NHS
Nottingham and Nottinghamshire

# Integrated Care Board Meeting Agenda (Open Session)

## Thursday 11 January 2024 09:00 – 11:25

### Chappell Meeting Room, Arnold Civic Centre
### Arnot Hill Park, Arnold, NG5 6LU

***"Every person enjoying their best possible health and wellbeing"***

Our aims: to **improve outcomes** in population health and healthcare; **tackle inequalities** in outcomes, experiences and access; enhance **productivity and value for money**; and support broader **social and economic development**.

Our guiding principles: **prevention** is better than cure; **equity** in everything; and **integration** by default.

**Our core values:**

- We will be open and honest with each other.
- We will be respectful in working together.
- We will be accountable, doing what we say we will do and following through on agreed actions.
- We will challenge each other if we fall short of upholding our aims and guiding principles.
- We will work with our population and put their needs at the heart of the ICS.

| | Item | Presenter | Type *(For Assurance, Decision, Discussion or Information)* | Enc. | Time |
|---|---|---|---|---|---|
| | **Introductory items** | | | | |
| 1. | Welcome, introductions and apologies | Kathy McLean | - | - | 09:00 |
| 2. | Confirmation of quoracy | Kathy McLean | - | - | - |
| 3. | Declaration and management of interests | Kathy McLean | Information | ✓ | - |
| 4. | Minutes from the meeting held on: 09 November 2023 | Kathy McLean | Decision | ✓ | - |
| 5. | Action log and matters arising from the meeting held on: 09 November 2023 | Kathy McLean | Discussion | ✓ | - |
| | **Leadership** | | | | |
| 6. | Chair's Report | Kathy McLean | Information | ✓ | 09:05 |
| 7. | Chief Executive's Report | Amanda Sullivan | Information | ✓ | 09:10 |
| | **Health inequalities and outcomes** | | | | |
| 8. | Joint Forward Plan: Delivery and Oversight Arrangements<br>• *This item will include a citizen story* | Lucy Dadge | Discussion | ✓ | 09:30 |
| | **Assurance and system oversight** | | | | |
| 9. | Nottingham and Nottinghamshire ICS Green Plan: Strategic Delivery Update | Stuart Poynor | Assurance | ✓ | 09:50 |

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|---|---|---|---|---|---|
| 10. | Committee Highlight Reports:<br>• Strategic Planning and Integration Committee<br>• Quality and People Committee<br>• Finance and Performance Committee<br>• Audit and Risk Committee | Jon Towler/ Marios Adamou/ Stephen Jackson/ Caroline Maley | Assurance | ✓ | 10:10 |
| 11. | Quality and Workforce Report | Rosa Waddingham | Assurance | ✓ | 10:25 |
| 12. | Finance Report | Stuart Poynor | Assurance | ✓ | 10:45 |
| 13. | Service Delivery Report | Stuart Poynor | Assurance | ✓ | 11:00 |
| | **Information items**<br>*The following items are for information and will not be individually presented. Questions will be taken by exception.* | | | | |
| 14. | Integrated Performance Report | - | Information | ✓ | - |
| 15. | Board Work Programme 2023/24 | - | Information | ✓ | - |
| | **Closing items** | | | | |
| 16. | Risks identified during the course of the meeting | Kathy McLean | Discussion | - | 11:20 |
| 17. | Questions from the public relating to items on the agenda | Kathy McLean | - | - | |
| 18. | Any other business | Kathy McLean | - | - | |
| | Meeting close | - | - | - | 11:25 |

**Confidential Motion:**

The Board 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)

**Date and time of next Board meeting held in public: 14 March 2024 at 09:00 (venue to be confirmed)**

NHS
Nottingham and Nottinghamshire

| | |
|---|---|
| **Meeting Title:** | Integrated Care Board (Open Session) |
| **Meeting Date:** | 11/01/2024 |
| **Paper Title:** | **Declaration and management of interests** |
| **Paper Reference:** | ICB 23 075 |
| **Report Author:** | Jo Simmonds, Head of Corporate Governance |
| **Report Sponsor:** | Lucy Branson, Associate Director of Governance |
| **Presenter:** | Kathy McLean, Chair |

| **Paper Type:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| For Assurance: | | For Decision: | | For Discussion: | | For Information: | ✓ |


**Summary:**

As custodians of tax-payers money, Integrated Care Boards (ICBs) are required to implement and demonstrate robust arrangements for the identification and management of conflicts of interest. These arrangements should support good judgement about how any interests should be approached and managed; safeguarding the organisation from any perception of inappropriateness in its decision-making and assuring the public that money is being spent free from undue influence. The ICB's arrangements for the management of conflicts of interests are set out in the organisation's Standards of Business Conduct Policy.

Details of the declared interests for members of the Board are attached at **Appendix A**. An assessment of these interests has been performed against the meeting agenda and the outcome is recorded in the section below on conflicts of interest management.

Members are also reminded of their individual responsibility to highlight any interests not already declared should a conflict (or potential conflict) become apparent in discussions during the meeting. Should any interests arise during the meeting, the ICB's agreed arrangements for managing these are provided for reference at **Appendix B**.


**Recommendation(s):**

The Board is asked to **note** this item for information.

| **How does this paper support** | **the ICB's core aims to:** |
|---|---|
| Improve outcomes in population health and healthcare | It is essential that the ICB establishes effective arrangements for managing conflicts and potential conflicts of interest to ensure that they do not, and do not appear to, affect the integrity of the ICB's decision-making processes towards the achievement of the four core aims. |
| Tackle inequalities in outcomes, experience and access | As above. |
| Enhance productivity and value for money | As above. |
| Help the NHS support broader social and economic development | As above. |

| Appendices: |
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| Appendix A: Extract from the ICB's Register of Declared Interests for members of the Board.<br>Appendix B: Managing Conflicts of Interests at Meetings. |

| Board Assurance Framework: |
| --- |
| Not applicable to this report. |

| Report Previously Received By: |
| --- |
| Not applicable to this report. |

| Are there any conflicts of interest requiring management? |
| --- |
| No. |

| Is this item confidential? |
| --- |
| No. |

**Register of Declared Interests**

• As required by section 14Z30 of the NHS Act 2006 (as amended), the ICB has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interests.

• This document is extracted from the ICB's full Register of Declared Interests for the purposes of this meeting.

• 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.

| Name | Current position(s) held in the ICB | 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 the interest became relevant to the ICB | Date To | Action taken to mitigate risk |
|---|---|---|---|---|---|---|---|---|---|---|
| ADAMOU, Marios | Non-Executive Director | South West Yorkshire Partnership NHS Foundation Trust | Employed as a Consultant Psychiatrist | ✓ | | | | 01/07/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| ADAMOU, Marios | Non-Executive Director | Marios Adamou LTD (provides educational and advisory services) | Director | ✓ | | | | 01/07/2022 | Present | There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Marios Adamou Ltd. |
| ADAMOU, Marios | Non-Executive Director | University of Huddersfield | Visiting Professor | | | ✓ | | 01/07/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| ADAMOU, Marios | Non-Executive Director | Advance Occupational Healthcare Ltd (provides occupational health advice) | Director | ✓ | | | | 01/07/2022 | Present | There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Advance Occupational Health Ltd. |

| Name | Current position(s) held in the ICB | 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 the interest became relevant to the ICB | Date To | Action taken to mitigate risk |
|---|---|---|---|---|---|---|---|---|---|---|
| BRIGGS, David | Medical Director | British Medical Association | Member | | ✓ | | | 01/07/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| DADGE, Lucy | Director of Integration | Mid Nottinghamshire and Greater Nottingham Lift Co (public sector) | Director | ✓ | | | | 01/07/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| DADGE, Lucy | Director of Integration | Valley Road Surgery | Registered Patient | | | ✓ | | 01/07/2022 | 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 | Director of Integration | Nottingham Schools Trust | Chair and Director | | | ✓ | | 01/07/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| DADGE, Lucy | Director of Integration | Lilya Lighthouse Education Trust Limited | Trustee | | ✓ | | | 01/12/2023 | Present | This interest will be kept under review and specific actions determined as required. |
| JACKSON, Stephen | Non-Executive Director | Nottingham Business Improvement District (BID) (a business-led,not for profit organisation helping to champion Nottingham) | Non-Executive Chair | | ✓ | | | 01/07/2022 | Present | There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by BID. |
| JACKSON, Stephen | Non-Executive Director | Nottingham High School | Governor | | ✓ | | | 01/07/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| JACKSON, Stephen | Non-Executive Director | Portland College | Governor | | ✓ | | | 01/07/2022 | Present | This interest will be kept under review and specific actions determined as required. |

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|---|---|---|---|---|---|---|---|---|---|---|
| JACKSON, Stephen | Non-Executive Director | Marketing Nottingham - A not for profit business and the official place marketing organisation for Nottingham City. | Non-Executive Director | | ✓ | | | 01/07/2022 | Present | There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Marketing Nottingham. |
| JACKSON, Stephen | Non-Executive Director | Derbyshire Health United CIC (A not for profit community interest company providing a range of health service provisions) | Non-Executive Director | ✓ | | | | 01/07/2022 | 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 DHU CIC). |
| JACKSON, Stephen | Non-Executive Director | Imperial Business Consulting Ltd - a management consultancy business, based in Leicestershire. | Joint Owner and Chief Executive Officer | ✓ | | | | 01/07/2022 | Present | There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Imperial Business Consulting Ltd. |
| JACKSON, Stephen | Non-Executive Director | Ravenshead Surgery (Abbey Medical Group) | Registered patient | | | ✓ | | 01/07/2022 | 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. |
| JACKSON, Stephen | Non-Executive Director | Nottingham City Transport | Spouse is a Non Executive Director | | | | ✓ | 01/11/2023 | Present | This interest will be kept under review and specific actions determined as required. |
| JACKSON, Stephen | Non-Executive Director | Nottingham Ice Centre | Spouse is a Non Executive Director | | | | ✓ | 01/11/2023 | Present | This interest will be kept under review and specific actions determined as required. |

