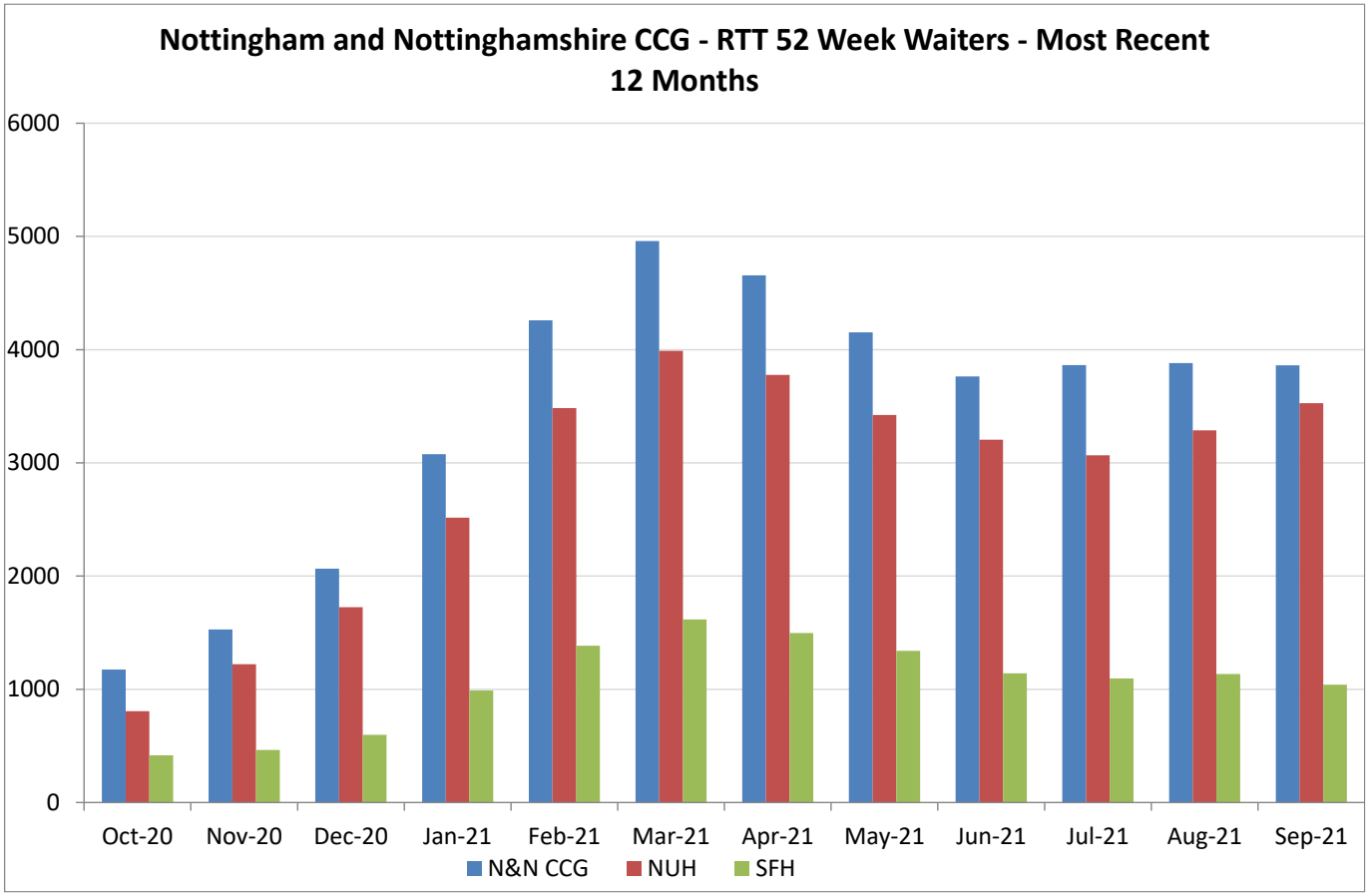
Theme	Indicator	Indicator Overview	CCG Lead	Focus
Planned Care	RTT Waiting Times	The number of incomplete pathways exceeding 52 weeks at the month end	Lisa Durant	CCG Acute Providers

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

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

Organsation	Standard	Most Recent 12 Months 52 Week Waiters											
		Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
N&N CCG	No patients	2	2	4	3	2	9	39	117	249	483	716	959
NUH	waiting over	0	0	0	0	0	0	15	61	138	272	404	553
SFH	52 Weeks	0	0	0	0	0	0	15	47	125	217	316	417

Organsation	Standard	Most Recent 12 Months 52 Week Waiters												Performance Direction
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
N&N CCG	No patients	1175	1528	2065	3076	4259	4960	4656	4153	3764	3864	3881	3861	↑
NUH	waiting over	806	1222	1725	2516	3484	3990	3776	3422	3205	3066	3287	3528	↓
SFH	52 Weeks	418	465	598	990	1385	1618	1498	1340	1142	1096	1136	1040	↑



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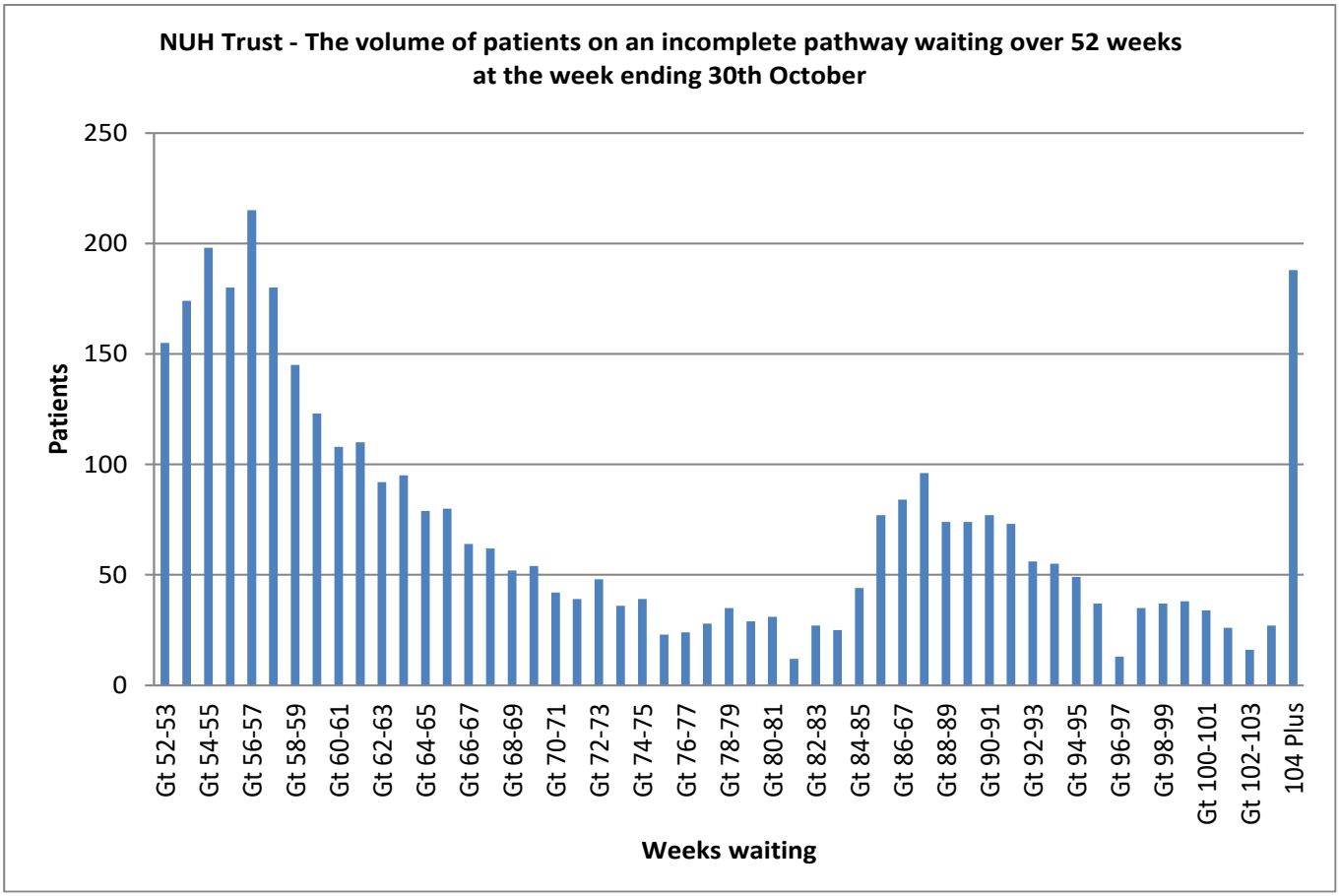

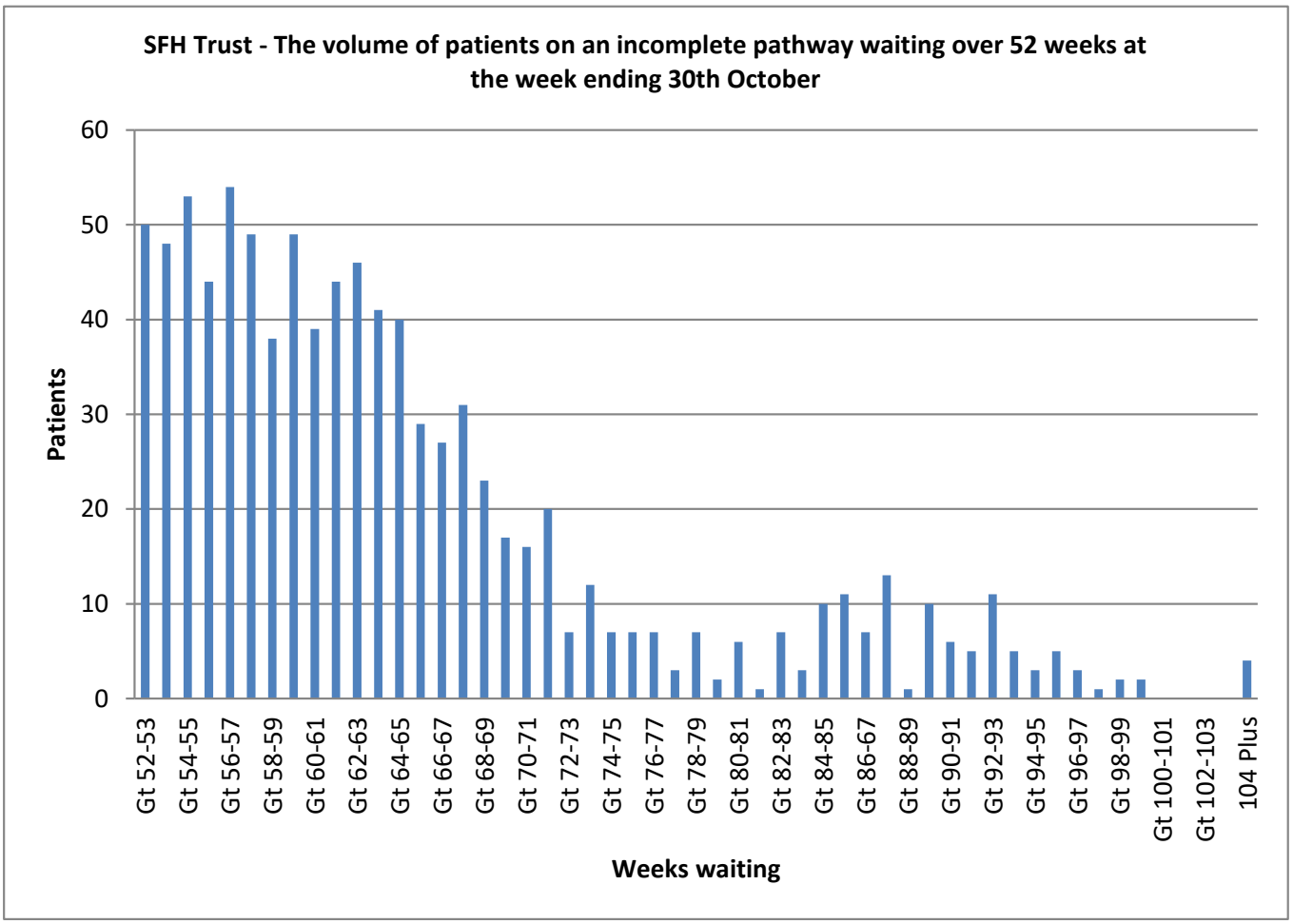

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N&N CCG Patients Waiting Over 52 Wks - Top 10 Providers	Patients
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	2476
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	834
UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	154
PRIMARY INTEGRATED COMMUNITY SERVICES LTD	124
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	67
SPIRE NOTTINGHAM HOSPITAL	45
BMI - THE PARK HOSPITAL	33
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	14
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	12
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	12
OTHER PROVIDERS	90
TOTAL	3861

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 experienced due to COVID 19
- Elective wards have been repurposed 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.

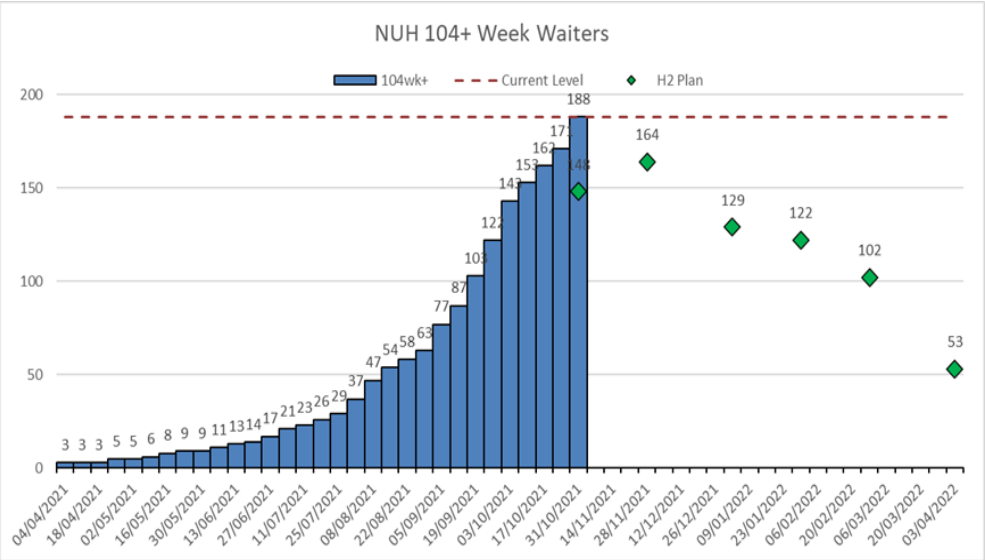
Please note: local Independent Sector (IS) providers also have patients waiting in excess of 52 week waits. This is due to prioritisation of clinically urgent patients from NHS providers.

Nottingham and Nottinghamshire Clinical Commissioning Group

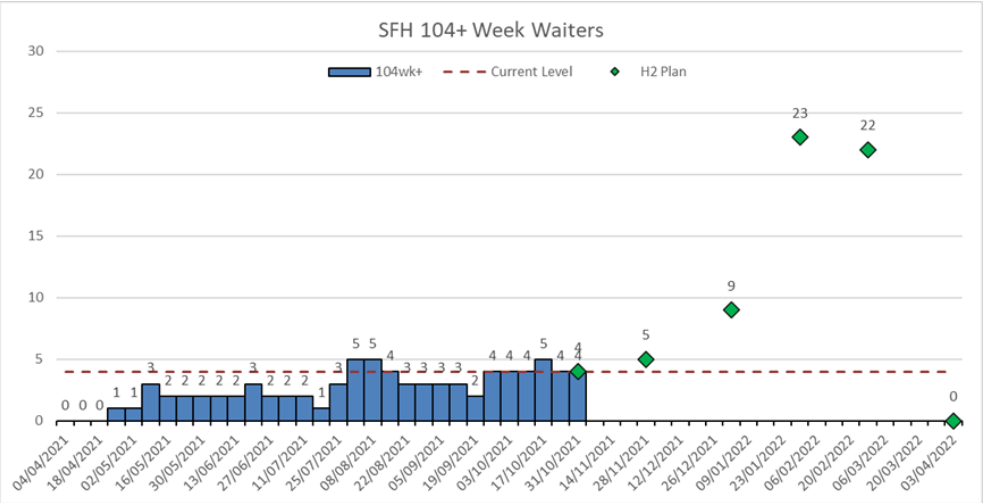
104 Week Waiters

The charts below illustrate the volume of patients waiting 104 weeks or more at NUH or SFH at 30th October 2021. Note that this is shown alongside the provider level trajectories that have been submitted as part of the H2 plan.

Key remedial actions are described on page 14.



NUH 104+ Week Waiters	
ENT	106
Maxillo-Facial Surgery	10
Ophthalmology	10
Colorectal Surgery	8
Spinal Surgery Service	8
Elective Orthopaedics	7
General Surgery	7
Hepatobiliary & Pancreatic Surgery	7
Urology	6
Paediatric Urology	5
Upper Gastrointestinal	4
Cardiac Surgery	3
Trauma & Orthopaedics	2
Endocrinology	1
Gynaecology	1
Paediatric Surgery	1
Respiratory Medicine	1
Vascular Surgery	1
Total	**188**



SFH 104+ Week Waiters	
Trauma & Orthopaedics	4
Total	**4**

Nottingham and Nottinghamshire Clinical Commissioning Group

Mitigating Actions
Trajectories to reduce 104 week waits by the end of March 2022 have been submitted to NHS E/I as part of the H2 planning submission. A level of risk persists if urgent care demand continues and if there are further workforce shortages.

Specific action:

- The Capacity Cell has confirmed the system bed model bed model which has informed the H2 plan. This has been based on a realistic scenario over and above the national requirement to plan for zero % growth.
- There is a residual bed gap, however mitigating actions have been agreed to increase capacity over winter by reducing discharge delays, all have been risk assessed and are overseen at a system level
- Additional mitigations are being considered to further reduce the risk during winter
- Whilst the system is working to zero 104 ww – all patients are prioritised appropriately and treating cancer patients remains a high priority.
- Day case and short stay capacity has been identified to enable lower risk long waiting patients to be treated
- NUH have the highest level of 104 week waits with ENT the highest volume. Plans have been agreed in principle and are being finalised to reduce ENT 104 week waits to zero by end of March. This includes use of insourcing companies at the weekends, mutual aid and recruitment of additional ENT theatre staff.
- IS providers have been approached and negotiations are underway to confirm additional capacity

Ongoing action:

- 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 Elective Hub, continues to have oversight of all waiting lists to ensure that capacity is used at a system level, and that all long waiting patients are dated appropriately
- Mutual aid between organisations is considered where appropriate, which has enabled a number of patients to be treated earlier
- 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.
- 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

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

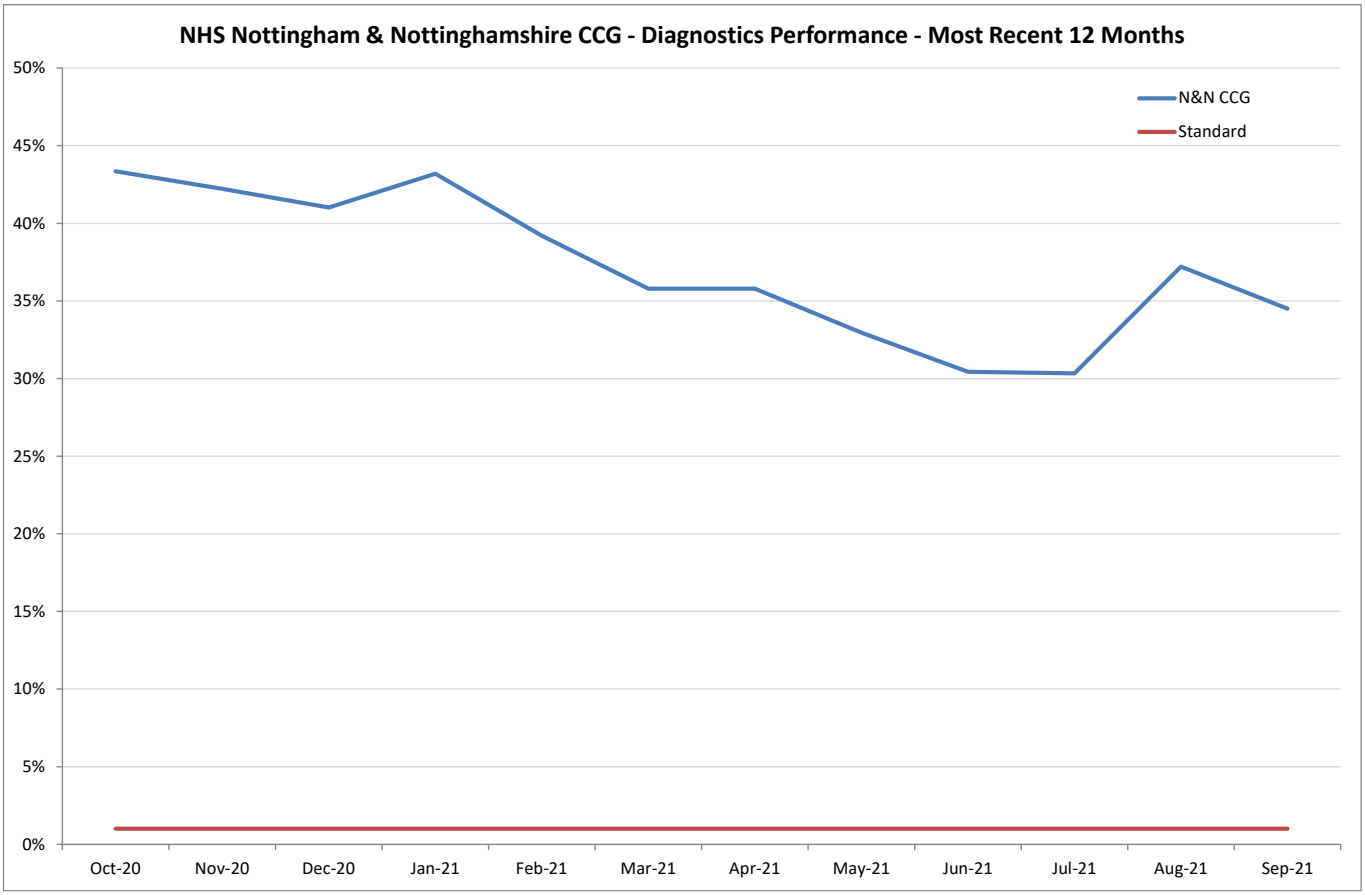
Gaps in Assurance
Waiting times will not reduce until current pressures related to COVID non elective admissions subside and Trusts are able to restore elective services

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

NHS Nottingham and Nottinghamshire Clinical Commissioning Group

Organsation	Standard	Most Recent 12 Months Performance											
		Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
N&N CCG	Less than or equal to 1%	1.17%	0.96%	1.08%	1.87%	0.99%	9.97%	54.73%	59.68%	53.26%	46.80%	46.06%	41.60%
NUH		1.27%	1.00%	0.99%	2.32%	1.01%	12.42%	57.23%	61.63%	57.74%	52.00%	49.95%	47.28%
SFH		0.95%	0.88%	0.96%	1.45%	1.43%	6.19%	53.00%	57.58%	50.01%	40.39%	38.63%	32.61%

Organsation	Standard	Most Recent 12 Months Performance											Performance Direction
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
N&N CCG	Less than or equal to 1%	43.36%	42.22%	41.01%	43.19%	39.20%	35.79%	35.79%	32.95%	30.43%	30.33%	37.20%	34.50%	↑
NUH		48.91%	48.89%	48.00%	50.57%	47.60%	43.46%	44.23%	40.63%	39.17%	38.54%	44.38%	44.65%	↓
SFH		35.05%	31.91%	31.24%	34.00%	29.75%	27.35%	25.36%	23.05%	20.08%	21.75%	25.13%	20.02%	↑



Tests Below Standard - September 2021	N&N CCG			NUH			SFH		
	Patients	Breaches	<6Wks	Patients	Breaches	<6Wks	Patients	Breaches	<6Wks
MRI	9197	5314	57.78%	7528	5203	69.12%	1590	18	1.13%
Computed Tomography	3662	829	22.64%	2093	234	11.18%	1707	652	38.20%
Non-obstetric ultrasound	7300	734	10.05%	2331	211	9.05%	3555	496	13.95%
Barium Enema	1	1	100.00%	0	0		0	0	
DEXA Scan	1351	624	46.19%	1048	615	58.68%	826	81	9.81%
Audiology	966	191	19.77%	687	201	29.26%	0	0	
Echocardiography	3417	1158	33.89%	2146	714	33.27%	1392	449	32.26%
Cardiology - Electrophysiology	0	0		0	0		0	0	
Neurophysiology	129	4	3.10%	138	2	1.45%	0	0	
Sleep studies	583	149	25.56%	488	128	26.23%	279	47	16.85%
Urodynamics	70	11	15.71%	31	12	38.71%	50	2	4.00%
Colonoscopy	871	337	38.69%	579	270	46.63%	405	117	28.89%
Flexi sigmoidoscopy	329	139	42.25%	241	107	44.40%	123	48	39.02%
Cystoscopy	387	98	25.32%	177	16	9.04%	254	99	38.98%
Gastroscopy	1282	604	47.11%	1043	560	53.69%	373	104	27.88%
Total	29545	10193	34.50%	18530	8273	44.65%	10554	2113	20.02%

Nottingham and Nottinghamshire Clinical Commissioning Group

Root Cause

- Backlogs and long waits due to reduction in capacity during Covid, particularly impacted endoscopy where procedures were classified as AGPs. Significant increase in GP referrals 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 at 100+% of pre-COVID levels across the main diagnostic modalities which benchmarks well against national average and peers.
- The ICS is an Accelerator system for Elective Recovery, which has allowed 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).
- Bid for year 2-5 funding for CDHs submitted to Regional Team.

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

NHS Nottingham and Nottinghamshire Clinical Commissioning Group

Organsation	Standard	Most Recent 12 Months Performance - Two Week Wait												Performance Direction
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
N&N CCG	Greater than or equal to 93%	95.14%	95.53%	95.32%	88.77%	95.84%	96.44%	86.25%	89.67%	88.45%	91.59%	90.55%	89.74%	↓
NUH		95.39%	95.82%	95.30%	87.40%	95.38%	96.65%	82.56%	87.31%	87.70%	92.30%	90.64%	89.66%	↓
SFH		94.79%	95.70%	95.62%	91.43%	96.76%	96.44%	95.17%	95.20%	89.92%	90.69%	90.43%	90.31%	↓

Organsation	Standard	Most Recent 12 Months Performance - Two Week Wait - Breast Symptoms												Performance Direction
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
N&N CCG	Greater than or equal to 93%	95.79%	93.64%	93.69%	97.59%	96.94%	96.15%	63.11%	74.42%	75.00%	89.43%	95.31%	92.31%	↓
NUH		95.06%	97.98%	91.11%	97.01%	98.63%	96.81%	45.71%	68.49%	71.95%	90.63%	96.67%	94.81%	↓
SFH		100%	100%	100%	100%	97.50%	100%	100%	100%	77.27%	92.86%	100%	92.59%	↓

Root Cause

NUH

- Sept performance 89.7%, impacted by referral rates that continue to be 15% - 20% higher than pre COVID levels. Capacity issues continue to be the biggest concern.
- LGI, Haematology and Gynae have the lowest performance levels
- Breast demand has increased following high profile /celebrity breast cancer diagnosis (Sarah Harding and Julia Bradbury) resulting in the need to book patients at day 15 or 16.
- Head and Neck – recently raised capacity issues and now booking at 16 or 17 days
- A further increase has been seen in non 2WW referrals – through tertiary and Consultant upgrades, particularly affecting lung.
- The Lung service are now seeing the same number of patients through 2ww referrals as they are through consultant upgrade onto the urgent cancer pathway.

SFH

- The number of 2ww referrals overall is 22% above the 19/20 average. This is driven mainly by Lower gastrointestinal (45%) and skin (40%).

Mitigating Actions

NUH

- Referral rates have begun to reduce following the significant rise seen in March/ 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 have been delivered - e.g. Lung, Head and Neck.

SFH

- New LGI cancer support worker (CSW) triage role is in place. A call reminder and DNA audit trial has been launched.
- New referral form process has been introduced in LGI which is aligned to the wider Nottinghamshire system to improve the appropriateness of referrals.
- Work is underway to improve appropriateness of prostate referrals and completeness of clinical information to aid rapid triage.

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

- The Increase in referrals has impacted 2ww performance. Referral numbers have remained significantly over 19/20 levels since March 21
- Outpatient capacity is becoming increasingly impacted by 2ww referral increases, as follow-up slots have been utilised in some areas to increase 2ww capacity.
- Increasing levels of Covid infection has increased the number of staff being off sick and /or self-isolating.

SFH

- Referral numbers have remained significantly over 19/20 levels since March 21

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

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Organsation	Standard	Most Recent 12 Months Performance - Twenty Eight Day FDS												Performance Direction
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
N&N CCG	Greater than or equal to 70%	87.69%	79.58%	79.87%	74.68%	83.44%	83.83%	79.25%	79.11%	81.00%	76.79%	78.46%	76.89%	↓
NUH								79.67%	79.03%	81.36%	78.72%	81.80%	80.81%	↓
SFH								78.25%	80.26%	80.16%	75.89%	74.58%	73.69%	↓

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 76.89% in September 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 prior to the establishment of the standard 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

NHS Nottingham and Nottinghamshire Clinical Commissioning Group

Organsation	Standard	Most Recent 12 Months Performance - 31 Day												Performance Direction
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
N&N CCG	Greater than or equal to 96%	95.06%	94.55%	91.39%	87.96%	93.01%	92.66%	91.72%	92.23%	87.19%	90.25%	91.63%	90.34%	↓
NUH		94.17%	91.70%	90.69%	86.58%	91.40%	91.13%	90.09%	90.34%	86.31%	89.90%	89.69%	89.46%	↓
SFH		94.44%	99.18%	95.79%	89.74%	99.00%	96.97%	95.88%	97.73%	91.91%	92.70%	95.76%	91.94%	↓

Root Cause

NUH

- Day 31 performance was 89.5%; a similar position to the last two months.
- The key reasons for breaches are surgical and HDU capacity and clinical priority - particularly impacting Urology, Gynae, and LGI.
- Increases in referral rates are impacting on 31-day performance

SFH

- 31 day performance has declined to 91.9% in September compared to 95.7% in August.
- There were 10 breaches for 124 treatments in September.
- Breaches were across skin (6), gynaecology (3), and urology (1).
- High referral levels which are 20% 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) meets weekly.
- NUH to undertake further analysis of 31-day performance, including consultant upgrade data

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

- Number of 2ww referrals are consistently above pre-pandemic levels.
- Scale of winter pressures unknown.
- Number of patients waiting over 62 days for treatment continues to grow
- Outpatient capacity is becoming increasingly impacted by 2ww referral increases, as follow-up slots have been utilised in some areas to increase 2ww capacity.

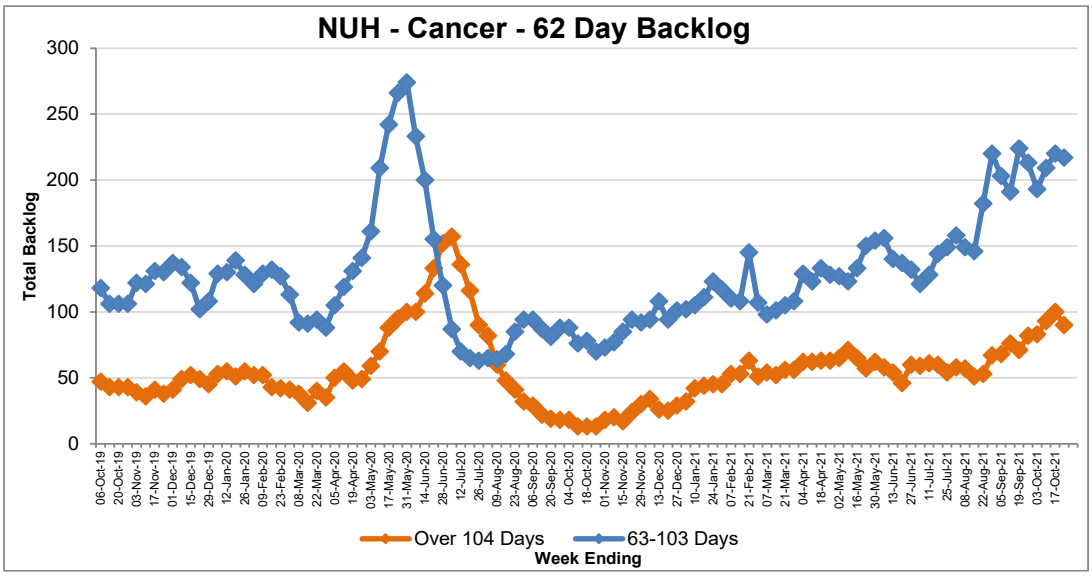
SFH

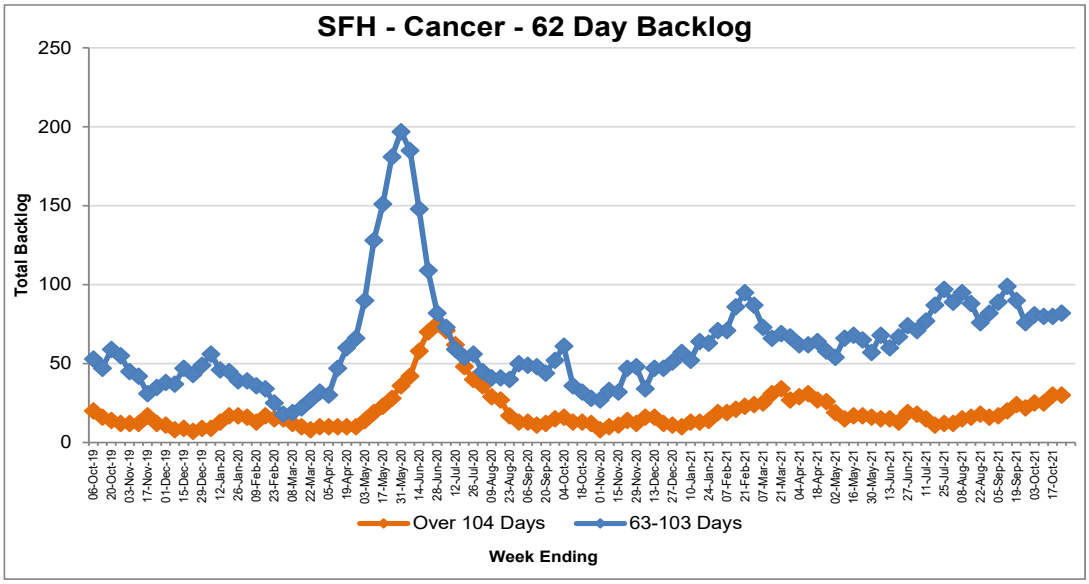
- Future referral levels and magnitude of winter pressures are unknown

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

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Organsation	Standard	Most Recent 12 Months Performance - 62 Day												Performance Direction
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
N&N CCG	Greater than or equal to 85%	76.34%	74.91%	75.73%	68.15%	71.50%	73.26%	79.10%	74.66%	70.90%	65.85%	67.32%	67.10%	↓
NUH		76.20%	75.00%	76.22%	71.43%	67.51%	73.83%	75.12%	71.18%	70.16%	68.09%	65.56%	69.31%	↑
SFH		70.91%	74.19%	69.57%	63.16%	72.79%	68.75%	73.61%	71.13%	72.73%	68.95%	69.27%	62.29%	↓





Nottingham University Hospitals Performance Focus

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Root Cause
September Performance

- Sept 62 day performance improved slightly to 69.3% from the previous month.
- Almost all specialties are finding it extremely challenging to achieve the 85% target with Gynae, LGI and UGI having the lowest performance.
- Treatment numbers were high at 258.5
- Access to HDU beds, theatre capacity and staffing continue to be major issues. At the beginning of November, there were 60 cancer or suspected cancer patients waiting for an HDU bed.
- Staff isolation numbers or off sick due to COVID are high
- Histology delays (medical recruitment biggest issue) are affecting all areas, particularly skin. Turnaround times are reduced.
- Chemotherapy issues have now been resolved and treatment for category 5 & 6 patients are now in place.
- Staffing challenges have also created significant delays in chemotherapy, histology, oncology, radiology reporting and provision of specialty outpatient capacity.
- Total breaches have increased to 84.5 - with the highest numbers continuing to be in:- LGI 18, Urology 15.5, UGI 12, Lung 8.5 and Gynae 8.
- 62-day backlog has increased substantially to 319 and peaked at 341 (8/11/21)
- Day 104 patients - Numbers again have also increased to 95.

Mitigating Actions

- Surgical prioritisation continues to take place matching available capacity with clinical need across different specialties. 'POCUS' - (prioritisation of cancer and urgent surgery) meets weekly.
- 62-day backlog - All specialties have produced an action plan and trajectory for improvement.
- RDC funding to improve diagnostic capacity has been agreed for 21/22 and business case being developed for 22/23.

Assurances

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

Gaps in Assurances

- Number of 2ww referrals are consistently above pre-pandemic levels.
- Scale of winter pressures unknown.
- Number of patients waiting over 62 days for treatment continues to grow
- Outpatient capacity is becoming increasingly impacted by 2ww referral increases, as follow-up slots have been utilised in some areas to increase 2ww capacity.

Sherwood Forest Hospitals Performance Focus

Nottingham and Nottinghamshire Clinical Commissioning Group

Root Cause

- SFH's 62 day performance declined from 69.3% in August to 62.3% in September. There were 33 breaches for 86 treatments.
- Breaches were spread across urology (15), lower gastrointestinal (6) and gynaecology (3).
- The number of 2ww referrals overall is 22% above the 19/20 average. This is driven mainly by Lower gastrointestinal (45%) and skin (40%).
- Referral increase impacts on diagnostic capacity such as CT colon; compounded by a high volume of DNA/patient cancellations.
- Other diagnostic and treatment delays provided by the tertiary centre including EFGR in Lung, PET scans, surgical dates and oncology.
- Theatre capacity, HDU beds and staffing continue to be the main issues.

Mitigating Actions

- Increasing patients per CTC list by utilising imaging assistants for cannulation and preparation.
- Radiology trialling reduced prep to support better backfill for short notice cancellations.
- Pathology outsourcing EGFR to independent sector to improve turnaround times.
- Urgent actions being explored with NUH to mitigate the loss of oncology staff i.e. redistributing staff and better use of space.
- Mobile endoscopy and CT in place. Expansion of mobile endoscopy to 7 days is being explored with the provider.
- RDC funding to streamline challenged diagnostic pathways has been agreed for 2021/22 and 2022/23.

Assurances

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

Gaps in Assurances

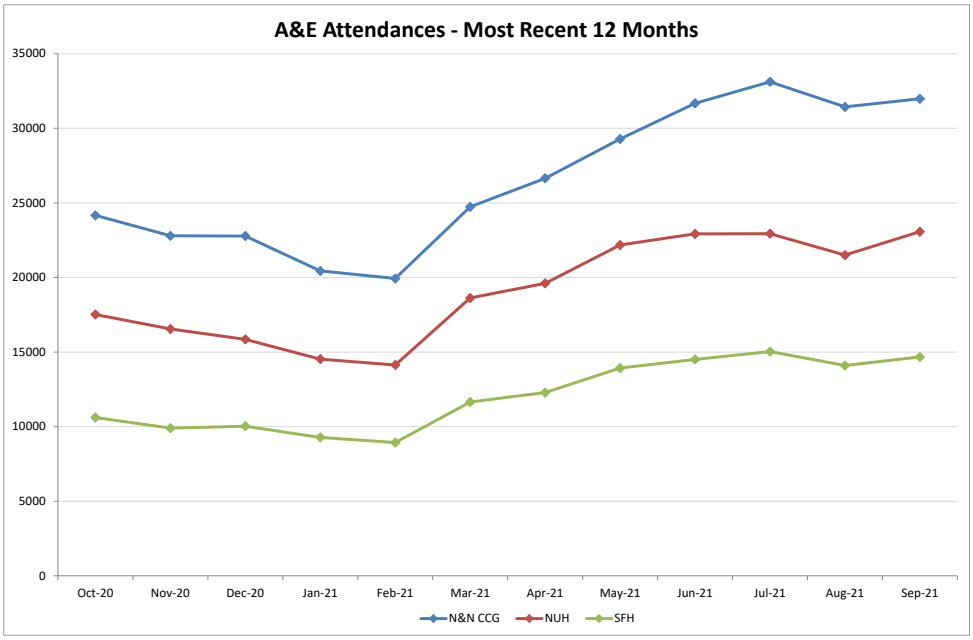
- Number of 2ww referrals are consistently above pre-pandemic levels.
- Scale of winter pressures unknown.
- Number of patients waiting over 62 days for treatment continues to grow

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

NHS Nottingham and Nottinghamshire Clinical Commissioning Group

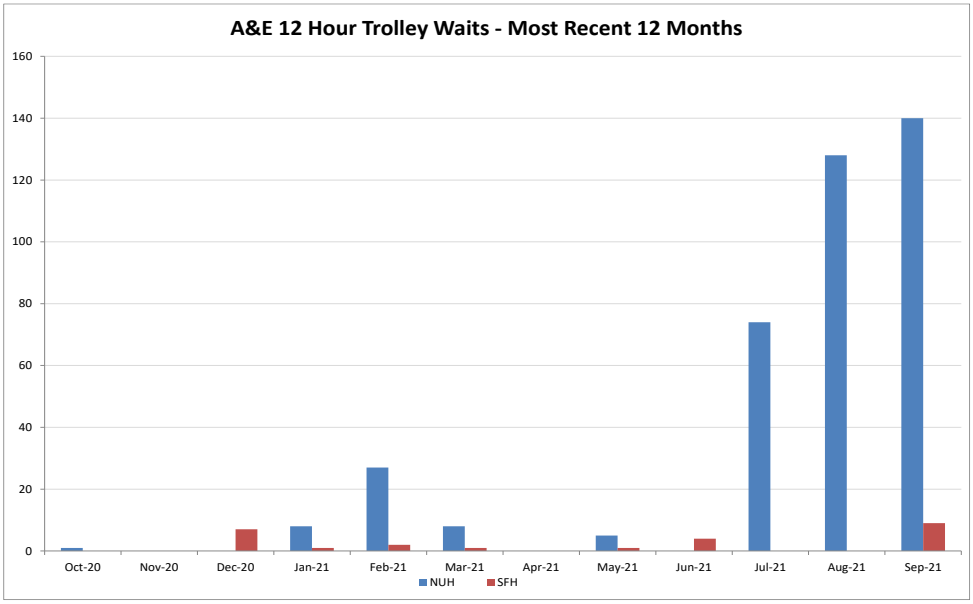
Organsation	Standard	Most Recent 12 Months Performance												Performance Direction
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
N&N CCG	Greater than or equal to 95%	78.22%	79.85%	75.71%	73.01%	76.64%	76.04%	76.30%	73.27%	72.23%	70.14%	68.70%	65.41%	↓
NUH		Reporting suspended due to trial of new indicators												⇔
SFH		95.20%	93.50%	89.67%	85.41%	92.26%	94.11%	93.77%	91.75%	88.84%	86.34%	86.61%	82.42%	↓

Organsation	Standard	Most Recent 12 Months - Attendances												Performance Direction
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
N&N CCG	N/A	24163	22794	22781	20438	19930	24735	26651	29282	31676	33120	31436	31980	N/A
NUH		17519	16548	15855	14526	14134	18627	19607	22179	22924	22938	21502	23070	N/A
SFH		10612	9901	10029	9279	8932	11654	12284	13930	14505	15029	14099	14673	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
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-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		1	0	0	8	27	8	0	5	0	74	128	140	↓
SFH		0	0	7	1	2	1	0	1	4	0	0	9	↓



Root Cause
NHS111 telephony saw a decrease of 4.2% overall in activity in September when compared to August. NHS111 online also a decrease of 18.6% over the same period. The Clinical Advisory Service managed to handle 3,012 transferred dispositions from ED. The number of ED dispositions diverted from ED by CAS was 2,150 (71.4%).
Conveyance rates to SFHFT ED reflect a shift of 1% from 58.7% in July to 57.7% in August and back to 58.7% September. This remains lower than summer months averaging 60% conveyance. In the same month, NUH saw a similar pattern of conveyance with a 0.3% shift. In September daily ambulance attendances have slightly improved in comparison to previous months with SFHFT having a daily average of around 95 attendances and 158 at NUH. Both Trusts have seen a reduction in September compared to May, June, and July 2021.

Capacity issues across all sectors and providers have reduced the system's ability to quickly flow patients through the system. The challenge of adequate capacity within the home care market, further compounded by the increase in acuity and complexity of patients, along with the increase care packages requiring 4 visits per day with 2 carers impacts on the challenge.

MSFT levels in both Mid and Greater Notts remain higher than target levels for both NUH and SFH despite MDT approaches to tackle this daily. This again is driven by several factors, the main issue remains the lack of home care capacity and the increasing demand for Pathway 1 services, with insufficient home care provision, both of which are the focus of the D2A collaborative improvement work. The SFH MSFT list averaged 48 patients a day in September with NUH reducing to around 100 patients. This position has not changed, and the challenges remain.

In September, the daily average number of beds occupied by confirmed Covid-19 positive patients in NUH and SFHFT has increased, with a steady number remaining in critical care. NUH recorded a daily average number of 140 COVID-19 occupied beds with SFH at 36 in September. The average age of critical care patients is between 25 – 55, unvaccinated in the main. This reflects the current national Covid-19 picture. There is a potential there will be an increase in COVID-19 hospital admissions over the winter period as COVID positive cases increase. However, this will be continuously monitored.

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. *Note*: Data for primary care remains a month behind.

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

Performance Indicator	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21
% of Same Day Appointments	46%	44%	44%	44%	44%	44%
Number of Same Day Appointments Booked	206,755	216,590	231,702	202,290	204,398	235,593
Total Number of Appointments Booked	454,315	492,711	522,336	463,174	461,437	534,353

Current data 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'.

The latest data available is for August 2021. This data shows across the 124 Nottingham & Nottinghamshire CCG practices a total of 454k appointments were undertaken, with approx. 58% of appointments being held Face to Face and approx. 52% of appointments being delivered as urgent requests on the same or next day. When compared to the same time last year - appointments in August 2020, this shows a substantial increase in the number of overall appointments delivered across our practices as 399k appointments were held, approx. 53% of appointments were however still undertaken Face to Face.

NHS111
111 calls recommending A&E were lower in September 2021 (3.4%) in comparison to September 2020 (7.3%), whilst September 2021 (57%) has seen a decrease in performance against the 95% answered in 60 seconds target, calls abandoned after 30 seconds increased to 10%, well above the 5% performance target. This was a significant shift from August 2021 (4%).

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 September 2021

Performance Indicator	Sep-21	Aug-21	Jul – 21	Jun-21	May-21	Apr-21
Total Direct Bookings into Primary Care from 111	2474	2183	2358	2352	2269	1785
NHS111 dispositions recommended for ED diverted by the Clinical Advisory Service	71%	68%	71%	68%	68%	70%

In addition, the use of alternatives to ED continues to be managed by the Clinical Advisory Service (CAS) provided by NEMS.

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

Workstream	Performance Indicator	Target	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
URGENT CARE	URGENT CARE - 111 FIRST							
	Average Pre Handover NUH	00:15:00	00:19:51	00:19:53	00:19:16	00:17:09	00:15:31	00:14:54
	Average Post Handover NUH	00:15:00	00:18:55	00:19:27	00:18:37	00:19:32	00:18:46	00:19:32
	Average Pre Handover KMH	00:15:00	00:17:34	00:16:47	00:15:54	00:16:03	00:15:10	00:15:03
	Average Post Handover KMH	00:15:00	00:20:07	00:20:44	00:20:09	00:20:37	00:19:55	00:20:24

Handover Delays > than 30 minutes:
The % of handover delays > than 30 minutes across the system, have increased slightly, 10.98% was reported in September, compared to 9.3% in August. This rise can be attributed to the increasing volumes month on month, of patients attending both EDs. Pre handover delays above 60+ minutes have decreased slightly, reporting a daily average of 3.4 in September, compared to August's 3.8. The minimal shift is attributed to the high numbers month on month, of patients presenting at both EDs as well as requirements for ambulance cleaning/ make ready to minimise infection risk.

Conveyance Performance
Conveyance rates remain relatively static across both trusts.

The significant increase seen in May for SFH has continued into September. This increase can be attributed to the continuing high levels of higher acuity patients.

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

Performance Indicator	Performance Metric	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
Conveyance Rate to NUH for GN incidents	Monthly %	55.2%	55.9%	53.2%	56.7%	57.6%	56.6%
Conveyance Rate to SFH for MN Incidents	Monthly %	58.4%	57.5%	59.0%	60.0%	60.5%	46.1%

ED ACTIVITY
12hr Trolley Delays

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 12-hour Decision to Admit breaches throughout August and September at both Nottingham University Hospitals (NUH) and Sherwood Forest Hospitals (SFH). NUH reported 124 x 12-hour trolley breaches in August with an increase to 140 in September. SFH reported 1 x 12-hour breaches in August and increased to 9 in September. The CCG continues to engage providers to ensure mitigating actions are being undertaken to counter patient care related risks.

NUH
ED Attendances: The Type 1 average daily attendance for September was 542 compared to August 494, a increase of 9.7%. The UTC had an average attendance rate of 175 for September, an increase of 17.4% when compared to August (149). The overall trend in levels of attendance is expected to continue to increase as the effects of the lockdown restrictions have eased and the perceived change to the public risk management of minor illness has reduced.

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

Performance Indicator	Performance Metric	Sept-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
ED Attendance NUH (Type 1 only)	Daily Average	542	494	525	537	507	460
London Road UTC Attendances	Daily Average	175	149	157	165	157	138

Streaming: In September, NUH streamed 149 patients from ED to the UTC on London Road and a further 1910 patients to NEMS primary care stream compared to August 1365. This is an increase of referrals to both UTC and NEMS primary care stream compared to August.

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

Performance Indicator	Performance Metric	Sept-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
Referrals from NUH to UTC	Month Total	149	137	276	333	253	180
Streaming to NEMS Primary Care	Month Total	1910	1365	1538	1423	1209	1003

Bed Occupancy: The average bed occupancy for NUH in September was 89.48%, an increase of 2.4% from August (87.39%), which was also a 2% increase on July. There has been an increase in the number of Covid-19 positive patients for September in the Trust; the daily average number of beds occupied by confirmed Covid-19 positive patients in NUH was 140 in September, compared to 109 in August.

SFHFT

ED Attendances: The Type 1 average daily attendance for September was 318 compared to 304 in August which was an increase of 4.6%. The UCC had an average attendance rate of 77 for September, which is an increase of 13.2% when compared to the August average of (68).

A high-level assumption could be made that an increase in winter is a possibility.

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

Performance Indicator	Performance Metric	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
ED Attendance KMH (Type 1 only)	Daily Average	318	304	325	323	303	281
Newark UCC Attendances	Daily Average	77	68	75	69	65	58

Streaming: During September, of the total type 1 attendances 12,419 patients that presented at KMH ED, 2,837 (23%) were streamed to PC24. The 23% achieved for this month is above the agreed target of 20%.

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

Performance Indicator	Performance Metric	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
PC24 AE Attendances	Daily Average	95	86	85	91	81	70
PC24 as a % of ED attends	Month Performance	23%	22%	20.7%	22.0%	21.1%	19.9%

Bed Occupancy: The average bed occupancy for SFHFT in September was 92.66% which was 3.34% more than August's (89.32%). The increased number of Covid-19 positive patients along with the numbers of MSFT seen during September, are contributing factors to this high level of occupancy. In September, the daily average number of beds occupied by confirmed COVID-19 positive patients in SFHFT was 36 as opposed to 31 in August, this was a 16.1% increase.

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. Discussions with NUH Front Door IDT are in progress to identify impact, capacity, flow and support required.

Table 10 – SDEC performance over 6 months up to September 2021

Performance Indicator	Target	Sept-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
% of admissions classed as SDEC - NUH	30%	37.3	35%	34%	36.0%	35.0%	38.6%
% of admissions classed as SDEC – SFH	30%	41.5	39%	39%	39.0%	38.2%	38.2%

Admissions

During September, the percentage of attendances resulting in admission has remained relatively static at SFHFT with a slight decrease of 2.3% at NUH. Data related to admissions from care homes was not available at the time of writing.

NUH

Table 11 – NUH ED Attendance to Admissions over 6 months up to September 2021

Performance Indicator	Sept-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
ED Attendance to Admission	27.4%	29.7%	30.0%	29.9%	30.8%	33.3%
Admissions from ED	153	153	162	168	164	160
Total Admissions	309	228	318	329	314	303
Care Homes Admissions	171	183	217	237	217	201

SFHFT

Table 12 – SFHFT ED Attendance to Admissions over 6 months up to September 2021

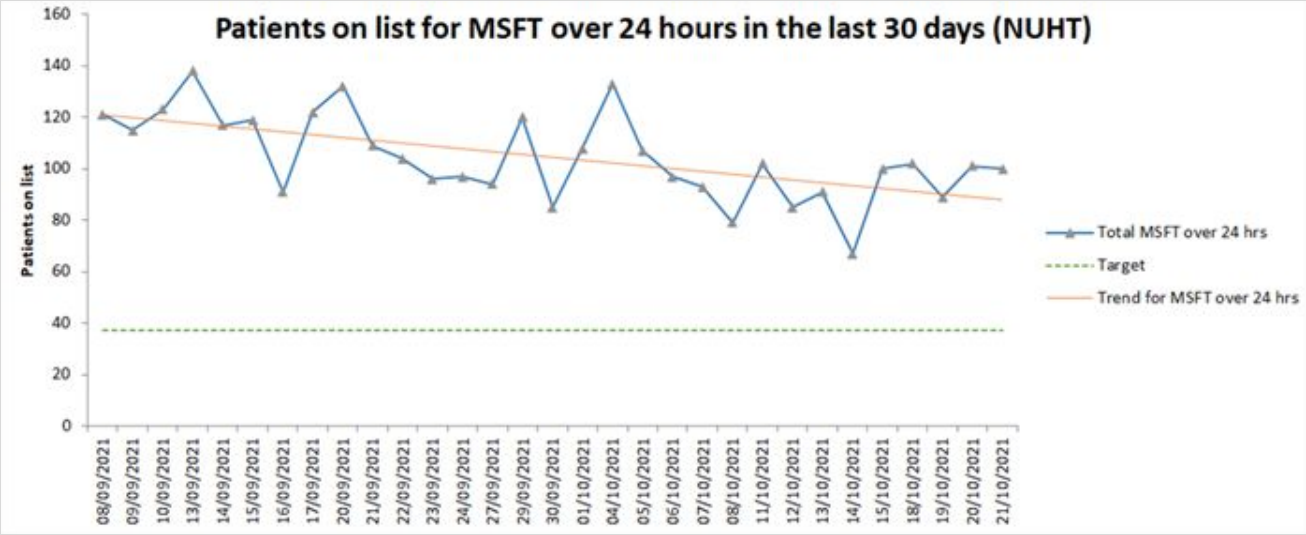
Performance Indicator	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21
ED Attendance to Admission	33.4%	33.9%	31.6%	32.1%	33.1%	34.0%
Admissions from ED	80	77	78	80	77	75
Total Admissions	88	86	94	94	88	85
Care Homes Admissions	174	182	192	159	143	154

Discharge

NUH

A daily target of 37 medically safe for transfer (MSFT) patients remains in place; there continues to be an overall improvement in reducing the MSFT list, but adequate homecare capacity impacts on some of this movement. Workforce challenges remain- including the ability for City LA to allocate workers in a timely manner to support discharge planning. The position is shown in the graph below for Greater Nottingham MSFT Delays over 24 hours in NUH up to 21 October 2021. It is anticipated, with an increase of 3 discharges per day this would improve the position of 50 supported patients MSFT>24 hours, increasing the average from 36 to 29 – further impacting on reducing bed waits in ED.

Graph 1 - Greater Nottingham MSFT Delays over 24 hours in NUH up to 21 October 2021



The current main delay reasons are:

Table 13 – Greater-Nottingham Main Delay Reasons in NUH – Mitigating Actions

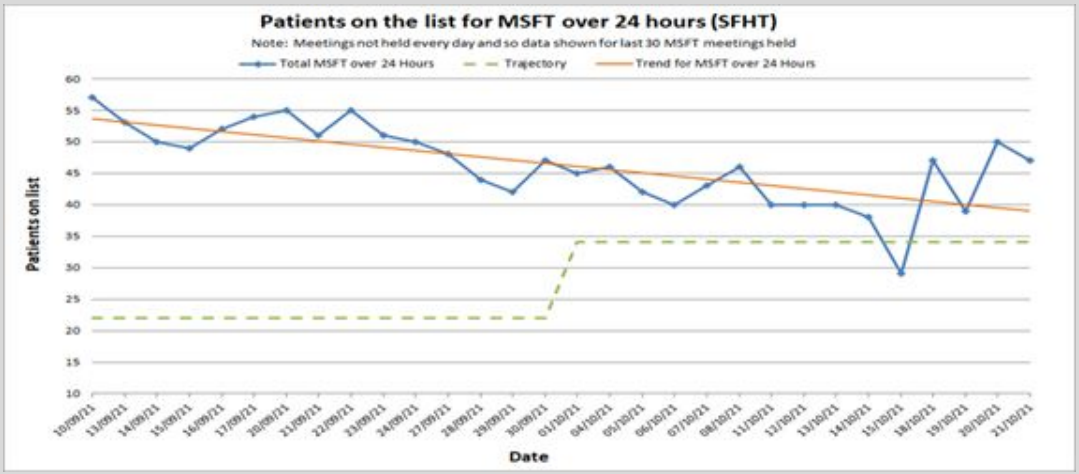
Reason for delay	Mitigating Action
vii. Pathway 1	Sciensus contract review British Red Cross Winter Pressures Interim Homecare contract signed for additional 10 visits per day. Improved utilisation of Wilford View. Discussions under way to extend the contract for a further 2 months until 8 February 2022
x. Pathway 3	Discussions with Rusticus to consider Pathway 2 & 3 with therapy, and bariatric capacity under way.
ix. Pathway 2	Unable to progress 'The Grand' capacity due to lack of therapy support.

End of Life
There are currently 32 patients who are fast track ranging from 45 years to 98 years. Three patients under 60 years with PDMST before 29.10.21. Greatest number of patients (15patients) aged 70-79, and the largest proportion based between HCOP and palliative medicine wards.

SFHFT
Focus continues on the medically safe for transfer process and the actions taking place to achieve these discharges. Daily calls continue to include a link with the Notts Healthcare FT CURT to ensure they can swiftly support with patient pathway 1 discharges whenever they have available capacity. This measure has helped avoid some capacity related delayed discharges. The John Eastwood Hospice lead now daily provides an update of available capacity to absorb Fast Track patients.

See graph for Mid Notts MSFT Delays over 24 hours in SFHFT, over a 30-working day period up to the 21st October 2021.

Graph 2 – Mid Notts MSFT Delays over 24 hours in SFHFT up to 21 October 2021



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

Table 14 – Mid-Nottingham Main Delay Reasons in SFHT – Mitigating Actions

Reason for delay	Mitigating Action
Code 8: (Pathway 1)	NHCFT CURT directly linked to the MSFT calls to provide support related to capacity challenges
Code 9 (Pathway 2)	Support from GN in providing potential flexibility in accessing current bed stock and continuous engagement with Adult Social Care for locally available beds. The JEH lead provides a daily update in relation to bed availability

Despite continuous engagement and the efforts of system partners, MSFT delays across both trusts continue to be above target. Based on a high-level assumption and national trends, it is a possibility that a gradual rise would be expected in the winter months. 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.

System Wide MSFT Mitigations for Winter
Achieving the MSFT target for both Mid and Greater Notts continues to be challenging and daily focus remains a priority. Whilst additional community beds have been identified, conversations continue to be progressed and opportunities explored due to the challenges of therapy capacity and support to bed offers.

The Urgent care team are working with system partners including community and local authority to develop plans that could be mobilised in time for winter to help mitigate the bed gaps currently in H2 planning.
These plans focus on additional capacity / services to support demand avoidance and improving the MSFT position. This includes gaining additional capacity in the following areas:

- Pathway 1 homecare services from both the voluntary and private sector
- Pathway 1 recurrent funding for LA provided services to allow for workforce retention
- Pathway 1 interim bedded capacity for when homecare services are not available
- Pathway 2 bedded capacity across various sites countywide

Further Assurances and Mitigating Actions
IPC Bed Closures; There are no more beds closed at Lings Bar Hospital. Care homes continue to struggle with ongoing COVID cases (11/10/2021).

Pathway 1; Service development continues with Sciensus (10 patients) and British Red Cross (10 patients) to support Pathway 0 & 1 with 14 day home care. The challenge remains regarding recruitment of staff. Training regarding hoist management by care staff reduces the ability to take more complex patients requiring hoisting. This is an area that requires more support to enable care staff to support patients requiring hoisting as this group of patients tend to be the four times a day, double up package of care requirements. CityCare and NHT continue to recruit to their H2H pathways, despite fewer applications. 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.

P1 capacity in Mid Notts continues to improve 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; Additional short-term assessment and rehabilitation beds continue to prove a significant challenge due to the lack of therapy wrap around support across the system. Community providers are challenged with ensuring cover within core commissioned services, which impacts of reducing options for additional pathway 2 beds. Options are being explored with Church Farm, Rusticus and The Grand but the lack of therapy support if proving a challenge.

Pathway 3; Improvements have been made to support patients requiring Pathway 3. This is being monitored to help inform the future model.

Mitigating plans for winter are being worked up within the Urgent Care team e.g. additional community bed capacity and home care support via British Red Cross, Sciensus and other provider organisations.

Work is underway to scope care organisations who provide night time cover. This would help support flow of patients waiting for assessment as this could happen in the home and free up acute and community bedded capacity.

Gaps in Assurance:
MSFT Winter Gaps
The MSFT lists at both NUH and SFH are currently both considerably above target as a result of poor discharge flow in the wider system, this in turn is increasing the pressure on acute beds with the potential for increased ED delays for patients needing a bed as well as cancelled elective operations. Despite numbers being above target, there continues to be daily progress reducing the MSFT waiting lists.

Whilst plans are in place for mitigations to the projected bed gap more needs to be done, especially in pathway 1 homecare capacity to increase flow and reduce the pressure on the systems acute bedded capacity.

Mitigating actions linked to MSFT winter challenges is the need to develop inclusive comprehensive plans that cater for people with learning disabilities and mental health needs who may face long stays in assessment and treatment units. The transfer of patients with learning disabilities and mental health needs to appropriate placements should be a smooth rapid process.

System Staffing Capacity
Staffing challenges across the system are affecting the levels of service delivery. All system providers as well as homecare services are carrying vacancies that impact on capacity to meet demand. Despite efforts to recruit into vacancies, there has been little success to attract suitable candidates and this reflects the national picture.

Challenges resulting from staffing issues include social care unallocated packages of care, healthcare community teams not being able to operate at full capacity and care homes being unable rapidly to absorb patients on pathway 2 or 3. This in turn is impacting on patient flow through the system.

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

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Organsation	Standard	Most Recent 12 Months Performance - Patients Entering Treatment (Rolling Three Months)												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	Rolling Three Months Performance	4.11%	3.69%	4.18%	4.82%	5.45%	5.15%	5.48%	5.84%	6.45%	6.59%	6.38%	5.97%	↓
	Standard	5.90%	6.10%	6.10%	6.10%	6.25%	6.25%	6.25%	7306	7306	7306	7490	7490	N/A
	Patients Entering Treatment	4510	4050	4580	5285	5970	5645	6005	6405	7070	7225	6990	6550	↓
	Additional Patients Required	1958	2637	2107	1402	882	1207	847	901	236	81	500	940	↓

Organsation	Standard	Most Recent 12 Months Performance - Recovery Rate (Rolling Three Months)												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 50%	53.86%	54.86%	55.59%	55.24%	54.66%	54.25%	53.30%	53.39%	52.86%	52.78%	52.37%	51.64%	↓

Organsation	Standard	Most Recent 12 Months Performance - Waiting Times - First Treatment Within 6 Weeks												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 75%	98.21%	98.69%	97.50%	97.39%	98.15%	97.05%	96.68%	96.80%	96.93%	95.07%	95.11%	94.10%	↓

Organsation	Standard	Most Recent 12 Months Performance - Waiting Times - First Treatment Within 18 Weeks												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 95%	100%	100%	100%	99.63%	99.63%	99.58%	100%	99.29%	100%	100%	100%	100%	↔

Organsation	Standard	IAPT waits >90 days between 1st & 2nd treatment												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	Less than 10%	2.10%	1.64%	2.33%	2.90%	4.14%	7.41%	9.89%	8.83%	7.65%	13.12%	9.59%	9.06%	↑

	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
Number of Referrals	2365	2805	2795	2785	2270	2690	2785	3290	2780	3120	3070	2970	2925
Number entering treatment	1635	2045	2080	2165	1860	1945	1840	2220	2345	2505	2375	2110	2065
Rolling 3 month treated	4895	5400	5760	6290	6105	5970	5645	6005	6405	7070	7225	6990	6550

Root Cause
ICS 3-month rolling access performance at August 2021 has decreased to 6550 patients against the target of 7490 patients; this reflects usual seasonal trends during summer months. However, local data for September 2021 shows an 11% improvement in numbers entering treatment compared to August. Benchmarking shows that only one system in the Midlands region is achieving the access target.

The service continues to achieve and exceed waiting time and recovery standards. The average wait for an appointment in October 2021 was 17 days. Waiting time and recovery performance for the ICS is above the regional and national averages.

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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 to increase performance over the next quarter include:

- Mid Notts will focus on service promotion, community advertising and engagement and strengthening links with localities and PCNs.
- All services are continuing with service promotion and awareness raising through social media animations, videos and blogs, monthly newsletters, community advertising and attendance at community events.
- Partnership working to develop new pathways.
- A continued focus on inequalities to include the roll out of online offers in different languages and the recruitment of community engagement workers, with a primary focus on BAME communities and older adults.
- Expansion of the workforce through recruitment (on-going), use of agency and affiliates (on-going) and new trainee cohort will increase capacity to support delivery of access and waiting times standards.
- The roll out of NHS Limbic will improve online access, help with ensuring the right step first time and signposting of referrals that are either not meeting ‘caseness’ or are not appropriate, ensuring that clinical capacity is used most appropriately.

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

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

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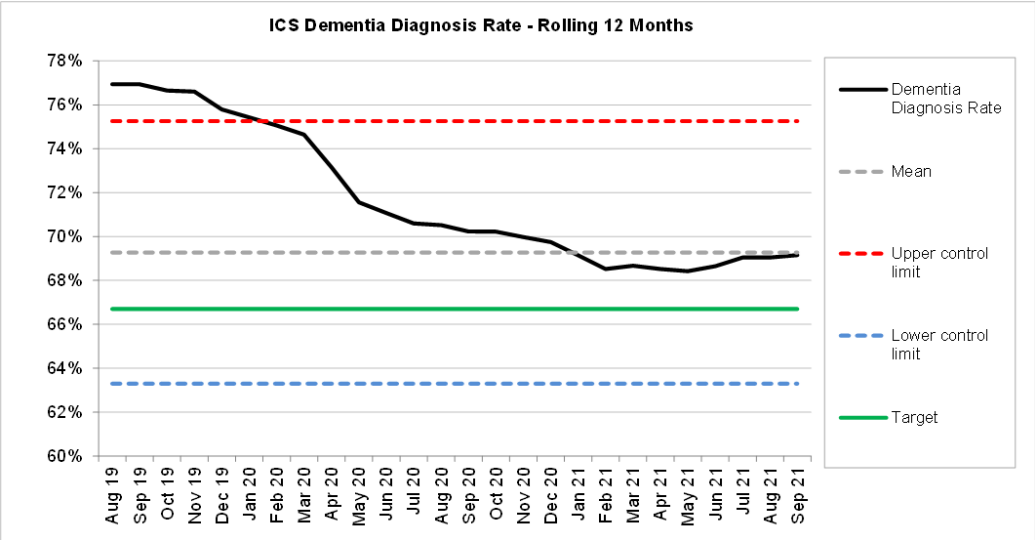
Organsation	Standard	Most Recent 12 Months Performance - Dementia Diagnosis Rate												Performance Direction
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
N&N CCG	Greater than or equal to 66.7%	70.22%	69.98%	69.75%	69.14%	68.52%	68.67%	68.52%	68.42%	68.65%	69.05%	69.05%	69.15%	↑



Organsation	Metric	Most Recent 12 Months - Dementia Diagnosis & Prevalence												Monthly Trend
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
N&N CCG	Patients Diagnosed	8497	8455	8420	8316	8217	8247	8245	8263	8309	8367	8385	8412	↑
	Estimated Prevalence	12100	12081	12072	12028	11992	12009	12033	12076	12103	12117	12143	12165	↑

Average waiting time from Referral to Assessment

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
MHSOP MAS - City	14.8	12.0	12.3	12.2	10.0	8.6	8.1	6.6	4.4	4.3	4.9	4.7
MHSOP MAS - Ashfield & Mansfield	17.3	13.2	10.8	9.5	10.4	11.3	9.6	3.4	1.5	2.0	2.4	2.6
MHSOP MAS - Broxtowe	9.9	6.3	6.2	7.8	7.4	7.8	7.4	8.5	8.4	6.8	8.1	9.0
MHSOP MAS - Gedling & Hucknall	10.9	6.8	7.9	4.7	3.8	3.5	4.0	5.1	4.5	5.8	5.9	7.0
MHSOP MAS - Newark & Sherwood	15.8	13.6	9.9	8.0	8.5	8.1	6.6	5.6	5.8	5.1	6.4	5.5
MHSOP MAS - Rushcliffe	17.8	11.3	6.4	5.1	3.7	2.0	3.2	4.7	3.8	3.9	3.8	5.0
N&N CCG	**14.7**	**11.5**	**10.2**	**9.8**	**8.7**	**7.8**	**6.9**	**6.0**	**5.1**	**5.0**	**5.6**	**5.9**

Patients Waiting for Assessment

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
MHSOP MAS - City	239	227	242	242	210	178	150	114	105	87	95	105
MHSOP MAS - Ashfield & Mansfield	104	93	79	77	74	72	46	25	21	26	38	41
MHSOP MAS - Broxtowe	62	56	74	57	54	65	58	51	62	64	73	70
MHSOP MAS - Gedling & Hucknall	75	57	42	33	40	53	54	53	68	83	97	107
MHSOP MAS - Newark & Sherwood	129	145	116	94	77	75	70	78	73	72	85	85
MHSOP MAS - Rushcliffe	53	52	36	27	19	29	46	37	42	48	51	60
N&N CCG	**662**	**630**	**589**	**530**	**474**	**472**	**424**	**358**	**371**	**380**	**439**	**466**

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 resulted in a slight percentage increase in the diagnosis rate as the estimated prevalence has also increased for the seventh consecutive month; September'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. Waiting times remain lower than pre-Covid levels (10.3 weeks at March 2020) but have increased slightly since June 2021. A 15% increase in referrals since April 2021 contributes to this and the increased numbers of patients waiting for assessment.

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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.

In response to increasing referrals, the MAS has implemented remote consultations / assessments where clinically appropriate to increase efficiency and capacity.

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 a new Mental Health Older People's 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. Data systems are currently being reconfigured 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

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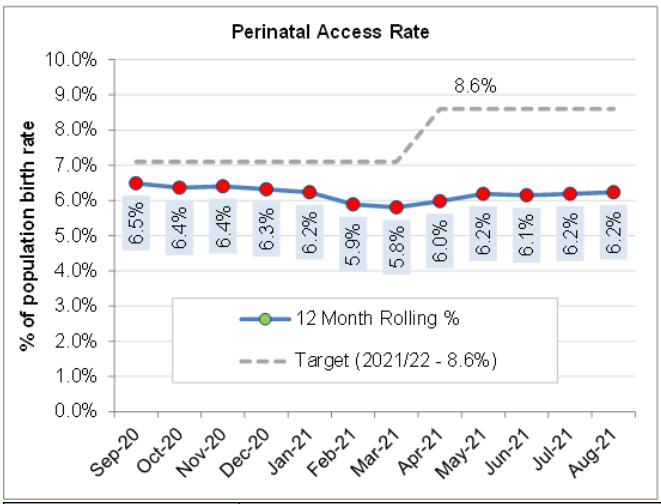
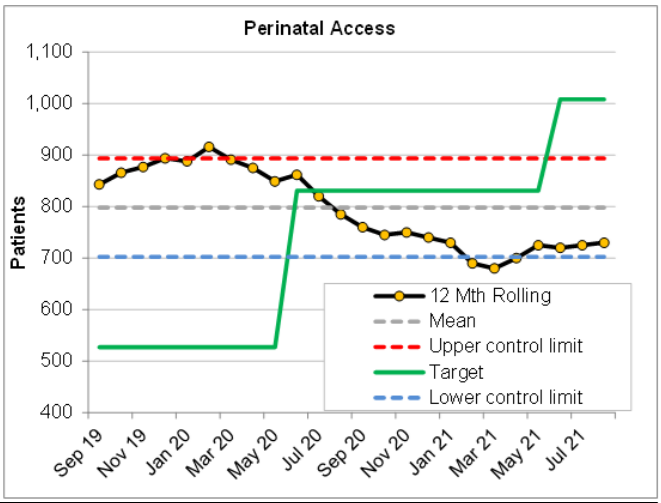
Organsation	Measure	Most Recent Rolling 12 Months Performance - Perinatal Mental Health												Performance Direction
		Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	
N&N CCG	% of Population Birthrate	6.5%	6.4%	6.4%	6.3%	6.2%	5.9%	5.8%	6.0%	6.2%	6.1%	6.2%	6.2%	↑
	Patients	760	745	750	740	730	690	680	700	725	720	725	730	↑
	Standard	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	8.6%	8.6%	8.6%	8.6%	8.6%	N/A





Organisation	Most Recent Rolling 12 Months Performance - Perinatal Mental Health											
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Mid Notts ICP	6.16%	6.05%	5.47%	5.13%	4.82%	5.13%	5.47%	5.30%	5.50%	5.87%	5.82%	6.07%
Nottingham City ICP	6.21%	6.17%	6.05%	5.66%	5.56%	5.63%	5.77%	5.96%	5.84%	5.89%	6.07%	5.91%
South Notts ICP	6.74%	6.61%	6.56%	6.23%	6.43%	6.41%	6.69%	6.28%	6.35%	6.38%	6.48%	6.61%
ICS	6.40%	6.31%	6.08%	5.72%	5.66%	5.78%	6.02%	5.89%	5.93%	6.07%	6.16%	6.23%

ICP level data is NHFT only (not published by NHSD)

Root Cause
Performance data is now based on nationally reported data published by NHS Digital, rather than locally reported figures.

Performance in August 2021 has been maintained at 6.2% and remains below the standard of 8.6%. The ICS was above the regional and national average, both 5.6% in July 2021.

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. However, analysis of local data including telephone support demonstrates that more women are accessing support than is reported nationally. With the inclusion of telephone calls, the service would be achieving a 7.23% access rate.

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. The service transformation, which includes an extended period of care, the provision and support to partners, increased access to psychological therapies and the commencement of the maternal mental health pilot, will have a positive impact on the access target, with increased numbers expected to access the service.

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 has been developed, including an improvement trajectory outlining when the service is expected to achieve the access target. This will be monitored through the Perinatal Mental Health Steering Group.

Gaps in Assurance
None

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

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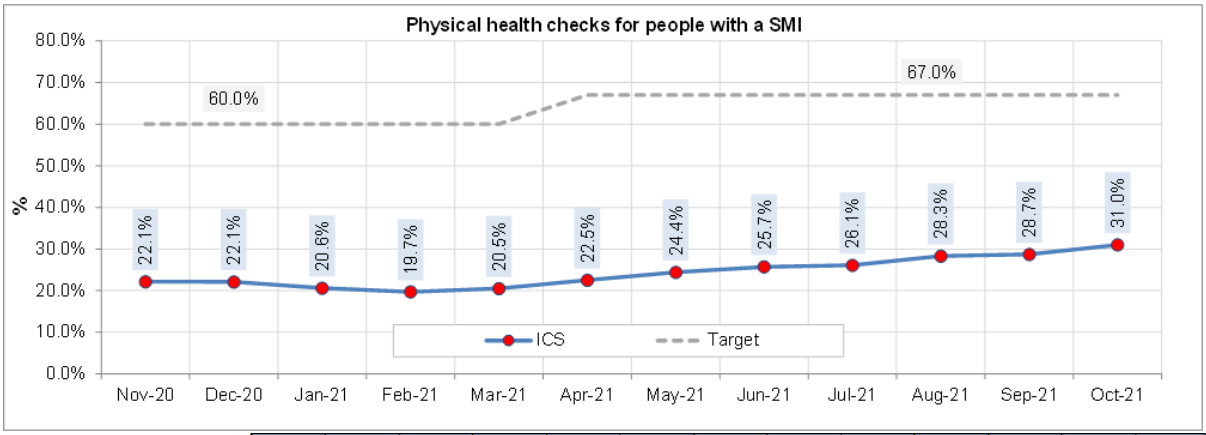
Organsation	Standard	Most Recent 12 Months Performance - Physical Health Check for people with a SMI												Performance Direction
		Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	
N&N CCG	60% 2020/21 67% 2021/22	22.1%	22.1%	20.6%	19.7%	20.5%	22.5%	24.4%	25.7%	26.1%	28.3%	28.7%	31.0%	↑



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Mid-Notts ICP	21.0%	19.8%	19.6%	17.9%	16.7%	17.6%	19.8%	22.1%	23.4%	25.0%	28.7%	29.9%	34.3%
Nottm City ICP	19.2%	17.5%	17.8%	17.0%	16.4%	16.9%	18.9%	21.1%	22.8%	22.4%	24.6%	24.8%	27.2%
South Notts ICP	35.3%	32.1%	31.7%	29.1%	28.0%	29.6%	31.2%	32.3%	32.8%	33.3%	33.8%	33.9%	34.0%
ICS	24.1%	22.1%	22.1%	20.6%	19.7%	20.5%	22.5%	24.4%	25.7%	26.1%	28.3%	28.7%	31.0%
Target	**60.0%**	**60.0%**	**60.0%**	**60.0%**	**60.0%**	**60.0%**	**67.0%**	**67.0%**	**67.0%**	**67.0%**	**67.0%**	**67.0%**	**67.0%**

Root Cause

There has been continued improvement in October 2021 for the eight consecutive month with ICS performance increasing to 31.0%, remaining above the regional (25.5%) and national (27.1%) averages.

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.

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 in December 2021.

The Audit C alcohol assessment tool is not a recognised code for the alcohol assessment QOF this year, which may impact on alcohol performance as this is the tool predominantly used in Nottingham City and South Notts PBPs. Local data which includes Audit C is to be compared against QOF performance data to understand if there is a discrepancy.

Mitigating Actions

An ICS recovery action plan is in place to support improvements in performance. Actions include:

- Monthly monitoring of practice and PCN level data continues, identifying areas requiring additional focussed support. Performance dashboards are reviewed at GP and PBP 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 flex support accordingly. This data is shared with the PH SMI Steering Group to agree prioritisation of support from the Health Improvement Workers (HIWs) / Health Improvement Nurses (HINs). 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 77.9% of people on the SMI register have received their first vaccination dose and 72.7% have received their second vaccination.
- PCN Development Managers and Commissioners are currently exploring opportunities within the Place Based Partnerships (PBPs) to work with local VCS providers, to provide additional outreach support for the COVID and flu vaccinations, tailored to the needs of their place based SMI population.
- Recruitment to the HINs is ongoing. The recent round of recruitment was unsuccessful and one of the two current post holders is leaving. A new advert for the two HIN posts went live week commencing 8 November 2021.

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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.

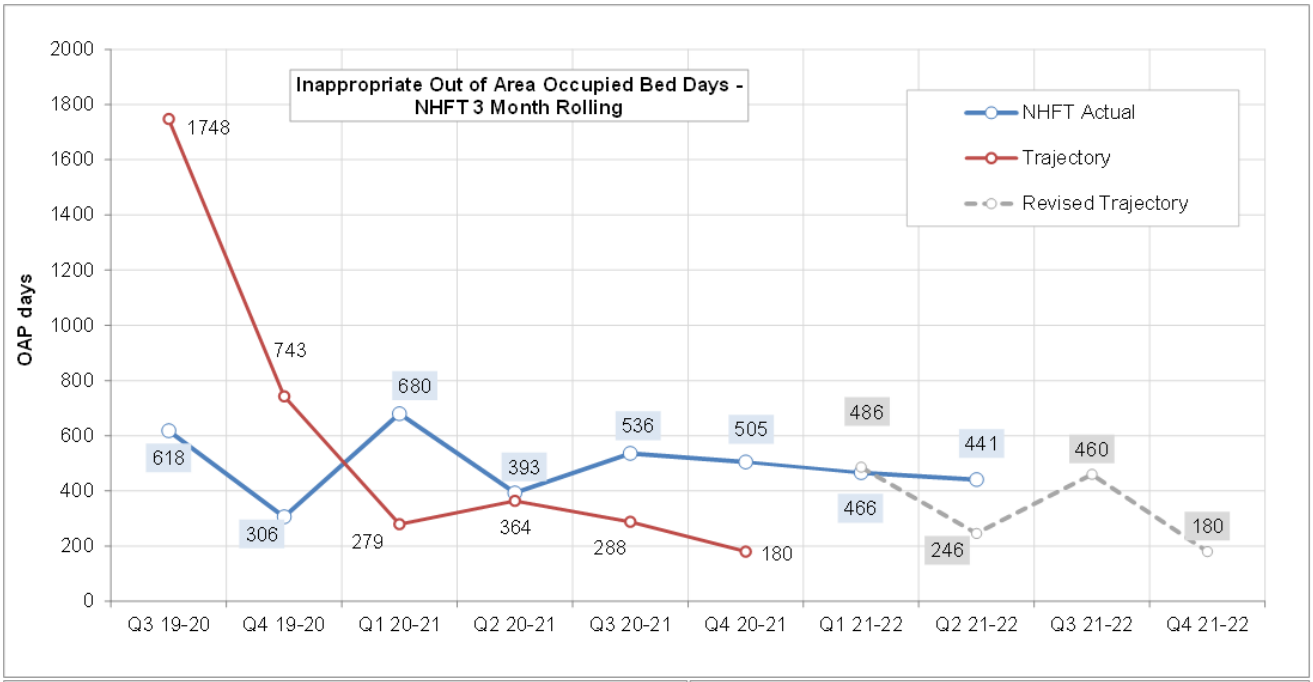
Winter pressures, flu vaccinations and the COVID booster programme are likely to impact on primary care capacity to undertake health checks in line with the Q3 and Q4 trajectory to meet the end of year target. Additional outreach support will continue to be provided for the flu and COVID vaccinations to help with system pressures and improve access for people with a SMI.

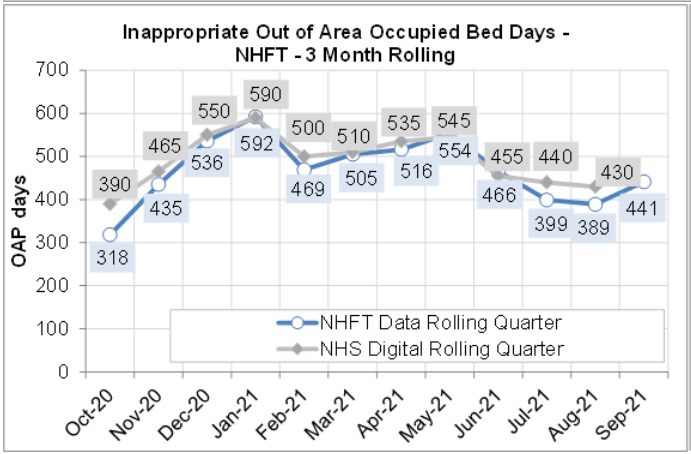
Theme	Indicator	Indicator Overview	CCG Lead	Focus
Mental Health	Out of Area Placements	Out of Area Occupied Bed Days	Maxine Bunn	Mental Health Trust

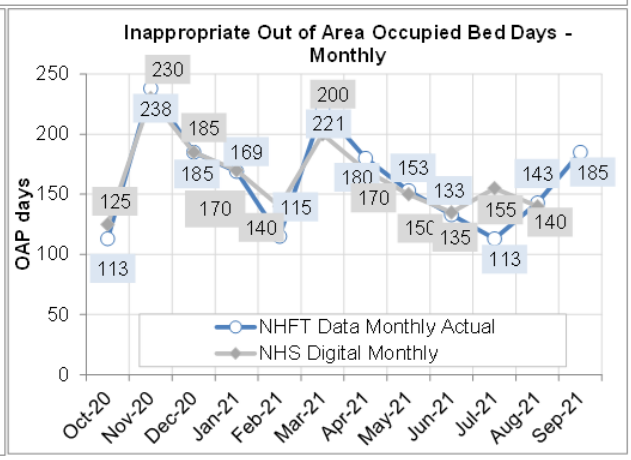
NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Organsation	Measure	Monthly Performance - Inappropriate Out of Area Occupied Bed Days											
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
NHS N&N CCG	NHFT Data	113	238	185	169	115	221	180	153	133	113	143	185
	NHSD Data	125	230	185	170	140	200	170	150	135	155	140	

Organsation	Measure	Q1 2019-20	Q2 2019-20	Q3 2019-20	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22
Nottinghamshire Healthcare Trust	NHFT Actual (QTR)	2555	2085	618	306	680	393	536	505	466	441		
	Revised Trajectory	3432	2024	1748	743	279	364	288	180	486	246	460	180







	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Adult acute long length of stay (60+ days) - rolling quarter **(Target 8)**	7.1	8	7.7	7.2	5.5	5.5	6.5	7.1	7.1	6.3	6.1	6
Older adult acute long length of stay (90+ days) - rolling quarter **(Target 10.75)**	9.6	10.6	9.1	9.1	8.5	10.6	12.8	13.8	12.2	11.7	10.2	10

Root Cause
In quarter 2 2021/22 there were 441 OBDs, against a local trajectory of 246. The number of OBDs reported in September 2021 has increased to 185, from 143 in August 2021. Performance continues to be impacted due to COVID-19 guidance that requires isolation beds. This has resulted in patients being admitted to out of area placements.

The refreshed NHSE guidance is to achieve zero inappropriate out of area placements by end of quarter 4 2021/22.

Nottingham and Nottinghamshire Clinical Commissioning Group

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

Crisis/Community Support

- 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 quarter 4 2020/21. Since the start of the pilot (Feb 2021 to end of September 2021) there have been almost 500 attendances. An interim evaluation has been developed to support informing next steps for agreement in quarter 3.
- Mapping of the crisis and urgent care pathway has commenced in quarter 3 against the NHSE minimum standards, to inform gaps and recommendations for future developments which will be agreed in January 2022.
- A review of the Crisis House will take place in quarter3 to ensure the provision is being maximised to support pressures and capacity within the system.
- Integration of the Crisis Line and Helpline functions to deliver a single 24/7 Crisis Helpline took place in June 2021. The line is receiving approximately 2,000 calls per month. Some additional recovery workers are being recruited to in quarter 3 to support the capacity and call volumes. The service will be fully staffed by early December.

Inpatients and discharge

- System working with partners to utilise national discharge & seasonal pressures 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. 14 schemes have been implemented via the initial funding and further work is underway to utilise the additional funding.
- Long stay patients have been reviewed to identify reasons for discharge delays and inform system actions and utilise discharge funding
- A number of actions are underway by local authorities which will support discharge and flow from mental health acute inpatient units including:
    - Nottinghamshire County Council are developing a new unit for Supported Living for people with complex mental health needs in the county, planned for quarter 3 2022/23.
    - From end of quarter 3, Nottinghamshire County Council are seeking 2 short term Shared lives providers in place to support hospital discharge placements. Carers have been recruited ready to support this work.
    - Nottingham City Council have a pipeline of supported living services being developed and hospital discharge is one of the priority groups for placements. There are currently a total of 69 mental health spaces in development between now and March 2023.
- Future inpatient demand modelling review for adults and older adults will start at the end of November 2022 and will be completed within 4 months. The review will propose options for inpatient and community services.
- Discharge2Assess beds have been commissioned (up to 6 based on demand) and will phase in from November 2021. Patients are starting to be identified for D2A.
- 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.