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|---|---|---|---|---|---|---|---|---|---|---|
| LIM, Dr Kelvin | Primary Care Partner Member | Primary Integrated Community Service (PICS) (provider of local health services in the Nottinghamshire area) | Director | ✓ | | | | 01/07/2022 | 31/10/2023 | 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 PICS. |
| LIM, Dr Kelvin | Primary Care Partner Member | NEMS Healthcare Ltd (provides assets to NEMS Community Benefit Services - a not for profit provider of out of hours GP services) | Shareholder | ✓ | | | | 01/07/2022 | 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 NEMS CBS. |
| LIM, Dr Kelvin | Primary Care Partner Member | Church Walk Medical Services | Shareholder | ✓ | | | | 01/07/2022 | Present | To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to primary medical services. |
| LIM, Dr Kelvin | Primary Care Partner Member | Eastwood Primary Care Centre | Registered Patient | | | ✓ | | 01/07/2022 | 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. |
| LIM, Dr Kelvin | Primary Care Partner Member | Alike Ltd (GP private practice) | Business owner (business has been inactive since 2018 and is in the process of being liquidated) | ✓ | | | | 01/07/2022 | Present | N/A (business is in the process of being liquidated) |

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|---|---|---|---|---|---|---|---|---|---|---|
| MAJID, Ifti | Mental Health Partner Member | Nottinghamshire Healthcare NHS Foundation Trust | Chief Executive | ✓ | | | | 07/12/2022 | 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 Nottinghamshire Healthcare NHS Trust |
| MAJID, Ifti | Mental Health Partner Member | NHS Confederation: BME Leaders Network | Chair | | ✓ | | | 07/12/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| MAJID, Ifti | Mental Health Partner Member | NHS Confederation: Mental Health Network | Board Member and Trustee | | ✓ | | | 07/12/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| MAJID, Ifti | Mental Health Partner Member | Ellern Mede - provider of high intensity children and young people's eating disorder services | Spouse is Managing Director | | | | ✓ | 07/12/2022 | Present | There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Ellern Mede. |
| MAJID, Ifti | Mental Health Partner Member | Knowledge Exchange Group Ltd– provider of public sector conferencing | Member of the organisation's Advisory Board | | | | ✓ | 01/12/2023 | Present | There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by the Knowledge Exchange Group Ltd. |

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|---|---|---|---|---|---|---|---|---|---|---|
| MALEY, Caroline | Non-Executive Director | Village Health Group | Registered Patient | | | ✓ | | 01/07/2022 | 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. |
| MCLEAN, Kathy | ICB Chair | University Hospitals of Derby and Burton NHS Foundation Trust | Trust Chair | ✓ | | | | 01/07/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| MCLEAN, Kathy | ICB Chair | Kathy McLean Limited (company offering health related advice) | Director | ✓ | | | | 01/07/2022 | Present | There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Kathy McLean Ltd. |
| MCLEAN, Kathy | ICB Chair | Barts Health NHS Trust (London) | Non-Executive Director | ✓ | | | | 01/07/2022 | 31/03/2024 | This interest will be kept under review and specific actions determined as required. |
| MCLEAN, Kathy | ICB Chair | Barking, Havering and Redbridge University Hospitals NHS Trust | Non-Executive Director | ✓ | | | | 01/09/2022 | 31/03/2024 | This interest will be kept under review and specific actions determined as required. |
| MCLEAN, Kathy | ICB Chair | NHS Employers | Member of the Workforce Policy Board | | ✓ | | | TBC | Present | This interest will be kept under review and specific actions determined as required. |
| MCLEAN, Kathy | ICB Chair | NHS Employers | Chair of the national negotiation committee for Staff and Associate Specialists on behalf of NHS Employers | | ✓ | | | 01/07/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| MCLEAN, Kathy | ICB Chair | Care Quality Commission (CQC) | Occasional Advisor | ✓ | | | | 01/07/2022 | Present | This interest will be kept under review and specific actions determined as required. |

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|---|---|---|---|---|---|---|---|---|---|---|
| MCLEAN, Kathy | ICB Chair | The Public Service Consultants Ltd - provides public sector consultancy services | Senior Clinical Advisor | ✓ | | | | 01/07/2022 | Present | There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by The Public Service Consultants Ltd. |
| MCLEAN, Kathy | ICB Chair | NHS England/Improvement | Lay Advisor | ✓ | | | | 01/07/2022 | 18/12/2023 | This interest will be kept under review and specific actions determined as required. |
| MCLEAN, Kathy | ICB Chair | NHS Providers Board | Trustee | | ✓ | | | 01/07/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| MCLEAN, Kathy | ICB Chair | NEMS Healthcare Ltd (provides assets to NEMS Community Benefit Services - a not for profit provider of out of hours GP services) | Partner is a shareholder | | | | ✓ | 01/07/2022 | 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 NEMS CBS |
| MCLEAN, Kathy | ICB Chair | Oxehealth Ltd (vision-based patient monitoring and management) | Member of the advisory board | ✓ | | | | 01/07/2022 | Present | There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Oxehealth Ltd. |
| POYNOR, Stuart | Director of Finance | No relevant interests declared | Not applicable | | | | | Not applicable | Not applicable | Not applicable |

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|---|---|---|---|---|---|---|---|---|---|---|
| ROBINSON, Paul | NHS Trust and NHS Foundation Trust Partner Member | Sherwood Forest Hospitals NHS Foundation Trust | Chief Executive | ✓ | | | | 01/07/2022 | 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 Sherwood Forest Hospitals NHS Foundation Trust. . |
| SULLIVAN, Amanda | Chief Executive | Hillview Surgery | Registered Patient | | | ✓ | | 01/07/2022 | 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 | Sherwood Medical Practice | Registered Patient | | | ✓ | | 01/07/2022 | 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 this practice. |
| TOWLER, Jon | Non-Executive Director | Major Oak Medical Practice, Edwinstowe | Family members are registered patients | | | | ✓ | 01/07/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| TOWLER, Jon | Non-Executive Director | The Conservation Volunteers: a national charity bringing together people to create, improve and care for green spaces. | Chair (Trustee and Director) | ✓ | | | | 01/12/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| TOWLER, Jon | Non-Executive Director | The Conservation Volunteers: a national charity bringing together people to create, improve and care for green spaces. | Fellow director is a senior manager at Mental Health Concern and Insight IAPT | | | | ✓ | 01/12/2022 | Present | This interest will be kept under review and specific actions determined as required. |

| Name | Current position(s) held in the ICB | 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 the interest became relevant to the ICB | Date To | Action taken to mitigate risk |
|---|---|---|---|---|---|---|---|---|---|---|
| UNDERWOOD, Catherine | Local Authority Partner Member | Nottingham City Council | Corporate Director of People | ✓ | | | | 01/07/2022 | 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 Nottingham City Council. |
| UNDERWOOD, Catherine | Local Authority Partner Member | Ruddington Medical Centre | Registered Patient | | | ✓ | | 01/07/2022 | 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. |
| WADDINGHAM, Rosa | Director of Nursing | Care Quality Commission (CQC) | Specialist Advisor (temporary appointment supporting the ICS inspections pilot) | ✓ | | | | 09/10/2023 | 13/10/2023 | This interest will be kept under review and specific actions determined as required. |
| WADDINGHAM, Rosa | Director of Nursing | NHS Professionals (An NHS staff bank, owned by the Department of Health and Social Care) | Members of the Advisory Board | ✓ | | | | 01/09/2023 | Present | This interest will be kept under review and specific actions determined as required. |
| WADDINGHAM, Rosa | Director of Nursing | Florence Nightingale Foundation (FNF) (A charity supporting Nurses and Midwives to improve patient care) | Chair of the FNF Members' Advisory Group | | ✓ | | | 01/09/2023 | Present | This interest will be kept under review and specific actions determined as required. |
| WILLIAMS, Melanie | Local Authority Partner Member | Nottinghamshire County Council | Corporate Director for Adult Social Care and Health | ✓ | | | | 01/07/2022 | 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 Nottinghamshire County Council |

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|---|---|---|---|---|---|---|---|---|---|---|
| WILLIAMS, Melanie | Local Authority Partner Member | Orchard Surgery | Registered Patient | | | ✓ | | 01/07/2022 | 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. |
| **The following individuals will be in attendance at the meeting but are not part of the Board's membership:** | | | | | | | | | | |
| KING, Daniel | VCSE Alliance Chair | Nottingham Trent University | Employee | ✓ | | | | 06/09/2023 | Present | This interest will be kept under review and specific actions determined as required. |
| GRIBBIN, Jonathan | Director of Public Health, Nottinghamshire County Council | Cornerstone Chuch | Director | | | ✓ | | 01/07/2022 | Present | This interest will be kept under review and specific actions determined as required. |
| HUBBER, Lucy | Director of Public Health, Nottingham City Council | No relevant interests declared | Not applicable | | | | | Not applicable | Not applicable | Not applicable |
| HUNT, Philippa | Chief People Officer | NHS Staff Council | ICB Representative | ✓ | | | | 01/09/2023 | 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 | | | ✓ | | 01/07/2022 | 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. |

**Appendix B**

NHS
Nottingham and Nottinghamshire

# 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.
    - Loyalty interests: where decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship they have, rather than through an objective process.