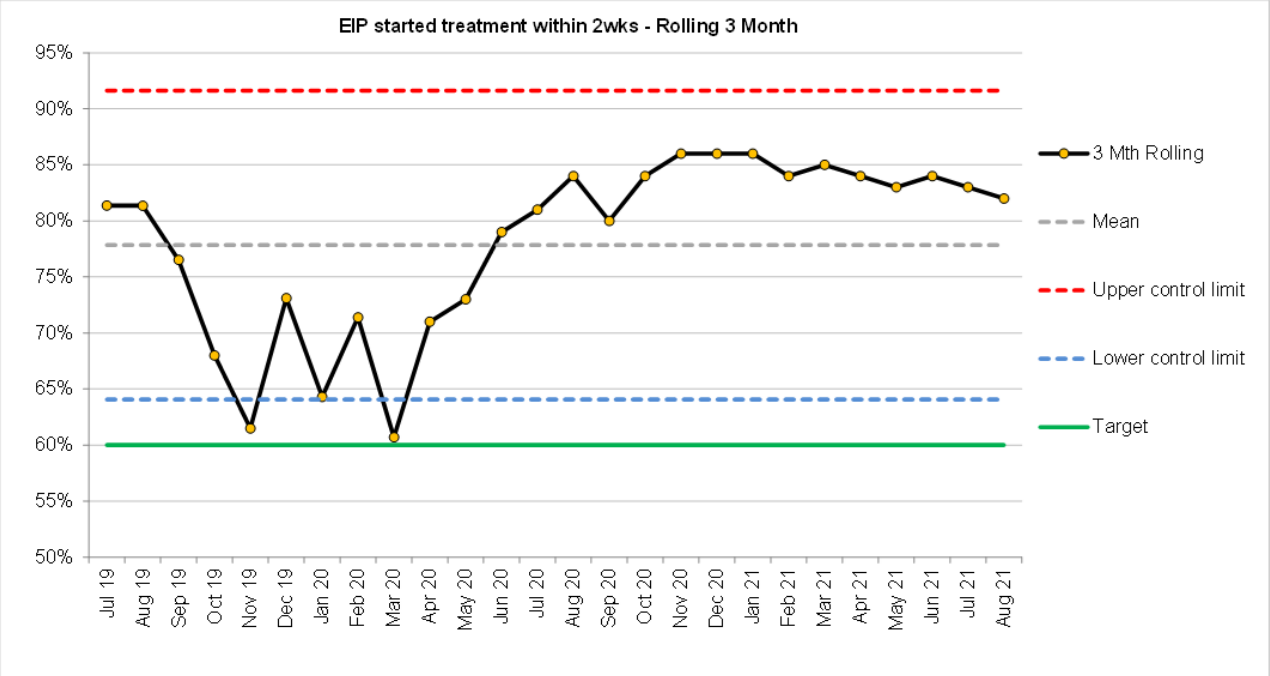
Assurances
The Mental health Crisis and Urgent Care Steering Group reviews actions on a monthly basis. Partnership meetings are also in place to identify actions that can be taken to alleviate system pressures.

Gaps in Assurance
No gaps identified

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

Nottingham and Nottinghamshire Clinical Commissioning Group

Organsation	Measure	Most Recent 12 Months Performance - EIP Waiting Times (Rolling Three Months)												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	Started treatment in 2 weeks	80.0%	84.0%	86.0%	86.0%	86.0%	84.0%	85.0%	84.0%	83.0%	84.0%	83.0%	82.0%	↓
	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



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

In addition to the access standard the service is required to meet NICE standards. The ICS is currently rated as a **Level 3** (Performing Well) overall (assessed through local audit/dashboard).

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.

Performance against NICE EIP standards based on local data in September 2021:

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

Root Cause
The access standard has been consistently met at an ICS level.

Level 3 NICE compliance has been achieved during September 2021, evidenced through the local EIP dashboard.

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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, with a review of the longer term requirements in Q4 2021/22 which is on track.

Assurances

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

Gaps in Assurance

No gaps identified

ICP	Measure	Most Recent 12 Months Performance - EIP Waiting Times (Rolling Three Months)											
		May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Mid Notts	Started treatment in 2 weeks	76.0%	81.5%	76.5%	77.1%	74.2%	80.0%	76.0%	81.5%	77.3%	84.6%	79.3%	N/A
City		69.2%	76.5%	81.9%	84.8%	83.6%	84.7%	89.5%	84.7%	85.5%	80.7%	86.7%	N/A
South Notts		75.0%	79.5%	90.0%	86.8%	84.8%	85.2%	86.7%	93.5%	92.1%	90.9%	85.0%	N/A

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

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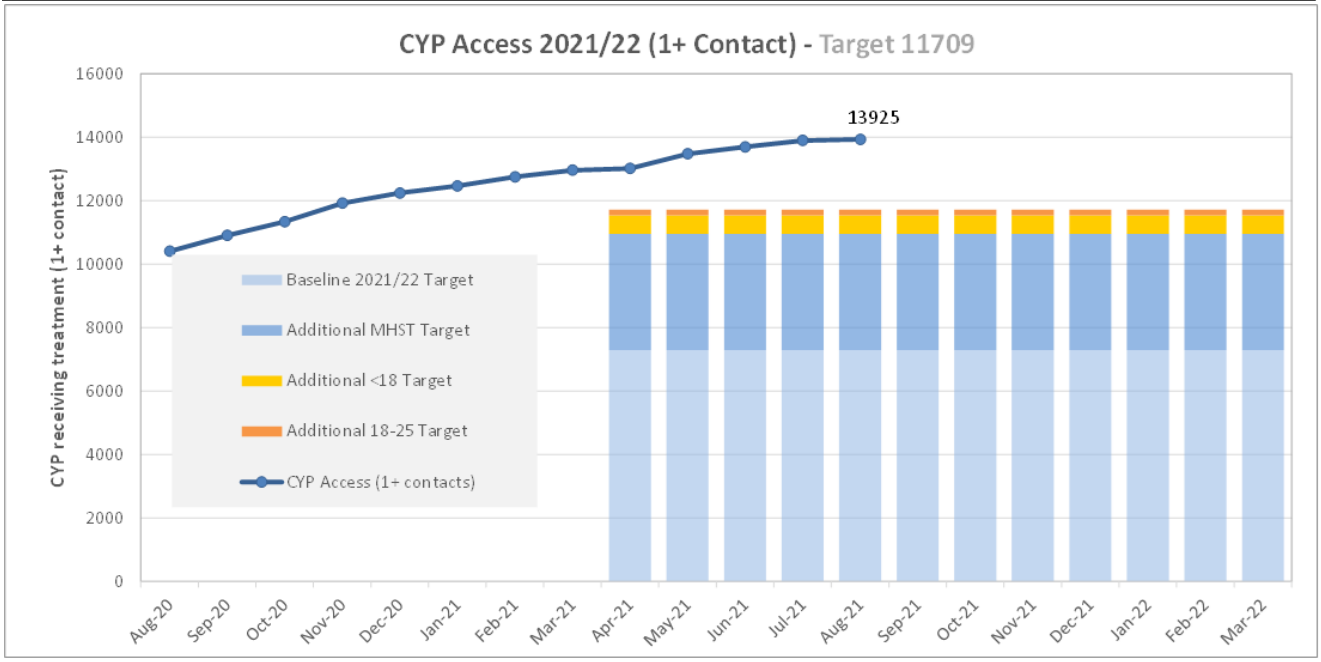
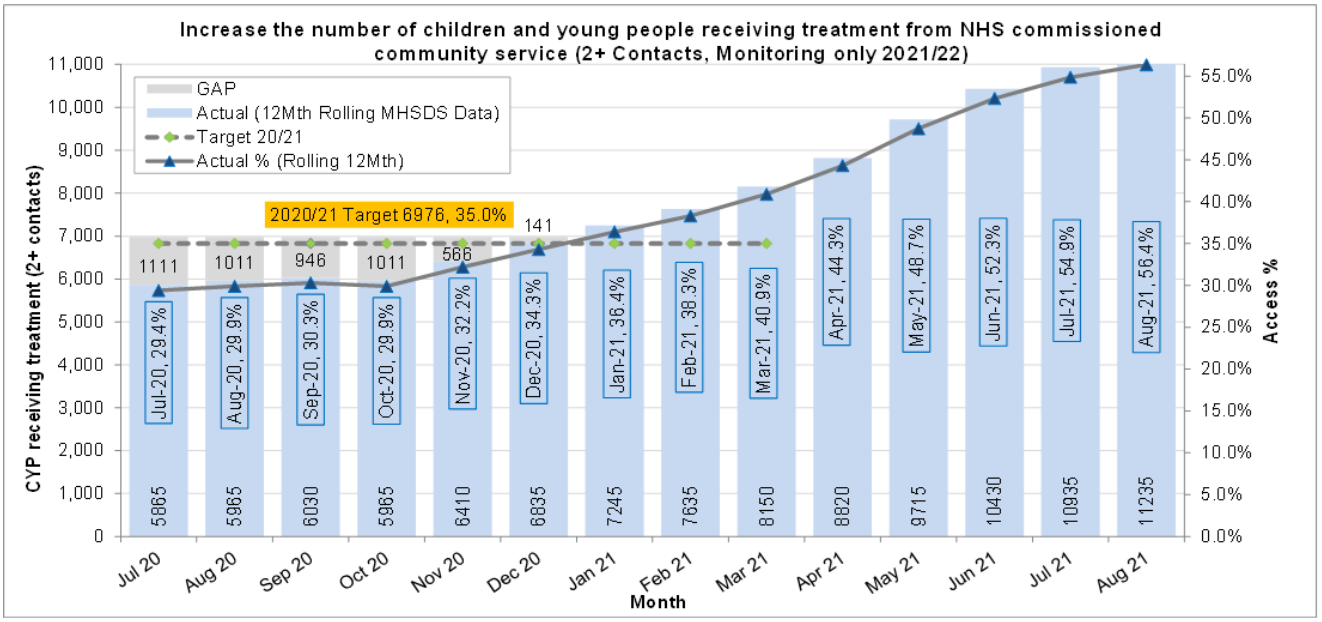
1+ Contact (Target introduced from April 2021)

Organsation	Standard	CYP Access (1+ Contact)												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	2021/22 - **11709**	10900	11330	11915	12235	12460	12745	12955	13010	13470	13690	13890	13925	↑



2+ Contacts (Target removed April 2021)

Organsation	Standard	CYP Access (2+ Contacts)												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	2020/21 35%	30.3%	29.9%	32.2%	34.3%	36.4%	38.3%	40.9%	44.3%	48.7%	52.3%	54.9%	56.4%	↑



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Root Cause
The ICS is achieving the new access target of number receiving support (1-contact). An annual plan of 11,709 this financial year has been set; YTD this has been achieved, 13925 CYP were recorded as having at least 1 contact in the rolling 12 months ending August 21.

The previous target for the number of CYP receiving support (2-contacts) continues to be reported, for the 12 months rolling to August 21 the rate was 56.4%, exceeding the 2020/21 national standard of 35%.

Mitigating Actions
No action required.

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 working.

Nottingham City Council and NHT are working jointly on the national 4-week waiting time pilot, which will run throughout 2021/22.

Gaps in Assurance
None

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

Nottingham and Nottinghamshire Clinical Commissioning Group

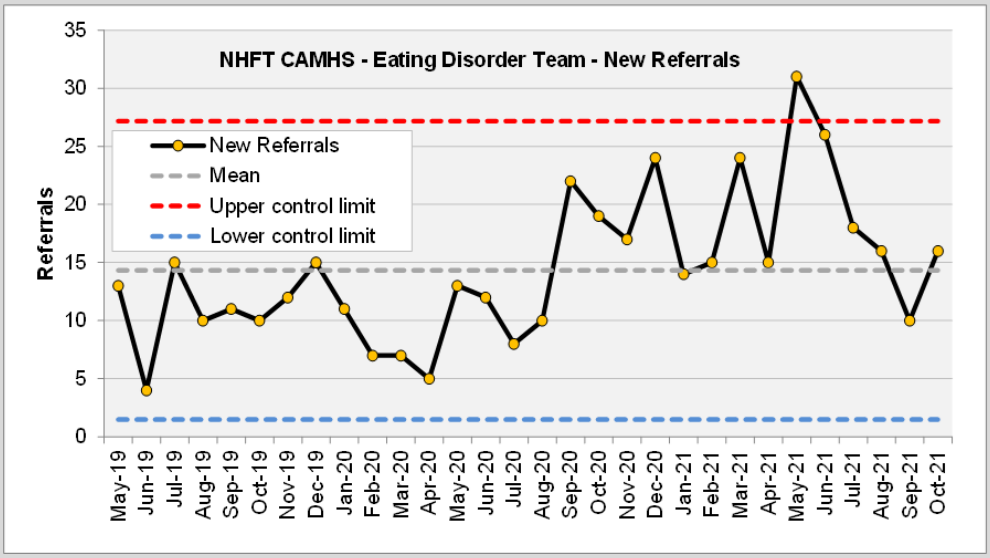
Children & Young People Eating Disorders Waiting Times—Rolling four Quarters Performance

Organsation	Standard	Most Recent - Routine Complete (Rolling 4 Quarters)				Performance Direction
		Q3 2020-21	Q4 2020-21	Q1 2021-22	Q2 2021-22	
N&N CCG	95% Under 4 Weeks	91.03%	86.60%	85.38%	83.93%	↓
		78	97	130	112	N/A

Organsation	Standard	Most Recent - Urgent Complete (Rolling 4 Quarters)				Performance Direction
		Q3 2020-21	Q4 2020-21	Q1 2021-22	Q2 2021-22	
N&N CCG	95% Under 1 Week	63.64%	72.22%	62.50%	59.09%	↓
		11	18	24	22	N/A

Root Cause
Provision locally reported Q2 data (2021/22) shows there were 23 routine breaches and 1 urgent breach. Clinical capacity was the primary reason with some appointments rearranged due to patient choice.

Workforce benchmarking against CYP ED guidance 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 to achieve waiting standards by Q4 2021/22. However, recent analysis of performance evidenced sustained increases in referrals from September 2020 onwards with 13 of the previous 14 months reporting above the mean (see below graph). This reflects the trends reported by regional peers.



Referral numbers during 2021/22 have exceeded those which informed the agreed investment plans. If referral levels reduce in line with pre Covid-19 levels (as per last month), capacity (including planned increases) will be sufficient to ensure achievement of the waiting time standards, however it is expected they will rise again.

Mitigating Actions
Recruitment in line with agreed investment is progressing well; 5.4 WTE posts have been recruited and remaining posts are out to advert 1.8 WTE. Recruiting to specific posts (Doctor time and psychologist) have been challenging and alternative approaches are being investigated.

Mitigation plans to address current referrals are in progress and will be finalised in November 2021.

Assurances
NHS England Clinical Network have advised areas to plan for sustained CYP ED referrals (within current levels).

Analysis of demand in neighbouring systems demonstrate similar increases in referrals to those seen in Nottingham and Nottinghamshire.

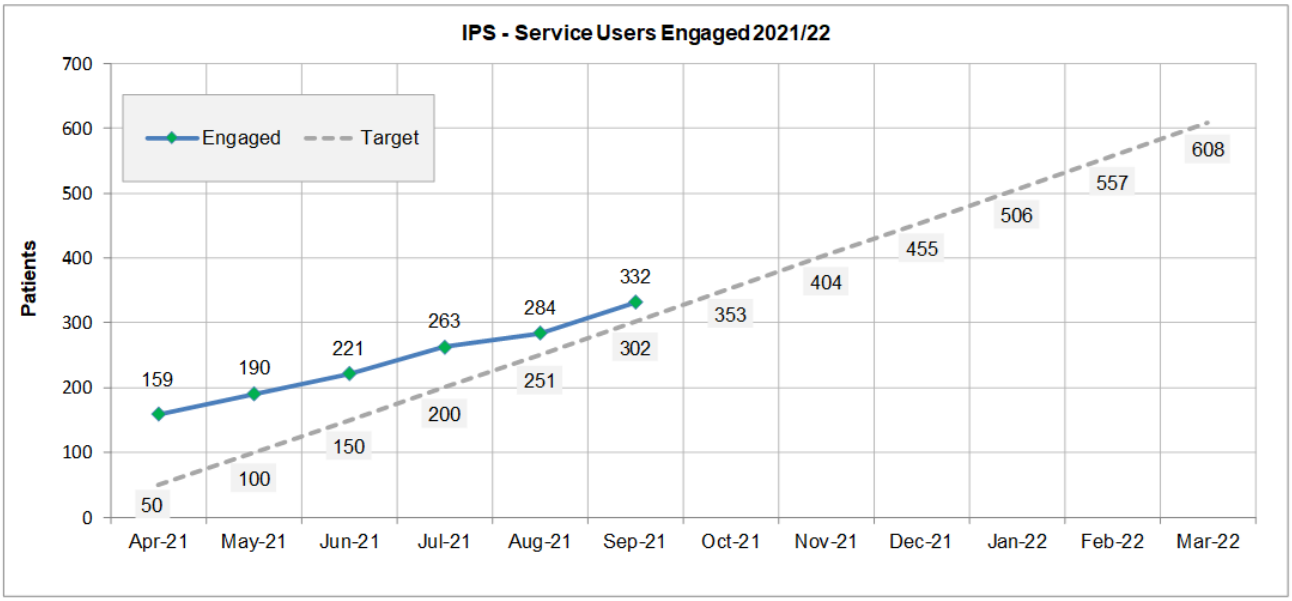
Exception reporting is received as part of monthly contract reports.

Gaps in Assurance
None

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Mental Health	IPS	Individual Placement Support	Maxine Bunn	CCG

Nottingham and Nottinghamshire Clinical Commissioning Group

Organsation	Standard	IPS Service Users Engaged 2021/22												Performance Direction
		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
N&N CCG	Engaged	159	190	221	263	284	332							↑
	Target	50	100	150	200	251	302	353	404	455	506	557	608	N/A



Root Cause
The ICS continues to meet and exceed the IPS access standard performance trajectory and remains on track to achieve the 2021/22 year-end target.

Mitigating Actions
None required.

Assurances
Additional investment has been agreed in 2021/22 to enable sufficient capacity to deliver the target (all new roles have been recruited and post holders are fully embedded in Local Mental Health Teams (LMHTs)); align the team across the ICS; and ensure equity of offer across the ICS footprint. Proposals for further investment in line with the LTP deliverables for 2022/23 are to be reviewed in December 21.

A fidelity review of the Mid Notts element of the service has been undertaken by IPS Grow, with the service being assessed as a Centre of Excellence. The proposed Greater Notts fidelity review will be scheduled for Q4 2021/22.

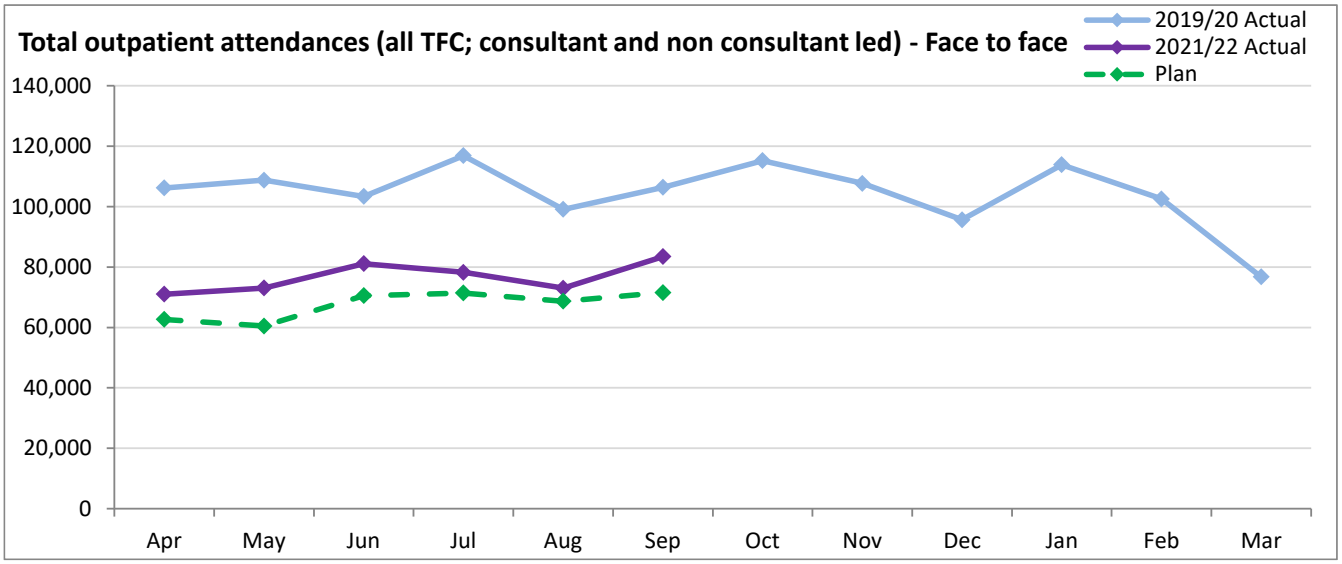
The IPS steering group continues to meet bimonthly to monitor and address performance, issues and risks.

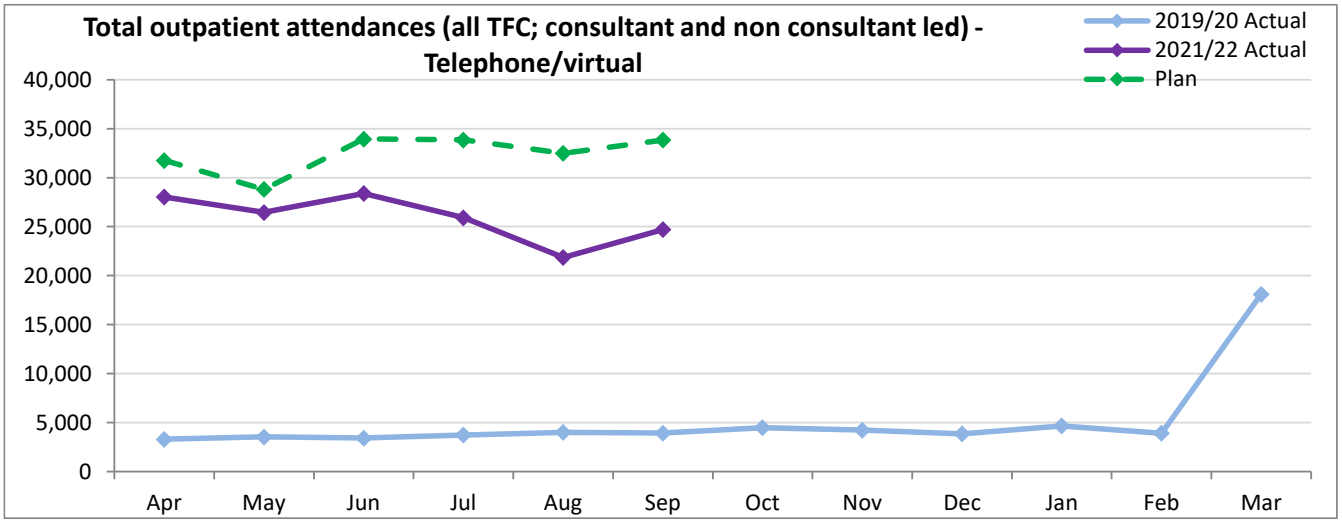
Gaps in Assurance
None

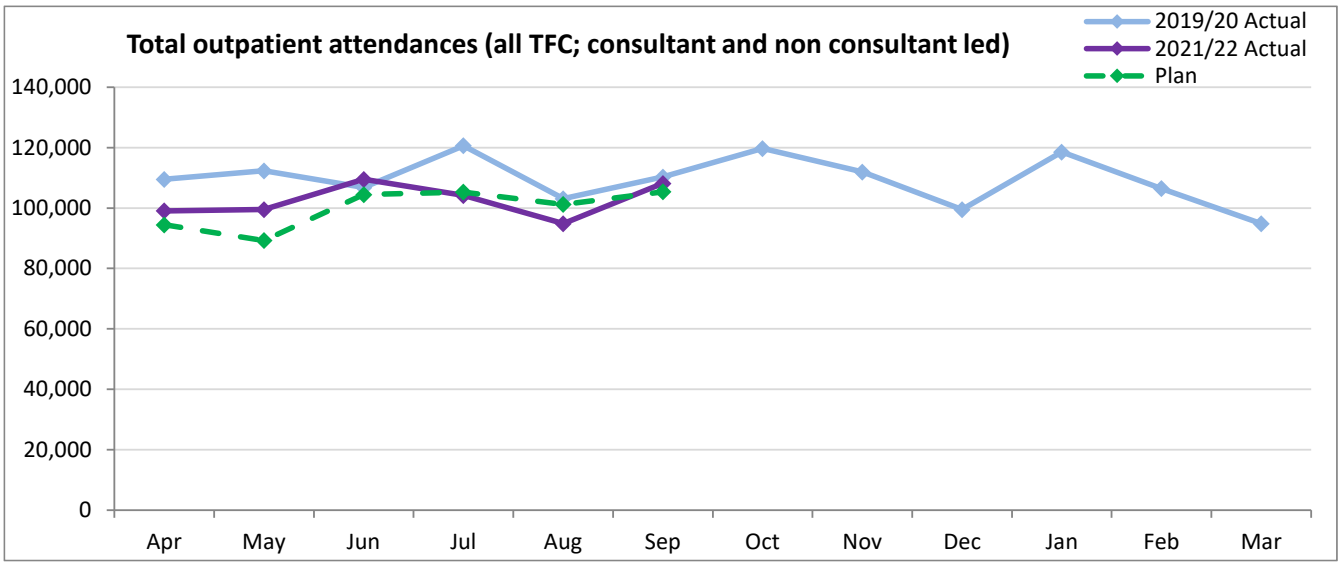
H1 Plans Monitoring

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Outpatients



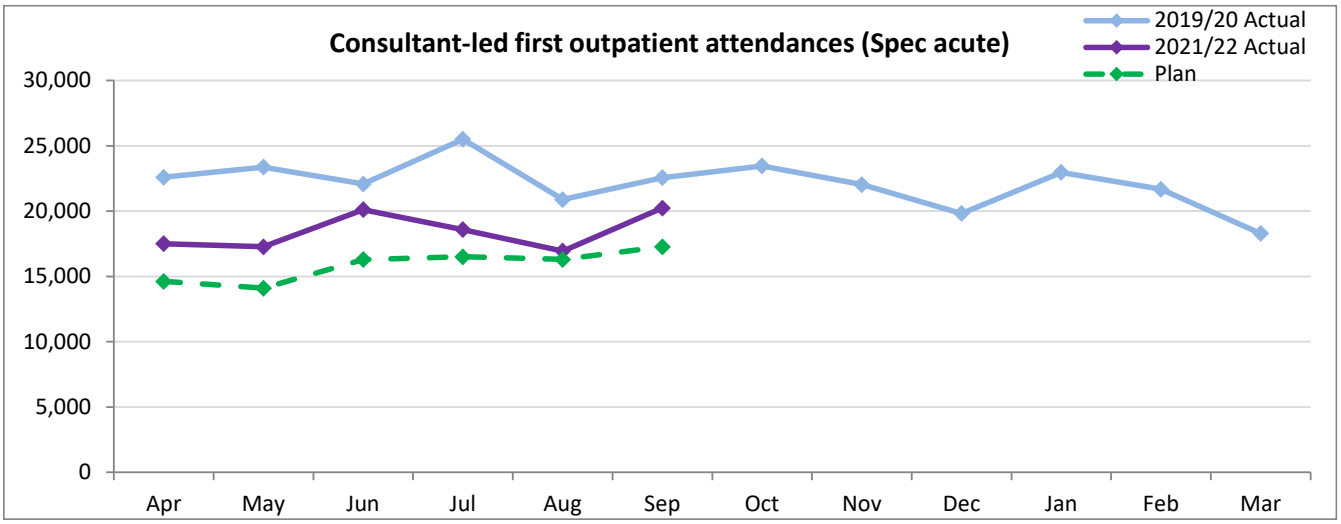


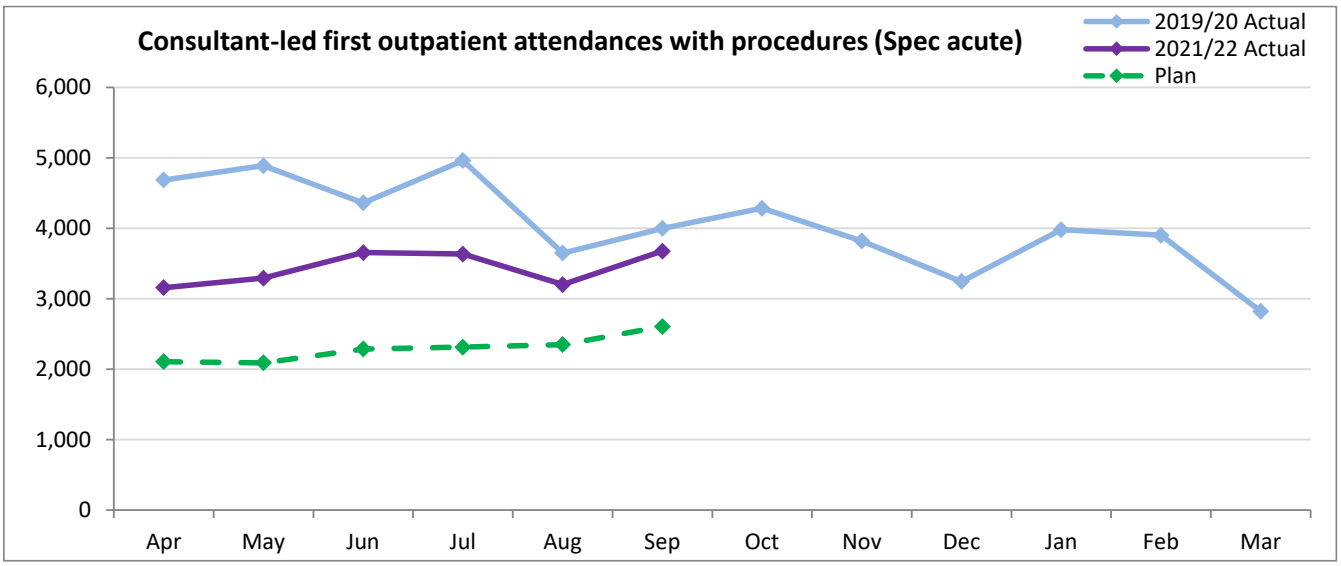


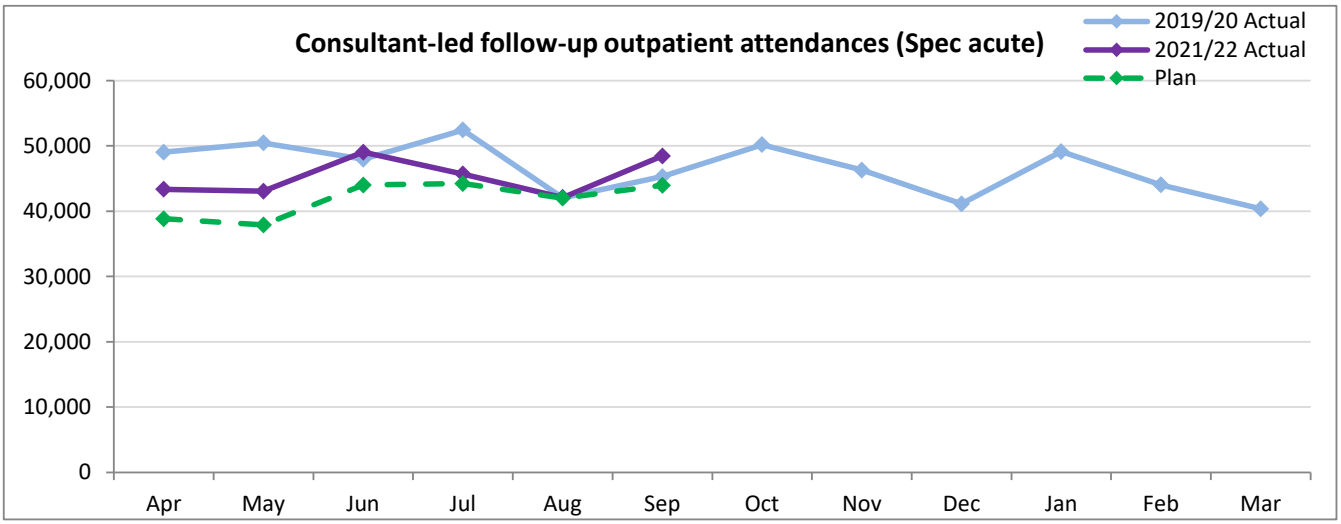
H1 Plans Monitoring (continued)

Nottingham and Nottinghamshire Clinical Commissioning Group

Outpatients (continued)



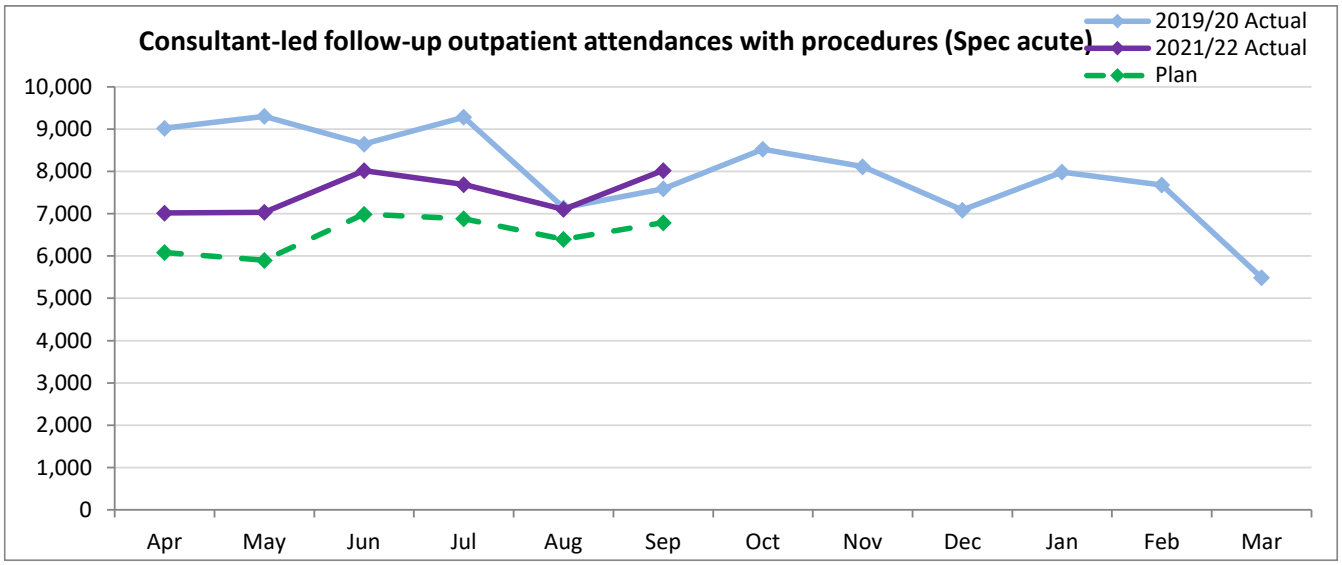


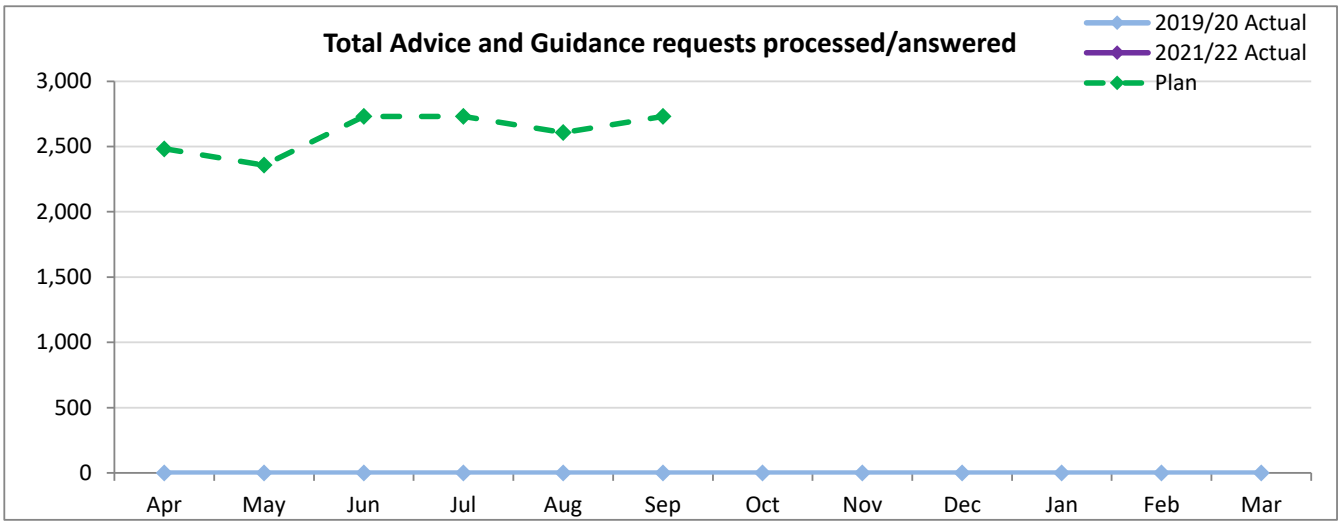


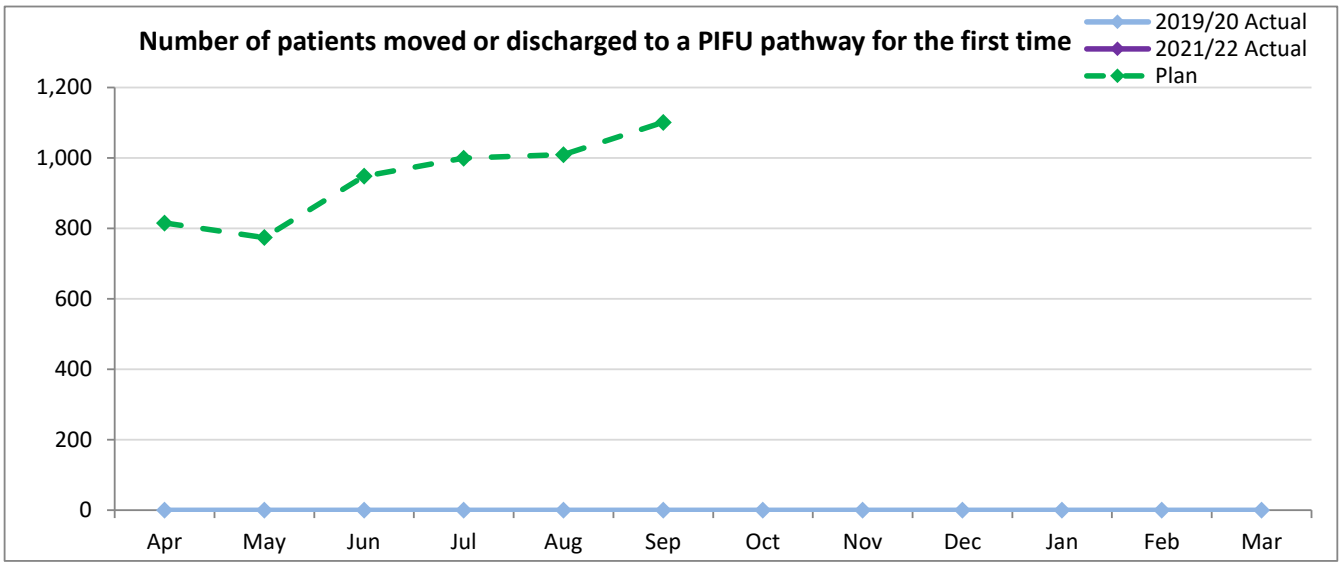
H1 Plans Monitoring (continued)

Nottingham and Nottinghamshire Clinical Commissioning Group

Outpatients (continued)



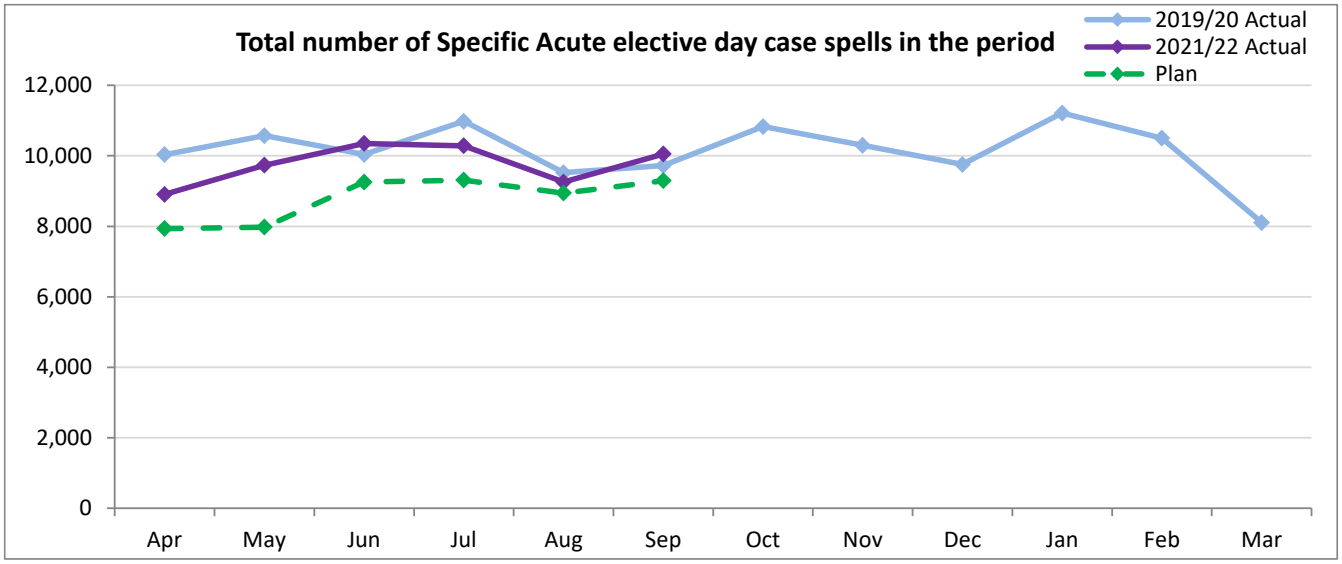


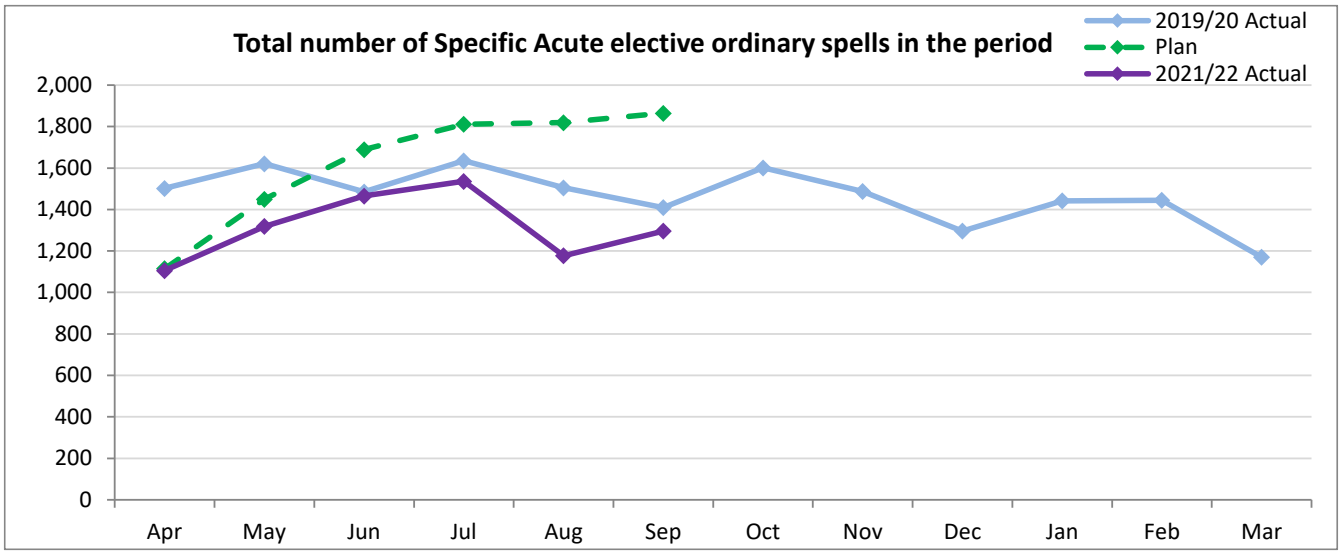


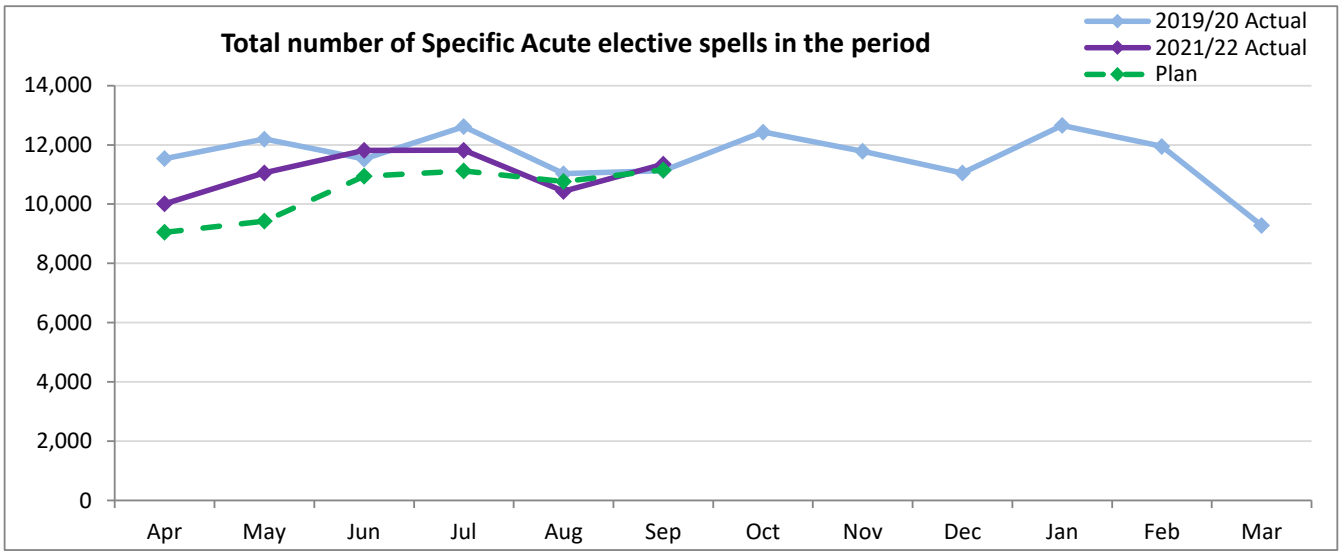
H1 Plans Monitoring (continued)