    The above categories are not exhaustive, and each situation must be considered on a case-by-case basis.
4. In advance of any formal meeting, 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, members and others attending the meeting 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 meeting (or person presiding over the meeting) 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 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 decision-making arrangements.
    - Excluding the conflicted individual and securing technical or local expertise from an alternative, unconflicted source.

**Integrated Care Board (Open Session)**
**Unratified minutes of the meeting held on**
**09/11/2023 09:00-12:00**
**Chappell Room, Civic Centre, Arnot Hill Park**

**Members present:**

| | |
|---|---|
| Dr Kathy McLean | Chair |
| Professor Marios Adamou | Non-Executive Director |
| Dr Dave Briggs | Medical Director |
| Lucy Dadge | Director of Integration |
| Stephen Jackson | Non-Executive Director |
| Dr Kelvin Lim | Primary Care Partner Member |
| Ifti Majid | NHS Trust/Foundation Trust Partner Member |
| Caroline Maley | Non-Executive Director |
| Stuart Poynor | Director of Finance |
| Paul Robinson | NHS Trust/Foundation Trust Partner Member |
| Amanda Sullivan | Chief Executive |
| Jon Towler | Non-Executive Director |
| Rosa Waddingham | Director of Nursing |

**In attendance:**

| | |
|---|---|
| Dr Manik Arora | Deputy Medical Director (for item ICB 23 059) |
| Lucy Branson | Associate Director of Governance |
| Andrew Fearn | Chief Digital Officer (for item ICB 23 060) |
| Sarah Fleming | Programme Director for System Development (for item ICB 23 059) |
| Jonathan Gribbin | Director of Public Health, Nottinghamshire County Council |
| Professor Daniel King | Voluntary, Community and Social Enterprise Alliance Chair |
| Vivienne Robbins | Deputy Director of Public Health, Nottinghamshire County Council (for item ICB 23 061) |
| Dr Stephen Shortt | Deputy Medical Director (for item ICB 23 059) |
| Sue Wass | Corporate Governance Officer (minutes) |

**Apologies:**

| | |
|---|---|
| Catherine Underwood | Local Authority Partner Member |
| Melanie Williams | Local Authority Partner Member |

**Cumulative Record of Members' Attendance (2023/24)**

| Name | Possible | Actual | Name | Possible | Actual |
|---|---|---|---|---|---|
| Kathy McLean | 4 | 4 | Stuart Poynor | 4 | 3 |
| Marios Adamou | 4 | 4 | Paul Robinson | 4 | 3 |
| Dave Briggs | 4 | 3 | Amanda Sullivan | 4 | 4 |

| Name | Possible | Actual | Name | Possible | Actual |
|---|---|---|---|---|---|
| Lucy Dadge | 4 | 4 | Jon Towler | 4 | 3 |
| Stephen Jackson | 4 | 4 | Catherine Underwood | 4 | 3 |
| Kelvin Lim | 4 | 4 | Rosa Waddingham | 4 | 3 |
| Ifti Majid | 4 | 2 | Melanie Williams | 4 | 2 |
| Caroline Maley | 4 | 4 | | | |

## Introductory items

**ICB 23 052 Welcome, introductions and apologies**

The Chair welcomed members to the meeting of the Board. A round of introductions was undertaken and apologies noted as above.

**ICB 23 053 Confirmation of quoracy**

The meeting was confirmed as quorate.

**ICB 23 054 Declaration and management of interests**

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.

**ICB 23 055 Minutes from the meeting held on: 14 September 2023**

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

**ICB 23 056 Action log and matters arising from the meeting held on: 14 September 2023**

Four actions from the previous meeting remained open and on track for completion. All other actions were noted as completed.

No further matters were raised.

## Leadership

**ICB 23 057 Chair's Report**

Before presenting her report, Kathy McLean reflected on an international news item. The events in the Middle East would impact on the health of friends and relatives of individuals within the UK and everyone needed to be empathetic to their concerns.

Noting that the ICB had been a signatory on NHS England's organisational charter for sexual safety in healthcare, the importance of ensuring the principles within it were acted upon was emphasised.

Kathy went on to highlight the following points from her report:

a) Winter was a challenging time for the health and social care system and this year's plans were being implemented.

b) Alongside this challenge were financial pressures that all partners in the system were coming together to seek to address.

c) Following several visits over the previous few months, it was inspiring to see at first-hand how the system was coming together at a local level to address challenges within local communities.

d) The Integrated Care Partnership had met on 6 October and endorsed the revised ICS Partnership Agreement, which would now be signed by system partners.

The Board **received** the Chair's Report for information.

**ICB 23 058 Chief Executive's Report**

Amanda Sullivan presented the item and highlighted the following points:

a) The ICB had recently met with NHS England for a Quarterly System Review. Some positive progress had been acknowledged in several areas, for example performance against mental health and cancer standards, the recent improvement in Nottingham University Hospitals NHS Trust's Care Quality Commission (CQC) ratings for well led and maternity services, and the ICB's approach to personalised care. Several areas of positive system development were also highlighted, including the approach to population health management and the development of Place Based Partnerships. The system's plans to address areas of challenge were discussed in greater detail, most notably regarding the four-hour accident and emergency waiting time standard; the deteriorating position on ambulance handover performance; challenges in delivering elective recovery for long waiting patients; the increased use of out of area placements for mental health inpatient care; the increase in inpatient admissions for people with a learning disability and/or autism; and the challenging financial position.

b) As a result of the deteriorating financial position across the system, and the level of support required across a number of performance challenges, the ICB had moved into segment three of the NHS Oversight Framework.

c) The ICB's Staff Engagement Group had led on the development of a set of values and behaviours for the organisation. This work had included ensuring that the values were reflective of the ICS Partnership Agreement. Subject to approval by the Board, they would be launched by a communication campaign that would ensure the values were recognised and embedded across the organisation.

d) In signing up to NHS England's organisational charter for sexual safety in healthcare, the ICB had committed to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace. An action plan to achieving ten commitments would be developed and overseen by the Human Resources Executive Steering Group and assured through the Remuneration Committee.

e) The news that Nottingham and Nottinghamshire Integrated Care System had been awarded just under £100,000 to help increase diversity in research participation was welcomed.

f) Thanks were given to Dr Hugh Porter, who had recently retired, for his hugely influential role in the management of local health and care services.

g) Thanks were also given to Paul Devlin, who had stepped down from his role as Convenor of the South Nottinghamshire Place Based Partnership. This role would now be taken forward by Paddy Tipping.

h) Noting that this was an area of priority for the ICB and local authorities, an additional investment by Nottinghamshire County Council in services for children with special needs and disabilities was welcomed.

i) The expected introduction of the NHS Provider Selection Regime on 1 January 2024 was noted as a radical change in the way healthcare services would be procured, better enabling integrated care. Board members would be provided with a more in depth briefing over the coming months.

j) The Government's consultation on measures towards 'creating a smoke free generation' was noted as key to making a significant impact towards reduced smoking rates.

The following points were made in discussion:

k) Discussing the sexual safety in healthcare charter, members queried whether other local NHS organisations had signed up and whether there was an assurance mechanism to ensure embedment. It was noted that there was a commitment for a system approach to the charter and the ICB's Quality and People Committee would seek assurance that all partners had signed up. Jonathan Gribbin noted

that the Nottinghamshire Health and Wellbeing Board was examining violence against women and girls and would welcome the input of health partners.

l) Noting the Provider Selection Regime, members welcomed a more in-depth discussion on risks and opportunities.

The Board **noted** the report and **approved** the ICB's values and behaviours statement.

## Health inequalities and outcomes

**ICB 23 059 Primary Care Strategy and System-level Primary Care Access Improvement Plan**

Dr Dave Briggs presented the item, supported by Sarah Fleming, Dr Manik Arora, and Dr Stephen Shortt, and highlighted the following points:

a) The report provided an update on the implementation of the Primary Care Strategy and a system-level access improvement plan. The access improvement plan was an NHS England requirement for all ICBs, as set out in its May 2023 publication 'Delivery Plan for Recovering Access to Primary Care'.

b) The Primary Care Strategy Delivery Group oversaw the implementation of the Primary Care Strategy and had focused on four initial priorities: improving access to primary care services; improving communication, enabling information technology, shared records, and green primary care; supporting Primary Care Networks; and developing the workforce and leadership model.

c) All four areas had implementation plans and delivery milestones. Detailed metrics were being developed to monitor progress.

d) A key area of success had been in developing the Additional Roles and Reimbursement Scheme which had seen Primary Care Networks recruit an additional 593.76 whole time equivalent staff. These posts included a range of clinical and non-clinical roles.

e) General Practice was the initial focus of the strategy; however, additional chapters were planned for community pharmacy, dentistry, and optometry, with an initial focus on community pharmacy.

f) The system level access improvement plan was predicated on delivery across three principal areas: digital solutions; community pharmacy services and integration with General Practice; and improving the primary-secondary care interface to improve patients' experiences of transitions of care. Actions and timescales for delivery had been identified for each component of the plan.

The following points were made in discussion:

g) Members queried why culture had not been chosen to be one of the four initial priorities of the strategy, as changing culture was intrinsic to successful delivery. It was noted that cultural change would be weaved into the detailed implementation plans, which would be reviewed by the Strategic Planning and Integration Committee at its February 2024 meeting. It was noted that cultural change would be an iterative process, gained over time by practices working together.

h) Members noted that it would be helpful to have a description from patients' perspectives about how the proposed model of General Practice would look. In response, it was anticipated that patients would have a greater confidence in getting the help they sought, with a greater range of options, same day access if required, and greater continuity of team-based care, particularly for people with long term conditions or frailty.

i) Members queried how many practices were already working to the new model and how the ICB would seek to encourage those who were not. In response, it was noted that all practices were engaged with their respective Primary Care Network and all Primary Care Networks had delivery plans for integrated neighbourhood teams. However, it was stressed that whilst some areas were making satisfactory progress, General Practice continued to be under enormous stress, and it remained difficult to implement change at pace as a consequence.

j) It was noted that the new model was predicated on having other services running efficiently for GPs to navigate patients to, and the better developed they were, the more confidence GPs would have in using them.

k) Members noted that the numbers of new roles comprised very few GPs; however, in discussion it was recognised that an element of realism was needed regarding the growth of GP numbers and that focus needed to be on achieving a multi-disciplinary way of operating. To enable patients to continue to have good access to GPs there needed to be processes in place to remove administrative tasks away from GPs.

l) Members sought assurance that sufficient funds were allocated to the strategy. It was confirmed to be a fully funded plan.

m) Noting that equitable access should also mean equitable outcomes, members acknowledged the importance of primary care in mental health prevention, which it was felt could be more explicit in the plan.

n) Regarding digital transformation, members noted that this could act as a barrier to accessing services for some patients and there was a need to ensure equity for those patients who could not access digital services. It was noted that this would be discussed further as part of the next agenda item.

o) The Chair thanked the team for the presentation, noting the progress that had been made to date and stated that the scheduled progress update in March would seek to address the points raised in the discussion.

The Board **noted** the report on the delivery of the Primary Care Strategy and the system-level primary care improvement plan.

*At this point Sarah Fleming, Dr Arora and Dr Shortt left the meeting and Andrew Fearn joined the meeting.*

**ICB 23 060 Digital, Data and Technology Strategy**

Andrew Fearn was in attendance to present the item, and highlighted the following points:

a) A review of the 2020 Digital, Analytics, Information and Technology Strategy had taken place as a result of national policy requirements and the publication of the Nottingham and Nottinghamshire Integrated Care Strategy to ensure continued alignment of digital priorities to meet the core aims of the Integrated Care Strategy.

b) The strategic priorities had been defined and aligned to wider system operational transformation. The strategy had been assessed for feasibility and financial sustainability and included a draft financial plan to deliver all elements of the strategy with the exception of Electronic Patient Record (EPR) solutions, as these sat within the NHS trusts.

c) A set of objectives for each of the digital priorities had been developed and metrics would be in place to monitor the delivery of the strategy.

d) The strategy had been endorsed by the Finance and Performance Committee at is meeting on 27 September 2023 and the Board had received a comprehensive presentation at its development session on 12 October 2023.

The following points were made in discussion:

e) Members queried progress to date. It was noted that the system was successful in securing funding for digital transformation and there was excellent collaborative working in several areas; but the system had not yet exploited the opportunities that digital technology provided to the maximum effect.

f) Noting that technology should not be employed unless it delivered measurable benefits, members queried how the strategy addressed the 20% of the population that were not digitally aware. It was noted that only technology that gave a measurable return on investment would be rolled out. The strategy had been discussed at a community level to ensure a comprehensive approach to delivery and there was an acknowledgement that there should be no 'one size fits all' solution.

g) Noting the fast pace of technological advances, members queried whether the system was prepared to capitalise on opportunities. It was noted that a secure data environment was being created to allow for innovation to move more quickly.

h) Members queried the financial challenge of revenue funding for the strategy. It was noted that efficiencies and cost savings would be monitored by the Finance and Performance Committee.

i) The need for the integration of frontline digital systems, including care records, to support workforce efficiency was discussed. This was confirmed as a priority, noting that in the longer term, this could be taken into the voluntary and community sector.

j) The Chair emphasised the critical enabling mechanism that this strategy played in achieving the aims of the Integrated Care Strategy.

The Board **approved** the Digital, Data and Technology Strategy.

*At this point, Andrew Fearn left the meeting and Vivienne Robbins joined the meeting.*

**ICB 23 061 Water Fluoridation**

Jonathan Gribbin presented the item, with support from Vivienne Robbins. The following points were highlighted:

a) Water fluoridation was a population-level public health intervention that had been shown to reduce the likelihood and scale of tooth decay in children and adults. Studies had confirmed that water fluoridation was an effective and safe public health measure, providing the

greatest value for money of all oral health interventions for 0–5-year-olds.

b) There was a significant unmet oral health need leading to preventable illness across the Nottingham and Nottinghamshire Integrated Care System, with many children experiencing worse dental health than many other parts of England.

c) Locally water fluoridation schemes currently operated in North Nottinghamshire, including parts of Ashfield, Mansfield, and Bassetlaw, plus a small area in Newark and Sherwood. There were no water fluoridation schemes operating in Nottingham City.

d) The Health and Care Act 2022 had put new provisions in place, which gave the Secretary of State for Health and Social Care powers to establish new, vary or terminate existing water fluoridation schemes in England.

e) Over the summer, full County Council and City Council support had been confirmed and the Integrated Care Partnership had given its support to explore expanding the current fluoridation schemes to the rest of the local population.

f) The purpose of the report was to seek agreement from the Integrated Care Board to formally endorse the sending of a letter to the Secretary of State for Health and Social Care that requested him to expedite the extension of water fluoridation for every community in Nottingham and Nottinghamshire.

The following points were made in discussion:

g) Members queried whether there were any environmental issues with this proposed course of action. It was noted that the increase in fluoride would only be up to the level of that occurring naturally in other parts of the country.

h) Members discussed possible harmful effects of fluoridation on other aspects of health. It was noted that although there was evidence of a slight increase in dental fluorosis, the potential benefits outweighed any negative effects. However, the evidence base would be subject to continual review.

i) Members queried how potential ‘disinformation’ on what could be a controversial issue would be handled. It was noted that a full public consultation would be undertaken to ensure that the local population was well informed.

j) The likelihood of success was queried. It was noted that the Northeast was also undertaking this process and would be undertaking consultation imminently. Lessons would be taken from

this. The unanimous agreement of all partners within the local system should put Nottingham and Nottinghamshire in a strong position.

k) Members noted the lengthy timeframe for the process, which could take up to ten years to fully implement.

The Board **endorsed** the sending of a letter from the Chairs of the two Health and Wellbeing Boards, the Chair of the Integrated Care Partnership and Integrated Care Board, and the Chief Executive of the Integrated Care Board, to the Secretary of State for Health and Social Care that requests him to expedite the extension of water fluoridation for every community in Nottingham and Nottinghamshire.

*At this point Vivienne Robbins left the meeting.*

## Assurance and system oversight

**ICB 23 062 Board Assurance Framework**

Lucy Branson presented the item and highlighted the following points:

a) The Board Assurance Framework provided a mechanism to manage strategic risks in a structured way by identifying and mapping the main sources of assurance in support of the achievement of the ICB's core aims/objectives. The report presented the latest position of the ICB's Board Assurance Framework for scrutiny and comment.

b) The Board Assurance Framework related to the ICB. However, it also captured system focused strategic risks, in line with the ICB's system oversight and coordination role.

c) Attention was drawn to the 'heat map' of the Board Assurance Framework in the report, which demonstrated movement across nine risks in relation to their current and target scores, with four risks now at their target scores. However, the remainder were some way from their target scores.

d) Since the last update in May 2023, two previously separate strategic risks relating to health inequalities and service transformation had been combined in recognition that a key driver of transformation was the need to address health inequalities. An amendment had also been made to the narrative of risk seven, regarding people and culture to recognise that the risk should be focused on ensuring the current workforce is being used effectively, rather than the need for more staff.

e) A good level of control continued to be in place across all risks and controls had been further strengthened since the last update, with

new strategies, plans and frameworks being established, alongside the embedment of system co-ordinating functions and programme boards. However, there was a need to ensure the implementation, oversight and delivery of these during the remainder of 2023/24.

f) Although there was an overall high level of positive assurances, significant challenges remained in relation to quality, finance, and workforce, reflecting the number of 'live' operational risks in these areas.

g) Scheduled deep dive reviews of the strategic risks by the Audit and Risk Committee had commenced. The Committee had identified the need for further external assurances to be sought, which would be taken forward as part of the internal audit planning process for 2024/25.

h) A workshop was scheduled with the Executive Management Team in March 2024 to develop the ICB's strategic risks for 2024/25 for further discussion and agreement by the Board.

The following points were made in discussion:

i) Members welcomed the movement in risk scores since the last report and noted the plans to increase the level of external assurances moving forward.

j) Members acknowledged the need for there to be an appropriate balance between managing today and making tomorrow better; however, it was felt that the transformation of services was key to easing the current pressures in the system.

k) It was felt that a review of controls for risk 7 would be helpful, given the significant impact of pay expenditure on the current financial position.

l) The Chair noted the good engagement with system partners on system risk management activities and thanked the team for an excellent report.

The Board **noted** the report, having reviewed the latest position of the Board Assurance Framework.

**ICB 23 063 Committee highlight reports**

The report presented an overview of the work of the Board's committees since its last meeting in September 2023; it aimed to provide assurance that the committees were effectively discharging their delegated duties and

included assessments of the levels of assurance the committees had gained from their work during the period.