Nottingham and Nottinghamshire Clinical Commissioning Group

Elective



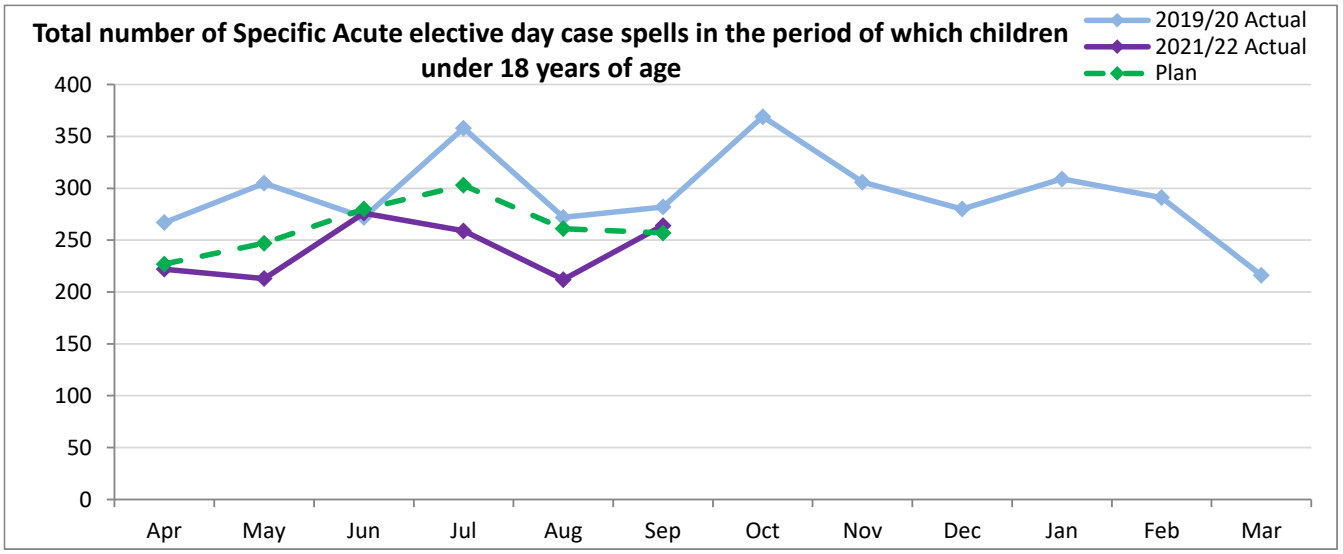


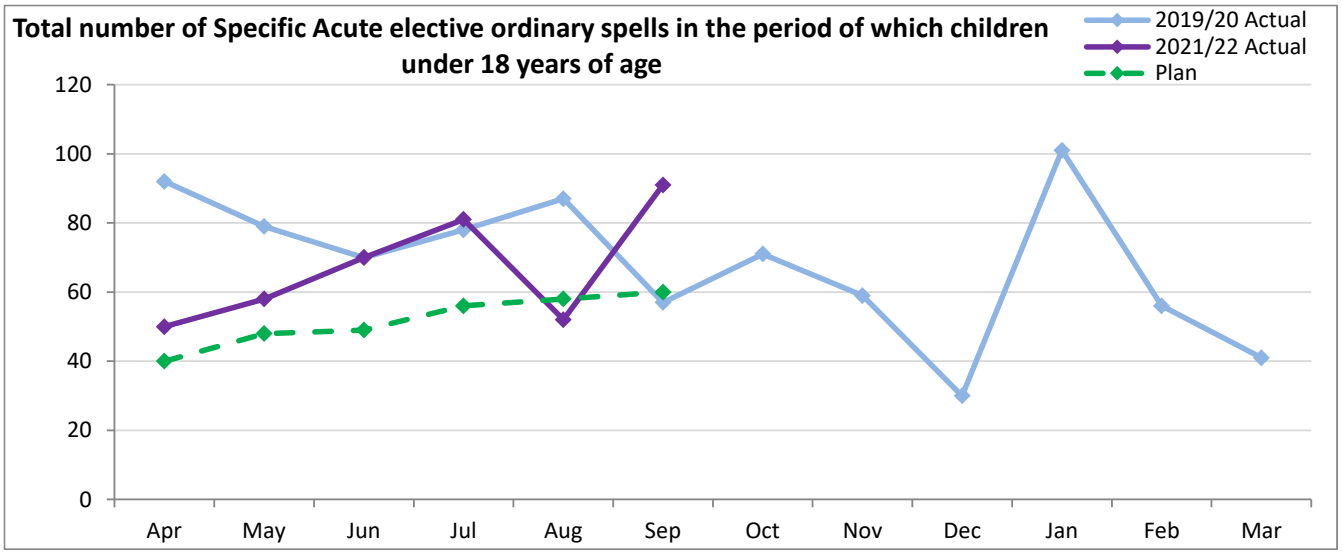


H1 Plans Monitoring (continued)

Nottingham and Nottinghamshire Clinical Commissioning Group

Elective (continued)

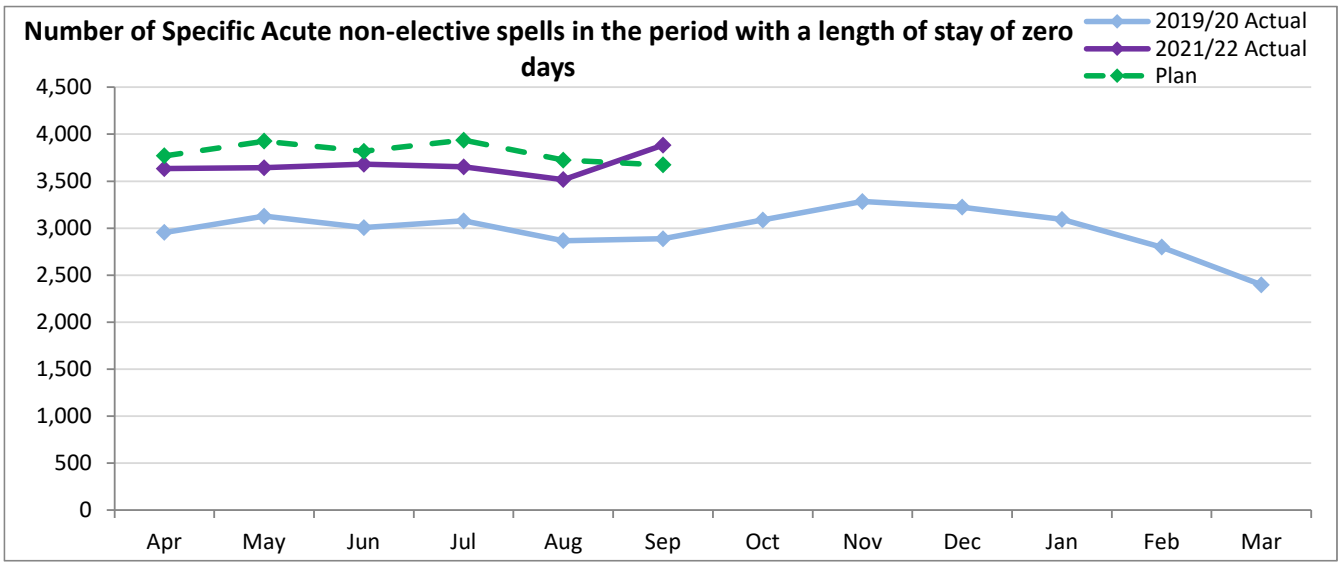


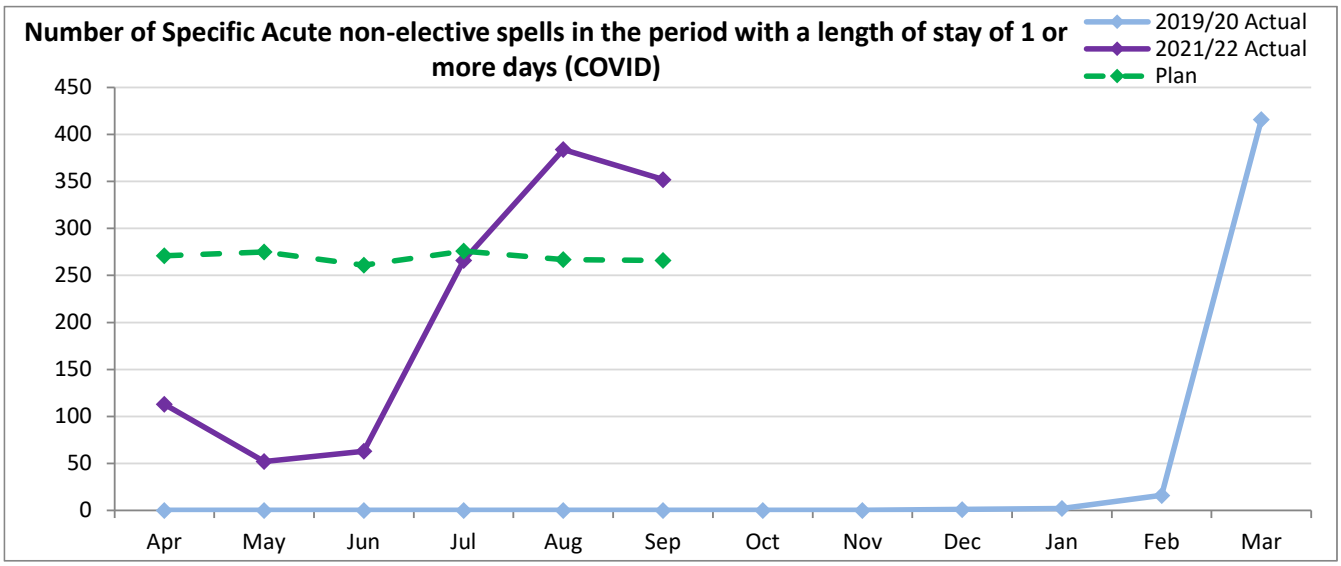


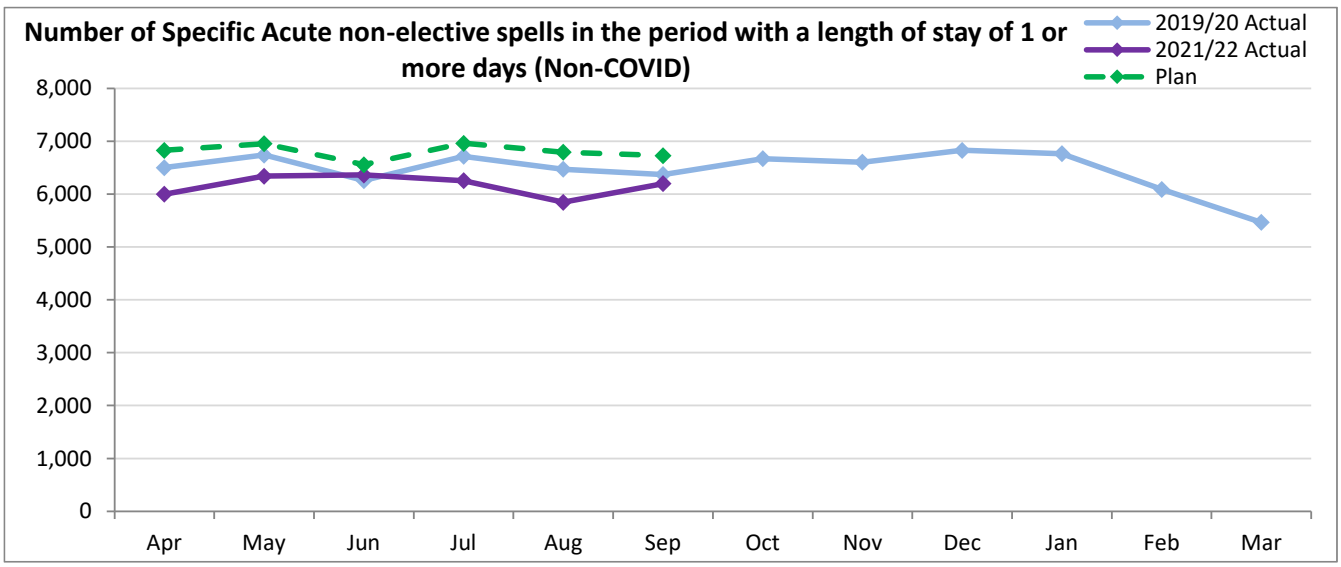
H1 Plans Monitoring (continued)

Nottingham and Nottinghamshire Clinical Commissioning Group

Non-Elective



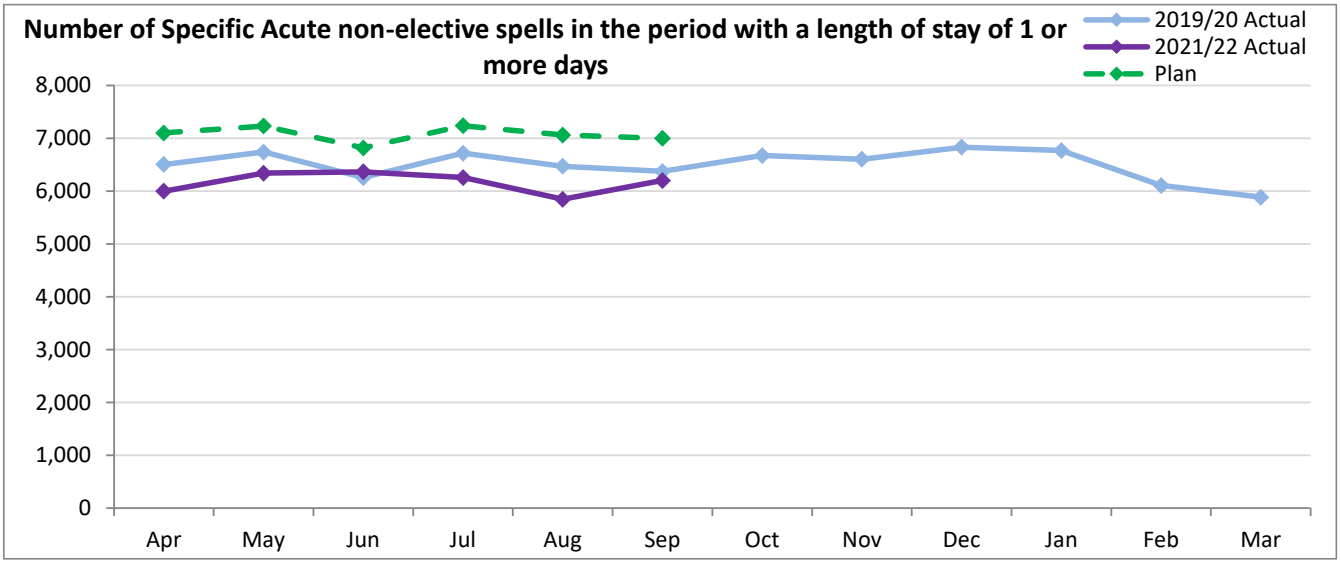


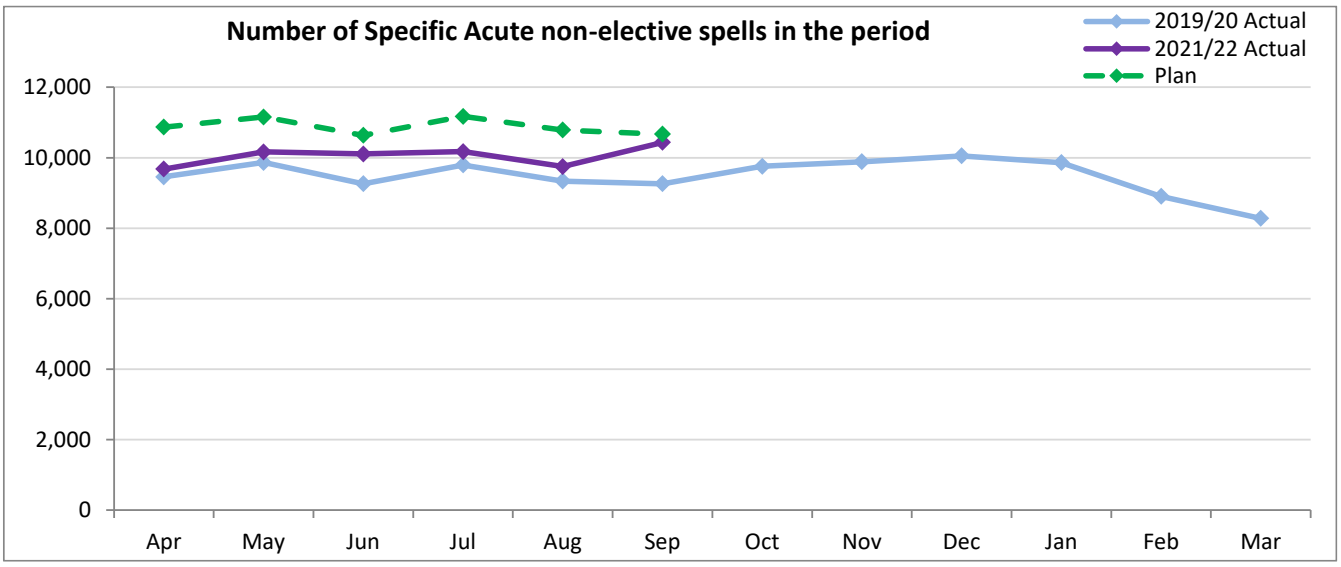


H1 Plans Monitoring (continued)

Nottingham and Nottinghamshire Clinical Commissioning Group

Non-Elective (continued)

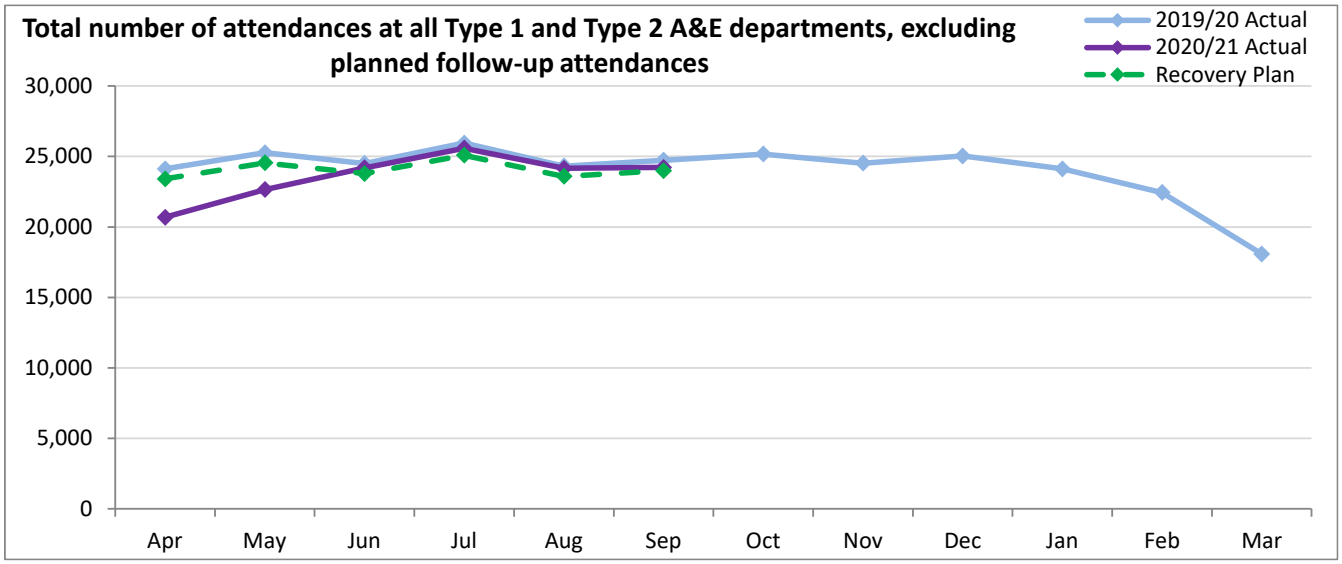


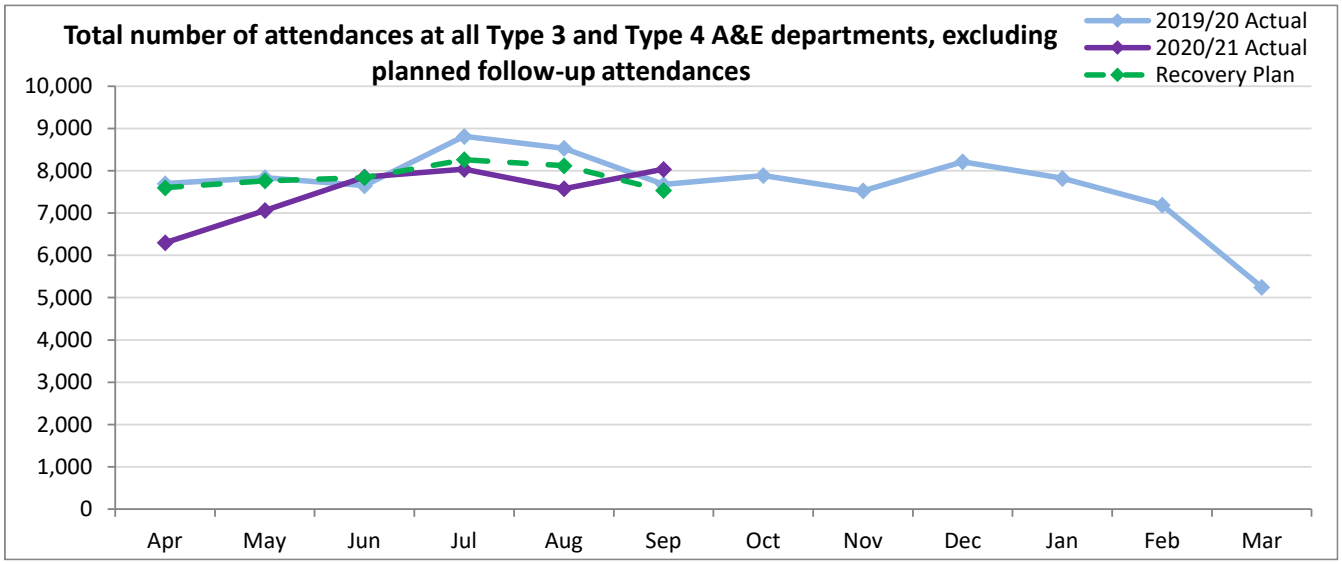


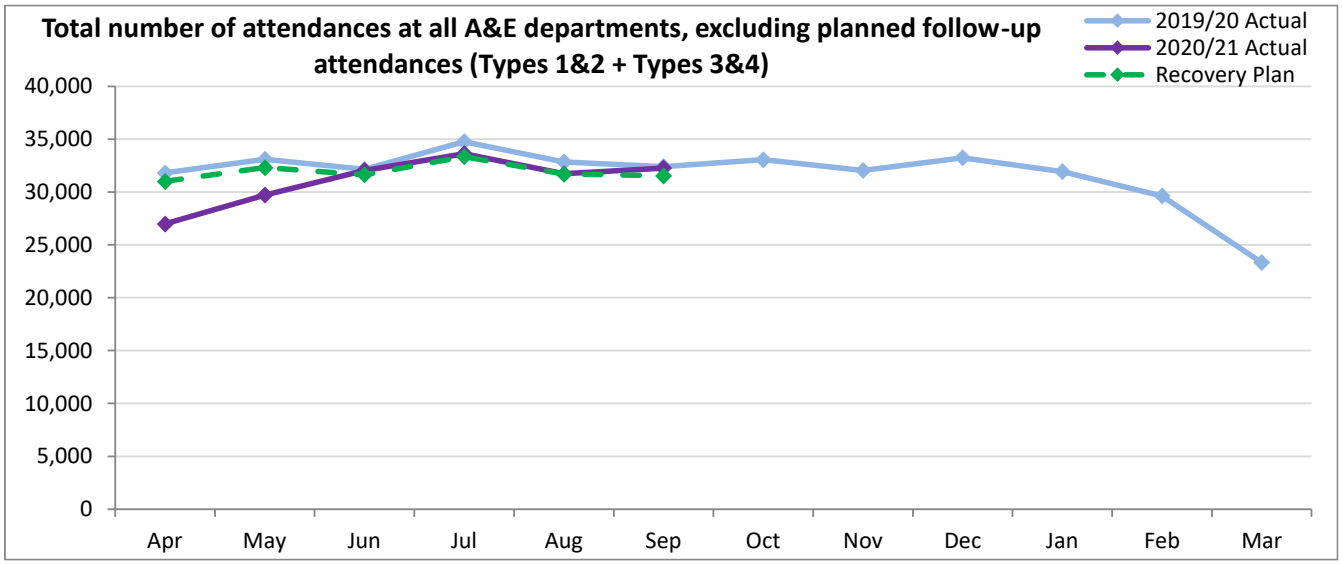
H1 Plans Monitoring (continued)

Nottingham and Nottinghamshire Clinical Commissioning Group

A&E



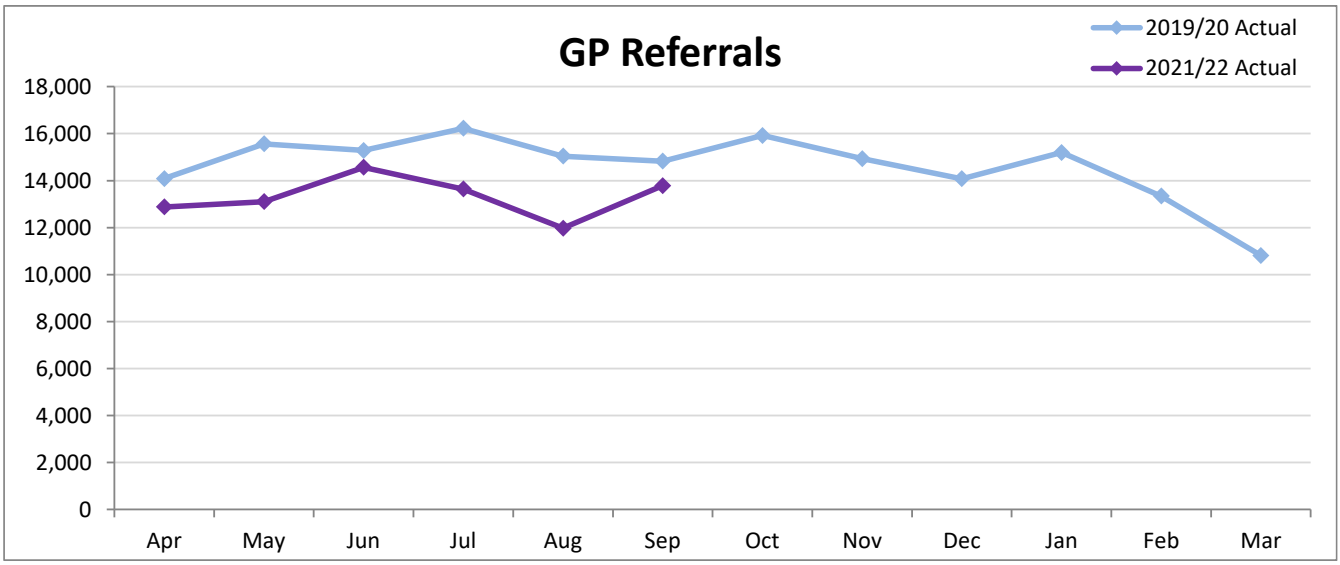


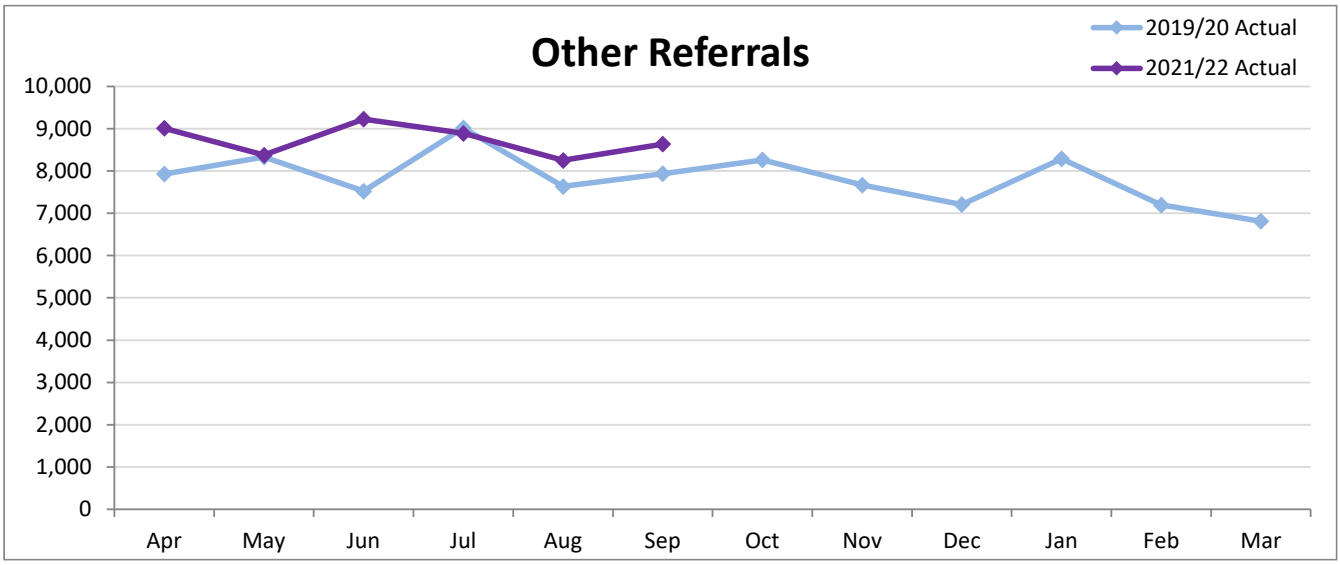


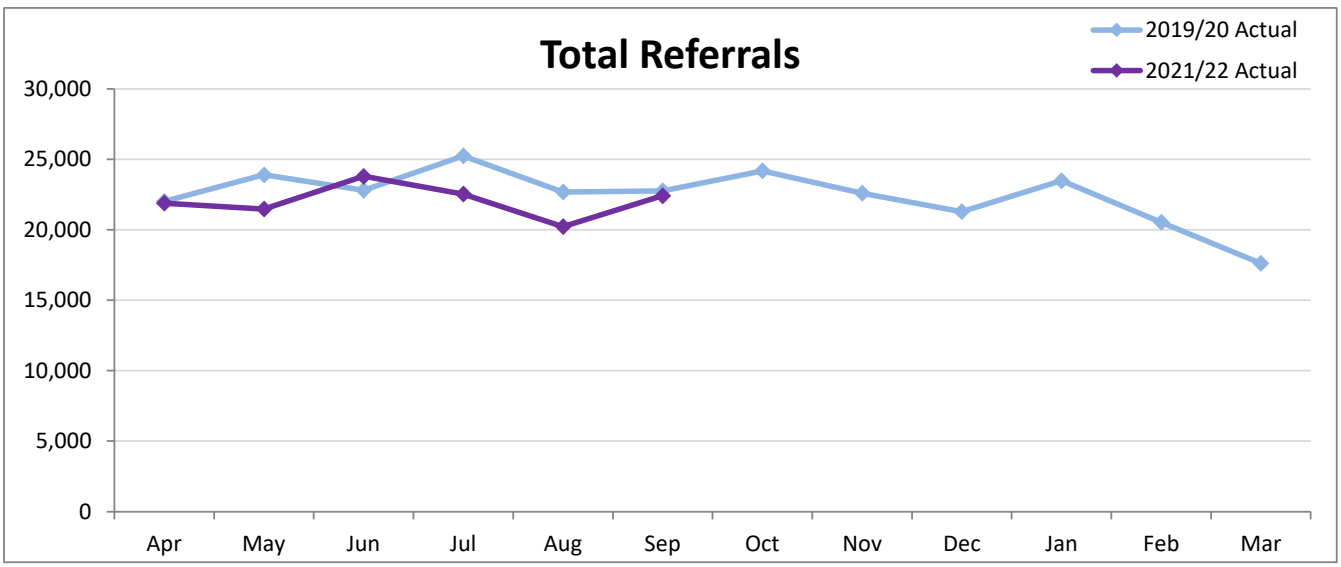
H1 Plans Monitoring (continued)

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Referrals



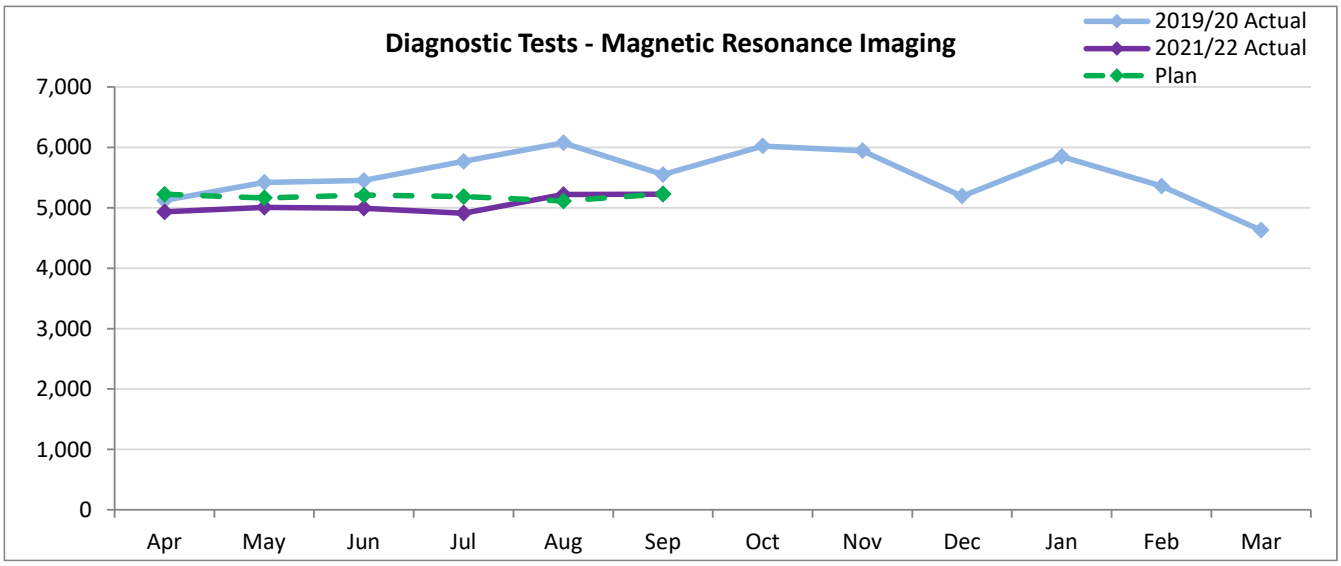


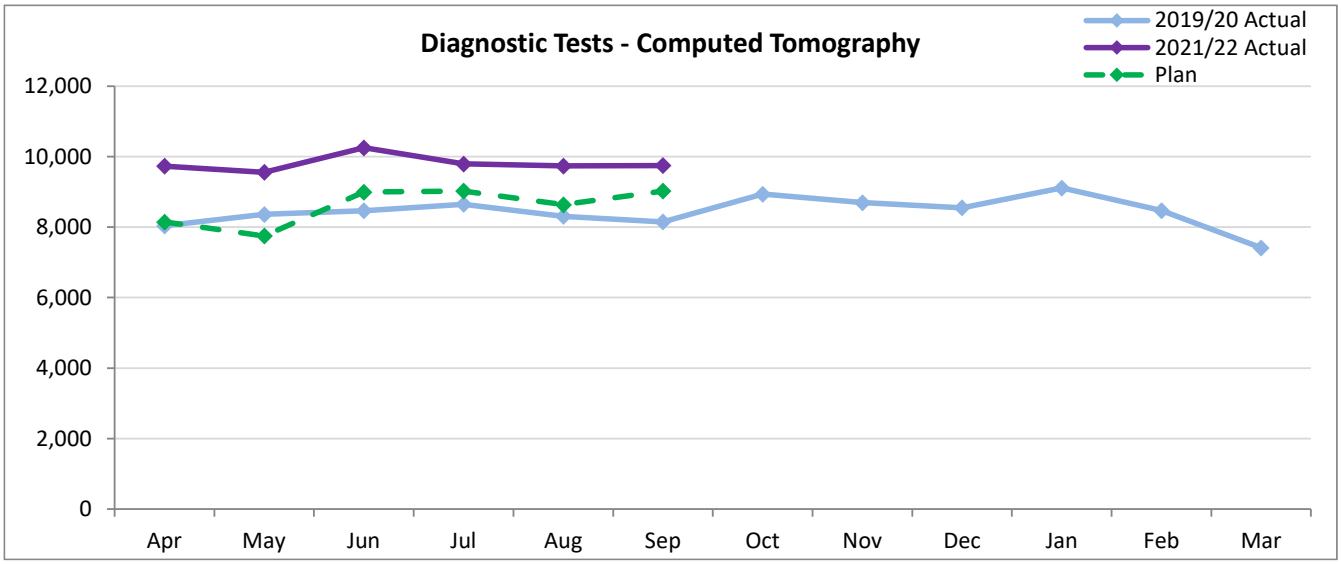


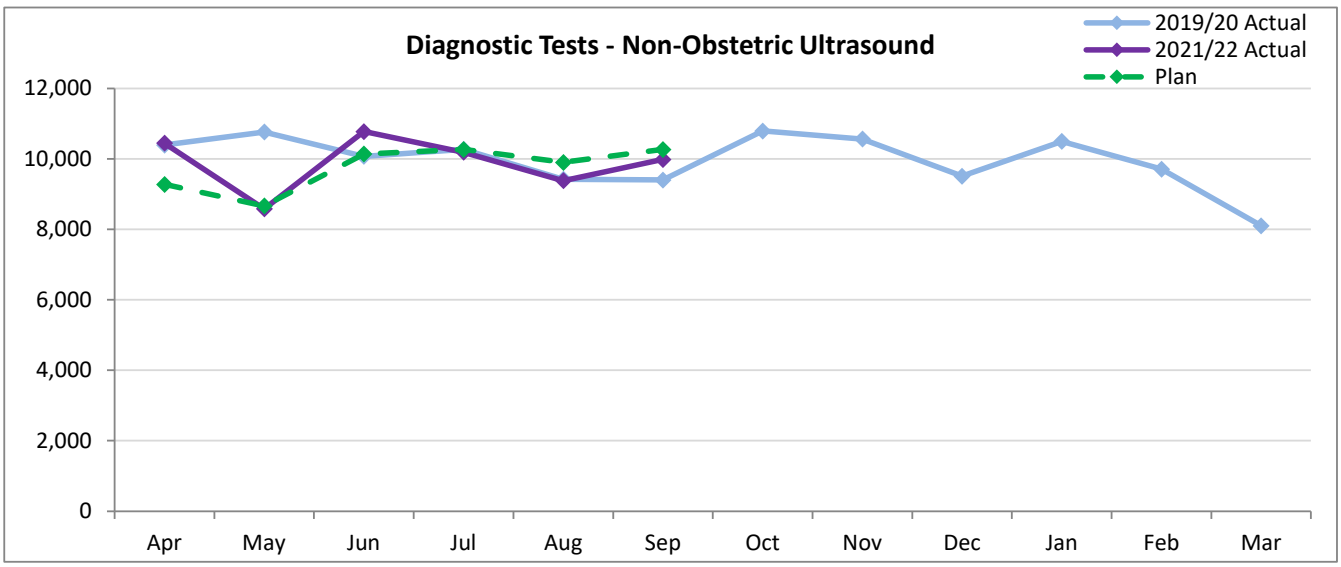
H1 Plans Monitoring (continued)

Nottingham and Nottinghamshire Clinical Commissioning Group

Diagnostics



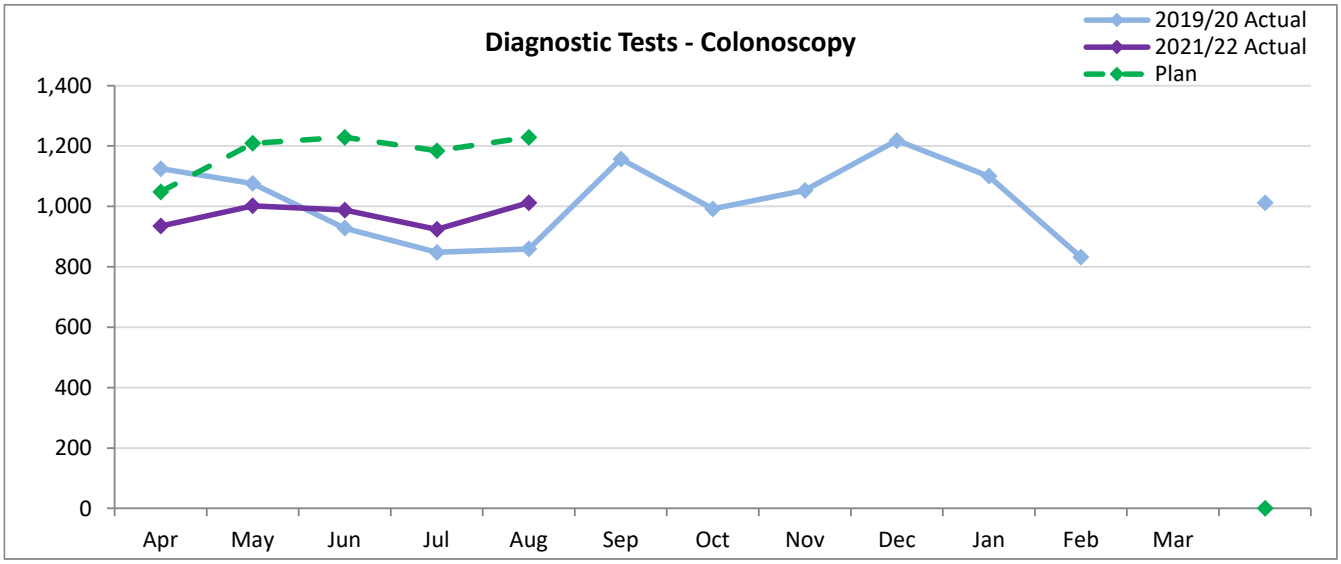


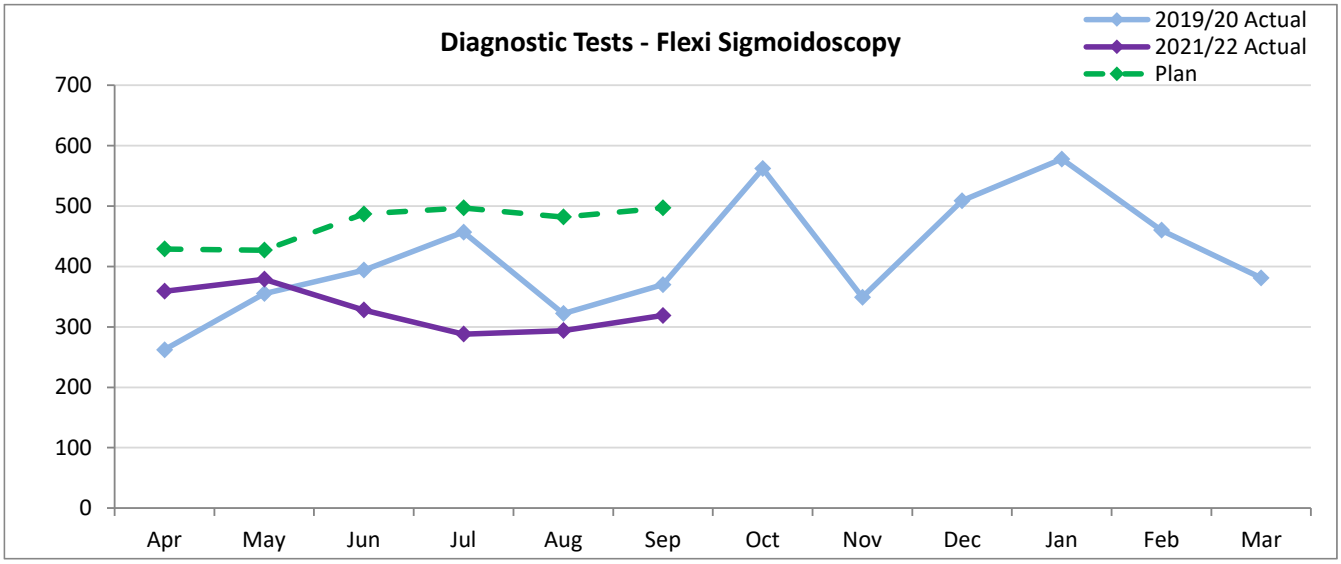


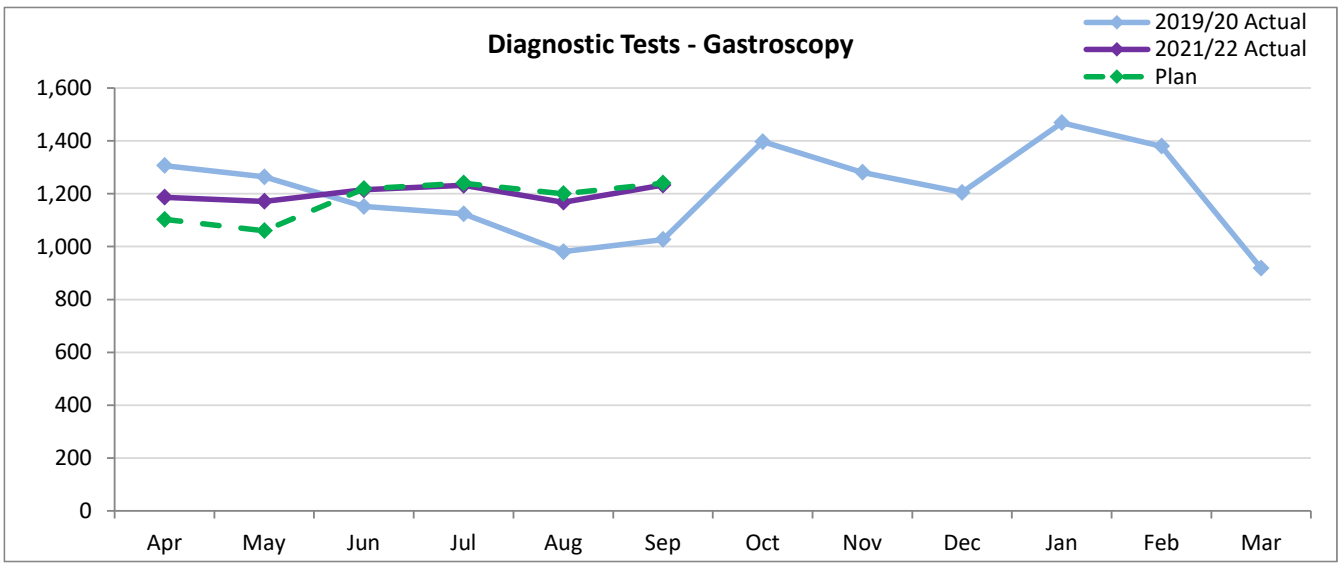
H1 Plans Monitoring (continued)