Jon Towler, Marios Adamou, Stephen Jackson, Caroline Maley and Amanda Sullivan, presented the report and highlighted the following points:

a) Strategic Planning and Integration Committee members had reviewed in detail several reports ahead of receipt by the Board, including the latest developments regarding the Tomorrow's Nottingham University Hospitals Programme, work surrounding the Primary Care Strategy and actions that the ICB would need to complete in readiness for the proposed introduction of the NHS Provider Selection Regime (subject to Parliamentary approval).

b) Quality and People Committee members had noted limited assurance in progress towards compliance with several key quality domains and a focussed report had been received in relation to Infection Prevention and Control rates, which were rising in the Midlands region. The Committee had agreed to monitor work to ascertain the causes of the rise.

c) Finance and Performance Committee members had noted a continued deterioration in the financial position despite much effort being put into recovery measures. The Committee had taken assurance that the Joint Capital Resource Plan would be achieved.

d) Audit and Risk Committee members had received assurance on the work being undertaken to embed strategic and operational risk management arrangements within the ICB.

e) Regarding the East Midlands Joint Committees, Amanda Sullivan noted that the national devolution of specialised commissioning was proceeding, with differential position in the regions. The Committee had approved the Midlands NHS 111 procurement award and the Midlands Specialised Commissioning (Acute and Pharmacy) Health Inequalities Strategy (2023-25).

The Board **noted** the reports.

**ICB 23 064 Quality and Workforce Report**

Rosa Waddingham presented the item and highlighted the following points:

a) The report provided a summary of compliance against targets required for 2023/24, and the actions and recovery timeframes for those targets currently off track.

b) Significant oversight remained on adult learning disability and autism inpatient performance; and October had seen a significant increase in admissions, with a continuing risk of the ICB not meeting year end targets. An Inpatient Summit would be held during November to identify any additional actions ahead of the next performance review with NHS England.

c) The implementation of the Patient Safety Incident Response Framework was on track for completion by March 2024.

d) Preparations for a visit to Nottingham University Hospitals NHS Trust maternity services from the Nursing and Midwifery Council were underway. One aim of the visit was to gather additional feedback from student midwives around their placement experience, using previous recommendations and action plans as reference points. It was noted that the neo-natal death rate continued to improve.

e) Nottinghamshire's Special Educational Needs and Disabilities Improvement programme continued to provide limited assurance of progress at pace, although there had been some improvement over several metrics.

f) A system-wide Children and Young People Quality Risk Summit had recently taken place and five priorities had been agreed for future collaborative working.

g) Regarding workforce metrics, there had been sustained improvement in sickness absence rates and turnover rates.

The following points were made in discussion:

h) Discussing adult learning disability and autism inpatient performance, members cautioned that a focus on the target should not be to the detriment of the quality of care for patients. It was agreed that the most important consideration must be to ensure the right facility and interventions for the individuals. Members noted the impact of new diagnoses and political issues on mental health services.

i) Noting that mental health had been the single biggest concern at the Children and Young People Quality Risk Summit, members requested a focused report on this topic for a future meeting.

j) Notwithstanding that there had been some improvement in waiting times for Special Educational Needs and Disabilities services, members noted concern that 62 weeks was still a long time to wait to receive an assessment. It was noted that support and information was being provided regularly and a website was also being created to provide resources and peer support to families and carers.

The Board **noted** the report.

**Action: Lucy Branson to add a focused report on the system's ambition for mental health services (for all ages) to the Board's work programme.**

**ICB 23 065 Finance Report**

Stuart Poynor presented the item and highlighted the following points:

a) At the end of month six, the ICB was showing a deficit position of £9.6 million. The primary drivers of the adverse position were prescribing costs, continuing health care costs and Section 117 aftercare activity. Although the deficit had been partially offset by the delivery of efficiencies, weekly ICB financial recovery meetings were trying to identify other opportunities that could be realised to improve the current position.

b) The system was reporting a £79.3 million year to date aggregate deficit, which was a deterioration in the previously reported position. The main drivers of the adverse position were inflationary costs, industrial action, mental health sub-contracted beds and urgent and emergency care escalation beds remaining open, and increasing pay run rates and agency spend.

The Board **noted** the report.

**ICB 23 066 System Agency Control and Spend**

Stuart Poynor presented the item and highlighted the following points:

a) Following a request at the last meeting, this report presented the oversight arrangements in relation to system agency controls and spend.

b) Oversight arrangements were listed. A dedicated system working group was in place which received routine monthly updates from each provider on progress and actions being taken around the agency challenge in each individual organisation.

c) A stocktake of financial controls had taken place with an organisational self-assessment against 83 NHS England standard and enhanced finance controls.

d) There had been a steady improvement since the beginning of the year in the monthly trend of agency spend both in terms of a monthly spend and percentage of total pay bill and there had been

improvement in the control environment within individual organisations.

e) However, there was still work to do and the system remained circa £10 million over planned spend.

The following points were made in discussion:

f) Members welcomed the report, which had provided assurance that all partners were focused on reducing agency costs. However, it was agreed that work needed to continue to better understand the connection between the rise in permanent posts and continued use of agency staff.

The Board **noted** the report and welcomed the Finance and Performance Committee's continued oversight of this work.

**ICB 23 067 Service Delivery Report**

Stuart Poynor presented the item and highlighted the following points:

a) The report provided a summary of compliance against targets required for 2023/24, and the actions and recovery timeframes for those targets currently off track.

b) Industrial action had been a key constraint on delivery of healthcare within the system; impacting elective and non-elective pathways.

c) Discharge pressures continued to impact the front door of the emergency department, and performance against the four-hour Accident and Emergency waiting time standard remained an area of concern.

d) Talking Therapies had been an area of concern and an improvement plan was in place for recovery of access by quarter four.

The following points were made in discussion:

e) Members did not feel able to take assurance from the report that the winter plan was having a significant impact on system pressures and requested a report on the implementation of winter plans to be presented to the next meeting.

The Board **noted** the report.

**Action: Lucy Dadge to present a report on the implementation of the winter plan to the Board's development session in December 2023.**

## Information items

**ICB 23 068 Integrated Performance Report**

This item was received for information.

**ICB 23 069 Board Work Programme 2023/24**

This item was received for information.

## Closing items

**ICB 23 070 Risks identified during the course of the meeting**

No new risks were highlighted.

**ICB 23 071 Questions from the public relating to items on the agenda**

The following question has been received prior to the meeting:

*'Given that stroke is a leading cause of death and disability, with stroke survivors leaving hospital with an average of seven disabilities, many needing complex and life-long care and contributing to delays in discharge and pressures across the health and social care system, how does Nottingham and Nottinghamshire NHS Integrated Care Board (ICB) plan to appropriately fund and resource the Integrated Stroke Delivery Network as the essential delivery mechanism for meeting guideline level standards of care and achieving the Long Term Plan's stroke commitments? What protection and security can you provide to the committed and valuable stroke network staff who are working tirelessly to improve the quality and safety of local services for this clinical priority?'*

Lucy Dadge responded to the question, confirming that there were no plans currently to either stop funding for Integrated Stroke Delivery Networks or to dismantle them. It was recognised that the Networks were invaluable in delivering excellent care for stroke patients. However, the East Midlands ICBs were looking at an options appraisal of how they might operate slightly differently in order to work more effectively. Currently Nottingham University Hospital NHS Trust hosts the East Midlands Integrated Stroke Delivery Network, and this arrangement would be evaluated in the options appraisal. The funding for Integrated Stroke

Delivery Networks was allocated nationally and there was not yet confirmation of funding beyond the end of this financial year, but it was expected that funding was likely to remain in place given the importance of stroke care and the fact that it remained a national priority.

**ICB 23 072 Any other business**

No other business was raised, and the meeting was closed.

**Date and time of next Board meeting held in public: 11 January 2024 at 9:00 (Civic Centre)**

NHS
Nottingham and Nottinghamshire

# ACTION LOG from the Integrated Care Board meeting held on 09/11/2023

| Status | Meeting Date | Agenda Item | Action | Lead | Date to be Completed | Comment |
|---|---|---|---|---|---|---|
| **Closed** | 14/09/2023 | ICB 23 035: Chair's Report | To brief the Board on the implications of the Patient Safety Incident Response Framework. | Rosa Waddingham | 14/12/2023 | Presented at the Board's development session on 14 December 2023. |
| **Closed** | 14/09/2023 | ICB 23 039: Highlight Report from the SPI Committee | To provide a report on the Provider Selection Regime to a future Board meeting. | Lucy Dadge | 11/01/2024 | An update is included within the Chief Executive's Report to this meeting. A briefing for members is also included on the agenda of the closed session of this meeting. |
| **Closed** | 14/09/2023 | ICB 23 040: Highlight Report from the East Midlands Joint Committees | To request more detailed assurance reports from the East Midlands Joint Committees, including information on dental investment plans. | Amanda Sullivan | 11/01/2024 | The Board's work programme has been updated to include a new routine report from the ICB's Director of Integration from March 2024 onwards, which will provide members with appropriate updates across the breadth of the ICB's commissioning portfolio.<br>Discussions have also taken place with East Midlands colleagues to ensure more |

| Status | Meeting Date | Agenda Item | Action | Lead | Date to be Completed | Comment |
|---|---|---|---|---|---|---|
| | | | | | | timely reporting from the Joint Committees moving forward. |
| **Closed** | 14/09/2023 | ICB 23 043: ICS People Plan: Strategic Delivery Update | To present the measurable benefits of delivering the four identified priority areas from the ICS People Plan as part of future reports to the Quality and People Committee. | Rosa Waddingham | 11/01/2024 | Presented to the Quality and People Committee meeting in November 2023. |
| **Open – On track** | 09/11/2023 | ICB 23 064: Quality and Workforce Report | To add a focused report on the system's ambition for mental health services (for all ages) to the Board's work programme. | Lucy Branson | 09/05/2024 | Not yet due – to be included within the Board's work programme for 2024/25. |
| **Closed** | 09/11/2023 | ICB 23 067: Service Delivery Report | To present a report on the implementation of the winter plan to the Board's development session in December 2023. | Lucy Dadge | 14/12/2023 | Presented at the Board's development session on 14 December 2023. |

**Key:**

| | |
|---|---|
| Closed – Action completed or no longer required | Open – Off track (may not be achieved by expected date of completion) |
| Open – On track (to be achieved by expected date of completion) | Open – Off track (has not been achieved by expected date of completion) |

NHS
Nottingham and Nottinghamshire

| | |
|---|---|
| **Meeting Title:** | Integrated Care Board (Open Session) |
| **Meeting Date:** | 09/11/2023 |
| **Paper Title:** | **Chair's Report** |
| **Paper Reference:** | ICB 23 078 |
| **Report Author:** | Dr Kathy McLean, ICB Chair |
| **Report Sponsor:** | Dr Kathy McLean, ICB Chair |
| **Presenter:** | Dr Kathy McLean, ICB Chair |

| **Paper Type:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| For Assurance: | | For Decision: | | For Discussion: | | For Information: | ✓ |

**Summary:**

This report outlines my activities and actions in my role as Chair and provides a synopsis of some of the meetings I have attended on behalf of NHS Nottingham and Nottinghamshire Integrated Care Board (ICB).

**Recommendation(s):**

The Board is asked to **note** this item for information.

| **How does this paper support** | **the ICB's core aims to:** |
|---|---|
| Improve outcomes in population health and healthcare | The work of the Chair is focussed on meeting the four core aims. |
| Tackle inequalities in outcomes, experience and access | As above. |
| Enhance productivity and value for money | As above. |
| Help the NHS support broader social and economic development | As above. |

**Appendices:**

None.

**Board Assurance Framework:**

Not applicable for this report.

**Report Previously Received By:**

Not applicable for this report.

**Are there any conflicts of interest requiring management?**

No.

**Is this item confidential?**

No.

# Chair’s Report

## Introduction

1. Since the last Board meeting, further waves of industrial action by Junior Doctors have been announced and taken place. By the time of the Board meeting, we will have just concluded a six-day period of industrial action. We should continue to be alert to the impact that the ongoing strikes are having on waiting lists and also on the staff who are covering the absences. I know that we will all be keen that the Government and the Trades Unions reach an agreement as soon as possible.
2. Alongside the impact of the industrial action, we are of course dealing with the increased pressure due to seasonal illnesses and colder weather at this time of year. The system has a strong plan to deal with these winter pressures and we are activating all possible contingencies when needed, but it will require all partners to pull together to manage the impacts, especially in terms of ambulance handovers at our acute hospitals. I describe below how I want to use some of our collective system discussion time early in the new year to ensure strong focus on delivery of our Integrated Care Strategy – settling on a sustainable way of managing these pressures will be a key part of this.
3. Colleagues will be aware of the financial challenges facing the NHS all across the country and our system is no exception to this. We knew we had an extremely challenging financial plan when we entered the year. This has been further impacted by inflation, the additional cost of industrial action and tackling the Covid backlog. The situation is difficult for all systems, but we have a particular challenge in Nottingham and Nottinghamshire where we have seen higher levels of workforce growth, to support the operational pressures we have seen across our provider organisations. We have developed a financial recovery plan with NHS England, which other Board members will be able to update on at the meeting.
4. I am delighted to report that I have been elected as chair of the NHS Confederation ICS Network from April 2024. The Network supports leaders to exchange ideas, share experiences and challenges and influence the national agenda on key issues such as social care reform and elective recovery. It is a critical time for systems, and it will be important to help health and care leaders work together to share best practice, challenge each other, and influence the national agenda. I am looking forward to taking on this exciting new role and driving forward the integration agenda.
5. Finally in terms of introductory matters, 2023 has undoubtedly been a challenging year, but we also have much to be proud of as a system, and so I was pleased to see the video released just before Christmas celebrating the excellent work in delivering integrated care across our health and care

services. You can see the video here: https://www.youtube.com/watch?v=ng3nRwqXaPg

**Developing our system**

6. I am delighted that our refreshed Integrated Care System Partnership Agreement has been signed by a wide range of partner organisations. The Partnership Agreement pledges a commitment to work together with a shared purpose of 'every person enjoying their best possible health and wellbeing'. We know that good health and wellbeing is of immense importance to everyone. We also recognise that each person's health does not begin and end with single organisations and that health may be affected by many different things, such as the quality of housing, job or training prospects or access to healthy food. As part of the Agreement, leaders have also pledged to listen to the experience and aspirations of local people and communities and act on these together. Having this collective commitment will ultimately help to improve the health and wellbeing of our populations.

7. In mid-November we welcomed Matthew Taylor, Chief Executive of NHS Confederation to our system. It was great to host Matthew and his colleagues and show them some of our innovative clinical practice and the great work we are doing on data, analytics, and population health management. Matthew described the visit as both fascinating and inspirational, and will, I am sure, be sharing what he learnt with other systems and organisations around the country. I would like to record my thanks to colleagues from NEMS and from the ICB who hosted the visit and made all the arrangements to support its smooth running.

8. Also in November, I hosted the latest in our series of ICS podcasts, which offer an insight to some of the projects highlighting excellent collaborative working across the system. The most recent podcast focused on the Community Care Transformation Programme, which creates 'place-based' community teams made up of people from health, care, the voluntary sector, and local communities. I chatted to representatives from the voluntary sector and the ICB about how they are working together and using population health data to drive services based on local needs. You can listen to all the ICS podcasts on the ICS website here: https://healthandcarenotts.co.uk/category/news/podcasts/.

9. As part of my regular visits to innovative services around our patch, I was delighted to be hosted by the Nottingham West Primary Care Network (PCN) in early December. I visited Durban House in Eastwood, which is a proposed community hub for local residents. This will be a joint project between local community trustees, Nottingham West PCN and Broxtowe Borough Council. Prior to the hub officially opening, the community trustees and local volunteers are running multiple groups and initiatives to meet the needs of the community.

These include a school uniform bank, a warm items bank, a gardening group and a ‘Men In Sheds’ group. They also run a social media page with successful engagement and reach into the local community. The Durban House project is part of the Complete Care Communities Programme, which is an innovative national programme designed to support health systems utilise PCNs in tackling health inequalities. This is a great example of our grassroots work, led by clinicians in neighbourhoods and places that really makes a difference to our population.

**Looking forward**

10. As I outline above, both in terms of our financial position and the operational pressures that we find ourselves facing, there is much for us to do collectively to realise the potential and ambition set out in our Integrated Care Strategy, as published last year. As we move closer to the 12-month anniversary of that Strategy in March, I am keener than ever to ensure that within the ICB, across our partners, and also collectively, we remain completely focused on delivering our strategic priorities. I see much that is positive in our work as organisations and our work together, but also much that still needs to be accelerated and improved, as well as non-value adding activities that really should be ceased so resources can be better prioritised.

11. We have a strong track record of coming together in broad forums to work through our most pressing opportunities and knottiest problems, and so I am pleased that in mid-February our ICS Reference Group will be dedicating its meeting to thinking about planning for the 2024/25 year and focusing on how we tackle the long-standing issues around financial sustainability. The discussions from the Reference Group will also help to inform the conversation at our forthcoming ICS Partners Assembly in the spring. It is only through these focused and collective discussions we will find the solutions that our population deserve – I hope that ICB Board members will be able to join in with these conversations as much as their time allows.

12. A further key focus for 2024 will be the forthcoming Care Quality Commission inspections of systems. Whilst much remains to become clear on exactly how these inspections will operate and when they will take place, we are benefitting here in Nottingham and Nottinghamshire from our Director of Nursing, Rosa Waddingham, being part of one of two initial pilot inspections in Dorset. The experience that Rosa had as part of this early activity will be invaluable to us in ensuring that we put our strong system working on best display for the inspectors. The strong and broad commitment to our new Partnership Agreement as outlined above is one good example which we will be keen to emphasise. All Board members will have a key role to play in this process and we will discuss more as the time approaches.

13. The Levelling Up and Regeneration Act has now received Royal Assent and so we will have a new Combined Authority and directly elected Mayor for Nottingham, Nottinghamshire, Derby, and Derbyshire from May 2024. Early next month I anticipate that the report on Health and Devolution from NHS Confederation which I have helped to steer will be published. I am keen that locally we make the weather on this initiative in terms of leveraging the changes through devolution that can positively impact the wider determinants of health. I will continue to meet with the confirmed candidates for the mayoral election as they develop their thinking for their manifestoes and approaches should they be elected. In partnership with NHS Derby and Derbyshire ICB, we will need to grasp the opportunities that this new political construct represents for us.
14. In my last report I urged colleagues to find some time to rest and reflect over the Christmas break. I hope that this was possible for both you and your teams and colleagues as it is undoubtedly clear that we will need all of our reserves of energy for the challenges that 2024 will present us.

| | |
|---|---|
| **Meeting Title:** | Integrated Care Board (Open Session) |
| **Meeting Date:** | 11/01/2024 |
| **Paper Title:** | **Chief Executive's Report** |
| **Paper Reference:** | ICB 23 079 |
| **Report Author:** | Amanda Sullivan, Chief Executive |
| **Report Sponsor:** | Amanda Sullivan, Chief Executive |
| **Presenter:** | Amanda Sullivan, Chief Executive |

| **Paper Type:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| For Assurance: | | For Decision: | ✓ | For Discussion: | | For Information: | ✓ |

**Summary:**

This report provides a summary of recent local and national developments and areas of interest for Integrated Care Boards (ICBs) and the wider NHS.