Nottingham and Nottinghamshire Clinical Commissioning Group

Diagnostics (continued)



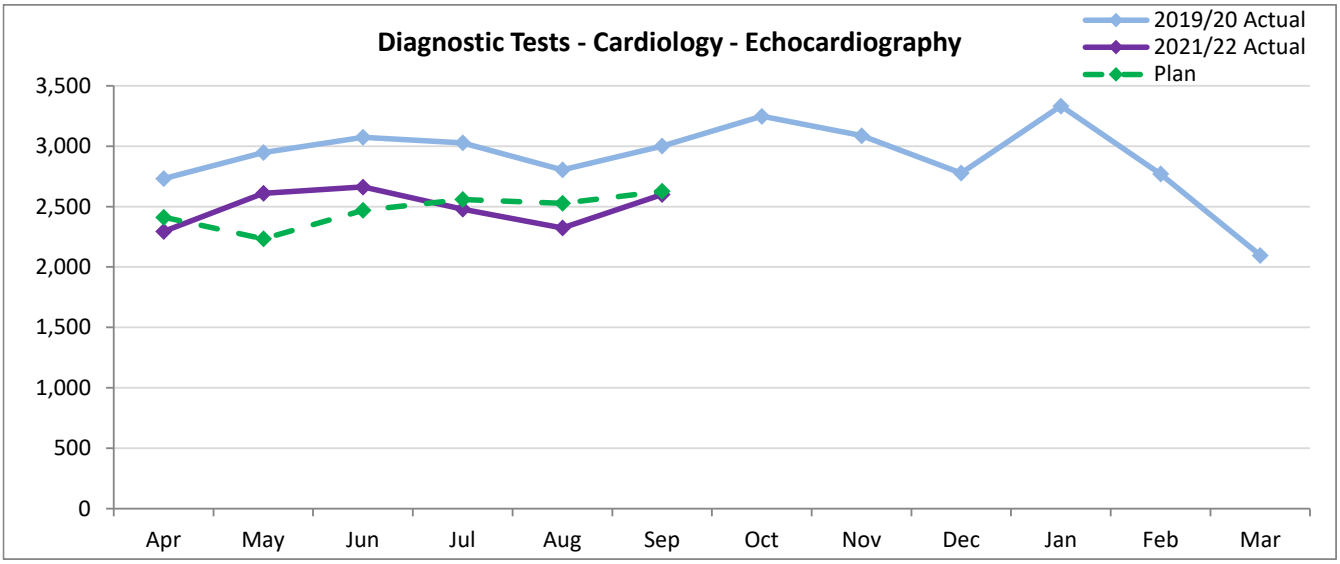


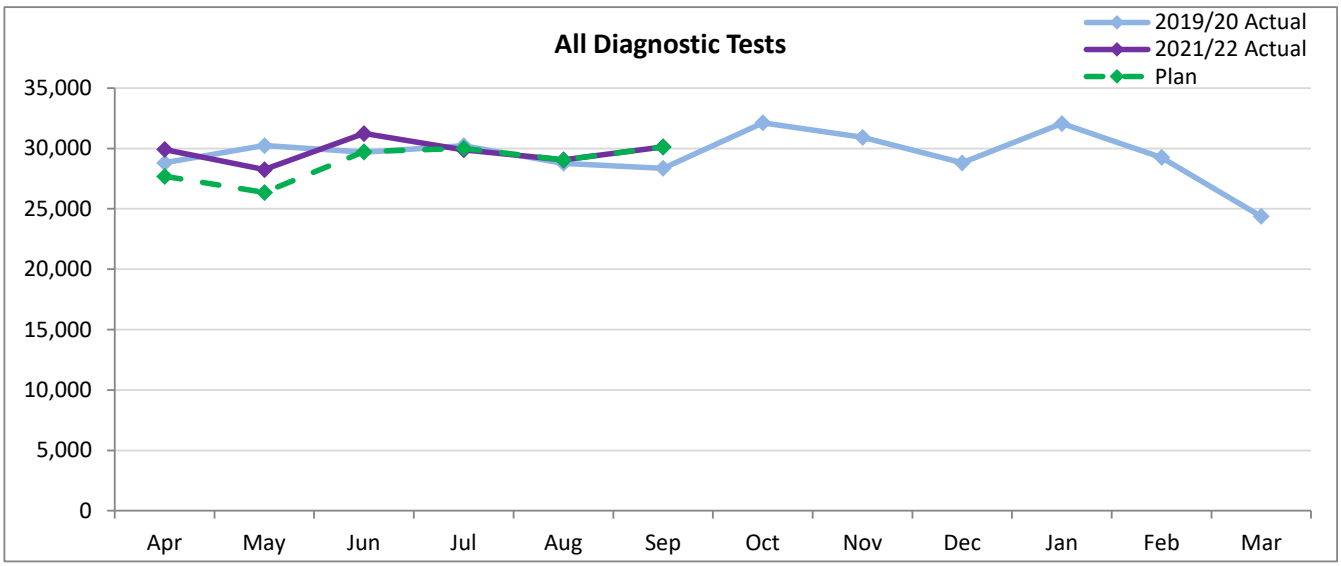


H1 Plans Monitoring (continued)

Nottingham and Nottinghamshire Clinical Commissioning Group

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

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Organisation	Standard	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Performance Direction
NUH	Greater than or equal to 92.3%	98.60%	98.40%	98.00%	98.60%	98.00%	98.00%	97.50%	97.60%	98.20%	YTD Actual 98.0%
SFH		-	-	-	-	-	-	-	-	-	-
NHT Millbrook		94.40%	94.40%	94.00%	93.00%	95.00%	95.00%	93.20%	93.00%	93.00%	↑
NHT Lings Bar		94.00%	95.30%	93.60%	94.00%	96.00%	96.00%	95.00%	97.00%	95.00%	↑
NHT Highbury		100.00%	100.00%	96.75%	99.00%	96.00%	96.00%	98.00%	97.00%	97.00%	↑
CityCare		93.60%	93.00%	93.50%	94.50%	94.80%	93.60%	Not Availabl	92.70%	93.80%	↑

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 which is attended by a CCG Quality Assurance Team member.

NHT
The monthly cleanliness audit scores for all wards are above the standard of 92.3%.

CityCare
City Care's cleaning audit score has remained within target. July data was not available.

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
Performance relating to PPE, Environment and Waste management has been very strong during September with most areas seeing above 90% for compliance. Hand Hygiene has reduced from previous months and the weekly audit is ongoing. 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. Where any non-compliance is identified these are escalated immediately and followed up by an email by the IPN responsible 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

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Organisation	Standard	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Performance Direction
NUH	Greater than or equal to 95%	93.80%	94.30%	96.20%	94.50%	94.20%	94.30%	93.30%	93.80%	96.00%	YTD Actual 94.3%
SFH		93.20%	N/A	N/A	N/A	N/A	93.20%	94.60%	N/A	N/A	YTD Actual 94.0%

Current Issue/Risk
NUH
VTE risk assessment compliance has met the national target at 96.0% for September 2021. This is above target. Performance has improved from August 2020, and the target been met twice in the calendar year 2021. Electronic VTE risk assessment compliance has fallen since the introduction of the new VTE RA platform on Nerve Centre.

SFH
Latest performance data provided is July 2021 94.6% (YTD 93.9%) -target 95%

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) historical 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)
- VTE risk assessment has been introduced as a mandatory field in the maternity Medway electronic records system
- 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

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.

Assurances (CCG)
Exceptional patient safety incidents related to VTE risk assessment are picked up via the SI route.

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

Nottingham and Nottinghamshire Clinical Commissioning Group

Organisation	Standard	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
NUH	<= 0.98	0.95	0.78	1.07	1.18	0.94	0.94	0.65	1.28	1.07
SFH	Total Falls	138	106	105	114	100	114	106	128	125
NHT		100	101	156	130	92	114	68	70	78
CityCare		0	1	0	2	1	0	0	0	0

There is not a nationally set target regarding falls therefore providers have internal targets set by their respective Boards.

Current issue/risk

NUH

Falls per 1000 occupied bed days resulting in harm have not met the national target. 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 2 2021/2022 has seen an increase overall in August and September which can be seen. Falls reduction work remains high on the agenda with a continued focus on reducing deconditioning through mobility awareness to promote patient independence.

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

- End PJ paralysis audit live on AMaT, all medical wards participating in month and roll out to other areas planned (data shared at harms free group)
- 'I CAN' posters in use successfully in 3 ward areas to promote safe mobility- plan to roll out
- Falls prevention practitioners continue to visit wards/departments in hours and OOH to provide support
- Live datix review for trends/themes and real time intervention/support
- Multiple service improvement projects in place as part of ward accreditations and pathway to excellent where reduction in falls is central
- Ward maps have been obtained and team will identify area of fall and help to understand pattern/occurrence
- Planning audit for falls documentation as well as review of all documentation
- Themes of month established
- Re-launch and training dates confirmed for falls/dementia/M&H
- Work on going at the Trust to reduce falls includes Nerve Centre adding a question on the falls risk assessment which states "has the patient had or got COVID", and there is a reminder to staff to complete a lying and standing blood pressure. Falls documentation is to be streamlined with a fall's investigation template developed which follows NICE guidelines.

Nottingham and Nottinghamshire Clinical Commissioning Group

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 and processes of reporting falls. The Falls Incident Review meetings have been set up to review 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.
Significant progress made with PJ paralysis results on ward 41-increase from 65% in July to 82% in August
Focused work on ward 51 in July has shown a significant reduction in falls in August and September
Falls Community of Practice is taking place in November and the Trust are joining with Community Healthcare staff, social care staff, councils, and other organisations such as Active Notts and Age UK.

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

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Organisation	Standard	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
NUH	0	7	9	6	2	5	7	6	5	7
SFH	Safe staffing care hours per patient day >8	9.1	9.5	9.5	9.5	9.3	9	8.9	9.1	8.7
NHT	0	7	7	9	5	4	6	16	18	20

The 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.

Current issue/risk
NUH
7 wards in September 2021 reported fill rates <80%. Due to a change in COVID pathways 2 of the 7 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 from framework agencies where appropriate.

- Trust overfill rate in September was 95.1%.

SFH
There were no serious incidents declared in Q2 that were attributed to staffing levels.

NHT
Overall, the level of wards in the Trust with significantly low staffing has increased since July 21, with the highest level of wards below 85% recorded for 24 months.

Nottingham and Nottinghamshire Clinical Commissioning Group

Mitigating Actions (Provider)

NUH
Both Safe Care and the staffing app records when wards declare unsafe. This is reported per shift through the staffing report and safety wheel. Safe Care 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.

Maternity overfill rate is 93%-staffing levels have improved with an enhanced pay rate incentive (until November 2021)
Additional mitigating actions to support safe staffing include:

- Temporary staff cascade changes 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.
- Ongoing recruitment events and international RN arrivals
- NUH/NHSP support to Lings Bar to enable and additional ward to open

SFH
Emergency access deteriorated in September. The main driver of this is increased ED demand and admission demand along with the increase in the number of patients who are medically safe waiting for home care. This latter issue has significantly deteriorated during September and is driven by severe workforce capacity issues in the homecare market. To manage these, additional beds have been opened as well as additional staffing for ED, notably in the evenings, although fill rates are variable. A recovery plan is being developed across the system to improve access to home care for patients.

NHCT
Within the Community Health Division, a Safer staffing review is underway to confirm safe staffing levels. 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. The Forensics Division records reduced staffing occurrences as serious incidents and ensures that NHSE/I and CQC are aware of staffing difficulties. Shortfalls are monitored 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

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Organisation	Standard	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
NUH	Not higher than expected	110.4	87.8	91.5	97.6	105.2	104.2	-	-	-
SFH	Standard ≤100	109.8	85.7	80.6	78.6	94.6	97.36	-	-	-

Performance chart details the most up to date nationally available data (NHS Digital). HSMR has been replaced by SHMI as the gold standard mortality indicator and is measured using statistical process control against a national baseline of 1.

Current issue/risk

NUH
SHMI for 12 months ending June 2021 is within the expected range at 1.0420. The Trust's SHMI position (recognised by NHS Digital as the gold standard mortality indictor) is in line with expected/national.

SFH
The SHMI for the last 12 months to June 21 is 0.9736 (as expected). Difficulties with availability for clinical engagement seem to be a common theme. This is partly due to additional work from both the Covid pandemic and addressing the backlog of work but also due to an apparent lack of dedicated time for these activities. A review of medical job planning may help address this and this risk has been discussed at the Trust Risk Committee.

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

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Organisation	Standard	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
NUH	Standard ≤ 100	120.6	112.2	105.2	96.5	110.3	106.1	134.9	91.2	-
SFH	Standard ≤ 100	164.2	105.3	101.1	87.4	108.6	96.6	111.0	126.8	-

Current issue/risk
NUH
HSMR for 12-months ending June 2021 (latest data) is outside the expected range at 112.90. Crude HSMR position (3.0%) is below the national rate (3.3%) for 12 months to June 2021 (latest data).

SFH
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. There have been delays progressing with several areas of work, reasons which have included changes to Head of Service, the demands of the pandemic and difficulties over the summer period in establishing opportunity for teams / personnel to meet. However, whilst recognising this is part of an improvement journey, the need for timely action is required and these areas remain a Trust priority. The request (through Learning from Deaths) has therefore been consistent to all services in asking for a timely and clear action plan regarding implementing change where improvements are identified.

Mitigating Actions (Provider)
NUH
The Trusts HSMR and SHMI were discussed at the Mortality and End of Life Care Group on 08.10.2021. One area NUH are exploring is the rate of secondary malignancies in the SHMI model and whether this has been impacted during Covid-19. 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).

SFH
SFH have undertaken a mortality review focusing over the past 12 months. It has not revealed one cause for historical and continued elevated or outlier position but, through more focused analysis, discussion with Dr Foster and interrogation, several areas were felt to be significant contributors and highlighted for potential improvements to pathways, processes and management. Recent changes to data analysis methodology (by Dr Foster) have impacted on their figures with the latest summary reporting the Trust HSMR to be "as expected". It has been suggested by Dr Foster that they await the next round of analysis and report, prior to drawing conclusions as to new and projected Trust position.
- Palliative Care: · The Trust continues to be one of the lowest for coding, nationally. Analysis and discussion with Dr Foster indicate that, if they were at the national (or regional) average, their overall HSMR would be lower. Work continues documentation and against an action plan with the End of Life team.
- Alcohol Liver Disease (ALD) · Specialty review and discussion led to a clinical (virtual) walk-through of early of "front-door" management and use of specific management care bundles. This highlighted the need for review of the management "bundle" itself (to make easier to use) but also front-door processes. A change in Head of Service has led to delay in progress with the areas highlighted but some improvements have been made around education. The work around ALD remains on the service risk radar and internal action plan
- Fractured Neck of Femur: Although no longer an HSMR outlier, this area was an historical data anomaly. Earlier review had highlighted specific improvements regarding collaborative decision-making and documentation / rationale for management decisions (surgical and non-surgical). The service has been asked to provide an action plan for the next Learning from Deaths meeting as to the recommendations highlighted earlier in the year.
- Chronic Obstructive Pulmonary Disease (COPD): This continues to be an alert on Dr Foster reporting. Further discussion between Lead clinician and Dr Foster highlighted several areas to be possible contributory factors, including palliative care and case mix, with influence from coding and co-morbidities. The Trust have seen good engagement from the specialty with a keen interest in understanding the data, alongside instigation of a deeper dive and correlating with "on the ground" intelligence and evidence.

Assurances (CCG)
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

NHS
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Organisation	Standard	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
NUH	0	0	0	0	0	0	0	0	0	0
SFH	0	0	0	0	0	0	0	0	0	0
NHT	0	0	0	0	0	0	0	0	0	0

Current issue/risk
NUH
Nil reported

SFH
Nil reported

NHT
Nil reported for this period

Mitigating Actions (Provider)
Nil required

Assurances (CCG)
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.

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

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Organisation	Standard	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
NUH	F&F Inpatients & Day cases ≥90%	99.0%	98.0%	96.0%	97.0%	100.0%	96.0%	97.0%	97.0%	96.0%
SFH	A and E ≥ 94%	93.4%	95.7%	93.1%	91.9%	91.5%	91.9%	88.7%	91.2%	92.2%
	Inpatients ≥93%	95.9%	97.0%	98.6%	98.4%	97.5%	97.2%	98.1%	97.9%	97.5%
	Maternity ≥ 93%	76.3%	87.5%	89.9%	-	-	-	-	Not provided	Not provided
NHT	≥95%	84.0%	-	99.0%	81.0%	89.0%	86.0%	88.0%	86.0%	74.0%
CityCare		93.0%	93.0%	96.0%	93.0%	93.0%	93.0%	-	89.0%	A/W-

Current issue/risk

NUH

Friends and Family Test Inpatient and Day cases is above standard for September 2021 at 96%. During this month they have collected 4692 comments and individual insights in to experiences of care through the feedback collection methods. It shows that the majority of people continue to have a positive experience of services. However, communication remains a significant area of concern with many families and carers seeking explanation and reassurance about patient care during the covid-19 pandemic.

SFH

- Report by exception: ED Performance 92.2% (YTD 91.4%) against a target of 94%.
- Response rate remains low which affects the recommended rate score
- Issue identified with text responses only 1 response reported for minors. This has been the same the last 2 months which may suggest an error
- Themes identified in responses around communication and waiting times

The Trusts Single Oversight Framework report no longer provides the reporting for Maternity FFT

NHT

The percentage of FFT has dropped to 74% during September 2021 (benchmark is 97.4%). The low rates of the FFT could suggest that the Trust may not be receiving the feedback it requires to identify areas for improvement in its care and treatment and/or areas of good practice for Organisational learning.

CityCare

Performance figures consistently above target. The September data will not be published until the next committee meeting has taken place which is scheduled for December.

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Mitigating Actions (Provider)
NUH
In September 33/66 adult IP wards achieved the minimum response rate (10%) for the local IP survey which is a requirement. A total of 18 carers survey were completed (of which 4 related to dementia care). The IP survey and carers survey remain available on the NUH applications for use and will only transition when the build work on the online system has been completed. All services encourage feedback through the Friends and Family Test survey, available to everyone who wishes to give feedback. It is also important that services publicly promote that they are learning from the feedback.

The complaints and patient experience team have established a patient's surveys working group to develop systems, processes, resources, and guidance for staff, which will meet monthly.

A total of 160 patient information leaflets require review in the next 3 months- Authors have been contacted and divisions have been asked to support action to ensure leaflets in use remain up to date and accurate.

SFH
- QR codes have now gone live in ED, it is anticipated this will improve response rates. Nursing staff to encourage patients to use it
- Weekly feedback from the PET team to be shared with the team in ED
- PET team exploring if there is an issue with the SMS service
- ED team to share with colleague's
- The head of patient experience has recommended the threshold for SFH be reduced to 90% to ensure it represents a stretch on the national average, but it is realistic. This has been supported by the NMAHP committee and the Quality committee

NHT
FFT score rates within the 3 clinical divisions (Forensics, Mental Health and Community) are usually quite different and so a subgroup analysis was carried out to understand the change in rates.
- The trust transitioned onto the new FFT question set by NHSE in April 2020, however, there has been substantially less data being collected over the past 17 months than there was before (particularly in Community services in contrast to Mental Health services). Given that scores tend to be lower in Mental Health services (patient population and clinical need/expectations of care), this may at least partly explain the lower scores.
- April 2020 was also the start of the COVID pandemic lockdown and therefore it would appear that patients and service users may not have had the opportunity to provide feedback. However, the trust is embarking on new ways of collecting feedback and this includes innovative work such as the use of SMS/text messaging as a tool to capture feedback

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

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Organisation	Standard	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
NUH	National target of 209	222	226	202	207	199	212	198	234	260
SFH	Standard ≤ 65	61	55	51	50	54	51	51	56	65

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.

The rise in medically safe patients has seen an increase in the number of long stay patients.

SFH
The worsening position is a direct link to workforce issues within adult social care, and to a degree, community partners and closed care homes. In part annual leave cycles exacerbate the gap.
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. During September, discharge delays remained at an elevated level for supported patients, resulting in more post-medically safe for transfer long LOS patients in hospital.

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 facilities the airing of cross-divisional issues and the sharing of best practice.

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 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

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Organisation	Standard	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
NUH (completed within 15 minutes)	National target of 100%	68.0%	66.0%	67.0%	68.0%	66.0%	59.0%	55.0%	49.0%	46.0%
SFH (Percentage of Ambulance Arrivals > 30 minutes)	<10%	3.1%	3.1%	2.9%	2.1%	3.3%	3.7%	3.5%	3.4%	6.6%

Current issue/risk
NUH
The recent deterioration in this metric has been driven by record level of attendances to Emergency Department (ED). High 'majors' demand combined with poor outflow from ED for patients requiring hospital admission results in overcrowding. Overcrowding is causing ambulance handover delays as there is no space to move patients out of 'first contact' and into the major's department. The proportion of handovers greater than 1 hour has reduced for 2 consecutive months after rising considerably in July.

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 because 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
In ED, the team adopt a process of 'reverse-queuing' to try and complete handovers on arrival to release ambulance crews when the 'first contact' area becomes busy. This has been exceptionally challenging to deliver as the major's department has been so crowded there has not been the staff available.

From the beginning of August, the primary care offer in ED has return to a 24/7 service (as it was pre-pandemic). This has provided much need additional resource to see patients in the 'minors' stream in the urgent treatment unit which has helped release NUH ED staff to deal with the unprecedented demand.
Ambulance handover performance oversight takes place within ED and the site operations team daily. Continued joint working with EMAS is underway to improve turnaround times, including work to develop a live feed of ambulance handover performance to be part of the command centre.

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

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Organsation	Standard	Most Recent 12 Months - 12hr												Performance Direction
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-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		1	0	0	8	27	8	0	5	0	74	128	140	↓
SFH		0	0	7	1	2	1	0	1	4	0	0	9	↓

Current issue/risk
NUH
In September, high numbers of patients experienced long waits for admission in the ED department, leading to 12-hour breaches. The breaches were spread across the month whilst the ED remained almost constantly over capacity. Hospital flow challenges contribute to crowding in ED as a result of constrained flow into and out of the assessment areas. The challenge in the assessment areas relates to timely flow into the base wards, due to a lack of bed availability. The non-elective bed base has been under pressure to high non-elective demand alongside high numbers of supported patients waiting in hospital after being declared medically safe. The number of medically safe patients waiting in hospital surged in September to the highest levels in the post-pandemic era and at times exceeded the equivalent of 5 hospital wards. High Covid-19 demand, pathway segregation (including IPC and control measures) and staffing issues are also factors that are exacerbating bed challenges.

SFH
There was 1 x 12-hour trolley breach reported by SFH in October 2021.

Mitigating Actions (Provider)
NUH
Robust escalation processes are in place operationally to track, communicate and try to avoid patients experiencing 12-hour trolley waits however, significant operational bed pressures limit availability to prevent waits. During September, NUH have implemented OPEL 3 & 4 actions in line with the management of patient flow policy.
NUH focused on improving the utilisation of the bed base. To do so they: (1) secured additional divisional resource to support internal bed meetings; (2) increased the risk appetite for patient outlying; and (3) reviewed and balanced risk decisions around bed and ward closures due to infection. In order to expedite discharge, the Matrons and leadership teams joined board rounds to assess and resolve blockages to discharge and reviewed patients identified as home today or tomorrow. During September, they worked with system partners to (1) ensure full awareness of the hospital flow challenges; (2) disseminate communications in order to encourage the appropriate use of the urgent care services; and (3) seek support to reduce the number of medically safe patients in the hospitals. In early September, as a last resort after sustained pressure, NUH made the difficult decision to curtail further the elective programme and converted Harvey 2 from an elective ward to accommodate medically safe patients – this ward has subsequently been converted back to elective care after a reduction in the number of medically safe patients in the hospitals

SFH
The patient required a mental bed able to manage the complexities of his learning disabilities. He required the input from multiple professional bodies such as RRLP, AMP, ICATT and IDAT. It was difficult to source an appropriate bed and this significantly influenced the delay.

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			

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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	102	245
	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	22	27	0	0	0	0	0	164	164
	Cumulative Variance	0	0	0	0	13	14	20	0	-20	-40	-60	-81	20	-81
Sherwood Forest Hospital NHS Trust	Plan	9	6	6	8	13	1	0	0	0	2	1	1	43	57
	COHA	5	4	4	4	5	1	3						26	15
	HOHA	4	2	2	4	8	6	8						34	13
	Total acquired	9	6	6	8	13	7	11	0	0	0	0	0	60	60
	Cumulative Variance	0	0	0	0	0	6	11	0	0	-2	-1	-1	17	3
Nottingham University Hospitals NHS Trust	Plan	7	4	10	17	9	12	10	10	10	11	11	11	69	122
	COHA	4	0	3	6	4	2	2						21	18
	HOHA	3	4	7	11	5	10	5						45	30
	Total acquired	7	4	10	9	12	7	0	0	0	0	0	0	66	66
	Cumulative Variance	0	0	0	0	0	0	-3	-10	-10	-11	-11	-11	-3	-56

Current issue/risk
New reduction objectives were released in July 21. SFHT have breached year- end target and this has impacted on CCG plan 164/144 year to date

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. A system review visit is planned to support SFHT

Assurances (CCG)
System led IPC meetings are in place to support with CDI reviews and system actions. All cases are reviewed for individual learning

Theme	Indicator	Indicator Overview	CCG Lead	Focus
Safe	COVID-19			

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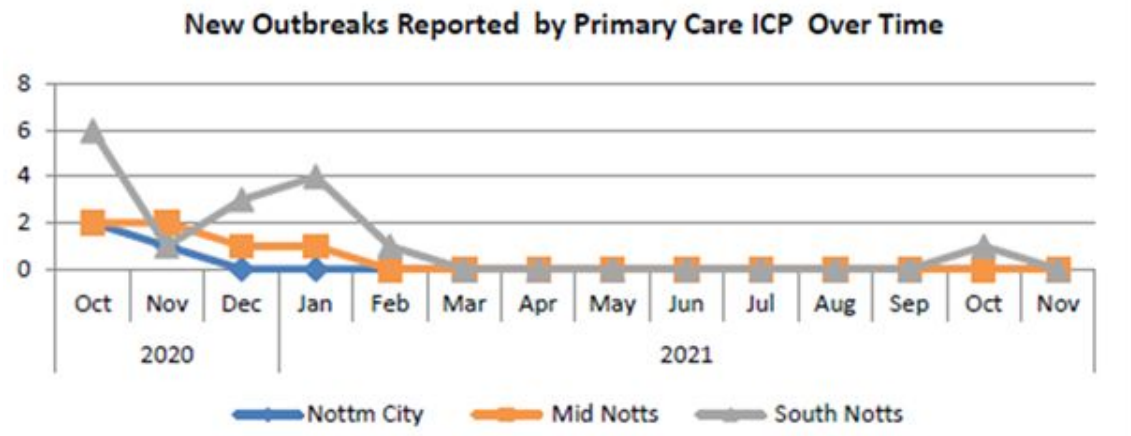
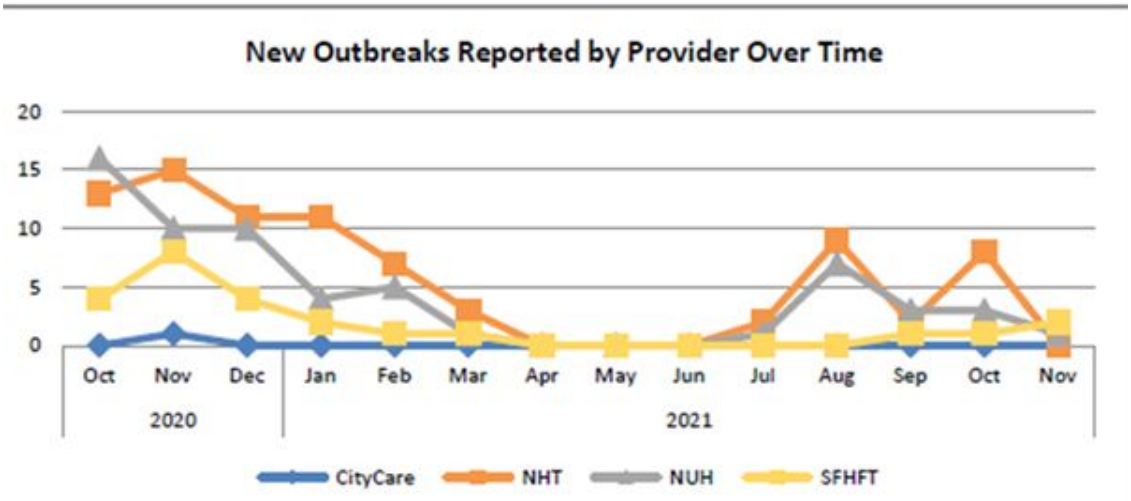
Number of confirmed COVID-19 swabbed within 8-14 days of admission	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD 21-22
Sherwood Forest Hospital NHS Trust	2	0	0	0	3	4	5						14
Nottm University Hospitals NHS Trust	5	0	0	6	14	8	10						43

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	9	7						15
Nottm University Hospitals NHS Trust	15	1	0	3	13	10	7						49

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





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Current issue/risk
COVID-19 related outbreaks across the system remain relatively stable. This is against a backdrop of slowly reducing levels of COVID-19 infection in circulation locally and nationally.

Mitigating Actions (Provider)
Provider BAF in use for action planning. 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			

Nottingham and Nottinghamshire Clinical Commissioning Group

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			
			Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Fertility Requests	100%		14	5	4	-	3	2	1	0
Online Prior Approval Requests	100%		1269	1228	1099	-	1425	24	17	14
Prior Approval Requests	100%		705	686	638	-	628	118	85	81
Out of Area Requests	100%		3	2	3	-	3	0	3	0
Treatment Abroad Requests	100% NHS E Target of 7 day turnaround		0	0	0	-	1	0	0	0
IFR Requests		100%	0			-	1	5	4	

Fertility Requests

NHS Nottingham & Nottinghamshire CCG Service Restricted Commissioning Policy includes criteria for Gamete and Embryo storage. Of the 3 requests for storage, 3 patients were approved for storing products prior to commencing treatment where they are at risk of permanent infertility. One request for IUI prior to IVF was declined on the basis they did not meet the agreed criteria.

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 1441 online prior approval requests. Out of the 1441, 1425 were approved and 16 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. This was achieved whilst the team had reduced capacity due to annual leave and long-term sickness within the team and limited senior management support.

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 731 prior approval requests. Out of the 731, 628 were approved and 108 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. is was achieved whilst the team had reduced capacity due to annual leave and long-term sickness within the team and limited senior management support.

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

Nottingham and Nottinghamshire CCG IFR Team have been identified to the team as the appropriate lead to be able to provide them with a written response to treatment abroad requests. Whilst treatment abroad requests are not included in the service restricted policy, in the absence of any formal indicator the CCG IFR Team use the NHS E response time of 7 days. Indicator remains consistent meeting the 100% target, so no exception reported is required. One Treatment abroad requests received this month, which was approved

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. 5 requests have been received this month, 1 of the requests were approved as the treatment requested was in line with SRP commissioning policy, 4 was declined at the screening stage. Indicator remains consisted meeting the 100% target from last month and so no exception reporting is required.

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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 Serv	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 Trus
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

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Meeting Title:	Governing Body (Open Session)	**Date:**	01 December 2021
Paper Title:	Highlight report from the (virtual) meeting of the CCG's Audit and Governance Committee	**Paper Reference:**	**GB 21 109**
Chair of the meeting	Sue Sunderland, Non-Executive Director	**Attachments/ Appendices:**	A: Information Governance Management Framework

Summary Purpose:	Approve	☒	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Summary of the Meeting

The Audit and Governance Committee met on the 2 November 2021. Due to the current Coronavirus (Covid-19) restrictions, the meeting was held virtually.

At the meeting, the Committee:

- **RECEIVED ASSURANCE** from several reports on key areas of CCG business that required completion by the end of the financial year:
  - The progression of arrangements to comply with the Emergency Preparedness, Resilience and Response (EPRR) core standards and **NOTED** the work underway to ensure fit for purpose arrangements for the new statutory body from April 2022
  - The progression of the required actions to ensure the safe transfer of staff and property to the new organisation, which was being undertaken as part of a comprehensive CCG closedown and ICB establishment due diligence process
  - The progression of actions to meet the Counter Fraud Functional Standard
  - The progression of actions to meet the 2021/22 Data Security and Protection Toolkit.
- **RETROSPECTIVELY APPROVED** invoice payments and credit notes transacted outside of delegated limits. The Committee continued to receive quarterly reports that noted a fall in the number of transactions that had been approved outside of limits set in the CCG's Standing Financial Orders. The Committee will continue to monitor compliance.
- **ENDORSED** the CCG's updated Information Governance Management Framework and recommends that the Governing Body **APPROVE** the updated Framework (enclosed at Appendix A).
- **NOTED** the issuing of the Stage One Head of Internal Audit Opinion Report, which had not highlighted any concerns.
- **NOTED** assurance from the CCG's Internal Audit function of the progression of transition arrangements.
- **NOTED** mid-year compliance reports on statutory and mandatory training, health and safety, and risk

management arrangements.

Key Messages for the Governing Body
• Approval of the CCG's Information Governance Management Framework **(Appendix A)**

The ratified minutes of the meeting will be received by the Governing Body on the 2 February 2022.

Appendix A

NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Information Governance Management Framework

Version:	1.2
Approved by:	Governing Body
Date approved:	tbc
Adopted:	Adopted by Governing Body in tbc
Date of issue (communicated to staff):	tbc
Next review date:	tbc
Document authors:	Head of Information Governance & Information Governance Delivery Manager

Appendix A

CONTROL RECORD			
Reference Number N&N IG-001	**Version** 1.2	**Status** Final	**Author** Head of Information Governance & Information Governance Delivery Manager
			Sponsor Associate Director of Governance
			Team Information Governance
Title	Information Governance Management Framework		
Amendments	V1.1 Updated to reflect Nottingham and Nottinghamshire single CCG status V1.2 Review **for** Data Security and Protection Toolkit assertions changes.		
Purpose	To outline the strategic framework for managing the information governance agenda across the Nottingham and Nottinghamshire CCG. To meet the Data Security and Protection Toolkit assertions.		
Superseded Documents	Version 1.1		
Audience	All employees of the Nottingham and Nottinghamshire CCG (including all individuals working within the CCG in a temporary capacity, agency staff, seconded staff, students and trainees, and any self-employed consultants or other individuals working for the CCG under contract for services), individuals appointed to the Governing Body, Committees and any other individual directly involved with the business or decision making of the CCG.		
Consulted with	Audit and Governance Committee (tbc)		
Equality Impact Assessment	Not required		
Approving Body	Governing Body	**Date approved**	tbc (adopted by Governing Body in tbc)
Date of Issue	tbc		
Review Date	June 2023		
This is a controlled document and whilst this policy may be printed, the electronic version available on the CCG's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.			

Nottingham and Nottinghamshire CCG's policies can be made available on request in a range of languages, large print, Braille, audio, electronic and other accessible formats from the Engagement and Communications Team at ncccg.team.communications@nhs.net

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1. Introduction

1.1. Information Governance is a framework for handling personal information in a confidential and secure manner to appropriate ethical and quality standards in a modern health service. It provides a consistent way for employees to deal with the many different information handling requirements including:

- Information governance management.
- Clinical information assurance for safe patient care.
- Confidentiality and data protection assurance.
- Corporate information assurance.
- Information security assurance
- Secondary use assurance.
- Respecting data subjects' rights regarding the processing of their personal data.

1.2. This Framework outlines how the information governance agenda is addressed by NHS Nottingham and Nottinghamshire CCG ('the CCG').

1.3. The Framework is based upon the legal requirements of the Data Protection Act 2018, the General Data Protection Regulation 2016, the Common Law Duty of Confidence, the Human Rights Act 1998, the Privacy and Electronic Communications (EC Directive) Regulations 2003 and the NHS Data Security and Protection Toolkit (DSPT) which is based on the National Data Guardian's 10 Data Security standards.

2. Purpose

2.1 To outline the strategic framework for managing and supporting the information governance agenda of the CCG. The Framework provides a solid basis upon which information governance and all its component parts will be implemented throughout the CCG.

2.2 To describe the roles and responsibilities of those who are tasked with overseeing that information governance is appropriately supported and to describe the information governance responsibilities of all staff.

2.3 The CCG will ensure:

- Regulatory and legislative requirements will be met.
- Confidentiality of information will be assured.
- Information will be protected against unauthorised access.
- Quality and integrity of information will be maintained.
- Business continuity plans will be produced, maintained and tested.

- Information governance training will be available to all staff.
- All information governance breaches, actual or suspected, will be reported to, and investigated by the Information Governance Team in conjunction with the Data Protection Officer.
- The mandatory requirements of the annual Data Security and Protection Toolkit will be met.

2.4 To inform staff to maximise the organisational information assets by ensuring that the CCG can demonstrate personal data is:

- Held securely and confidentially.
- Processed fairly and lawfully.
- Obtained for specific purpose(s).
- Recorded accurately and reliably.
- Used effectively and ethically.
- Shared and disclosed appropriately and lawfully.

3. Scope

3.1 This Framework applies to:

- **All staff** – This includes all individuals employed by the CCG and those working within the CCG in a temporary capacity, including agency staff, seconded staff, students and trainees, and any self-employed consultants or other individuals working for the CCG under contract for services), individuals appointed to the Governing Body and its Committees and any other individual directly involved with the business or decision-making of the CCG.
- **Systems** – CCG systems include, but are not limited to, discrete systems such as those holding information relating to patients, finance, risk, complaints, incidents, freedom of information records, human resources and payroll; less technical systems such as excel spreadsheets held on the network, and paper based systems such as complaints files.
- **Information** – All information processed (electronic and paper based) in relation to any CCG activity whether by employees or other individuals or organisations under a contractual relationship with the CCG. All such information belongs to the CCG unless proven otherwise.

4. Policies

4.1 The CCG will establish and maintain policies to ensure that compliance with all relevant legal and regulatory frameworks is achieved, monitored, and maintained.

4.2 The following table sets out the CCG policies supporting this Framework.

Policies	Description
Confidentiality and Data Protection Policy	This policy sets out the roles and responsibilities for compliance with the Data Protection Act and lays down the principles that must be observed by all who work within the CCG and have access to personal or confidential business information in line with common law obligations of confidentiality and the NHS Confidentiality Code of Practice.
Freedom of Information Policy	This policy sets out the roles and responsibilities for compliance with the Freedom of Information Act and Environmental Information Regulations.
Information Security Policy	This policy is to protect, to a consistently high standard, all information assets. The policy defines security measures applied through technology and encompasses the expected behaviour of those who manage information within the organisation.
Records Management Policy	This policy is to promote the effective management and use of information, recognising its value and importance as a resource for the delivery of corporate and service objectives.

5. Roles and Responsibilities

5.1 Overview

Senior level ownership and understanding of information risk management is vital and ensures a clear link to the overall risk management culture of the organisation. Senior leadership demonstrates the importance of the issue and is critical for ensuring information security remains high on the agenda of the Governing Body and that resource requirements needed to support this agenda are understood.

The following sections provide high level descriptions of the information governance responsibilities within the CCG and more detailed descriptions for the key roles can be found at **Appendix A**.

5.2 Governance and Accountability

Role	Responsibilities
Governing Body	Ultimate accountability for information governance rests with the CCG's Governing Body; which must ensure that it receives an

Role	Responsibilities
	appropriate level of assurance in relation to the information governance duties that are delegated to the Audit and Governance Committee, Information Governance Steering Group and key officers. In particular, it must ensure that: • Details of serious incidents requiring investigation (SIRIs) involving actual loss of personal data or breach of confidentiality are published in the CCG's Annual Report and reported in line with national notification guidance and data protection legislation. • Any shortfalls in meeting the requirements of the Data Security and Protection Toolkit are addressed
Audit and Governance Committee	The Audit and Governance Committee, as a committee of the Governing Body, approves Information Governance policies and scrutinises information governance performance, legal compliance as well as risks and serious incidents.
Information Governance Steering Group	The Information Governance Steering Group is accountable to the Governing Body through the Audit and Governance Committee and will oversee the extent to which the principles and primary objectives of information governance are embedded within the CCG. This will include through a comprehensive work plan monitoring progress towards achieving full compliance with the requirements of the Data Security and Protection Toolkit and GDPR.
Accountable Officer	The Accountable Officer has overall responsibility for the CCG's Information Governance Management Framework.
Senior Information Risk Owner (SIRO)	The SIRO operates at Governing Body level and is responsible for ensuring that organisational information risk is properly identified and managed, and that appropriate assurance mechanisms exist to support the effective management of information risk. The SIRO is supported by a Deputy SIRO, who is nominated to provide advice and assurance to the SIRO in relation to their key areas of responsibility.
Caldicott Guardian	The Caldicott Guardian operates at Governing Body level and is responsible for ensuring that personal information and patient information in particular is used legally, ethically and appropriately, and that confidentiality is maintained. The Caldicott Guardian is supported by a Deputy Caldicott Guardian, nominated to provide resilience to the CCG in the delivery of this function.
Associate Director of Governance	The Associate Director of Governance has lead management responsibility for ensuring that robust arrangements are in place with regard to information governance. This role is supported in the delivery of the Information Governance Annual Work Plan by the CCG's Information Governance and Corporate Assurance Teams (see sections 5.3 and 5.4).

Role	Responsibilities
Data Protection Officer (DPO)	Article 38 of the GDPR provides that the controller and the processor shall ensure that the DPO is 'involved, properly and in a timely manner, in all issues which relate to the protection of personal data'. Article 39(1)(b) entrusts DPOs with the duty to monitor compliance with the GDPR. Recital 97 further specifies that the DPO 'should assist the controller or the processor to monitor internal compliance with this Regulation'. The Data Protection Officer has a direct reporting line to the CCG's Governing Body and will assist in the monitoring of internal compliance, inform and advise on data protection obligations, provide advice regarding Data Protection Impact Assessments (DPIAs) and act as a contact point for data subjects and the Information Commissioner's Office. The CCG will ensure that the Data Protection Officer has sufficient support to carry out their role independently, ensuring that they are not penalised for performing their tasks.
Information Asset Owners (IAOs)	Senior staff at Executive Director/Director and/or Deputy Director/Head of Department level will be required to act as Information Asset Owners as relevant to the information assets within their remit. They are directly accountable to the SIRO and will provide assurance that information risk is managed effectively for the information assets within their remit.
All staff	All staff, as defined by the scope of this Framework, must be aware of their own individual responsibilities for the maintenance of confidentiality, data protection, and information security management and information quality. This is cascaded through employment contracts, third party contracts, policy and processes and mandatory and role based training.

5.3 Information Governance Team

The Information Governance Team is responsible for development and delivery of the Information Governance Annual Work Plan. The Team is also responsible for supporting the SIRO, Caldicott Guardian and DPO in the delivery of their responsibilities.

The Team's key responsibilities include:

- Ensuring that the CCG meets the required information governance targets and expectations, both internal and external, specifically bringing together through the Information Governance Annual Work Plan, obligations and best practice in data protection, Caldicott principles, information lifecycle management and information security.
- Ensuring that the Data Security and Protection Toolkit submissions are completed and reported to the Audit and Governance Committee for approval.

- Ensuring robust security of electronic resources and encryption is implemented in line with Department of Health and Social Care guidelines set out by NHS Digital and NHSx and relevant local policies.
- Ensuring appropriate records storage, archiving and security arrangements for data.
- Ensuring that the CCG complies with the requirements for mapping personal information flows.
- Identifying and reporting information governance risks.
- Providing advice and guidance on all aspects of information governance and on all matters related to the Data Protection Act 2018 and other related privacy legislation.
- Developing and maintaining comprehensive and appropriate documentation that demonstrates commitment to, and ownership of, information governance responsibilities, such as the Information Governance Management Framework (IGMF) and associated policies and procedures.
- Ensuring that appropriate training is available to all staff and delivered in line with mandatory requirements.
- Maintaining a level of expertise required in order to provide guidance to staff.
- Ensuring (through implementation of the IGMF and associated information governance policies) that all staff understand their personal responsibilities for information governance.
- Supporting the Information Governance Steering Group (IGSG) to discharge its information governance responsibilities.
- Providing advice and guidance to commissioning staff regarding tendering and procurement processes to ensure that all services and contracted services have robust information governance arrangements in place.
- Periodically reviewing the CCG's inventory of information assets.

5.4 Corporate Assurance Team

The Corporate Assurance Team is responsible for ensuring compliance with the Freedom of Information Act 2000 and the NHSX Records Management Code of Practice 2021.

6. Communication, Monitoring and Review

6.1 The CCG will establish effective arrangements for communicating the requirements of this policy and will provide guidance and support to line management in relation to their responsibilities.

6.2 This Framework will be monitored and reviewed by the IGSG and approved by the Governing Body.

6.3 Any individual who has queries regarding the content of this Framework, or has difficulty understanding how this Framework relates to their role, should contact the Information Governance Team.

7. Staff Training

7.1 As a minimum, all staff will need to complete the e-Learning for Healthcare Data Security Awareness Level 1 training module on an annual basis, maintaining compliance at all times. At least 95% of all staff will have completed their training in the period set out annually in the DSPT (currently between 1st July to 30 June).

7.2 The Information Governance Team will review training needs analysis on an annual basis to identify specific data security and protection training required for the key roles (documented in section 5) supporting the information governance agenda.

8. References

- Information Commissioner's Office.
- National Information Governance Board for Health and Social Care.
- NHS England Information Governance Operating Model 2020-2022.
- NHS Care Record Guarantee.
- Data Protection Act 2018.
- EU General Data Protection Regulation 2016.
- NHS Act 2006
- Health and Social Care Act 2012
- Heath and Social Care (National Data Guardian) Act 2018
- Data Security and Protection Toolkit (NHS Digital)
- Records Management Code of Practice 2021. (NHSx Data Policy Hub 2021)
- Guide to the Notification of Data Security and Protection Incidents. (NHS Digital 2018)
- Data Handling Review (Cabinet Office 2012).
- NHS Information Risk Management (Department of Health 2009).
- Information Security Management: Code of Practice (Department of Health 2007).

- Heath and Social Care (National Data Guardian) Act 2018
- ‘Caldicott 2’ Review ‘To share or not to share’ (2013).
- Confidentiality: NHS Code of Practice (Department of Health 2003).
- National Data Guardian’s Review of Data Security, Consent and Opt-Outs (2016).
- Guide to Confidentiality (NHS Digital 2013)
- Manual for Caldicott Guardians (UK Caldicott Guardian Council).

Appendix A: Key Role Descriptions

Role of the Senior Information Risk Owner (SIRO)

The SIRO is responsible for:

- The management of information risk within the organisation.
- Holding Information Asset Owners to account for the management of information assets and related risks and issues.
- Leading and fostering a culture that values, protects, and uses information for the success of the CCG and benefit of its population.
- Ensuring that information and cyber security are dealt with at the highest level of management.
- Overseeing assurance in respect of commissioned service providers' information governance and cyber security compliance.
- Advising the Governing Body on information risk, system-wide issues, performance, and conformance with information risk management requirements and recommend mitigation.
- Owning the CCG's overall information risk policy and risk assessment processes, ensuring they are implemented consistently by Information Asset Owners and agreeing action in respect of any organisational risks.
- Owning the CCG's information incident management framework, ensuring that the CCG's approach to information risk management is effective in terms of clear lines of responsibility and accountability, resources, commitment and execution and that this approach is communicated to all staff.
- Providing written advice to the Accountable Officer on the content of their Annual Governance Statement in regard to information risk.
- Ensuring that effective mechanisms are established and publicised for responding to and reporting perceived or actual serious information governance incidents.
- Working closely with the Caldicott Guardian, Head of Information Governance and Data Protection Officer.
- The SIRO is also required to undertake Information Risk management training at least annually and must maintain sufficient knowledge and experience of the Partnership's business and goals with particular emphasis on the use of and dependency upon internal and external information assets.

Role of the Caldicott Guardian

The Caldicott Guardian is responsible for:

- Championing IG requirements and confidentiality issues at Governing Body level.
- Acting as both the 'conscience' of the organisation and as an enabler for appropriate information sharing.
- Ensuring that confidentiality issues are appropriately reflected in organisational strategies, policies and working procedures for staff.
- Provide leadership and informed guidance on complex matters involving confidentiality and information sharing
- Overseeing all arrangements, protocols and procedures where confidential personal information may be shared with external bodies and others with responsibilities for social care and safeguarding.
- Working closely with the Senior Information Risk Owner, Head of Information Governance and Data Protection Officer.
- Having oversight of the implementation of the National Data Guardian's 10 Data Security Standards.
- The Caldicott Guardian is also required to maintain a strong knowledge of confidentiality and data protection matters.

Role of the Data Protection Officer (DPO)

The Data Protection Officer is responsible for:

- Assisting with monitoring internal compliance with the GDPR and other data protection laws, our data protection policies, awareness-raising, training, and audits.
- Informing and advising on data protection obligations.
- Providing advice regarding Data Protection Impact Assessments (DPIAs).
- Acting as a contact point for data subjects and the Information Commissioner's Office.
- Having regard to the risk associated with processing operations, and take into account the nature, scope, context and purposes of processing by the organisation when carrying out its duties.
- Helping to demonstrate compliance as part of an enhanced focus on accountability.
- Working closely with the Caldicott Guardian, Information Governance Team and Senior Information Risk Owner.

Role of the Information Asset Owner (IAO)

Information Asset Owners are responsible for:

- Leading and fostering a culture that values, protects, and uses information for the success of the CCG and for the benefit of its population while maintaining individual's data protection and confidentiality rights.
- Understanding the nature and justification of data flows (including personal data) to and from information assets/systems.
- Knowing who has logical access to the asset/system.
- Ensuring access to the information asset or system is monitored and compliant with relevant legislation and guidance.
- Identifying and understanding their information assets/systems and identify and addressing risks and providing assurance to the SIRO.
- Liaising with the Information Governance Team to update and maintain the Information Asset and Data Flow Mapping Registers.
- Completing relevant training as required for the role.

Meeting Title:	Governing Body (Open Session)	**Date:**	01 December 2021
Paper Title:	Corporate Risk Report	**Paper Reference:**	**GB 21 110**
Sponsor:	Rosa Waddingham, Chief Nurse	**Attachments/ Appendices:**	N/A
Presenter:	Lucy Branson, Associate Director of Governance		

Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • 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	☒	Wider system architecture development (e.g. ICP, PCN development)	☐
Financial Management	☒	Cultural and/or Organisational Development	☒
Performance Management	☐	Procurement and/or Contract Management	☐
Strategic Planning	☐		

Conflicts of Interest:
☒ No conflict identified

Completion of Impact Assessments:				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	Not applicable to this report
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	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 **11** major (red) operational risks in its Corporate Risk Register. This is an increase 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	1 - Rare	2 - unlikely	3 - Possible	4 - Likely	5 - Almost Certain
5 - Very High		1			**1**
4 – High		3	5	**9**	**1**
3 – Medium		5	4	4	
2 – Low			1		
1- Very low					

Likelihood

2.1 Major/Red Operational Risks:

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
RR 098 *(July 2019)*	The risk of over reliance on non-recurrent (one-off) funds / mitigations to temporarily offset recurring (year on year) pressures may result in: • 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. ***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.* *Updates in relation to the impact of the guidance on the H2 2021/22 opening budgets and plans were presented to the October and November 2021 meetings of the Finance and Resources Committee. Given the anticipated level of efficiencies required for H2, it is considered appropriate for the risk score to remain at 16.*	Overall Score 16: **Red** (I4 x L4)	Finance & Resources Committee

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	first six months of 2021/22 (known as H1)		
RR 116 *(Oct 2019)*	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. ***Update:*** *The Trust continues to be on an 'improvement journey' with examples of good practice particularly around the performance indicators. Improvements are also being made in relation to suicide prevention, establishment of improvement boards and Trust-wide quality governance.* *The CCG's Quality Team continues to work with the Trust as part of its organisational-wide Improvement Plans (e.g. attendance at Trust-wide Improvement Boards), which includes those relating to Priory Hospital, Specialised Services and Lings Bar Hospital. There is improved openness and transparency with the CCG, however, there continues to be concerns regarding the pace of change and more work is required to evidence the scale of change required.* *Quality and Performance Committee members agree that the risk should remain at 16.*	Overall Score 16: **Red** (I4 x L4)	Quality & Performance Committee
RR 129 *(May 2020)*	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. 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. ***Update:*** *The ICS Clinician and Provider Leadership Network (CPLN) continues to be engaged as part of the clinical prioritisation of backlog/waiting lists for planned/elective care.* *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.* *The above is being undertaken in the context of the Integrated Care System (ICS) being identified as an 'accelerator site' in relation to elective recovery. A Planned Care Transformation Board is in place which oversees the development and delivery of system-wide 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.*	Overall Score 16: **Red** (I4 x L4)	Quality & Performance Committee

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	A meeting was held with the CCG's System Delivery Director; Planned Care, Cancer and Diagnostics to undertake full review of the risk narrative and risk score. It was agreed the risk should remain at 16.		
RR 130 *(May 2020)*	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. ***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 continues. The Planned Care Transformation Board continues to oversee progress with elective recovery, supported by the Elective Hub. Clinical prioritisation is the priority in addressing backlog. Work is also underway to analyse waiting lists through a deprivation and ethnicity 'lens' to help inform understanding of health inequalities.* *The ICS Health Inequalities Group continues to meet which brings together all partners along with the Directors of Public Health and the Health and Wellbeing Board Chairs. An operational ICS Health Inequality, Prevention and Wider Determinants Group also exists.* *A comprehensive update on implementation of the ICS Health Inequalities Strategy was presented to the ICS Board 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.*	Overall Score 16: **Red** (I4 x L4)	Prioritisation & Investment Committee
RR 151 *(Sept 2020)*	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. ***Update:*** *2021/22 planning submissions for H2 have been 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 during COVID continues for NHS providers during H2.* *Given H2 continues 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. Work is underway to determine the 'true' underlying (UDL) position of the system, in part, to determine which COVID related costs are expected to result in ongoing cost pressures. This risk score is to remain at 16 until the full assessment has been completed.*	Overall Score 16: **Red** (I4 x L4)	Finance & Resources Committee
RR 156 *(Nov 2020)*	Lack of assurance regarding systematic improvements required in the quality of maternity services provided by Nottingham University Hospitals NHS Trust (NUH), may	Overall Score 25: **Red** (I5 x L5)	Quality & Performance Committee

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	present a risk of unsafe care, poor clinical outcomes and/or patient safety issues for members of the CCG's population. ***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 Local Maternity and Neonatal System (LMNS) Shared Governance Group also continues to support the Trust with the review of Serious Incidents.* *A two-day programme of quality insight visits took place on 28 and 29 September 2021. Key lines of enquiry included:* • *Infection prevention and control practices;* • *Medicines management;* • *Learning from incidents (safe sleep, jaundice and fetal monitoring);* • *Triage (newly established single point of contact, Modified Early Obstetric Warning Score (MEOWS)); and* • *Elective activity management.* *The visit team comprised of CCG Quality Team members, and partners including pharmacists, Clinical Design Authority (CDA) and Infection Prevention Control leads across the LMNS. Nottinghamshire Healthcare Quality First Team also supported the visits focusing on fundamental standards of care.* *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. Work is underway with the Trust to ensure that escalation of service closures and diverts into the CCG is fully embedded and that a review of external diverts is undertaken.* *Maternity inquests are attended, where possible, by CCG representatives to allow triangulation of Coroner's findings, support in quality improvement work and development of insight visit key lines of enquiry.* *Quality and Performance Committee members agree that the risk should remain at 25.*		
RR 158 *(April 2021)*	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)). This risk may be further exacerbated given the underlying, deficit position across the system.	Overall Score 16: **Red** (I4 x L4)	Finance & Resources Committee

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	Update: *The CCG, and the system, submitted a balanced financial plan for the first six months of 2021/22 (known as H1); a balanced financial plan has been submitted for the second six months (known as H2). Monitoring of the system-wide financial position continues.* *An initial meeting of the ICS Finance Committee has taken place; further work is being undertaken as part of the Governance/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.* *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 Healthcare Financial Management Association (HFMA)). The Framework was revisited at the ICS Directors of Finance meeting during November 2021 to reaffirm some of the principles contained within.* *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.*		
RR 160 *(Oct 2019)*	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'. ***Update:*** *The quality of primary care services continues to be monitored by the CCG; this includes work which has been undertaken to develop the primary care 'heat map' which was presented at the October and November 2021 meetings. The 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 meeting on the development of PCN Workforce Plans.* *In response to discussions at Committee meetings, it was recognised that there continues to be a high level of sustained pressure within primary care, which is exacerbating the risk around staff exhaustion and 'burn out'. The risk score remains at 16.*	Overall Score 16: **Red** (I4 x L4)	Primary Care Commissioning Committee

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
RR 162 *(May 2021)*	A number of potential, and actual, complex and significant quality issues have been identified at Nottingham University Hospitals NHS Trust (NUH). 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. ***Update**: 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.* *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).* *Comprehensive updates in relation to NUH, including NUH maternity, continue to be presented to meetings of the Quality and Performance Committee. A full risk review was undertaken at the November meeting of the Committee. Following the latest 'deep dive' report, it was agreed that the risk score remain at 20.*	Overall Score 20: **Red** (I4 x L5)	Quality & Performance Committee
RR 171 *(New)*	There is a potential risk of loss of public confidence in local primary and secondary care health services, as a result of national and local media/reports, known quality issues, as well as growing public concerns regarding increasing waiting list times and access to General Practice. Lack of confidence may impact the extent to which citizens interface with healthcare services. This, in turn, presents a risk of increased pressure on urgent and emergency care services as services will not be accessed until a point of crisis. ***Update**: This is a new risk which was presented to the November 2021 meetings of the Quality and Performance Committee and Primary Care Commissioning Committee. The risk narrative and score were approved.*	Overall Score 16: **Red** (I4 x L4)	Quality & Performance Committee / Primary Care Commissioning Committee
RR 172 *(New)*	There is a potential risk that H2 funding (income) received by the system (for October 2021 to March 2022) may not be sufficient to address recovery and/or meet the level of demand for the CCG's population. This risk may be exacerbated by further cost pressures for the CCG, relating to: • Expected levels of savings/efficiencies required for H2;	Overall Score 16: **Red** (I4 x L4)	Finance & Resources Committee

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	• The CCG's element of the system's COVID-19 vaccination programme financial position; • The independent led review into NUH Maternity Services (jointly commissioned by the CCG and NHSEI). ***Update**: This is a new risk which was presented to the November 2021 meeting of the Finance and Resources Committee. The risk narrative and score were approved.*		

2.2 The likelihood score for risk **RR 165** (*insufficient H1 funding*) was reduced from 4 to 1, resulting in an overall score of 4 (I4 x L1), since the last meeting and, as such, has been archived from the Corporate Risk Register. This is in response to the CCG reporting a breakeven position for the period ending month six (i.e. the full H1 position).

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

Nottingham and Nottinghamshire Clinical Commissioning Group

Minutes of the Nottingham and Nottinghamshire Patient and Public Engagement Committee held virtually on Tuesday 28 September 2021 2 pm to 4 pm

Attendees;
Sue Clague, Chair
Chitra Acharya, Patient Leader/Carer
Teresa Burgoyne, Nottingham West
Kerry Devine, Improving Lives
Gilly Hagen, Patient Leader/Sherwood Patient Participation Groups
Jane Hildreth, Community Voluntary Sector representing Mid Nottinghamshire PBP
Roland Malkin, Nottinghamshire Cardiac Support Group
Deb Morton, Healthwatch
Daniel Robertson, Nottingham and Nottinghamshire Refugee Forum
Jules Sebelin, Community Voluntary Sector representing City PBP

In attendance (NHS Nottingham & Nottinghamshire Clinical Commissioning Group's Staff):
Julie Andrews, Engagement Manager
Alex Ball, Director of Communications and Engagement
Lucy Branson, Associate Director of Governance
Jane Hufton, Engagement Assistant (minute taker)
Alex Julian, Mental Health Commissioning Manager
Lorca Russell, Engagement Officer

Apologies for absence were received from;
Jasmin Howell, Vice Chair
Colin Barnard, Patient Leader/Diabetes
Michael Conroy, My Sight Nottinghamshire
Mike Deakin, Nottinghamshire County Council
Amdani Juma, African Institute for Social Development
Paul Midgley, Rushcliffe
Helen Miller, Healthwatch Nottingham and Nottinghamshire
Carolyn Perry, Community Voluntary Sector representing, South Nottinghamshire PBP

NN/185/09/21	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 Alex Ball, Director of Communications and Engagement and Lorca Russell, Engagement Officer.
NN/186/09/21	**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/187/09/21	**Minutes of the last meeting**

	The minutes of the last PPEC meeting held on 24 August 2021 were discussed and these were agreed as an accurate record of the discussion that took place at that meeting.
NN/188/09/21	**Matters arising including Action Log**
	An updated copy of the Action Log had been circulated to PPEC members prior to the meeting and was noted. Julie Andrews highlighted some of the outstanding actions within the action log which included:- **NN117/08/21 Interpretation and Translation Services** A Communication and Engagement Plan which outlines the plans including engaging with Nottingham Together Board, BAME Sub-Group and Refugee Forum would be finalised towards the end of October 2021 and would be circulated in due course. **NN/176/08/21 Community Transformation Programme -** Julie Andrews had circulated the Project Overview received from Steven Smith, Project Lead for this programme. The overview highlights citizen engagement as a key part of the implementation phase of the programme. Steven Smith would be presenting to PPEC members in October when further clarification would be provided. Sue Clague raised a concern that greater citizen involvement should be incorporated into this programme of work at the earliest opportunity. Julie Andrews agreed to raise PPEC members concerns about the absence of any robust citizen engagement in this programme to date and to emphasise the importance of incorporating this from the start. **NN/168/07/21 – Learning from Platform One Practice –** The Engagement Team would be developing a best practice check list of resources to use when communicating practice changes to patients that could be tailored to the demographic profile of the practice. **NN/157/06/21 and NN/168/07/21 – Engaging with ethnically diverse communities in Mid Nottinghamshire.** Diane Carter, from Mid Nottinghamshire Place Based Partnership had advised that she would be liaising with Local Authority colleagues to gain more insight into how ethnically diverse communities who may be feeling isolated **c**ould be better supported. **Action: Julie Andrews to contact Steven Smith regarding citizen engagement in the Community Transformation Programme and to reiterate the offer of support from the Engagement Team to progress this.**
NN/189/09/21	**Equality, Diversity and Inclusion**
	Lucy Branson, Associate Director of Governance gave an overview of the Annual Equality Assurance Report that had been circulated to members prior to the meeting. Lucy Branson highlighted the main features of the report reminding members that this was the first assurance report on how the CCG meets the Public Sector Equality Duty of the Equality Act 2010 (the PSED), since merging and forming a new organisation in April 2020. Lucy Branson explained that the CCG is committed to embedding equality, diversity and inclusion (EDI) considerations into policy development, commissioning processes

	and employment practices. Jasmin Howell, a member from PPEC is included within the well established Equality Steering Group for the CCG to drive forward this agenda. The group had overseen the CCG's progress in relation to equality, diversity and inclusion and as a result have set out 3 objectives for the organisation which are included in Section 7 of the Annual Equality Assurance Report. The Steering Group had also assisted with the development of an Equality Improvement Plan which had also been circulated prior to the meeting. This plan incorporates work done around the Recovery Action Plan during the Covid Pandemic. The Governing Body would be asked to approve the plans at the beginning of October 2021. The NHS Equality Delivery System (EDS) used by all NHS organisations to measure performance has been paused nationally and an updated EDS is due to be released early next year. A forum has been established within the Integrated Care System (ICS) working collaboratively with local authorities to identify what could be delivered collaboratively. As we transition over to the ICS, a strong focus will maintained on this programme of work. From November 2021 Hazel Buchanan would take over the leadership of the EDI work and health inequalities. PPEC members welcomed the format including the graphic illustration of the report that would encourage people to read it. PPEC members queried the ability of the organisation to monitor access to services amongst our most disadvantaged communities. Lucy Branson advised that the ability to do this was vastly improving and this would be supported further by the establishment of an analytics unit that would support the new organisation to monitor health inequalities. Lucy Branson referred to research commissioned by the CCG into the mental health needs of the Lesbian, Gay, Bisexual and Transgender (LGBTQ+) population in Nottingham City. The researched led to a set of recommendations to be considered when commissioning mental health services for this population. Much of the findings are not just specific to the LGBTQ+ community and can be easily translated to other groups with protected characteristics. Commissioning team are considering how to take implement these recommendations. Lucy Branson confirmed that the CCG have partnered with the Northern Care Alliance who are a group of NHS providers within Manchester nationally recognised as a Centre of Excellence. Lucy Branson asked if PPEC members would like to assist in setting up some Lets Talk /Living Library events as part of our staff training offer. PPEC members welcomed this offer. Dementia awareness training was suggested as a topic for consideration. **Action: Julie Andrews arrange for Northern Care Alliance to meet PPEC members to explore how they could support the staff training offer.**
NN/190/09/21	**Mental Health Services Commissioning, Dementia Well Pathway**
	Copies of a presentation on the engagement undertaken to develop the Dementia Well Pathway had been circulated to PPEC members prior to the meeting.

	Alex Julian, Mental Health Commissioning Manager, provided an update on how engagement had informed the development of the pathway through understanding professional, patients and public priorities of the short, medium and long term plans. Engagement incorporated d many different methods including surveys, telephone interview, focus groups and attendance at community groups and was promoted by social media and press releases. Almost 350 responses had been received and over 100 people had participated in focus groups providing lots of interest and challenge The engagement had generated good representation from across Nottingham and Nottinghamshire including Bassetlaw. The key recommendations and priorities highlighted through the engagement are listed below:- • Improve access to and quality of treatment and support pre and post diagnosis. • Ensure all health and social care staff have the information, knowledge and skills required to meet the needs of people with Dementia. • Consistent and co-produced accessible • Well co-ordinated, integrated and personalised. • . • Provision of a 'one stop shop' for people with dementia so they can access information, support and advice simply. • . Alex Julian concluded his presentation by advising of next steps which will include; • Share findings of engagement through a feedback webinar that PPEC members were invited to attend. Develop commissioning proposals for an ICS Dementia Well Pathway • Undertake a Dementia Crisis Review PPEC members referenced a range of community and voluntary sector groups that could support delivery of a robust Dementia Well Pathway. Sue Clague summarised that the new pathway would be dependent on the right commissioning, right volunteering and spread of best practice. In response to a query about the important role of the community and voluntary sector in the commissioning plans, Alex Julian advised that a café co-ordinator would help to support the development of new groups and there would be a need to consider how local authorities could be supported in this area of work. **Action; Alex Julian to provide details of the feedback webinar for circulation to PPEC members.**
NN/191/09/21	**Covid Update**
	Alex Ball, Director of Communications and Engagement gave an update on the Covid-19 Vaccination Programme and shared a presentation highlighting the latest messages which included:- • Infection rates are continuing to grow across Nottingham and Nottinghamshire although infections are not as severe and admission to hospitals are lower due to the vaccination programme. • Vaccination programme Phase 2 is drawing to a close, but the offer will always be there for all eligible cohorts.

	• 1.4 million vaccinations have been administered to date but in the 25–29 year old group uptake is lower. • Phase 3 of the vaccination programme includes the delivery of booster doses for all 50 year olds and above, frontline workers, clinically vulnerable and clinically extremely vulnerable 180 days after the 2nd dose. These will be administered from two mass vaccination sites in Mansfield and Nottingham and a greater number of smaller sites including Community Pharmacies and GP practices. The roving service will continue to deliver vaccinations to housebound and care home patients and the vaccination bus will continue to be used. • Vaccinations are being offered to those children who are healthy 12- 15 year olds via school immunisation programmes. A question was asked about patients being offered the flu jab at the same time as the Covid booster vaccination. Whilst this may be possible it was suggested that this was unlikely to happen due to process issues.
NN/192/09/21	**ICS Engagement Transition**
	Julie Andrews, Engagement Manager gave an update on the Integrated Care System (ICS) Engagement Transition workshops that had taken place during the month of September 2021 Different audiences were invited to each workshop including NHS trusts, Councils, Healthwatch, PPEC members, Patient leaders, Public Health, Engagement leads and CCG members. The workshops had generated good discussion. Julie Andrews reminded PPEC members of the key points within the detailed guidance on Involving People and Communities published on 2 September 2021:- • Strong and effective ICS will have a deep understanding of all the people and communities it serves • The insights and diverse thinking of people and communities are essential to enabling ICS to tackle health inequalities and the other challenges faced by health and care systems. • The creation of statutory ICS arrangements brings fresh opportunities to strengthen work with people and communities, building on existing relationships, networks and activities • Ten principles working with people and communities The detailed guidance had informed the development of a framework for engagement across the system at every level that puts the voices of people and communities at the centre of health and care services. There was an acknowledgement that decisions should be taken as close to local communities as possible, and across a large footprint where there are benefits from economies of scale. • Feedback arising from the workshops was shared with PPEC members and these related to governance, integrated community involvement work and resources across the ICS and generating and utilising intelligence from communities • **With regard to next steps, a paper would be developed to present to the ICS Board on 4 November 2021, providing further detail of the framework incorporating feedback from the workshops.**

	Alex Ball and Sue Clague thanked the Engagement Team for the inclusive approach adopted to develop the framework. Jules Sebelin referenced the Voluntary Sector and Community Engagement (VSCE) leadership programme funded by NHS England that would create a VCSE provider alliance. This would ensure that smaller groups could be engaged in co-production, co-design and delivery and be recognised for what they contribute rather than the size of the organisation/charity. Sue Clague asked if a copy of the ICS Board report on working with people and communities could be shared with PPEC members for review. Julie Andrews advised that timescales for submission were very tight, but every effort would be made to share the paper at the earliest opportunity. **Action; Julie Andrews to circulate ICS Board paper on 'Working with people and communities' to PPEC members.**
NN/193/09/21	**Governing Body Feedback & Key Messages from PPEC**
	Sue Clague provided feedback on matters considered at the Governing Body development session and Quality and Performance Committee as follows; • Nottingham University Hospitals NHS Trust Care Quality Commission report. • Reshaping Health Services Across Nottingham • Confirmation of arrival of asylum seekers in Nottinghamshire and assurances regarding support offer. • Improving coordination of IAPT providers. **Key messages from PPEC to highlight at the next Governing Body meeting on 6 October 2021 were;-** 1. 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. 2. 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. 3. The outputs of workshops held to develop the approach to working with people and communities as part of the transition to ICS was received by PPEC members. PPEC members commended progress to date and look forward to the opportunity to review the ICS Board paper.
NN/194/09/21	**Any Other Business**
	Alex Ball highlighted key programmes of work taking place currently as follows; **Independent review of Nottingham University Hospitals (NUH) Maternity Services**

	Alex Ball gave an update on the Independent review of NUH maternity services jointly commissioned by the Regional Team at NHS England & Improvement published a report which is available on https://nottsccg.nhs.uk/ of how things have worked and recommendations for the future. A thematic review will now take place. There are wider concerns from Care Quality Commissioning (CQC) and the CCG is working with system partners to improve the quality of services. **Transitioning into the ICS** Alex Ball informed members regarding the structures around the NHS establishing an Integrated Care Board (ICB) and closing down of the CCG transferring all duties and responsibilities over to the ICB. A recruitment process had begun to appoint the Chief Executive of the Integrated Care Board (ICB). **Establishment of Integrated Care Partnerships (ICP)** Alongside the establishment of an ICP at system level, four place based partnerships, Nottingham City, South Nottinghamshire, Mid Nottinghamshire and Bassetlaw and a provider collaborative would be in place to facilitate joined up integrated working. . **Backlog and Waiting List Recovery** Growing waiting lists in most areas and what will be with being done to help alleviate this. **Priority Transformation** Areas of priority which are being progressed are community care, children and young people and integration of person-centred commissioning. **Government New Hospitals Programme.** Potential investment from the Government is available to reshape Nottingham University Hospitals and proposals are being developed to meet the needs of the population over the next 20-25 years. PPEC members noted the significant programmes of work underway.
NN/195/09/21	**Date of Next Virtual Meeting**
	The next PPEC meeting will be held virtually on Tuesday 26 October 2021 from 2 pm to 4 pm.

NHS Nottingham and Nottinghamshire Clinical Commissioning Group

Quality and Performance Committee

Ratified minutes of the meeting held on

23/09/2021 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 (left meeting between 10am & 11am)
Rosa Waddingham	Chief Nurse
Stuart Poyner	Chief Finance Officer
Lisa Durant	Director of Commissioning - Mid Nottinghamshire
Hazel Buchanan	Associate Director of Strategic Programmes & EPRR
Dr Manik Arora	GP Representative
Dr Hilary Lovelock	GP Representative
Andy Hall	Associate Director of Performance and Information
Maxine Bunn	Associate Director of Commissioning
Mindy Bassi	Chief Pharmacist (left the meeting at 10.50)

In attendance:

Louise Espley	Corporate Governance Officer (minutes)
Sue Cordon	Director of Clinical Governance, Grant Thornton
Dr Oluwaseyi Olumodeji	New to practice GP (Observing)
Simon Frampton	Head of Urgent Care Resilience (Deputising for Caroline Nolan)
Rhonda Christian	Assistant Director of Nursing and Safeguarding
Sian Gascoigne	Head of Assurance

Apologies:

Caroline Nolan	System Delivery Director- Urgent Care
Dr Richard Stratton	GP Representative
Danni Burnett	Deputy Chief Nurse

Cumulative Record of Members' Attendance (2021/22)					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Dr Manik Arora	06	05	Eleri de Gilbert	06	06
Mindy Bassi	06	02	Andy Hall	06	06
Hazel Buchanan	06	05	Dr Hilary Lovelock	06	05

Maxine Bunn	06	04	Caroline Nolan	06	04
Danni Burnett	06	05	Stuart Poynor	06	05
Lisa Durant	06	06	Dr Richard Stratton	06	04
Sue Clague	06	06	Jon Towler	06	05
Rosa Waddingham	06	05			

Introductory Items

QP 21 092 **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.

Noting that Dr Stratton had given apologies, the Chair confirmed that this was his last meeting as a member of the Committee and extended her thanks to Dr Stratton for his insightful and valuable contributions to the Committee. There was a view that GPs may be invited to join the Committee on a rotational basis as part of their continuing development and to ensure representation from across the CCG. The Chief Nurse will discuss the proposal with the Joint Clinical Leaders.

Sue Cordon, Director of Clinical Governance from Grant Thornton and Dr Oluwaseyi Olumodeji were welcomed to the meeting as observers.

QP 21 093 **Confirmation of Quoracy**

The meeting was confirmed as quorate.

QP 21 094 **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/21/096 – Minutes of the previous meeting
- QP/21/097 – Action log
- QP 21/102 – NUH Maternity services confidential update
- QP/21/103 – Nursing and Quality Exception report
- QP/21/104 – Risk Report

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

QP 21 095 **Management of any real or perceived conflicts of interest**

Dr Richard Stratton has not received the following Committee papers; QP 21 096, QP 21 097, QP 21 102, QP 21 103 and QP 21 104 and recorded his apologies for the meeting.

QP 21 096 **Minutes from the meeting held on 26 August 2021**

The minutes were agreed as an accurate record of proceedings.

QP 21 097 **Action log and matters arising from the meeting held on 26 August 2021**

The action log includes a number of actions with future dates for completion. Other actions were updated in the action log or were to be addressed as part of the agenda.

There were no matters arising.

Strategy and Performance

QP 21 098 **Quality strategy delivery plan**

Rosa Waddingham presented the item highlighting the following points:

a) The original CCG Quality Strategy was a combined vision of quality from across multiple CCGs pre-dating the establishment of Nottingham and Nottinghamshire CCG. The document was underpinned by local priorities and the National Quality Board's vision at the time.

b) Several of the objectives have either altered in ambition or not been progressed within the initial timeframes as a result of; organisational change, a refreshed national vision for quality and the Covid-19 pandemic.

c) The paper provides an update on the delivery plan and highlights areas for focus during the transition to the ICB.

d) The CCG is actively working with partners to develop a core set of principles for delivering quality in systems, with three core components identified; quality planning, quality improvement, and quality control. An updated, System Quality Strategy will result, drawing on the refreshed National Quality Board (NQB) seven steps to deliver quality care in systems.

e) Outstanding actions in the report will be translated into the new system-wide quality strategy to ensure commitments are met.

The following points were raised in discussion:

f) Members thanked the Chief Nurse for the detailed update.

g) Whilst noting that the quality strategy is undergoing a significant refresh to ensure it is fit for the transition to the ICB, several members suggested that it would benefit from being more outcome focused, with community engagement reflected. There was a suggestion that more action at 'place' level would be beneficial.

h) The inequalities element of the plan rated 'green' was questioned in light of the NUH CQC report. In response, it was noted that the next iteration of the plan will address system wide issues rather than stand-alone CCG actions. Assurance was provided that the Health Inequalities Group, attended by the Wellbeing Board Chairs and Directors of Public Health is developing the system wide approach.

i) It was agreed that a report would be provided to the Committee in November 2021 detailing the responsibilities of the CCG to March 2022 with achievement against those criteria included.

j) The importance of genuine and effective engagement with communities was highlighted in relation to improving the quality and outcomes of interventions to address health inequalities.

ACTION:

- Committee to receive a report November 2021 defining the key areas of focus to March 2022.

The Quality and Performance Committee:

- **NOTED** the update on the Quality Strategy delivery plan.

QP 21 099 **Equality, Diversity and Inclusion report**

This first annual Equality, Diversity and Inclusion report is presented to the Committee for endorsement ahead of approval by the Governing Body on 06 October 2021.

Rosa Waddingham presented the item highlighting the following points:

a) This is the first Assurance Report on how the CCG is meeting the Public Sector Equality Duty of the Equality Act 2010 (the PSED).
b) Duties surrounding Equality, Diversity and Inclusion are split between the Finance and Resources Committee, and the Quality and Performance Committee, as the CCG is both an employer and commissioner. As such, the report will be presented to both Committees.
c) The equality duties require public bodies to publish equality information annually to demonstrate compliance with the general equality duty and prepare and publish one or more equality objectives at least every four years.
d) Oversight of the baseline assessment has been carried out by the Equality, Diversity and Inclusion Steering Group. The outcome has shaped the CCGs equality objectives as detailed in the report.
e) An Equality Improvement Action Plan is included in the report.

The following points were raised in discussion:

f) Members thanked Lucy Branson and the Equality, Diversity and Inclusion Group for their work on the report and action plan, endorsing the positive progress made to date. It was noted that the challenge is to be more ambitious as we move into the ICB space in terms of holding all system partners to account.
g) The statutory duties will transfer to the ICB and future iterations of the plan will include additional detail and clarity regarding the role of all partners.

The Quality and Performance Committee:

- **ENDORSED** the Annual Equality Assurance Report to the Governing Body for Approval.

QP 21 100 **Health Inequalities data presentation**

Andy Hall delivered the presentation highlighting the following points:

a) The presentation followed Committee discussion originating in March 2021 regarding the availability of data to measure health inequalities interventions. Members were taken through a live demonstration of the eHealthScope system to show its reporting scope and functionality.

The following points were raised in discussion:

b) Members found the presentation very beneficial in terms of gaining an understanding of the system and how it can be used to target intervention. It was clarified that eHealthScope is available to all staff, with access levels determined by role and location.
c) A question was raised about whether the system can be used to monitor compliance at practice level. This prompted Dr Hilary Lovelock to share her perspective as a GP user of the system. Her view is that of the three

tools available to GPs to assist with day to day routine work this is not the most user friendly system and is therefore often not used to its full capacity in General Practice. Her view is that eHealthScope could be better utilised to target intervention at PCN level.

d) Members agreed that the system could be used in planning, intervention and engagement and dialogue with the Clinical Design Authority (CDA) would be a good point to start the discussion. The Committee also agreed to invite Maria Principe to a future meeting to discuss the CCG/ICB data strategy.

The Quality and Performance Committee:

- **RECEIVED** the presentation.

Jon Towler left the meeting during this item.

Quality and Performance

QP 21 101 **Integrated Performance Report**

Andy Hall presented the item and highlighted the following points:

a) The number of patients waiting for their first definitive treatment continues to rise.

b) The number of CCG registered patients on waiting lists has increased to 87k, an increase of circa 2,500 patients since the last report.

c) 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.

d) Diagnostic services are showing an improvement in performance with respect to the number of patients waiting against the six week national standard.

e) 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 adversely affected performance. Treatment volumes remain high and the use of the independent sector continues.

f) Performance in relation to the 31 and 62 day standards remains stable but challenging.

g) The number of patients entering treatment for Psychological Therapies (IAPT) has increased but remains lower than the standard.

h) Publication of H2 (October 2021- March 2022) guidance is imminent. There is an expectation that it will require 104 week waiters to be zero by 31 March 2022 and the 52 week wait position to be stabalised. This is likely to bring significant challenge to the system.

i) The latest data for August 2021 suggests a worsening position regarding emergency admissions and A& E attendance, with a significant increase in 12 hour waits recorded at NUH (124 in August 2021).

j) The Ambulance handover standard continues to be unmet at NUH with 66% of patients being handed over in fifteen minutes, compared to the national standard of 100%.

The following points were made in discussion.

k) Concern was raised in relation to Cancer performance, the RTT and high number of trolley waits at NUH. Specifically, the impact this has on quality, patient experience and outcomes and in some cases safety. The patient safety

and specialist collaborative is carrying out a piece of work to look at 'harms'. In addition, the risk associated with East Midlands Ambulance Service (EMAS) has been reviewed.

l) The focus on reducing 104 week waits and stabalising the 52 week wait position remains, although is challenged by the pressures in urgent care. As a result, targeted work to address urgent care, flow and discharge is underway.

m) There was recognition of the pressures faced by all providers in terms of achieving and maintaining safe staffing levels. Incentives offered by local employers such as Amazon is one of the challenges faced. In addition, workforce pressures in care homes will increase from November 2021 when staff who are not Covid-19 vaccinated will no longer be eligible to work in the sector. This will affect circa 1,000 care staff across Nottinghamshire.

n) There was recognition that a programme of initiatives will need to be identified to resolve the bed (or bed equivalent) gap and workforce issues require a longer term, sustainable solution.

o) In response to the issues highlighted during discussion, a future Committee meeting will focus on Winter planning and care homes.

The Quality and Performance Committee:

- **NOTED** the report and its content.
- **NOTE**D the narrative throughout the report which seeks to identify:
    a. The root cause of performance issues being reported?
    b. What mitigating actions are in place to recover performance?
    c. What assurance can be given to its sustainability?
    d. Are there any gaps in assurances?

QP 21 102 NUH Maternity Services Confidential Update

In addition to receiving the NUH Maternity services update, this item included an update following publication of the CQC well led review of NUH.

Rosa Waddingham presented the item and highlighted the following points:

a) NUH continues to report 'extraordinary pressure on maternity services'. The position is reflected across the country with an increase in Covid-19 positive pregnant women and staffing challenges.

b) The CCG retains the view of limited assurance due to a lack of pace in implementing change in maternity services. Two positive developments have been agreed; Quality Insight Visits will take place on 28 & 29 September 2021 and all Coroners inquests will be shared with the CCG in future to enable triangulation across the system.

c) The terms of reference for the Independent Thematic Review of Maternity incidents are finalised and will be shared with Members for information. The review will commence in October 2021 and be led by an independent Programme Director and independent Clinicians.

d) Following the well led review of NUH, the CQC published their findings on 15 September 2021. The report was highly critical of the Leadership team at NUH and citied evidence of bullying and racism experienced by staff. 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.

e) The CCG continue to work with NUH to support the development of a robust action plan to address the findings of the report and with NHSE/I to define what quality assurance looks like for NUH. An update report will be provided to the

Committee in November 2021 detailing progress.

Mindy Bassi left the meeting.

The following points were made in discussion:

f) Concern was expressed regarding the CQC findings in the NUH well led report and the scale of the challenge NUH faces to enact cultural change.
g) The briefing shared with the ICS Board will be shared with the Non-Executive Directors following the meeting.
h) With regard to maternity services, the daily pressures faced by NUH are affecting their ability to resolve the bigger issues. The Trust will move formally to the new oversight framework for the NHS, which comes with a support offer and more directive approach.

The Quality and Performance Committee:

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

QP 21 103 Nursing and Quality Exception report

Rosa Waddingham introduced the report in its new format, reflecting ICB transition arrangements.

Rhonda Christian presented the item and highlighted the following points:

a) The exception report covers the period July and August 2021 and provides additional information to support the Integrated Performance report.
b) The Infection Prevention and Control (IPC) System Assurance Group has developed a standard operating procedure outlining a process to support safe and timely discharge as Winter approaches.
c) Capacity issues across all sectors and providers is impacting on patient flow, resulting in an increase in 12 hour decision to admit breaches in July and August 2021.
d) In respect of NUH there are a number of emerging concerns and further assurance required in relation to; Opthalmology, Urology services and Chemotherapy services. The CCG response is detailed in the report.
e) At the end of July 2021 NUH had 3,958 open incidents. A thematic review of retrospective low and no harm closed incidents will be undertaken at a divisional and Trust level, with a completion date of 31 October 2021.
f) Nottinghamshire Healthcare NHS Foundation Trust's (NHT) capacity to manage their serious incident process remains challenging. 26% of ongoing incident investigations are outside of the 60 day timeframe for review. Two serious incident investigation Leads have been appointed to focus on reducing the backlog of overdue reports. The October 2021 Committee meeting will focus on this in more detail.
g) Members had been advised at a previous meeting that the CQC had issued two notices of decision following an unannounced inspection in July 2021 at St Andrews Hospital in Northampton. Assurance was provided that there are no safeguarding issues related to the patients from Nottinghamshire who are placed at St Andrews. The CCG has established good links with the safeguarding and quality teams in Northamptonshire.
h) Four care homes are currently under enhanced surveillance and suspended. Intensive support is in place from the Local Authority and CCG Quality teams

to facilitate re-opening.

i) A Nottingham City Hotel is housing 100 asylum seekers from Afghanistan with a further 100-200 asylum seekers expected to arrive in the City. The CCG Safeguarding team is working with the Home Office, Department of Work and Pensions, the local authority and third sector to ensure that access to health services is in place. An update will be provided in the November 2021 Nursing and Quality quarterly report.

Jon Towler returned to the meeting at 11am.

The following points were made in discussion:

j) Concerns were expressed in relation to NUH performance and the management of incidents, particularly the high volume of incidents and the capacity to manage the review process. The Chief Nurse added that there has also been a concern regarding failure to recognise harm following incidents. A rigorous review process is in place, each incident will be reviewed against set criteria and by a Directorate independent to the one that originally submitted the incident. NUH has identified additional governance support to divisions to enable the backlog of incidents to be addressed and connections have been made with the Head of Governance from Derby who has shared their model for incident management reporting.

k) Concern was raised in relation to the four Care Homes currently suspended. It was agreed that a future 'deep dive' Committee focus will be Winter planning and Care Homes.

l) Clarity was sought regarding the role of the CCG in relation to the asylum seekers residing in Nottingham City. The toolkit produced by NHSE/I and the NHS in Birmingham will be shared. A further briefing document will be produced to provide additional information. The CCG has worked with colleagues in Bassetlaw to identify a named lead for Safeguarding who will have responsibility for the co-ordination of the health response.