**Recommendation(s):**

The Board is asked to:

- **Receive** this item for information.
- **Approve** the proposed changes to the ICB's Governance Handbook and the proposal to grant authority to the Strategic Planning and Integration Committee to approve the required changes to the Standing Financial Instructions.

| How does this paper support | the ICB's core aims to: |
|---|---|
| Improve outcomes in population health and healthcare | This item ensures that the Board is kept informed of organisational, system and national developments that promote achievement of the ICB's core aims. |
| Tackle inequalities in outcomes, experience, and access | As above. |
| Enhance productivity and value for money | As above. |
| Help the NHS support broader social and economic development | As above. |

**Appendices:**

Appendix A – Overview of the NHS Provider Selection Regime
Appendix B – Summary of proposed changes to the ICB's Governance Handbook
Appendix C – Board briefing note on the delegation of NHS England commissioning functions

**Board Assurance Framework:**

Not applicable to this report.

**Report Previously Received By:**

Not applicable to this report.

| Are there any conflicts of interest requiring management? |
| --- |
| No. |

| Is this item confidential? |
| --- |
| No. |

# Chief Executive's Report

## Revised financial and operational plans for 2023/24

1. The Nottingham and Nottinghamshire system as well as the NHS nationally is in a very challenging financial position, driven in the main by increasing workforce costs and higher costs relating to increased prices. In November, NHS England requested a financial recovery plan to improve the Integrated Care System's financial position. The Board of the ICB held an extra-ordinary meeting on 22 November 2023 at which a plan to deliver financial recovery was approved. More detail on the revised plan is included within later finance and service delivery papers on the agenda of this meeting.
2. Delivery of the plan will be highly challenging and requires the whole system to significantly reduce current levels of expenditure. It will require difficult decisions to be made by all system partners that will involve taking actions to reverse the increasing trend in current expenditure and to halt new spend and investment.

## Planning for 2024/25

3. On 22 December 2023, Amanda Pritchard, Chief Executive of NHS England wrote to all ICBs and trusts with an update on planning discussions for 2024/25. The letter stated that, although discussions remained ongoing with Government on expectations and priorities for 2024/25, organisations should commence planning now on the basis that the overall financial allocations will remain consistent and that system plans will need to achieve financial balance. Plans should also be based on the key requirements, established in 2023/24 regarding increasing urgent and emergency care capacity and to complete agreed investment plans to increase diagnostic and elective activity and reduce waiting times for patients, and maximise the gain from the investment in primary care in improving access for patients. Systems should work on the basis that initial planning returns will be expected by the end of February.
4. Alongside this, guidance has also been released to support ICBs and their partner trusts to develop their joint capital resource use plans, which should describe how capital is contributing to meeting ICB priorities and delivering benefits to patients, and to review and refresh their Joint Forward Plans (described in more detail in a later paper on joint forward Plan delivery on the agenda for this meeting).
5. The full letter and guidance can be found here: https://www.england.nhs.uk/long-read/update-on-planning-for-2024-25/.
6. The Finance and Performance Committee will continue to oversee operational and financial plan development during the coming months, and we currently

have an extra-ordinary Board meeting scheduled on 28 March for approval purposes. Arrangements will flex in line with final guidance once received.

**Critical and major incidents**

7. The industrial action that took place over the Christmas and New Year periods has caused major disruption to all services. We issued a warning of potential disruption to the public and asked for their support by using services appropriately. Nevertheless, we were required to declare a critical incident on 3 January 2024, in order to protect patient safety due to significant pressures on services due to the high number of people needing care and a reduction in staffing levels, which led to very long waits in Accident and Emergency departments.

8. The system response structure, which brings operational and emergency preparedness resilience and response leads together into a System Control Centre, works to ensure that essential services are maintained. At the time of writing the critical incident status remains in place for the Nottingham and Nottinghamshire NHS system.

9. In addition, on 4 January, the Nottingham and Nottinghamshire Local Resilience Forum declared a major incident and immediate risk to life due to rising river levels along the River Trent.

10. Our key focus during this time has been on providing safe care for patients who need urgent and emergency services, and on those receiving inpatient care in our hospitals. I would like to thank everyone involved for their tireless work in response to these emergencies and my thoughts are with anyone adversely impacted by these unprecedented events.

**Newark Urgent Treatment Centre**

11. I would like to thank everyone who responded to the recent listening exercise about the future opening hours of the Newark Urgent Treatment Centre (UTC). We received over 1,900 responses. The feedback will now be considered alongside an independently facilitated options appraisal process led by the East Midlands Clinical Senate; feedback from the Nottinghamshire Health Scrutiny Committee, which met on 12 December 2023; and discussion with NHS England. A final decision is expected before the end of the financial year.

**Proposed changes to ICB Governance Handbook**

12. A number of changes to the ICB’s governance and decision-making processes are being proposed for Board approval, in response to the Health Care

Services (Provider Selection Regime) Regulations 2023 and PSR Statutory Guidance coming in to force from 1 January 2024.

13. The NHS Provider Selection Regime (PSR) is a new set of rules for the procurement of healthcare services by relevant authorities (i.e. ICBs, NHS trusts and foundation trusts and Local Authorities). An overview of the NHS PSR is provided at Appendix A for information, and a briefing session on this is scheduled for Board members during the closed session of this meeting, facilitated by the ICB's Associate Director of Procurement and Commercial Development.

14. The ICB established a PSR working group during quarter three of 2023/24 to take forward the actions required to ensure readiness for January 2024. This work has been directed by the ICB's Executive Team and overseen by the Strategic Planning and Integration Committee (on behalf of the Board) and includes:

    a) Delivery of training to ICB staff and awareness raising with ICS partners.

    b) Reviewing and amending the ICB's Procurement Policy to set out how the ICB will meet the new requirements, including appropriate processes for publication of transparency notices and consideration of provider representations. The updated policy is scheduled for consideration and approval by the Strategic Planning and Integration Committee at an extra-ordinary meeting on 16 January.

    c) Reviewing and amending the ICB's Standing Financial Instructions, Scheme of Reservation and Delegation, Committee terms of reference, and Standards of Business Conduct Policy – all of which form part of the ICB's Governance Handbook.

15. The proposed amendments to the different elements of the Governance Handbook are set out at Appendix B. The Board is asked to **approve** these proposals, which have been endorsed by the ICB's Executive Team, the Strategic Planning and Integration Committee, and (where relevant) the Audit and Risk Committee.

**NHS England statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006)**

16. The NHS Act 2006 (as amended, by the Health and Care Act 2022) places a range of health inequalities duties on the NHS. In November 2023, NHS England published its first statement on information on health inequalities, which sets out its views on how NHS organisations, including ICBs, should collect, analyse, publish and use information on health inequalities to inform service improvement and reduce healthcare inequalities.

17. NHS England's Statement asks all ICBs and NHS trusts and foundation trusts to collect, analyse and publish information on health inequalities including the need to better understand and address healthcare needs, and health inequalities experienced in access, experience and outcomes. NHS organisations will also be required to publish specified information on health inequalities within or alongside their Annual Reports (in an accessible format).

18. Whilst NHS England recognises the value of collecting, analysing and publishing information on health inequalities, in order to manage the burden on systems it is taking a phased approach to helping organisations gather and make use of available information on health inequalities. Consequently, this first Statement, which covers 2023/24 and 2024/25, focuses on a small number of data indicators that are available for interpretation, along with a limited number of expectations on how the information should be used.

19. NHS England's full statement can be found here: https://www.england.nhs.uk/long-read/nhs-englands-statement-on-information-on-health-inequalities-duty/#3-what-are-the-views-of-nhs-england-about-how-these-powers-should-be-exercised.

20. The ICB's Medical Director is leading our approach to this work, which is already progressing, aligned to the national Core20PLUS5 approach. This work will continue to be overseen by the Finance and Performance Committee in the coming months and a detailed report will be presented to the May 2024 Board meeting.

**NHS England delegation of acute specialised commissioning services**

21. At is 6 December Board Meeting, NHS England approved the delegation to ICBs of 59 specialised acute services from 1 April 2024. The purpose of delegating services is to enable ICBs to strategically plan and commission these services for their own populations, joining up fragmented pathways, which will ultimately improve the quality of care for patients. The delegation of specialised services will build upon experience and lessons learnt from the delegation of Pharmacy, Optometry and Dentistry services from 1 April 2023.

22. A detailed briefing for the Board on the process for NHS England delegations can be found at **Appendix B**. A finalised Delegation Agreement and Collaboration Agreement will be presented for Board approval in March 2024.

**NHS Vaccination Strategy**

23. Vaccination is amongst the world's most effective public health interventions, second only to the provision of clean water. Nationally and locally, we have unfortunately seen a decline in uptake of vaccinations over the past ten years. On 13 December 2023, NHS England released the much anticipated National

Vaccination Strategy, providing shape to the future delivery of vaccinations and immunisations.

24. The strategy focusses on reducing health inequalities by increasing vaccination coverage and increasing uptake through development of system level, integrated services, led by ICBs. It describes services becoming more convenient with programmes to reach out into underserved communities, delivered through a new commissioning and financial framework that includes ICBs taking delegated responsibility from April 2025.

25. Over the next few months we will be working with system partners to develop a Nottingham and Nottinghamshire integrated vaccination and immunisation implementation plan that delivers on the three key areas detailed in the National Strategy, ensuring that our local services are:

    a) High quality, convenient to access and tailored to the needs of local people;

    b) Supplemented by targeted outreach to increase uptake in underserved populations; and

    c) Delivered in a joined-up way by integrated teams, working across the NHS and other organisations, to improve patient experience and deliver value for money.