The Quality and Performance Committee:

- **NOTED** the exception report and actions.

Corporate Assurance

QP 21 104 Risk report

Sian Gascoigne presented the item and highlighted the following points:

a) There are currently eight risks pertaining to the Committees responsibilities, the same number as presented to the Committee in August 2021.

b) Four of the eight risks are rated red; RR 116 (NHCT), RR 129 (Covid-19 pandemic), RR 156 (NUH Maternity services) and RR 162 (NUH quality issues).

c) The overall risk score for RR 004 (poor patient experience and/or outcomes as a result of non-achievement of ambulance targets) has been increased. This is in response to the potential risk to quality of care, as a result of system pressures and an increasing number of prolonged delays. The likelihood score has increased from two to three, resulting in an overall risk score of 9 at this time. The position will be monitored over the coming weeks.

d) The narrative and score for risk RR 116 (NHCT) would be considered at the 'deep dive' meeting in October 2021.

e) Risks that sit within the A& E delivery Board had been discussed with Caroline Nolan regarding how they will be monitored and escalated as part of the ICS space. The discussion highlighted a number of issues such as; discharge, medical safety transfer, capacity and workforce may present a potential quality risk the CCG's population. A piece of work will be undertaken to describe this as a potential new risk for the Committee.

The following points were made in discussion:

f) Lisa Durant and Sian Gascoigne have a meeting scheduled to discuss the risk relating the mortality and morbidity as a result of delays to elective care (e.g. increasing waiting lists). Risk updates will be provided to future Committee meetings.

g) The EMAS risk score was discussed. It was agreed that the potential quality concerns regarding EMAS would continue to be monitored and the risk score reviewed, and increased, if these escalated.

h) Discussion followed in respect of the two NUH risks. The risk score of RR 156 (Maternity Services) had been increased to 25 in July 2021 and it had been agreed that RR 162 (NUH quality issues) would be reviewed on receipt of the CQC well led review. It was queried whether RR 162 should now be increased to 25 as a result of the CQC findings. The Chief Nurse remained supportive of the NUH maternity risk score due to the direct impact on outcomes for women, however, did consider that the impact of the wider NUH quality risk should be increased given the 'care' findings of the CQC report. Reference was made to the findings from the Surgical Division, for example. Discussion followed in relation to the raft of indicators discussed during the meeting related to quality issues, including the management of incidents and 12 hour trolley waits and whether this does warrant an increase in impact score. This would be revisited at the next 'deep dive' review into NUH. It was considered that a separate (but linked) risk may be required that quantifies the impact related to the CQC finding of inadequate leadership at NUH. This would be discussed further by the Chief Nurse at the Executive Team ahead of the October 2021 Committee meeting.

ACTION:

- The Chief Nurse to discuss, with the wider Executive Team the potential for a separate risk related to the CQC finding of inadequate leadership at NUH.

The Quality and Performance Committee:

- **COMMENTED** on the risks shown within this paper (including the high/**red** risks) and those at **Appendix A**
- **HIGHLIGHTED** the potential need for a new risk related to NUH Leadership.

Closing Items

QP 21 105 **Any other business**

No further business was raised.

QP 21 106 **Key messages to escalate to the Governing Body**

The Committee:

- **RECEIVED** a presentation on Health Inequalities data via a

demonstration of the eHealthScope system. The discussion would be progressed with the Clinical Design Authority (CDA) in terms of using the functionality of the system to aid planning and targeting intervention at PCN level.

- **RECEIVED** the Integrated Performance Report, noting significant system pressures impacting on performance. The ability to recruit and retain staff was highlighted as a key area for focus in the next planning round. A future Committee deep dive focus will be Winter planning and Care Homes.
- **RECEIVED** an update on NUH maternity services and noted that limited assurance remains due to the lack of pace of change. At the same time some positive progress was acknowledged in respect of upcoming Quality Insight visits and sharing of Coroner inquest reports.
- **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.

QP 21 107 **Date of next meeting**:

28/10/2021 via MS Teams meeting

NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Quality and Performance Committee
Ratified minutes of the meeting held on
28/10/2021 9:00-12:00
MS Teams Meeting

Members present:

Eleri de Gilbert	Non-Executive Director (Chair)
Sue Clague	Non-Executive Director
Rosa Waddingham	Chief Nurse
Danni Burnett	Deputy Chief Nurse
Lisa Durant	Director of Commissioning - Mid Nottinghamshire
Caroline Nolan	System Delivery Director- Urgent Care
Hazel Buchanan	Associate Director of Strategic Programmes & EPRR
Mindy Bassi	Chief Pharmacist
Maxine Bunn	Associate Director of Commissioning
Sarah Bray	Associate Director of System Assurance

In attendance:

Louise Espley	Corporate Governance Officer (minutes)
Sian Gascoigne	Head of Assurance
Sue Cordon	Director of Clinical Governance, Grant Thornton
Penny Cole	Assistant Director, Quality

Apologies:

Dr Manik Arora	GP Representative
Dr Hilary Lovelock	GP Representative
Stuart Poyner	Chief Finance Officer
Jon Towler	Non-Executive Director

Cumulative Record of Members' Attendance (2021/22)					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Dr Manik Arora	07	05	Eleri de Gilbert	07	07
Mindy Bassi	07	03	Andy Hall*	06	06
Hazel Buchanan	07	06	Dr Hilary Lovelock	07	05
Maxine Bunn	07	05	Caroline Nolan	07	05
Danni Burnett	07	06	Stuart Poynor	07	05
Lisa Durant	07	07	Dr Richard Stratton*	06	06
Sue Clague	07	07	Jon Towler	07	05
Rosa Waddingham	07	06	Sarah Bray*	01	01

** Dr Stratton left 24/09/2021*

** Andy Hall left 25/10/2021*

** Sarah Bray joined 28/10/2021*

	Introductory Items
QP 21 108	**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 as were the two observers, Chloe Skeavington and Kursoom Thornton-Khan. The Committee recorded thanks to Andy Hall for his contribution to the work of the Committee over a number of years. Sarah Bray was welcomed as a new member of the Committee.
QP 21 109	**Confirmation of Quoracy** The meeting was confirmed as quorate.
QP 21 110	**Declaration of interest for any item on the shared agenda** The Committee conflict of interest register was attached for information. The Chair reminded members of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.
QP 21 111	**Management of any real or perceived conflicts of interest** As there were no conflicts of interest highlighted for the meeting, this item was not required.
QP 21 112	**Minutes from the meeting held on 23 September 2021** The minutes were agreed as an accurate record of proceedings.
QP 21 113	**Action log and matters arising from the meeting held on 23 September 2021** All actions were noted as complete, on the meeting agenda or planned for a future meeting. There were no matters arising.
QP 21 114	**Actions arising from the Governing Body meeting held on 06 October 2021** Discussion at the Governing Body focused on the on-going concerns related to Nottingham University Hospitals (NUH), specifically in relation to the lack of capacity to embed sustained change.

Quality and Performance	

QP 21 115 **Nottinghamshire Healthcare NHS Foundation Trust (NHT) – Risk Review/Deep Dive Stock take**

Rosa Waddingham and Danni Burnett introduced the item and highlighted the following points:

a) A comprehensive suite of papers had been provided prior to the meeting to detail the evidence related to the stock take and risk review.

b) Danni Burnett delivered a presentation focused on the quality and performance stock take and risk review.

c) The presentation included; a recap, assessment against key quality indicators, key performance indicators, issues and risks at service level, organisation level and with respect to incident management.

d) A summary of the governance oversight arrangements was presented. NHT continue to demonstrate insight and openness in addressing the issues resulting in a trajectory of improvement and assurance that improvements will continue. The example of NHT undertaking a deep dive following a recent spike in complaints and pressure ulcers was shared as evidence of assurance.

e) NHT continue to develop expertise in relation to the complexities of sub-contracting services.

f) Service quality concerns remain in respect of Lings Bar and Children and Young Peoples services.

g) Further work and assurance is required to ensure improvements are embedded and actions planned for quarter three and four were detailed in the presentation.

h) The CCG continues to build strong relationships and working arrangements with stakeholders and partners to increase assurance in relation to the quality of care being provided by NHT.

i) In terms of the risk score, the recommendation to members was to maintain the score at 16 in recognition of the scale of work remaining and pending further evidence of progress and assurance.

The following points were raised in discussion:

j) Members thanked the team for the very detailed presentation and supporting papers. The positive trajectory of improvement was noted and importantly the openness and focus on improvement demonstrated by NHT was commended.

k) Significant progress was acknowledged since 2019 however, concerns do remain in terms of some service and workforce issues.

l) The level of improvement required remains significant and although there is evidence of some positive assurance, there was a nervousness related to the scale of the task remaining, the pace at which improvements were being delivered and the fact that many earlier changes still needed to be embedded.

m) The CCG is confident that the leadership team at NHT has a detailed understanding and acceptance of the issues. This view is supported by the alignment in assessment of risk by the CCG and NHT. In addition there is

evidence of positive engagement by front line staff, supported by initiatives such as the implementation of a book of excellence for each area and improving staff survey results.

n) The CQC have a presence at NHT Quality Assurance Group (QAG) meetings and are positive about the changes achieved and planned.

o) A number of assurances were still required by QAG on issues such as suicides and self-harm; Lings Bar etc.

p) In conclusion, members were encouraged by the progress to date but agreed with the recommendation to maintain the risk score at 16 in recognition of the work ahead.

q) Sian Gascoigne informed members of a wider piece of work underway to develop an Integrated Care System (ICS) wide risk management policy to bring consistency to risk classification and scoring.

The Quality and Performance Committee:

- **RECIEVED** and **REVIEWED** the documents to update the current Risk Register (scoring and mitigations) on Nottinghamshire Healthcare NHS Foundation Trust.
- **AGREED** to maintain the risk score at 16.

QP 21 115 Community Services recovery and oversight arrangements

Maxine Bunn presented the item highlighting the following points:

a) The presentation focused on recovery and oversight arrangements for Community services. Integrated Community services are provided by two main providers; NHT and CityCare with specialist services provided by other independent providers.

b) A national exercise to base line Community services is underway led by NHS England/Improvement (NHSE/I).

c) The presentation included a summary of current priorities and contract management arrangements.

d) A performance overview was provided highlighting recovery trajectories, mitigations, quality risks and challenges and actions to address contract under and over activity in respect of NHT and CityCare.

e) The presentation concluded with a summary of oversight arrangements in relation to Community services.

The following points were raised in discussion:

f) Members welcomed the presentation, discussion focused on performance indicators/outcome measures for Community services. Maxine Bunn and Danni Burnett made reference to existing measures e.g. the Ageing Well programme and ‘one version of the truth’ and work underway to develop a suite of quality metrics that also measure how services feel to the public. A co-produced quality dashboard will result and be in place during 2022.

g) The importance of capturing the citizen voice was also highlighted. It was agreed that there was more work to do in this area. A further discussion will take place in January 2022 around promoting citizen engagement, system

quality arrangements and outcome measures.

ACTION:

- The January 2022 Committee meeting will explore citizen engagement and system quality arrangements/outcome measures.

The Quality and Performance Committee:

- **RECEIVED** and noted the update and the recovery and restoration of commissioning support oversight.

QP 21 115 Community Services Transformation update

Maxine Bunn presented the item highlighting the following points:

a) A detailed paper related to Community services transformation will be presented to the Prioritisation and Investment Committee in November 2021. This update provides an overview of the plan.
b) The programme aims to deliver a sustainable model of Community care focused on integrated ways of working informed by population health data at 'place' level.
c) Engagement has taken place via six community service transformation engagement workshops leading to the development of six vision statements.
d) The programme timeline includes four phases. Phase three will commence in November 2021, with the implementation phase (four) commencing in 2022.

The following points were raised in discussion:

e) Discussion focused on positive support for the programme and its design. It was acknowledged that previous attempts at re-design had led to structural change rather than real transformation to integrated care but this plan promotes genuine system transformation.
f) Community services transformation has the potential to seriously improve outcomes for patients but resources should be effectively targeted at areas of significant deprivation.
g) The importance of the role of Patient and Public Engagement Committee (PPEC) and citizen engagement was stressed in co-production of the programme as was the need to pilot services in Primary Care Network's (PCN's) where the most vulnerable service users reside.
h) The Governing Body following the presentation to Prioritisation and Investment Committee in November 2021 should be asked to determine where oversight of community services transformation should sit going forward.

The Quality and Performance Committee:

- **NOTED** the update.

QP 21 116 NUH and NUH Maternity confidential update

Rosa Waddingham presented the item and highlighted the following points:

a) NUH continue to report extraordinary pressure on maternity services. The CCG remains concerned regarding the lack of progress at the required depth and pace in improving maternity services. This view was confirmed following quality insight visits in September 2021. Further discussions are underway with regional colleagues in relation to next steps.
b) There has been negative media attention focused on NUH following the recent County Health Scrutiny Committee meeting. NUH have not yet developed an action plan to address all the areas of improvement required following the Care Quality Commission (CQC) report. There is a significant piece of work required to develop an assurance and improvement plan to cover the whole of NUH.
c) A new, quality and assurance oversight group has been established to drive the assurance and improvement work required. The group will be chaired jointly by the CCG and NHSE/I. The group will be supported by three quality assurance and improvement sub-groups focused on; maternity, emergency department and governance and leadership. The quality and assurance oversight group will hold its first meeting during the next week and will receive the action plan in response to the CQC Well Led review. The group's terms of reference will be shared at the November 2021 Committee.
d) The CCG remains focused on its role of assurance regarding the quality of services provided by NUH.

No further points were raised in discussion.

The Quality and Performance Committee:

- **NOTED** the update.

QP 21 117 **Patient Safety Specialist briefing**

Rosa Waddingham left the meeting for a short period during this item.

Danni Burnett presented the item and highlighted the following points:

a) The Patient Safety Specialist (PSS) role was identified as part of the NHS Patient Safety Strategy NHS England - The NHS Patient Safety Strategy in 2019. The intention is to provide opportunities to build local patient safety knowledge and improvement expertise, especially as patient safety networks develop at ICS, regional and national levels.
b) The Nottingham and Nottinghamshire ICS Patient Safety Specialist Steering group (PSSSG) has been created to support nominated Patient Safety Specialists within the ICS to lead and influence co-ordinated efforts to implement and deliver the national patient safety agenda across the ICS. There are currently 11 PSS' represented by all the nationally defined organisations requiring a PSS.
c) The PSS role for the CCG is currently a tripartite arrangement between the Assistant Director of Quality, Associate Chief Pharmacist, and a representative from the Clinical Design Authority (CDA).
d) The updated 2021 Patient Safety Strategy commits to address patient safety health inequalities specifically associated equality, diversity and inclusion

considerations and COVID-19. Key elements of the strategy include patient safety culture, patient safety infrastructure, patient safety partners, insight, involvement and improvement.

e) The PSSSG is taking the lead on behalf of patient safety experts across the system.

f) The CCG have challenged NHSE/I on the dedicated patient safety specialist role in favour of recognising the system wide expertise in place incorporating both social care and health.

The following points were raised in discussion:

g) Members agreed with the view to move away from a named role to system wide responsibility. The CCG will use existing resources in a different way to ensure capacity issues are addressed and will focus on inclusion of the citizen voice.

The Quality and Performance Committee:

- **REVIEWED** the Executive Briefing and note the 'Support Requirements' outlined by NHSE/I and the local actions.
- **AGREED** to the PSSSG developing a work plan which will include additional infrastructure/resource required to deliver on the national objectives for Patient Safety.

Caroline Nolan left the meeting during this item.

Corporate Assurance

QP 21 118 **Risk Report**

Sian Gascoigne presented the item and highlighted the following points:

a) There are currently eight risks on the register, four of which are red. This is the same number of risks as presented to the previous meeting.

b) Following the October 2021 meeting of the Governing Body, discussions have been held to articulate a new risk associated with the loss of public confidence in health services. This risk will be included in the risk report in November 2021.

c) Risk RR 004 related to East Midlands Ambulance Service (EMAS) has been increased again (to twelve) due to increasing concerns about quality and patient safety issues.

The following points were made in discussion.

d) Discussion followed regarding the public confidence risk and its relationship to performance. It was agreed that there are strong threads to communication and engagement in mitigating this risk.

e) Risk RR 004 will be explored further when the committee discusses winter preparedness at a future meeting. Further commentary will be provided in the November performance report.

f) Reference was made to discussions with NHSE/I regarding an exercise to test

the response to a major incident/mass casualty event. Sian Gascoinge and Hazel Buchanan will discuss the risk further.

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 21 119	**ICS Quality report** The report was shared for information only.
	Closing Items
QP 21 120	**Any other business** No further business was raised.
QP 21 121	**Key messages to escalate to the Governing Body** The Committee: • **RECEIVED** a stock take and risk assessment in relation to Nottinghamshire Healthcare NHS Foundation Trust and agreed to keep the risk score at 16 due to the need for ongoing work and assurance and recognition of the scale of work required. • **RECEIVED** and noted the update and the recovery and restoration of commissioning support oversight to Community services. • **RECEIVED** an update on NUH maternity services and a verbal update related to wider NUH matters. Significant concern remains with respect to the pace of change in maternity services. A Quality and Assurance oversight group jointly chaired by the CCG and NHSE/I has been established and will receive the action plan in response to the CQC well led review. • **DISCUSSED** the new risk related to public confidence in primary care which will be developed for inclusion in the November 2021 risk report. Members noted that the EMAS risk score had increased to 12.
QP 21 122	**Date of next meeting**: **25/11/2021** via MS Teams meeting

Nottingham and Nottinghamshire Clinical Commissioning Group

NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Finance and Resources Committee

Ratified minutes of the meeting held on
22/09/2021 09:00-11:00
MS Teams Meting

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	System Delivery Director – Planned Care, Cancer and Diagnostics
Andy Hall	Associate Director of Performance and Information
Andrew Morton	Operational Director of Finance
Caroline Nolan	System Delivery Director (Greater Nottingham)
Stuart Poynor	Chief Finance Officer
Jonathon Rycroft	Associate Director of Financial Recovery (Operations)
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
Sian Gascoigne	Head of Assurance
Shannon Wilkie	Corporate Governance Officer (Minutes)

Apologies:

Dr James Hopkinson	Joint Clinical Leader
Dr Stephen Shortt	Joint Clinical Leader

Cumulative Record of Members' Attendance (2021/22)					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Shaun Beebe	06	05	Caroline Nolan	06	05
Lucy Branson	06	06	Stuart Poynor	06	05
Maxine Bunn	06	05	Jonathan Rycroft	06	06
Michael Cawley	06	06	Stephen Shortt	06	05
Lisa Durant	06	06	Amanda Sullivan	06	06
Andy Hall	06	06	Sue Sunderland	06	06
James Hopkinson	06	04	Jon Towler	06	05
Andrew Morton	06	04			

Introductory Items

FR 21 073 **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 Dr James Hopkinson and Dr Stephen Shortt.

FR 21 074 **Confirmation of Quoracy**

As there were no clinical members of the Committee in attendance, the meeting was not quorate. The Chair advised that the meeting would proceed as scheduled and the Committee would consider all agenda items. Clinical members would be asked to ratify any decisions virtually.

FR 21 075 **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 21 076 **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 21 077 **Minutes from the meeting held on 25 August 2021**

The minutes were agreed as a correct record pending virtual ratification from clinical members.

Post meeting note – clinical members ratified the decision to approve the minutes, via email.

FR 21 078 **Action log and matters arising from the meeting held on 25 August 2021**

Action FR 21 055, the only outstanding action on the log, was marked as complete.

Workforce Management and Organisational Development

FR 21 079 **Primary Care IT Strategy**

Andy Hall presented the item and highlighted the following points:

a) An error was highlighted on the front sheet of the paper and it was clarified that the item was for information, not approval. The Strategy had already been approved by the Primary Care Commissioning Committee.

b) The previous Strategy, developed prior to the merger of the six CCG's across Nottingham and Nottinghamshire, expired in 2020. The refreshed version lays out the enhanced five year strategy, specifically aimed at IT services and

functionality for primary care, most notably GP practices.

c) The refreshed Strategy was developed in collaboration with the GP IT Steering Group.

d) Some of the key areas of focus within the Strategy include; digital maturity, affordability, improving patient's access to their own health records and future resilience.

The following points were made in discussion:

e) Members queried whether the levels of investment and staffing resource required to roll out the Strategy, have been planned for and are achievable. It was explained that a portion of the capital requirement outlined in the Strategy, relies on national capital allocations which often fall short of what is needed to achieve plans. When this happens, internal capital is introduced from the baseline allocation, to mitigate the shortfall. For this reason, the financial risk associated with the Strategy is deemed 'small'. Assurance was given that there is sufficient staffing resource to deliver the Strategy.

f) Members discussed ways to use data more proactively for population health management. It was noted that to achieve this, training would be needed to teach GP staff how to properly interpret data, and it was queried whether this had been considered. It was confirmed that a demonstration of health inequalities data was scheduled for the Quality and Performance Committee. Additionally, plans are in development for the data management team to implement rolling learning sessions with Primary Care Networks (PCNs). Maria Principe's team is exploring more use of automated products, in order to release analytical capacity within the team, to enable an in depth look at population management and health outcomes.

g) Members discussed capital allocations for IT projects. It was explained that there are on-going discussions at a national level, seeking views around a proposal for IT capital to be allocated to a system, rather than each organisation. This would give the CCG a wider view of the resource available and would aid strategic planning. Work has been done to explain the capital allocation process to GP practices in response to reports that practices were dissatisfied with the software available. This involved giving practices a greater influence on investment decisions for IT. There is a desire to apply this approach to PCNs in the near future.

The Committee:

- **NOTED** the Strategy.

FR 21 080 **Workforce Report (Including Workforce Race Equality Standard (WRES), Staff Survey and Cycle to Work Updates)**

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

a) There has been a negligible increase in staff headcount and whole time equivalent (WTE) since the previous report. There had been a slightly higher

number of leavers than starters, causing the turnover rate to increase.

b) The sickness absence rate has increased, however, remains below the 2.5% rolling target. The rolling absence figure is steadily increasing due to the number of CCG staff with long term absence.

c) There has been a slight decrease in month, in appraisal rates. Compliance has dropped to 73% against the 92% target rate. The rolling 12 month period begins in October 2021 and reminder emails are being sent to line managers in preparation of this.

d) There had been a significant decrease in the number of clinical staff from a black and minority ethnic background within the Workforce Race Equality Standard (WRES) data. This is because of a reclassification of some staff, namely pharmacy, within the Electronic Staff Record (ESR) from 'clinical' to 'general workforce'.

e) Work is on-going with the Black, Asian and Minority Ethnic (BAME) network and the Equality and Diversity (EDI) Steering Group to develop the WRES action plan, which will be presented to the Governing Body in October 2021.

f) The CCG recently received the results of the ICS Cultural Assessment which was undertaken in March 2021. An action plan based on these results is being developed across the ICS.

g) A middle management development programme for 30 aspiring managers is due to commence in October 2021.

h) On-going development around the apprenticeship levy continues, staff are encouraged to take advantage of the scheme for training courses. There are currently eight apprentices at the CCG of differing staff grades.

i) A number of 'Wellbeing Weeks' are scheduled over the coming months, with the next taking place in October 2021. This will focus on 'Winter Health' and link in with menopause awareness month.

j) The upcoming winter period will see a focus on Flu vaccinations. The CCG will have two onsite Flu vaccination clinics for staff, and a voucher incentive scheme will run alongside the programme.

k) The first 'Mental Health First Aider' staff training session is scheduled for November 2021 and 16 staff members have signed up to participate.

l) A request to increase the upper limit for the 'Cycle to Work Scheme', from £1,000 to £3,000 was presented. Staff have shown an interest in using the scheme to purchase E-Bike's, but feedback has suggested that the upper limit of £1,000 is insufficient to make this purchase. The financial risk to the CCG associated with this increase is small.

m) The 2021 staff survey is due to launch on Monday 27 September 2021. The action plan from the previous year's staff survey will continue to run to March 2022.

The following points were made in discussion:

n) Members queried whether appraisals are monitored at a line manager level to ensure compliance and to mitigate the risk of staff missing out on development opportunities. It was confirmed that compliance rates for appraisals are

monitored by area and poor performance is reported to the relevant Executive Director.

o) A discussion took place regarding the cost of E-bikes and whether an increase to £3,000 was necessary. Some members were of the opinion that £1,000 is sufficient to purchase an E-Bike. The Committee supported the principle of the increased allowance for the provision of the scheme, however, it was agreed that finance colleagues would investigate the true cost of an E-bike and an upper limit would be determined based on their findings.

p) Members noted the extreme pressure that the NHS is facing at present and requested that any increase or trend around staff sickness, relating to mental health, be relayed to the Committee.

q) The Committee commended the on-going talent management work for aspiring leaders within the CCG.

The Committee:

- **REVIEWED** and provided comment on the content of the report.
- **SUPPORTED** the cycle to work scheme pending the agreed action.
- **ENDORSED** the report and recommended it for Governing Body approval.

Action:

- **Finance colleagues to investigate the true cost of an E-Bike and feed these findings back to Gemma Waring. This information will be used to determine the upper limit for the 'Cycle to Work Scheme'.**

FR 21 081 Equality, Diversity and Inclusion (EDI) Report

Lucy Branson presented the item and highlighted the following points:

a) This was the first Annual Equality Assurance Report to be produced since the merger of the Nottingham and Nottinghamshire CCG's in April 2020. The report was delayed due to the COVID-19 response.

b) The report sets out the equality objectives for the CCG and also demonstrates the CCG's compliance with the Public Sector Equality Duty.

c) Duties surrounding Equality, Diversity and Inclusion are split between the Finance and Resources Committee, and the Quality and Performance Committee, as the CCG acts as both an employer and commissioner.

d) The period covered within the report involved two high level areas of focus for EDI work. One area being the response to COVID-19 which has shown stark inequalities in the workforce and local population. The other area of focus as ensuring that EDI was embedded in key business processes, as the infrastructure NNCCG was developed, during the merger.

e) High level commitments made by the CCG are outlined in the report and actions aligning with these commitments were developed and set out in an Equality Improvement Programme, for delivery over the next two years.

f) There is a well-developed Health and Inequality Strategy in place for the ICS, which is aligned with the EDI agenda. Care has been taken to ensure the content of the Improvement Programme is not duplicated with the content of the Strategy.

The following points were made in discussion:

g) Members noted that the CCG will be entering another period of transition in the coming months, and the EDI agenda must be closely managed through this period.

h) Members acknowledged that the most recent staff survey showed a reduction in staff reporting instances of discrimination at work, which is positive. It was explained that there are clear actions in the improvement plan, built upon the results of the staff survey.

i) A specific point around improving inclusive recruitment was raised. It was noted that the recruitment policy is inclusive, but must be further embedded in the organisation in order to achieve the desired results. A training programme focusing on this is being developed and will be available to all CCG staff involved in the recruitment process.

j) A challenge was made around the implementation date of March 2023 for the action surrounding Mental Health outcomes for members of the Lesbian, Gay, Transgender and Queer/Questioning (LGBTQ+) community, and whether this was challenging enough. Lucy Branson noted the challenge and agreed to raise this point with Lucy Dadge and Rachel Illingworth, for discussion, in an upcoming meeting.

The Committee:

- **ENDORSED** the Annual Equality Assurance Report to the Governing Body for Approval.

Financial Position and Contract Management

FR 21 082 **Finance Report**

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. The CCG is about to enter the 'H2' reporting period (October 2021 to March 2022).

b) Year-to-date, the CCG continues to report a breakeven position. This assumes allocations for the Elective Recovery Fund (ERF) and funding for the national COVID-19 vaccination scheme.

c) The forecast outturn (FOT) position is a CCG deficit of £1.2m for the H1 period. This deficit is driven by the move of the ERF income thresholds, from 85% to 95%.

d) With the exception of the ERF recovery issue, the CCG is anticipated to be able to cover other budgetary pressures, using a combination of slippage on

programme reserves, system risk share and balance sheet flexibility.

e) The key areas driving the forecast overspend include: Continuing Healthcare (CHC) costs, prescribing costs and Mental Health costs. The key mitigating underspend continues to be delegated primary care.

f) The CCG capital plan for the year remains at £2.1m, utilising the full capital resource limit, notified by NHSE/I. As of yet, no expenditure has been incurred against the plan.

g) The main financial risks to the CCG are; the ERF shortfall, budgetary overspend, delivery of QIPP, the impact of the 3% pay award and the assumptions around anticipated allocations for COVID-19 and the vaccination programme.

The following points were made in discussion:

h) It was acknowledged that there would be higher risk of QIPP delivery in H2, with the profile of planned savings weighted to occur at the end of the period. In response to a query on prescribing, it was confirmed that £1m savings opportunity took account of the lower numbers of staff currently supporting the medicines optimisation agenda. (Those staff are currently providing clinical support in to the COVID-19 vaccination programme). At the current time it was envisaged that the workforce would remain deployed in the vaccination programme, to assist with the rollout of the COVID-19 booster vaccinations. It was hoped that once an alternative delivery model is identified it would then allow the repatriation of staff back to the CCG to take up their core services again. Notwithstanding the above, additional prescribing pressures (as a result of updated NICE guidance) have been highlighted to the CCG by its Chief Pharmacist. Those pressures are currently being quantified to assess the impact on the CCG's financial position and will be reflected in next month's finance report.

i) Members noted that the H2 planning guidance will impact on plans and potentially the year to date (YTD) position.

The Committee:

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

FR 21 083 Draft H2 Opening Budgets

Andrew Morton presented the item and highlighted the following points:

a) At this stage, the H2 planning guidance has not been received from NHSE/I. The paper sets out an assumed allocation, based on H1 figures and cost budgets, taking into consideration expenditure trends and known issues from the H1 period. The guidance is expected to be received in the coming days.

b) The Committee was asked to approve the financial plan, as presented in the paper in the absence of planning guidance and an approved plan from NHSE/I. The plan is likely to change upon receipt of the H2 planning guidance and any changes will be proposed to the Committee for approval.

c) The CCG has a draft plan of a £5.6m deficit in H2. Although this is subject to change upon receipt of planning guidance, work is underway to assess options

to resolve this initial deficit position.

d) The proposed figures excluding ERF, are in line with H1.

e) In the absence of guidance, assumptions have been made within the plan. These include: the continuation of Hospital Discharge Programme (HDP) funding until the end of the financial year, a 5% reduction in COVID-19 allocation and the receipt of funding to cover the 3% Agenda for Change pay increase.

f) The Committee noted that the opening budgets would need to be approved by the Governing Body and members supported the approach being taken.

The following points were made in discussion:

g) Members acknowledged the difficulty the team has faced in developing a plan without sufficient guidance and commended their effort.

h) Members discussed the pending planning guidance and agreed to discuss the headlines, once it had been published, in the private Governing Body session.

The Committee:

- **APPROVED** the H2 2021/22 draft financial plan as noted in the paper.
- **NOTED** that updates and changes to these plans will be provided to the Committee in due course.

FR 21 084 Vaccination Programme Update

Michael Cawley provided a verbal update and highlighted the following points:

a) At present, the activity levels at Local Vaccination Service (LVS) sites is lower than expected demand and is projected to decline each month. The level of income generated from administering vaccinations is insufficient to cover the cost of keeping the LVS sites open. The total projected financial impact is currently estimated to be a deficit of between £1.3m and £1.5m to the end of phase 2 of the programme. This has been reported to the ICS Directors of Finance (DoFs) as well as to NHS England Improvement (NHSEI).

b) A case has been set out to go to NHSEI in response to questions they have raised.

c) It was noted that it is not expected that these financial pressures would continue into phase three (booster phase) of the vaccination programme.

The Committee:

- **NOTED** the update

FR 21 085 Cross Provider Report

Andy Hall and Marcus Pratt presented the item and highlighted the following points:

a) Referrals continue to increase to meet 2019/20 activity levels. Urgent referral levels continue to exceed this baseline.

b) Outpatient attendances remain below the H1 plan. This reduction in activity

throughout 2021 is seen across most specialties.

c) A&E attendances are at 2019/20 levels however, the requirement for social distancing makes this activity more difficult to manage. This has resulted in considerable pressure around Urgent Care pathways.

d) Elective activity levels are expected to reduce over the winter period, as standard, in order to protect capacity for urgent care, which will rise in Q3 and Q4.

e) Plans are in development with providers to continue the elective recovery programme, with a particular focus on new ways of working and creative solutions to overcome the pressures in urgent care.

f) Work has been undertaken to refine planning assumptions surrounding ERF. The CCG expects to meet the 95% income threshold for July and August 2021, but is expected to fall below the threshold for September 2021.

g) Overall at M5, the ICS has forecast income of £23.7m from the ERF, an adverse variance of £35.5m with £13.4m relating to the threshold change, £19.8m due to underperformance against submitted activity plans and £0.3m due to the impact of baseline adjustments compared to ICS assumptions.

The following point were made in discussion:

h) Members discussed outpatient activity and noted that intelligence suggests that planning guidance will state that the 25% target for virtual appointments will continue. There is some clinical concern around the impact this will have on patients with particularly long waits, who would benefit from a face to face assessment.

i) Members noted issues with diagnostic performance, namely caused by staffing pressures at NUH as well as in the private sector. Work is ongoing to identify a regional solution to increase diagnostic performance.

The Committee:

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

Risk Management

FR 21 086 **Risk Report**

Siân Gascoigne presented the item and highlighted the following points:

a) There were eight risks pertaining to the Committee's responsibilities on the risk register. Three of these risks were rated 'red'.

b) It was proposed that risk 165 relating to the H1 period be archived as the CCG moves into the second half of the financial year. A new risk will be developed relating to the H2 period.

The following points were made in discussion:

d) Members agreed the proposal to archive the existing finance risk and draft a new

risk relating to the H2 period. This would be taken forward with the Head of Corporate Assurance and Operational Directors of Finance prior to the next Committee meeting.

e) Members discussed the risk relating to delivery of QIPP caused by workforce issues in the prescribing team and agreed the impact of this would be considered as part of the risks around workforce currently articulated within the Corporate Risk Register.

The Committee:

- **COMMENTED** on the risk report **HIGHLIGHTING** risks discussed throughout the course of the meeting.

Closing Items

FR 21 087 **Any other business**

No further business was raised.

FR 21 088 **Key messages to escalate to the Governing Body**

The Committee:

- Agreed to update the Governing Body in confidential session regarding the detail of H2 planning guidance.

FR 21 089 **Date of next meeting**:

27/10/2021

Nottingham and Nottinghamshire Clinical Commissioning Group

NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Finance and Resources Committee

Ratified minutes of the meeting held on
27/10/2021 09:00-10:30
MS Teams Meting

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	System Delivery Director – Planned Care, Cancer and Diagnostics
Andrew Morton	Operational Director of Finance
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

In attendance:

Sue Clague	Non-Executive Director
Siân Gascoigne	Head of Assurance
Shannon Wilkie	Corporate Governance Officer (Minutes)

Apologies:

Dr James Hopkinson	Joint Clinical Leader
Stuart Poynor	Chief Finance Officer
Sue Sunderland	Non-Executive Director
Jon Towler	Non-Executive Director

Cumulative Record of Members' Attendance (2021/22)					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Shaun Beebe	07	06	Caroline Nolan	07	06
Lucy Branson	07	07	Stuart Poynor	07	05
Maxine Bunn	07	06	Jonathan Rycroft	07	07
Michael Cawley	07	07	Stephen Shortt	07	06
Lisa Durant	07	07	Amanda Sullivan	07	07
Andy Hall	07	06	Sue Sunderland	07	06
James Hopkinson	07	04	Jon Towler	07	05
Andrew Morton	07	05			

	Introductory Items
FR 21 090	**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 Dr James Hopkinson, Stuart Poynor, Sue Sunderland and Jon Towler. Sue Clague was in attendance, for Non-Executive representation, to ensure the meeting was quorate.
FR 21 091	**Confirmation of Quoracy** The meeting was confirmed as quorate.
FR 21 092	**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 21 093	**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 21 094	**Minutes from the meeting held on 22 September 2021** The minutes were agreed as a correct record.
FR 21 095	**Action log and matters arising from the meeting held on 22 September 2021** Finance colleagues had considered action FR 21 080 and suggested that an appropriate upper limit for the E-Bike scheme would be £2,000. Members supported this suggestion and Andrew Morton agreed to feed this back to Gemma Waring.
FR 21 096	**Actions from Governing Body – GB 21 030c Estates Nottingham CityCare Partnership Alternative Accommodation** Michael Cawley provided a verbal update on action GB 21 030c and advised that based on the information he had received he believed that relatively little progress had been made since the last update to Governing Body. A meeting due to take place with CityCare in October had been cancelled. [POST MEETING NOTE: The previous update to the CCG's Governing Body referred to a meeting due to take place in October which was subsequently cancelled owing to it falling in the school half-term period]. Michael proposed that a more detailed update report be produced in response to the original query from members of the CCG's Governing Body for circulation to members of this Committee for their consideration.

Action:

- **Michael Cawley to provide a detailed update report in response to the Governing Body action GB 21 030c.**

Financial Position and Contract Management

FR 21 097 **Finance Report**

Michael Cawley presented the item and highlighted the following points:

a) The report described a breakeven position for M6 and a forecast breakeven position for the remainder of the financial year. This reflects the actions taken to mitigate issues caused by the changes to the ERF threshold, mainly balance sheet flexibility.

b) The main non-ERF pressure continues to be Continuing Healthcare (CHC) costs. A deep dive review to understand the drivers of the CHC cost pressures concluded the main cause was based on information available at the time the 2021/22 CHC budget was set, which had the effect of understating what the CHC budget should have been. The review also concluded that the CHC team had taken a considerable amount of actions to help mitigate the pressures. It was also noted that the team had been successful in delivering against the QIPP targets that it had been set which would have otherwise created a greater financial pressure.

c) The CCG has a capital limit of £2.1m. A large portion of this planned spend is for the Supported Living Scheme, which has experienced slippage during M6. Despite this, the scheme is expected to deliver and be charged to this year's capital limit. This will be monitored closely, as failure to spend the entirety of the CCG's capital limit will have a knock-on impact on the CCG's ability to make new capital investment in the years to come as a result of then having to manage the slippage.

d) The CCG will not receive funding for the cost of the Agenda for Change pay award and as such this has resulted in a cost pressure.

e) The ICS financial position for M5 was highlighted. Whilst M6 figures have yet to be confirmed, early analysis indicates that there is an overall variance of £7.5m against plan, at the end of H1. As a result of this, a high level of financial scrutiny can be expected moving into H2 for all partners.

f) An independent review is planned for Maternity Services at Nottingham University Hospitals (NUH). This poses a potential financial risk for the CCG as it is unclear whether this review will be funded by NHS England /Improvement (NHSEI).

g) An update on the COVID-19 vaccination programme was provided. It was explained that the commissioning and funding arrangements between NHS England Improvement and vaccination providers differ. Notably, the primary care (enhanced services) delivery model where vaccination costs incurred are offset by tariff income received for vaccination activity undertaken.

h) The financial position to date on the programme, based on the latest information available is reporting a loss of £878k after accounting for known mitigations. That loss has occurred at the primary care designated Local Vaccination Services (LVS) sites.

i) The period to date trend continues into the financial forecasts being made to the end of “Phase 2” of the programme. It reflects lower levels of vaccination activity at primary care designated vaccination centres; yet these sites are required to remain open. The effect being that the vaccination income generated is insufficient to offset the costs incurred when keeping the sites open. The predicted total loss is currently estimated at £1.5million. This would be a loss to vaccination delivery providers (namely the three local NHS trusts). However, if it were to be incurred there would be a consequential impact on the CCG given the impact this would then have at the system-level. A report providing detail and context to the position was submitted to NHSEI by the Programme, which makes the case for an additional £1.5m funding. A response has not yet been received.

The following points were made in discussion:

j) Members queried at what point will there be a return to previous levels of financial disciple. A query was also raised regarding how the relationship with GPs may change as the CCG moves into the ICS. It was noted that due to the temporary financial regimes in place to assist the NHS with COVID-19, 2019/20 and 2020/21 had been treated as isolated periods. The ICS Directors of Finance (DoFs) are now beginning to focus on the ongoing recurring financial position of the system. This involves focusing on reducing the recurrent run rate to improve the structural deficit. Scrutiny of the ICS financial position will come from NHSEI, and success will be assessed in terms of the credibility of the system financial strategy and expected results over a three-year trajectory time horizon. Conversations are taking place to consider ways in which Primary Care (including GP providers) can act as an enabler to assist in transforming our current systems of care as the CCG move into the ICS, and in doing so contribute to the improvement of the system financial position.

k) Members were advised that the risk sharing arrangements for the ICS, agreed by CEOs earlier in the year, will be reviewed and modified based on what elements have worked well and what can be improved.

l) Members queried whether there are plans to introduce independent (Non-Executive) scrutiny of ICS finances, during the H2 period. It was explained that this had been postponed until an ICS Committee structure is agreed in the coming months. In the meantime, Non-Executive Director level scrutiny is being applied to ICS finances at the ICS Board confidential sessions.

m) Members discussed the requirements for activity management moving forward, and the culture change that will be required to achieve this.

n) Members queried whether the ICS would be prepared for scrutiny of the vaccination programme finances. It was explained that the initial design of the programme, which was commissioned regionally, had contributed to the costs. The size of the primary- care designated Local Vaccination Sites has meant that it is operationally not feasible to flex which sites are open in line with trends in

activity, which would otherwise help to manage costs. The message nationally, is to keep the centres open, despite low levels of activity and this requires safe staffing levels to be maintained. It was acknowledged that providing vaccines has been prioritised over cost control. Noting this, a new model is being developed, which is expected will be more cost effective as the programme moves into the "Phase 3" stage.

o) Members noted that the system had acknowledged that if the £1.5m financial risk associated with the vaccination programme were to crystallise then it would be shared amongst all partners under the risk share agreement.

p) Members agreed that the financial risks associated with the COVID-19 vaccination programme, and the independent review into NUH maternity services, should be considered at the November 2021 Finance and Resources Committee, for inclusion on the CCG risk register.

The Committee:

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

Action:

- **The Committee to consider adding a risk around the finances for the COVID-19 vaccination programme, to the NNCCG risk register, at the November 2021 Finance and Resources Committee meeting.**
- **The Committee to consider adding a risk around the cost of the independent led review into NUH maternity services, at the November 2021 Finance and Resources Committee meeting.**

FR 21 098 H2 Plan Submission Update

Andrew Morton presented the item and highlighted the following points:

a) Planning guidance for the H2 period had been received since the previous meeting and as expected, the financial arrangements are similar to that of H1. As such, block payment arrangements will remain in place.

b) Other key points to note are that there will be an increased efficiency requirement for H2 and the fixed COVID-19 allocation will reduce by 5% for the system.

c) The plan has been updated to reflect receipt of the guidance and now shows a £1.7m deficit. This is an improvement of £3.9m from the plan approved in September 2021. This figure is pre-ERF; the post ERF figure is yet to be determined.

d) ERF continues to be achieved on a threshold basis.

e) Until submission in November 2021, the finance team will continue to review the plan to identify opportunities to reduce the deficit to a breakeven position.

f) The key risks are COVID-19 costs, closing the £1.7M gap, assumptions around elective recovery and non-recurrent items, and the cost of the NUH maternity review, discussed earlier in the meeting.

g) The Committee is asked to delegate authority to Stuart Poynor to submit the CCG element of the system plan, within the range of breakeven to £1.7m deficit.

h) Organisational sign off of the plan will take place at the Prioritisation and Investment Committee on the 10 November 2021.

The following points were made in discussion:

i) Members queried the system position. It was explained that the system deficit stands at £22m, post ERF. Jonathan Rycroft described a system H2 planning briefing, which had been shared at the ICS System Executive Board and agreed to circulate this to the Committee for information.

j) Members discussed the view of the regulator towards system finances and noted that there will be an expectation for systems to achieve their financial plans, despite the ongoing challenges associated with COVID-19.

The Committee:

- **ENDORSED** the NNCCG element of the system financial plan for H2.

Action:

- **The Nottingham and Nottinghamshire ICS 2021/22 H2 NHS Planning briefing, shared at the ICS System Executive Group Briefing, to be circulated to the Committee for information.**

FR 21 099 **Cross Provider Report**:

a) The report highlighted the in-month and year to date positions for activity against the H1 plan.

b) The report provided a comparison of activity against the equivalent period of 2019/20, to provide a second point of comparison.

The Committee:

- **NOTED** the update

Risk Management

FR 21 100 **Risk Report**

Siân Gascoigne presented the item and highlighted the following points:

a) There were ten risks pertaining to the Committee's responsibilities, an increase in two risks since the previous meeting.

b) A risk surrounding H2 funding had been drafted for inclusion in the risk register (RR 172).

c) A proposal was made to archive RR 131 surrounding delivery of the CCG's

business critical functions

The following points were made in discussion:

d) Members approved the wording of draft risk RR 172 for inclusion on the register.

e) Members approved the archiving of risk RR 131.

f) Members agreed to include the cost of the independent led review into Nottingham University Hospitals (NUH) maternity services on the CCG risk register, as discussed at item FRC 21 096.

g) Members agreed to include the shared financial risk of the COVID-19 vaccination programme, on the CCG risk register.

The Committee:

- **COMMENTED** on the risk report **HIGHLIGHTING** risks discussed throughout the course of the meeting.

Closing Items

FR 21 101 **Any other business**

No further business was raised.

FR 21 102 **Key messages to escalate to the Governing Body**

The Committee:

- Agreed to brief the Governing Body on the H2 Plans.

FR 21 103 **Date of next meeting**: 24/11/2021

Nottingham and Nottinghamshire Clinical Commissioning Group

NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Primary Care Commissioning Committee (Public Session)
Ratified minutes of the meeting held on
15/09/2021 09:00-11:00
MS Teams 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
Sue Sunderland	Non-Executive Director
Dr Ian Trimble	Independent GP Advisor

In attendance:

Andrea Brown	Associate Director, Planning and Workforce Transformation (for item 12 PCC/21/099)
Lynette Daws	Head of Primary Care
Siân Gascoigne	Head of Corporate Assurance
Esther Gaskill	Head of Quality – Primary Care
Andy Hall	Associate Director of Performance and Information (item 12 PCC 21 099)
Steve Murdock	Head of Primary Care IT (for item 16. PCC 21 125)
Rachel Rees	Head of Primary Care Network (PCN) Development
Michael Wright	Nottinghamshire Local Medical Committee
Sue Wass	Corporate Governance Officer (minute taker)

Apologies:

Helen Griffiths	Associate Director of Primary Care Networks
Dr Richard Stratton	GP Representative

Cumulative Record of Members' Attendance (2021/22)					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Shaun Beebe	06	06	Joe Lunn	06	06
Michael Cawley	06	05	Dr Richard Stratton*	06	04
Lucy Dadge	06	06	Sue Sunderland	06	06
Eleri de Gilbert	06	05	Dr Ian Trimble	06	06
Helen Griffiths	06	04	Danielle Burnett	06	06

** Dr Stratton left 24/09/2021*

	Introductory Items
PCC/21/110	**Welcome and Apologies** Eleri de Gilbert welcomed everyone to the public session of the Primary Care Commissioning Committee meeting, which was being held virtually due to the COVID-19 pandemic. Apologies were noted as above. Noting that Dr Stratton had given apologies, the Chair confirmed that this was his last meeting as a member of the Committee and extended her thanks to Dr Stratton for his insightful and valuable contribution to the Committee. Members queried whether Dr Stratton would be replaced by another practicing GP, as it was considered a valuable resource to have at the Committee. It was agreed that this would be confirmed with the Associate Director of Governance outside of the meeting.
	ACTION: • **Lucy Dadge to confirm Dr Stratton's replacement with the Associate Director of Governance**
PCC/21/111	**Confirmation of Quoracy** The meeting was confirmed as quorate.
PCC/21/112	**Declaration of interest for any item on the shared agenda** Item 12. PCC 21 121 – Primary Care Workforce update: Michael Wright is conflicted due to his role with the Nottinghamshire GP Phoenix programme.
PCC/21/113	**Management of any real or perceived conflicts of interest** Item 12. PCC 21 121 – Primary Care Workforce update: Michael Wright is conflicted. As this is a public meeting, Michael may be present and participate in the discussion, as no decision is required.
PCC/21/114	**Questions from the public** No questions had been received.
PCC/21/115	**Minutes from the meeting held on 18 August 2021** The minutes were agreed as an accurate record with the following amendment under item PCC 21 096: Monthly contract Update: b) All contractual changes follow the process outlined in the NHS England/ Improvement Primary *Medical* Care Policy and Guidance Manual (PGM).
PCC/21/116	**Action log and matters arising from the meeting held on 18 August 2021** Action PCC 21 104 was noted as completed following circulation ahead of the meeting of a written briefing on the impact of Covid 19 on routine vaccination and screening programmes. All other actions were noted as complete and there were no matters arising.
	Commissioning, Procurement and Contract Management
PCC/21/117	**Monthly contract update** Lynette Daws presented the item and highlighted the following key points: a) Letters had been sent to patients of Queen's Bower Surgery informing them of their allocated new practice following the decision to allocate patients to nearby

GP practices and the closure of the Queen's Bower branch at the end of September 2021.

b) An update would be given at the next meeting on the transition of Grange Farm Medical Centre to the new contract holder Nottingham City GP Alliance.

The following points were raised in discussion:

c) No further points were raised.

The Committee:

- **NOTED** the Contract Update

PCC/21/118 **Oakwood Surgery – reduction in operating hours at Bull Farm**

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

a) Oakwood Surgery had submitted a business case to reduce the opening hours of their Bull Farm branch by two hours a day. The reduction would enable the redistribution of reception staffing hours to give increased telephone cover during periods of highest demand. This was a response to the most common patient complaint at the surgery and would not affect clinical services or clinical activity.

b) The business case contained an assessment of footfall; the increased number of calls received by the surgery over recent months; and a comparison in the opening hours of other local surgeries.

c) The Practice had undertaken engagement with their patients on the proposal and although there were very few respondents, 64% were supportive.

d) An Equality and Quality Impact Assessment had been undertaken on the proposal.

The following points were raised in discussion:

e) Members discussed the need to consider that this was an area of significant deprivation and whether the proposal would increase health inequalities.

f) The application had a lack of comparative data and therefore it was difficult to see whether the practice was an outlier.

g) Members noted that a precedent had been set by neighbouring branches, with two branches opening for fewer hours than the proposal for Bull Farm.

h) Noting the need for the Practice to operate more efficiently in response to patient complaints, the Committee agreed to approve the reduction of hours at Bull Farm Surgery. The impact of the reduction will be reviewed after three months.

ACTION:

- **Joe Lunn to bring an impact assessment on the reduction of opening hours at Bull Farm Surgery to the February Committee meeting**

The Committee:

- **APPROVED** the request from Oakwood Surgery to reduce the opening hours of Bull Farm branch surgery for 3 months with effect from 01 October 2021.

PCC/21/119 **Sherrington Park Medical Practice – List closure**

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

a) Sherrington Park Medical Practice had requested the closure of their patient list for a period of twelve months.

b) The reasons for the request were noted as an increase in their list size; absorbing patients following the closure of a neighbouring surgeries; a change in the local patient population with complex health needs; and administration pressures within the Practice.

c) The Practice had had an informal list closure during 2019 and since that time there had been a reduction in their list size of 1.1%. Five neighbouring practices had seen an increase in their list sizes over the same period.

d) The Practice currently had a GP/Patient ratio that was significantly lower than the CCG average.

e) Anomalies with the workforce data supplied in the application and the data held in the National Workforce Reporting System were highlighted.

f) The national GP Survey had rated the Surgery as above average for key indicators.

g) Engagement had been undertaken and neighbouring practices had been concerned on the impact to their own workloads.

h) The recommendation to the Committee was for a deferral of a decision until clarification and further information was gained in a number of areas; and to receive detail on the actions that the Practice proposed to take during the list closure to mitigate the pressures outlined in the proposal.

The following points were raised in discussion:

i) Members recognised that this was a well performing Practice keen to maintain the quality of their services.

j) Recognising that statistics may not give a rounded picture of the pressures that the Practice was under, the Committee agreed with the proposal to defer the decision and for the CCG to work with the Practice to develop a more robust application, with plans for mitigating their current pressures if the request was supported.

k) Members emphasised the need for the Practice to be mindful of the impact of their list closure on neighbouring practices at a time of great strain for General Practice but also to be clear how such breathing space would be used by the practice to improve the situation going forward.

The Committee:

- **DEFERRED** the approval decision until further information is provided by the practice with clearer rationale for the closure and plans for mitigating the pressures if the request is to be supported.

Strategy, Planning and Service Transformation

PCC/21/120 **Primary Care Workforce Update**

Andrea Brown presented the item and highlighted the following points:

a) The report provided the Committee with an update on the approaches and strategies in place to support workforce planning and development in Primary Care.

b) The focus since the last report had been on the completion of April to June planning returns; the development and submission of proposals for transformation funding and the development and submission of Primary Care Network (PCN) workforce plans.

c) In addition, Health Education England had also made system allocations for workforce development. These funds were allocated directly to the Nottinghamshire Alliance Training Hub to manage and coordinate across the system.

d) The latest workforce profile was discussed, as detailed in the report. Overall, the workforce position was noted as relatively stable; however, there had been a reduction in the number of practice nurses and advanced nurse practitioners. Work was being undertaken with nursing leads on how the Nursing Strategy was being delivered.

The following points were made in discussion:

e) Members noted the need to ensure that locums were recognised as an important element of the primary care workforce and supported, although it was acknowledged this cohort was difficult to quantify.

f) Members noted the need for closer engagement with PCNs on workforce planning. This was acknowledged; however, current operational pressures were impacting on engagement.

g) Members queried what actions were being taken to improve nursing retention. It was noted that a strategy was in place and work continued with nursing leads, but there was further work that needed to be undertaken to understand why support that was in place had not had the desired impact.

h) Members noted that the sustained operational pressure on practices was having an impact on mental and physical well-being of staff and resilience and would undoubtedly affect retention.

i) Members noted that a further update was scheduled for January 2022.

The Committee:

- **NOTED** the current workforce position and the continued focus on supply, recruitment and retention strategies.
- **NOTED** the workforce development plans and intended impact which includes meeting the training needs as submitted by PCNs.
- **NOTED** the risk management in place.

Andrea Brown left the meeting

Agenda items were taken out of turn to aid the smooth running of the meeting

Andy Hall and Steve Murdoch joined the meeting

PCC/21/124 **Primary Care IT Strategy**

Andy Hall and Steve Murdock presented the item and highlighted the following points:

a) The six former CCGs in Nottingham and Nottinghamshire had previously collaborated on a strategic plan for IT services, the Information Governance Management and Technology Strategy, which had now expired.

b) Taking into account new national initiatives, the Integrated Care Systems (ICS)' Data, Analytics and Information Technology (DAIT) Strategy and compliance with General Medical Services (GMS) contract requirements, a new strategy had been developed in collaboration with the GP IT Steering Group.

c) The vision and strategic aims of the Strategy were detailed, along with the requirements for clinical systems, infrastructure considerations, and the approach to financial sustainability and workforce development.

d) The Committee was asked to approve the Strategy.

The following points were made in discussion:

e) Members were encouraged to hear that the strategy had been developed in collaboration with colleagues in primary care and built on the way that the COVID 19 pandemic has changed the way primary care works and interacts with patients.

f) Members queried whether patients had been engaged in the development of the Strategy. The Committee considered it would be helpful if a presentation of the Strategy would be made to the Patient and Public Engagement Committee.

g) Members queried timescales for the delivery of the Strategy. It was noted that many of the projects would be driven by national procurements. The Committee requested an update on timescales for the delivery of the Strategy at the January 2022 meeting.

h) Members queried whether any discussions with Bassetlaw CCG had taken place regarding the Strategy. It was noted that Bassetlaw's IT assets were not managed by Nottinghamshire Health Informatics Service and it would be a long term process to secure a common IT provider. The Committee considered that it was important to engage with Bassetlaw on the ICS' strategic direction for IT, which was agreed.

The Committee:

- **APPROVED** the Primary Care IT Strategy.

ACTION:

- **Steve Murdoch to bring a progress update to the January 2022 Committee meeting to confirm that the Strategy has been shared with Bassetlaw CCG, presented to a future PPEC meeting and to provide timescales for the delivery of the Strategy.**

Andy Hall and Steve Murdoch left the meeting

PCC/21/121 **Primary Care Networks - Contract Changes**

Rachel Rees presented the item and highlighted the following points:

a) NHS England had issued a letter on 23 August 2021 setting out plans for the phased introduction of new service requirements for PCNs, and confirmed how PCNs would access the funding available for their activities through the Investment and Impact Fund (IIF) across the second half of 2021/22 and 2022/23.

b) This new contract package recognised the current pressures on general practice whilst acknowledging the work that needed to be achieved on recovery and the urgency of tackling health inequalities. Two service specifications would be commencing in October 2021 with an initial set of focussed requirements; two further service specifications were delayed, and would now be introduced in April 2022.

c) NHS England was providing new funding to support PCN leadership and management to support Clinical Directors to work with local partners, such as community pharmacy and community services.

d) This was a substantial change during a time of significant pressure for General Practice and the practical implementation of the services would need careful consideration by the wider ICS. Further detailed guidance was expected.

The following points were made in discussion:

e) Members welcomed the new service requirements as being consistent with the ICS' own priorities; however noted that PCNs were relatively immature organisations and questioned their capacity to respond to the service specifications at a time of considerable stress for General Practice.

f) It was noted that the CCG's capacity to monitor the specifications was also a concern.

g) It was agreed that the issues would be discussed under item PCCC 21 128 to consider whether a new risk should be raised.

The Committee:

- **NOTED** the changes as outlined within the NHS England contract letter dated 23 August 2021.

PCC/21/122 **Primary Care Networks – Unclaimed Fund 2021-22**

Rachel Rees presented the item and highlighted the following points:

a) The provenance of the Unclaimed Fund under the Primary Care Networks Specification was detailed; and the criteria and the process for bidding into the fund were explained.

b) The CCG had supported PCNs with this process.

c) The outcome of the Unclaimed Fund bidding process would be shared with the Committee at their meeting in November once the process was complete.

The following points were made in discussion:

d) It was noted that the funding in the Unclaimed Fund was non-recurrent and

spend needed to be incurred by 31 March 2022.

The Committee:

- **NOTED** the PCN Unclaimed Fund process as per PCN Directed Enhanced Services Specification for 2021/2022

PCC/21/123 **Primary Care Networks – Investment & Impact Fund 2020/21**

Rachel Rees presented the item and highlighted the following points:

a) Detail was given regarding the Investment and Impact Fund, which had been introduced under the 2020/21 Network Contract Directed Enhanced Service and ran from 1 October 2020 until 31 March 2021.
b) This had been an incentive scheme focusing on tackling health inequalities and providing high quality care, similar to the Quality and Outcomes Framework.
c) The report detailed the achievements of the PCNs, noting that five PCNs were yet to have their data verified.

The following points were made in discussion:

d) It was agreed that an updated report should be presented to the October Committee under matters arising.

ACTION:

- **Rachel Rees to bring an updated summary of achievements under the Investment and Impact Fund to the October meeting.**

The Committee:

- **NOTED** the Primary Care Networks – Investment & Impact Fund 2020/21 Report

Covid-19 Recovery and Planning

PCC/21/125 **Overview of GP practice additional expenses in relation to COVID-19**

Joe Lunn present the item and highlighted the following points:

a) No further claims had been reported in the period and a final position and close down process would be reported to the next Committee meeting.

The following points were made in discussion:

b) No further points were raised in discussion.

The Committee:

- **NOTED** the verbal update

PCC/21/126 **Covid-19 Practice level update: Operational Pressures Escalation Levels (OPEL)**

Joe Lunn present the item and highlighted the following points:

a) The paper provided an overview of OPEL reporting for the four weeks to 27 August.
b) 20 practices reports level three; 98 level two and 26 level one. This was a similar position to the last report; although practices were beginning to spend a

shorter amount of time in level three.

The following points were made in discussion:

c) No further points were raised in discussion.

The Committee:

- **NOTED** the OPEL Reporting overview for General Practice

Financial Management

PCC/21/127 **Finance report – month five**

Michael Cawley presented the item and highlighted the following points:

a) The financial position remained stable, with both the year to date and year end forecast at or around budget.

b) The CCG was still operating under the revised financial regime 'H1', implemented by NHS England/Improvement. Guidance for 'H2' for months October to March was awaited; however, a similar profile for the budget for the first half of the financial year was anticipated.

The following points were made in discussion:

c) Members queried the impact of slippage of the Mansfield Supported Living capital spend. It was noted that discussions with the Local Authority had confirmed that the spend would be incurred by year end. It was recommended that the CCG should ensure that contingency measures were in place in case further slippage was notified.

The Committee:

- **NOTED** the contents of the Primary Care Commissioning Finance Report.
- **APPROVED** the Primary Care Commissioning Finance Report for the period ending August 2021.

Risk Management

PCC/21/128 **Risk Report**

Siân Gascoigne presented the item and highlighted the following points:

a) There were currently six risks relating to the Committee's responsibilities, the same number of risks that was presented to the last meeting.

b) There was one high risk on the register, risk RR 160, relating to the potential risk in relation to staff exhaustion.

The following points were made in discussion:

c) In the context of the workforce update item (PCC 21 120) taken earlier in the meeting, the Committee discussed whether the risk score of 12 for risk RR 32 remained appropriate. Although many of the metrics had remained static, concern was raised in the reduction of the number of nurses; and it was agreed to take a wider look at the Nursing Strategy and whether any further actions could be taken forward.

d) In the context of the PCN contract changes, discussed under item PCC 21 121, the Committee agreed that discussions would be held prior to the next meeting

to determine whether a new risk was required regarding the potential for the PCNs to become disengaged.

The Committee:

- **NOTED** the Risk Report

ACTIONS:

- **Sian Gascoigne to ensure a full review of the primary care workforce risk (RR 032) was undertaken at the October 2022 Committee meeting, alongside further assurance being received around the primary care nursing workforce.**
- **Sian Gascoigne to discuss with Rachel Rees and Ian Trimble the scope of a potential new risk relating to potential GP disengagement in PCNs following the publication of the new contract guidance.**

	Closing Items
PCC/21/129	**Any other business** There was no other business raised.
PCC/21/130	**Key messages to escalate to the Governing Body** The Committee: a) Approval of the IT Strategy b) Reduction in hours at Bull Farm
PCC/21/131	**Date of next meeting**: **20/10/2021** MS Teams meeting

Nottingham and Nottinghamshire Clinical Commissioning Group

NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Primary Care Commissioning Committee (Public Session)
Ratified minutes of the meeting held on
20/10/2021 09:00-10:30
MS Teams Meeting

Members present:

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

In attendance:

Jo Simmonds	Head of Corporate Governance
Lynette Daws	Head of Primary Care
Rhonda Christian	Assistant Director of Nursing & Safeguarding
Andrew Morton	Operational Director of Finance
Lynne Sharp	Head of Estates (for item PCC 21 142)
Louise Espley	Corporate Governance Officer (minute taker)
Stuart Hague	Nottinghamshire Local Medical Committee

Apologies:

Danielle Burnett	Deputy Chief Nurse
Michael Cawley	Operational Director of Finance
Michael Wright	Nottinghamshire Local Medical Committee

Cumulative Record of Members' Attendance (2021/22)					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Shaun Beebe	07	07	Joe Lunn	07	07
Michael Cawley	07	05	Dr Richard Stratton*	06	04
Lucy Dadge	07	07	Sue Sunderland	07	07
Eleri de Gilbert	07	06	Dr Ian Trimble	07	07
Helen Griffiths	07	05	Danielle Burnett	07	06

** Dr Stratton left 24/09/2021*

	Introductory Items
PCC/21/132	**Welcome and Apologies** Eleri de Gilbert welcomed everyone to the public session of the Primary Care Commissioning Committee meeting, which was being held virtually due to the COVID-19 pandemic. Apologies were noted as above.
PCC/21/133	**Confirmation of Quoracy** The meeting was confirmed as quorate.
PCC/21/134	**Declaration of interest for any item on the shared agenda** There were no identified conflicts of interest.
PCC/21/135	**Management of any real or perceived conflicts of interest** No management action was required.
PCC/21/136	**Questions from the public** No questions had been received.
PCC/21/137	**Minutes from the meeting held on 15 September 2021** The minutes were agreed as an accurate record of proceedings, subject to the following amendment: - Page three, PCC 21 118 - clarify that the decision approved is permanent. A review of its impact will be undertaken in three months.
PCC/21/138	**Action log and matters arising from the meeting held on 15 September 2021** Two actions not yet due, other actions are complete or on the agenda. It is anticipated that GP Representation on the Committee will be agreed in time for the November 2021 meeting. The Committee received the Investment and impact fund year end position at matters arising.
PCC/21/139	**Actions arising from the Governing Body meeting held on 06 October 2021** Discussion at the Governing Body focused on pressures in General Practice and the resultant impact on the morale and the well-being of Primary Care staff. The issue of public confidence in General Practice was also raised as a concern, particularly in respect of access. The Governing Body was concerned that operational pressures in General Practice was leading to dis-engagement at Primary Care Network (PCN) level and variation in terms of value for money and best practice. This issue and the recent publication from NHSE/I – Our plan for improving access for patients and supporting general practice were addressed later on the agenda.
	Commissioning, Procurement and Contract Management
PCC/21/140	**Monthly contract update** Lynette Daws presented the item and highlighted the following key points: a) Two additions had been made to the log since the last meeting; Rise Park Surgery – extension to practice boundary and Queen's Bower Surgery – patients now allocated to alternate practices. The following points were raised in discussion: b) It was confirmed that Sherrington Park Medical Practice had been informed of

the decision not to approve the closure of their practice list for 12 months. The practice will consider whether they wish to re-submit a more detailed application.

The Committee:

- **NOTED** the Contract Update.

PCC/21/141 GP Extended Access – Christmas and New Year 2021/22

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

a) The GP Extended Access service is for routine appointments in evenings and at weekends (outside core hours) and includes Bank Holidays.
b) The paper includes details of contractual requirements as previously agreed with NHS England/Improvement (NHSE/I).
c) In previous years, NHSE/I has supported the approach to stand down services on Christmas Eve and New Year's Eve if no appointments have been booked.
d) To date, no guidance has been received from NHSE/I in relation to the 2021/22 festive period.
e) The CCG sought to benchmark their approach with neighbouring CCGs but neither Derby and Derbyshire CCG or Lincoln and Lincolnshire CCG have agreed their arrangements for the festive period at this time.

No further points were raised in discussion.

The Committee:

- **NOTED** the current arrangements for GP Extended Access services for Christmas and New Year 2021/22.

Strategy, Planning and Service Transformation

PCC/21/142 Primary Care Estates Update

Lynne Sharp presented the item and highlighted the following points:

a) The report provides an update on matters related to primary care estates.
b) The Community hub project, The Cavell Centre based in Hucknall is one of six projects nationally to create a centre to support the health and wellbeing of the local population. The project is subject to a number of delays as NHSE/I iteratively develop the guidance.
c) The initial and ambitious timeline was to have the new building operational at the end of the first quarter of 2024. This programme is currently being revised.
d) Work has paused on the production of other Outline Business Cases covering priority areas in Eastwood, East Leake and Newark due to the absence of central capital funding through the ICS. Some work has taken place on the possibility of applying for 'Leveling Up' Funding led by local authorities, however has not resulted in a bid yet.
e) In 2017 Nottingham City CCG submitted a successful bid for Wave 1 STP capital (£1.8m) based on a feasibility study for an extension and internal reconfiguration of Strelley Health Centre. The scheme subsequently stalled when the CQC took

urgent action to close the practice. More recently, following contract procurement, Operose Health moved into the premises as Broad Oak Surgery and has not requested any work to the estate. NHSE/I have confirmed there is no option to re-purpose the funding allocation, therefore it will be returned to NHSE/I.

f) Funding has been secured from NHSE/I to progress a primary care estates strategy. Contractors will be invited to enter a competitive process via a NHS framework agreement. PCN engagement will be a key feature in the development of the strategy.

g) Two risks associated with estates were highlighted; The Estates and Technology Transformation Fund (ETTF) ceases on 31 March 2022. The CCG has two schemes operating under the scheme; Risk Park Surgery and Deer Park, Wollaton Vale Health Centre, both are subject to significant delays leading to concern that they will not be completed before the fund ends. The second risk relates to the ability to spend business as usual (BAU) capital funding. Practices are experiencing delays in obtaining the required three quotes for capital expenditure due to unavailability of contractors. Additionally, once quotes are agreed costs of materials have increased significantly and there are frequent delays in obtaining materials as a consequence of the Covid-19 pandemic. Conversations with NHSE/I are underway to explore whether there can be any adjustment to their due diligence requirements.

The following points were made in discussion:

h) Members noted with concern the projects on pause at East Leake, Eastwood and Newark. Lynne Sharp confirmed this was a temporary pause and discussions about whether the schemes will be carried forward via a revenue route had commenced. In response to a subsequent question it was confirmed that the ETTF funding cannot be re-purposed to one of these schemes.

i) Discussion followed regarding the release of STP funding back to NHSE/I in relation to the Strelley Health Centre. There was a view that perhaps the CCG should make a case for an estates development to address health inequalities in this area of the City. It was confirmed that this would be addressed via the estates strategy rather than via the STP funding route.

j) Further exploration of the risks identified would take place ahead of the November 2021 Committee meeting.

ACTION:

- Further exploration of the risks identified would take place ahead of the November 2021 Committee meeting.

The Committee:

- **NOTED** the paper for information.
- **ENDORSED** the management action not to draw down Wave 1 STP capital funding for Strelley Health Centre.

Lynne Sharp left the meeting.

Stuart Hague joined from the LMC joined the meeting during this item.

PCC/21/143 Primary Care Networks – Quarter two update

Helen Griffiths presented the item and highlighted the following points:

- The paper provides an overview of the development of the Primary Care Networks (PCN) within Nottingham and Nottinghamshire between July and September 2021. PCNs are focused on delivering the day to day business in addition to the transformation programme.
- The PCN workforce has increased over quarter two with a total of 236.74 WTE (as of September 2021) additional roles across the system in line with the Additional Roles and Reimbursement Scheme (ARRS).
- In line with the PCN DES contract any underspend on the ARRS budget as of August 2021 is declared as a System ARRS Unclaimed Fund Pot which all PCNs can bid for. This process is now underway, with the Unclaimed Fund for 2021/22 being circa £500k. The CCG plans to inform PCNs of the outcome of the bidding process by 29 October 2021.
- The system has received positive feedback from NHSE/I on the ongoing work to deliver the ARRS.
- A further plan is required by 31 October 2021 providing the PCN workforce intentions to 2024.
- PCNs continue to face challenges related to estates. A scoping exercise is underway with all the PCNs, to capture their ambitions and vision to deliver health and care. This will inform the development of the Primary Care estates strategy.
- PCNs have updated their position on the PCN Maturity Matrix. The outcome will be reported to a future committee along with a system action plan to support ongoing development.
- Significant progress continues to be made in developing social prescribing. NHSE/I have asked to share the CCG's approach with other systems.
- A market place event is taking place on 04 November 2021 with a focus on system transformation. The outcomes from this event will contribute to the development of the ICB primary care strategy.
- PCNs continue to work in a challenging environment, particularly following the revised PCN DES contract, although do report feeling supported by the CCG. An associated risk is under discussion and will be included in the risk register.

The following points were made in discussion:

- Members thanked Helen Griffiths for the informative report highlighting both positive developments alongside challenges, although members felt that the report did not adequately address the variation in activity and performance across the PCNs
- With regard to the significant investment in additional roles, discussion focused on how the impact of those roles is assessed. In response, the Committee was informed that monthly meetings take place to share good practice and learning. In addition, the revised PCN maturity matrix outcome review will help define future needs.
- Discussion followed in relation to the issues highlighted by the Governing Body regarding variation and value for money. It was suggested that a suite of circa 15

outcome focused indicators/key lines of enquiry will be developed and reported to the Committee in November 2021.

The Committee:

- **NOTED** the progress and continued development of the PCNs during quarter two.
- **NOTED** and **CONSIDERED** the on-going considerations, priorities and considerations for 2021/22.

PCC/21/144 **Local Enhanced Service Review 2021/22**

Joe Lunn presented the item and highlighted the following points:

a) In December 2019, the Committee approved a direct award (of a two year contract) to the GP practices of Nottingham & Nottinghamshire CCG. A review was undertaken in December 2020 the outcome of which was reported to the Committee in February/March 2021. The contract is due to end on 31 March 2022.
b) The paper provides detail of a review of Local Enhanced Services (LES) ahead of the award of a new two year contract to the GP practices of Nottingham and Nottinghamshire CCG from 01 April 2022.
c) A timetable for the review is provided along with detail of stakeholder engagement.
d) The outcome of the review will be reported to the Committee in January 2022.

The following points were made in discussion:

e) Members thanked the team for the detailed plan and timeline and noted that the Committee would receive the outcome of the review in January 2022.

The Committee:

- **NOTED** the scope and timetable for the review of Primary Care Local Enhanced Services.

Fiona Callaghan joined the meeting.

Covid-19 Recovery and Planning

PCC/21/145 **Overview of GP practice additional expenses in relation to COVID-19**

Joe Lunn presented the item and highlighted the following points:

a) No further claims had been reported in the period and this report represents the final position and close down report.
b) The eight residual claims (from April 2021) have been approved for payment, totalling £7,854.

No further points were raised in discussion.

The Committee:

- **NOTED** the paper for assurance purposes.

PCC/21/146 Covid-19 Practice level update: Operational Pressures Escalation Levels (OPEL)

Joe Lunn presented the item and highlighted the following points:

a) The paper provided an overview of OPEL reporting for the five weeks to 01 October 2021.
b) 24 practices reported days when they were at OPEL level three, 103 practices reported days where they were at OPEL level two and 22 practices reported days where they were at OPEL level one. The most prevalent OPEL status reported is level two/amber, reflecting the pressures in primary care and greater transparency in reporting by practices.

No further points were raised in discussion.

The Committee:

- **NOTED** the OPEL reporting overview for General Practice for the five weeks to 01 October 2021.

PCC/21/147 Clinical Director Uplift payments to support the Covid-19 Vaccination programme

Fiona Callaghan presented the item and highlighted the following points:

a) The paper provides an update to previous reports following issue of a letter by NHSE/I on 15 September 2021.
b) The commissioning and contractual relationship remains between NHSE/I and providers in respect of this fund. NHSE/I has requested that CCGs sign off the payments before they are made to practices.
c) The September 2021 letter focuses on phase three of the Covid-19 vaccination programme, which is PCN led.

No further points were made in discussion.

The Committee:

- **NOTED** the revised NHSE/I guidance on the allocation of the PCN Clinical Director payment.
- **CONSIDERED** the CCG's proposal on the approach to manage this transaction.
- **APPROVED** the authorisation of the payments by NHSE/I to the PCNs.

Financial Management

PCC/21/148 Finance report – month six

Andrew Morton presented the item and highlighted the following points:

a) The paper reported the financial position for the month six 2021/22 and has been prepared in the context of the revised financial regime implemented by NHSE/I in response to the Covid-19 pandemic.
b) The year to date (full H1) position shows a £2.83million underspend, primarily due to the release of accrued reserves.
c) H2 guidance has been received and the CCG are currently working to a deadline of 18 November 2021 for the H2 financial plan.

No further points were made 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 September 2021.

Risk Management

PCC/21/149 **Risk Report**

Jo Simmonds presented the item and highlighted the following points:

a) There are currently six risks relating to the Committee's responsibilities, the same number of risks that was presented to the last meeting.

b) In September 2021 the Committee discussed the risk score of risk RR 032 (*primary care workforce*) following the Primary Care Workforce Strategy agenda item. This risk has been reviewed and work is underway to pull together GP and nursing workforce data for the Primary Care 'heat maps'. This will provide further information regarding the risk associated with sustainability of the primary care workforce. The risk score remains at 12 at present.

c) Risk RR 160 related to staff exhaustion and resilience remains on the register at a score of 16. Support is in place and continues to be revisited but due to the sustained high pressure experienced in primary care the risk score remains high.

d) Initial discussions to articulate a new risk relating to the potential disengagement of Primary Care Networks (PCNs) and/or PCN Clinical Directors as a result of the 2021/22 and 2022/23 plans and requirements of the Investment and Impact Fund have taken place and will be progressed for the November 2021 Risk Report.

The following points were made in discussion:

e) The two risks discussed at PCC 21 142 - primary care estates update will be explored further and a decision made as to whether they are included in the Committee risk register.

The Committee:

- **NOTED** the Risk Report.

Closing Items

PCC/21/150 **Any other business**

The recent publication from NHSE/I on 14 October 2021 – Our plan for improving access for patients and supporting general practice was discussed. The publication comes with a set of requirements and funding of £250 million (nationally).

A number of deliverables are required including submission of a plan to NHSE/I by 28 October 2021 detailing how the additional funding will be utilised to improve access for patients. Other requirements include the publishing of data in relation to access.

Discussion followed regarding the demanding requirements and how this was being received within General Practice at this challenging time. Additional resources and additional access capacity were recognised and welcomed by the Committee.

An update will be provided to the Committee in November 2021 regarding the plan submitted.

No further business was raised.

PCC/21/151 **Key messages to escalate to the Governing Body**

The Committee:

a) Will **AGREE** a set of indictors to address the issue raised by the Governing Body in relation to variation, quality and value for money.
b) **APPROVED** the authorisation of Clinical Director uplift payments to support the Covid-19 vaccination programme as required by NHSE/I.
c) **DISCUSSED** the recent NHSE/I publication - Our plan for improving access for patients and supporting general practice. The CCG will submit a plan detailing utilisation of the fund to NHSE/I by 28 October 2021.

PCC/21/152 **Date of next meeting**:

17/11/2021

MS Teams meeting

Nottingham and Nottinghamshire Clinical Commissioning Group

Audit and Governance Committee
RATIFIED minutes of the meeting held on
31/08/2021, 09.00-10.45
Via MS Teams

Members present:

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

In attendance:

Lucy Branson	Associate Director of Governance
Michael Cawley	Operational Director of Finance
Andrew Morton	Operational Director of Finance
Stuart Poynor	Chief Finance Officer
Jo Simmonds	Head of Corporate Governance (item AG 21 053)
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	3	2	Jon Towler	3	3
Sue Sunderland	3	3			

Introductory Items

AG 21 041 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 21 042 Confirmation of quoracy
The meeting was declared quorate.

AG 21 043 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 21 044 Management of any real or perceived conflicts of interest
This item was not required, as no interests were declared.

AG 21 045 **Minutes from the meeting held on 10 June 2021**
The minutes of the meeting held on 10 June were agreed as an accurate record of the discussions held.

AG 21 046 **Action log and matters arising from meeting held on 10 June 2021**
Action AG 21 034, regarding the conclusion of a counter fraud case, would be included in the next counter fraud progress report, which was scheduled for the November meeting.

Action AG 21 036 was noted as reporting to the November meeting of the Committee following a report, which would be discussed by the Information Governance Steering Group in September. Assurance was given that work to review COPI notices remained on-going.

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

Financial Stewardship

AG 21 047 **Third Party Assurances Report**
Michael Cawley presented this item and highlighted the following key points:

a) At its meeting on 10 June 2021, the Committee received a number of service auditor reports as part of the 2020/21 annual reporting process, which provided assurance over the internal control procedures of the CCG's service provider organisations. As at 10 June one report remained outstanding, the report on Shared Business Services – Employment Services. This was presented for noting and completeness.
b) It was restated that, given their generic nature, the reports gave a limited assurance, which was supplemented by the CCG's own internal assurance processes.

The Committee:

- **NOTED** the contents of the SBS Employment Services service auditor report.

AG 21 048 **Transactions Approved Outside Financial Limits**
Michael Cawley presented this item and highlighted the following key points:

a) Following the initial report at the last meeting; and a request for updated reports to be brought to the Committee on a quarterly basis, this report covered the period April-June 2021.
b) During the period 2.15%, or 90, transactions were approved outside of the delegated limits set out in the CCG's Standing Financial Instructions.
c) The two main areas related to Continuing Healthcare (CHC) and running costs. The issue relating to CHC had been resolved. Breaches relating to running cost approvals related to the inflexibility of the current finance systems; and work was underway to assess the implications of raising the delegated approval limits for administration spend to be more commensurate with the programme budget delegation limit for the individuals concerned.

The following points were raised in discussion:

d) Members queried whether there was any weakness in internal control that could lead to fraudulent activity. It was noted that the risk of fraud was low.

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 that are outside an individual officers' Scheme of Delegation.

AG 21 049 Off Payroll Arrangements

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

a) This was a regular assurance report on the CCG's off payroll arrangements.
b) As of June 2021 there were two off-payroll engagements within the CCG and confirmation of when both contracts were ending was currently being sought.

The following points were raised in discussion:

c) The Committee noted that the CCG was continuing to manage off-payroll arrangements robustly.

The Committee:

- **NOTED** the contents of the report;

AG 21 050 Tender Waiver Register

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

a) The Committee was responsible for reviewing all instances where the CCG waived the requirement for competitive tendering. The report presented the decisions that had been made since the last update in April 2021.
b) Since this time there had been eight new entries. All had been through the CCG's governance processes and had been agreed by the relevant Governing Body committees.

The Committee:

- **NOTED** the contents of the report.

Internal Audit

AG 21 051 Internal Audit Plan

Kevin Watkins presented this item and highlighted the following key points:

a) Since the last meeting, the final report on the CCG's arrangements for managing conflicts of interests had been published, which gave 'substantial assurance' that robust systems continued to be in place.
b) Approval had been given to undertake two reviews using the ICS system-wide allocation and the Terms of Reference for an examination of transition arrangements and the development of an ICS Operational Plan had been finalised.
c) Internal Audit attendance at the ICS Transition and Risk Committee had also commenced. This had anticipated recently released national guidance that required internal audit to comment on CCG transition plans. The Transition and Risk Committee was working effectively, with the greatest risk at the current time being the capacity of the CCG to resource the work required.
d) Terms of Reference had also been issued for audits on CHC, patient engagement and primary care workforce development.
e) Two actions from previous audit report were due for follow up in the period. One action had been implemented and evidence to confirm implementation of the second action was awaited. No actions required hand over to the CCG to progress.
f) A request had been made to review the operation of the Nottinghamshire Health Multi Agency Safeguarding Hub (MASH) in addition to the proposed safeguarding

review using 15 days from the Internal Audit Plan's contingency; and a request for this approval was made.

g) Regarding the proposed collaborative commissioning audit due to commence during quarter four, it was noted that NHS England guidance on CCG preparedness could potentially duplicate this audit; and time constraints may potentially mean the audit could not be completed by the end of the financial year. Therefore there was a potential for time set aside for this audit in the plan to be re-purposed.

The following points were raised in discussion:

h) Members queried the impetus for the review of the MASH. It was noted that the review focused on the effectiveness and operation of the MASH, which was usually undertaken by the CCG. However current capacity constraints within the Quality Team may have been the reason for the request. It was agreed that Eleri de Gilbert would confirm the background to the request with the Chief Nurse and escalate any concerns to the Chair.

i) Discussing the potentially significant duplication of the collaborative commissioning audit with the CCG's own due diligence and NHSE's readiness to operate assessment, members noted the need to provide further clarity at the next meeting on potential alternative utilisation of the 18 days set aside for the audit.

The Committee:

- **RECEIVED** the progress report;
- **APPROVED**, subject to further discussion with the Chief Nurse, the transfer of 15 days from the Emerging Risks/Contingency line in the 2021/22 Internal Audit Plan to fund a review requested by Management of the Nottinghamshire Health Multi Agency Safeguarding Hub; and
- **NOTED** the key messages and progress being made with the delivery of planned assurances for 2021/22.

ACTION:

- **Eleri de Gilbert to confirm the background to the request for an audit on the MASH with the Chief Nurse and escalate any concerns to the Chair.**

Richard Walton joined the meeting

External Audit

AG 21 052 **External Audit Progress Report**

Richard Walton presented this item and highlighted the following key points:

a) A technical update report had been shared for information.

The following points were raised in discussion:

b) Noting an article within the report regarding climate change, the Chair queried whether the CCG would give consideration to a role for the ICS Audit Committee to have an oversight role in sustainability actions. It was noted that currently the Finance and Resources Committee had oversight of the CCG's Green Plan, which would be taken forward into the system space.

The Committee:

- **NOTED** the report.

Jo Simmonds joined the meeting

Corporate Governance

AG 21 053 Update on Probity Arrangements

Jo Simmonds presented this item and highlighted the following key points:

a) The bi-annual report provided assurance that arrangements continued to be in place for declaring interests, managing any conflicts of interest and for declaring offers of gifts and hospitality.
b) In line with the national requirement to publish the register of declared interests at least annually, the register was refreshed on the CCG's website on a quarterly basis; and the annual assurance exercise in relation to the completeness and accuracy of the register was scheduled to take place during quarter three. A register of procurement decisions, which detailed how conflicts of interest were managed, was also posted on the CCG's website on a quarterly basis and the CCG continued to follow a proactive approach in the management of conflicts of interest, as detailed in the report.
c) The CCG's policy on the Management of Conflicts of Interest was due for formal review and re-approval in March 2021. Revision had been delayed in anticipation of new national guidance and the Committee was requested to endorse the use of this policy for the remainder of the CCG's existence and to recommend to the Governing Body that the approval date be extended until 31 March 2022. The policy remained aligned to the national requirements.
d) A register of Gifts and Hospitality continued to be managed. To date for 2021/22 there were no entries, which was not unusual. Staff were reminded on a regular basis to declare any offers in line with the current Gifts and Hospitality Policy. To both complement and strengthen the organisation's arrangements on sponsorship, work was currently underway to develop detailed guidance on working with the pharmaceutical industry, which would be incorporated into the ICS policy.
e) A full review of the CCG's 'Raising Concerns (Whistleblowing) Policy' and organisational arrangements for 'speaking up' had recently been undertaken against national guidance and in conjunction with the National Guardian's Office (NGO). A meeting was held with the NGO to seek clarity around some of the national expectations and to discuss the development of more proportionate arrangements suited to smaller, non-patient facing organisations, as national guidance was specific to trusts. Whilst it was found that the CCG's policy was generally fit for purpose, a number of recommendations for improvement had been made, as detailed in the report. It was proposed that the CCG take forward the proposed enhancements to the current arrangements during 2021, which would ensure that the organisation met the current needs of its workforce, whilst preparing to transition into the ICS.

The following points were raised in discussion:

f) Members were supportive of the proposals to strengthen freedom to speak up arrangements and to ensure a network of champions within the ICS.
g) Members were assured that current arrangements to provide protection of individuals who raised concerns would remain; and this was confirmed.

The Committee:

- **REVIEWED** the arrangements in place for managing conflicts of interest; and gifts, hospitality and sponsorship;
- **RECOMMENDED** to the Governing Body that the approval date of the CCG's Managing Conflicts of Interest Policy be extended to 31 March 2022;
- **NOTED** that the review of the CCG's FTSU arrangements has not highlighted any significant gaps; and
- **ENDORSED** the proposed actions to align the CCG's FTSU arrangements with the national guidance.

Jo Simmonds left the meeting

Policies

AG 21 054 Information Security Policy

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

a) The Policy was presented to the Committee for approval following endorsement by the Information Governance Steering Group.
b) The Policy had been updated to reflect updated Data Security and Protection Toolkit requirements; contained new sections on the legal and regulatory framework, confidential data stored in the home environment and IT equipment. In addition work had been undertaken to aid the reading, understanding and flow of the Policy.

The following points were raised in discussion:

a) Members queried whether COPI notices would be relevant to the Policy. It was noted that COPI notices were being processed in line with the Policy.

The Committee:

- **APPROVED** the Information Security Policy

Risk Management

AG 21 055 Risk Report

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

a) There were currently six risks relating to the Committee's responsibilities, a reduction of one risk since the last meeting, with the archiving of the risk relating to the exit from the European Union. No new risks had been identified since the last meeting.
b) A paper had been presented June 2021 meeting of the ICS Transition and Risk Committee that outlined the plan to develop and implement ICS risk management arrangements. A phased approach to implementation would be taken, with an early focus on establishing the ICS Board Assurance Framework, which would be presented to the September and October meetings of the ICS Transition and Risk Committee and the ICS Board in November. There was a degree of overlap with the strategic risks of the CCG and as such, 14 of the risks would be jointly owned by the CCG and ICS during the transition. The development of operational risk management arrangements was underway.

The following points were raised in discussion:

c) Members queried the risks to this approach. It was noted that work was being undertaken to try to implement consistent risk management arrangements by all system partners to avoid confusion and to ensure accurate reporting within the new statutory body.

The Committee:

- **NOTED** the Risk Report

Committee Business

AG 21 056 Committee Work Programme 2021/22

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

a) The draft work programme was presented for approval. The work programme ensured that the Committee continued to discharge its statutory duties during this

transition year.

b) An additional duty would be oversight of due diligence work in preparation for the disestablishment of the CCG, which would be added to the work programme once further guidance and timelines were available.
c) A number of policies required review or approval at the year end and these would be brought to the Committee in a staggered approach to avoid an accumulation of policies being brought to the March meeting.
d) At the current time annual reporting and accounting end of year procedures had not been clarified; however it was anticipated that the Audit Committee of the Integrated Care Board would take on responsibility for the approval of the former CCG's accounts. An update would be given at the next meeting.

The Committee:

- **APPROVED** the Committee's work programme for the remainder of 2021/22.

Closing Items

AG 21 057 **Any other business**

There was no other business.

AG 21 058 **Key messages to escalate to the Governing Body**

- Approval of the Information Security Policy
- Assurance of robust probity arrangements
- Recommendation to the Governing Body to approve extending the date of the CCG's Managing Conflicts of Interest Policy to 31 March 2022
- Endorsement of the way forward for Freedom to Speak Up arrangements.

AG 21 059 **Date of the next meeting:**

02/11/2021
Via MS Teams