26. The full strategy can be found here: https://www.england.nhs.uk/long-read/nhs-vaccination-strategy/.

**New Health Secretary**

27. On 13 November 2023, Victoria Atkins was appointed as the new Secretary of State for Health and Social Care. She was previously Financial Secretary to the Treasury between 27 October 2022 and 13 November 2023, and Minister of State at the Ministry of Justice and Minister for Afghan Resettlement between September 2021 and 6 July 2022. Victoria led the Ministry of Justice's work on prison operations and policy, youth justice, tackling violence against women and girls, and rape and serious sexual offences.

**Health and Wellbeing Board updates**

28. The Nottinghamshire County Health and Wellbeing Board met on 15 November 2023. The meeting focused on the Director of Public Health's Annual Report for 2023, which had a focus on severe multiple disadvantage. The papers for this meeting are published on Nottinghamshire County Council's website here: https://www.nottinghamshire.gov.uk/dms/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/548/Default.aspx.

29. The Nottingham City Health and Wellbeing Board met on 29 November 2023. The meeting received the Nottingham City Safeguarding Adults Board's Annual Report 2022/23; a roots and branch review of the Better Care Fund; a delivery update on the Joint Health and Wellbeing Strategy; and the Director of Public Health's Annual Report 2022/23. 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.

**Consultation on Nottingham City Council's budget proposals for 2024/25**

30. Nottingham City Council has launched a formal consultation on draft proposals to close the £50 million gap in its funding for 2024/25. The proposals for consultation involve managing demand, increasing charges, reducing costs, reducing services to a statutory minimum, and in some cases, ceasing services and funding altogether. Some proposals may directly impact on health services, such as the proposed withdrawal of the Council's funding contribution to the Medilink service, but unfortunately all proposals will impact on the wider determinants of health of the City's residents. The ICB will be responding to the consultation and will continue to work in partnership with Council colleagues.

**Chief Executive of Healthwatch Nottingham and Nottinghamshire**

31. On 22 December, Jane Laughton stepped down from her role as Chief Executive of Healthwatch Nottingham and Nottinghamshire. Jane has taken up a new role as Committee Member at Healthwatch England, enabling her to continue to champion the voice of the public at a national level – I wish her the very best for this next chapter.

32. Sabrina Taylor has stepped up from her role as Head of Operations to become Interim Chief Executive from January 2024. We look forward to continuing to work with Sabrina in her new role and will be welcoming her to present at the Board's meeting in March 2024.

**Healthwatch England Report: The State of Health and Social Care, the Public's Perspective**

33. Healthwatch England has recently published findings of feedback taken from over 65,000 people and their experiences of health and social care from September 2022 to October 2023. The report focuses on key areas for patients: getting a GP appointment; getting a dental appointment; getting mental health support; cancer care; waiting for elective care; social care and hospital discharge. The report takes each area and highlights both positive and negative experiences and recommends specific actions that decision-makers need to take in each area.

34. There were five key concerns that were common to all areas: a need to understand and improve people's experiences; a need to improve access to services, providing better choice and control; a need to tackle health inequalities; a need to improve communications; and a need to create a better listening culture in health and social care.

35. The full report can be found here: https://www.healthwatch.co.uk/public-perspective-report.

## Appendix A: Overview of the NHS Provider Selection Regime

### Introduction

1. Healthcare services have been subject to procurement legislation for several years, regulated by previous European Union Procurement Directives, European Law and previous and current UK Law. The principle of this legislation is based on the requirement to undertake a formal competitive procurement process based on contract value thresholds and the requirement to advertise contracting opportunities to EU and UK markets.

2. The NHS Long Term Plan set out the need to transform health and care services to meet increasing demand, deliver better care and outcomes and ensure the health and care system is financially sustainable. Procurement regulation was considered to be a barrier to deliver this transformation.

3. The current principles and processes for procurement of healthcare services are covered by the Public Contract Regulations 2015 (PCR2015) and the Procurement, Patient Choice and Competition (No2) Regulations 2013 (PPCCR). PCR2015 includes a complex set of rules for advertising and managing the procurement process underpinning the principles that public authorities shall treat all suppliers equally, without discrimination and shall act in a transparent and proportionate manner. PCR2015 also includes the Remedies Directive which allows suppliers to ‘challenge’ procurement decisions and provides legal remedies to suppliers, including payment of damages. In addition to PCR2015 and PPCCR, the ICB Standing Financial Instructions, ICB Procurement Policy and the ICB Scheme of Reservation and Delegation includes regulation in relation to below PCR2015 threshold procurements.

4. NHS policy in relation to competitive tendering has evolved over recent years and the NHS Long Term Plan, published in 2019, proposed removing the NHS from PCR2015 requirements and repealing procurement regulation from the Health and Social Care Act 2012. The introduction of the Health and Act 2022 (Section 12ZB) introduced a new regime for selecting providers of healthcare services.

5. The regulations introduced under Section 12ZB are referred to as the NHS Provider Selection Regime (PSR). The PSR will be a new set of rules for procuring healthcare services in England by organisations termed relevant authorities. Relevant authorities are NHS England, ICBs, NHS Trusts and NHS Foundation Trusts and Local Authorities. PSR will not apply to the procurement of goods or non-healthcare services.

6. The PSR has been designed to introduce a flexible and proportionate process for selecting providers of health care services to support greater integration and collaboration across systems, and to reduce the cost and bureaucracy and cost associated with the current rules.

**PSR Process – Overview**

7. PSR has three different provider selection processes – Direct Award Process, Most Suitable Provider Process and the Competitive Process.

8. The Direct Award Process can be used when there is limited or no reason to seek to change from the existing provider, or to assess providers against one another. Direct Award Process A is used when the existing provider is the only provider that can deliver the service. Direct Award Process B is used when patients have a choice of providers, and the number of providers is not restricted by the relevant authority. Direct Award Process C can be used when the existing provider is satisfying the existing contract to a sufficient standard and the proposed contracting arrangements are not changing considerably.

9. The Most Suitable Provider Process involves awarding a contract to providers without running a competition because the relevant authority can identify the most suitable provider by taking account of likely providers and all relevant information available at the time.

10. The Competitive Process involves running a competitive process to award a contract. The authority can design a proportionate process in accordance with the principles of transparency, fairness and equality of treatment.

11. When using Direct Award Process C, the Most Suitable Process or the Competitive Process, relevant authorities must consider five key criteria. These are:

    a) Quality and innovation

    b) Value

    c) Integration, collaboration and service sustainability

    d) Improving access, reducing health inequalities and facilitating choice

    e) Social value

**Transparency**

12. The flexibility of the PSR process is underpinned by strong transparency requirements, accountability for decision making and recording of decisions. There is a requirement to publish transparency notices for all contract award and provider selection decisions using the UK e-notification service – Find a Tender. Transparency notices must be published well in advance of the proposed contract start dates.

13. There is no lower value threshold in relation to contract awards and a transparency notice is required for all healthcare service provider selection decisions.

14. There is a requirement to publish an annual summary of all provider selection decisions within Annual Reports and on websites.

**Contract Modifications**

15. There are provisions within the PSR related to contract modifications. If the contract modification is not materially different, under £500k or less than 25% of the original contract value a transparency notice is not needed. If the proposed modification is materially different, over £500k and over 25% of the original the full PSR process must be followed.

**Urgent Decisions**

16. There are limited occasions where relevant authorities may need to act urgently and award (or modify) contracts to address immediate risks to patient or public safety. Relevant authorities must not use the urgent award or contract modification provisions in this regime if the urgency is attributable to the relevant authority not leaving sufficient time to make procurement decisions and run a provider selection process – poor planning is not an acceptable reason to use these provisions. Where the authority has made a decision under urgent circumstances the contract term or contract modification should be as short as possible to allow the full application of PSR and should not be longer than 12 months.

**Provider Representation and Standstill Period**

17. The standstill period must be observed once a notice of intention to make an award to a provider under Direct Award Process C, the Most Suitable Provider Process, or the Competitive Process has been published. This includes concluding a framework agreement or awarding a contract based on a framework agreement following a mini competition.

18. The standstill period follows a decision to select a provider and must end before the contract can be awarded. It gives time for any provider who might otherwise have been a provider of the services to which the contract relates to make representations; and for relevant authorities to consider those representations and respond as appropriate.

19. The standstill period must last for a minimum period of eight working days, during which time representations can be made. If any representations are received during this period, then the standstill period will remain open until the relevant authority provides any requested information, considers the representations, and makes a further decision.

20. The end of the standstill period must be at least five working days after the relevant authority has communicated its decision to the provider. The minimum five working days' notice allows for providers that remain unsatisfied about the response given by a relevant authority to their representations to seek the involvement of the PSR review panel.

21. Relevant authorities should ensure that appropriate internal governance mechanisms are in place to deal with representations made against provider selection decisions. To this end, relevant authorities should, where possible, ensure that decisions are reviewed by individuals not involved in the original decision. Where this is not possible, relevant authorities should ensure that at least one individual not involved in the original decision is included in the review process.

22. NHS England has established the PSR review panel to provide independent expert advice to relevant authorities with respect to the review of PSR decisions during the standstill period. If a provider remains unsatisfied about the response given by a relevant authority to their representations, then that provider may seek the involvement of the PSR review panel. The PSR review panel may consider whether the relevant authority complied with the Regulations and may provide advice to the relevant authority. The relevant authority should then make a further decision about how to proceed.

## Appendix B: Summary of proposed changes to the ICB's Governance Handbook

The current version of the ICB's Governance Handbook can be found here: https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/Governance-Handbook-English.pdf

**Section 1.2.4: Standards of Business Conduct Policy** (current version available here: https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/GOV-002-Standards-of-Business-Conduct-Policy-v1.1.pdf)

| Page and paragraph | Proposed amendment | Rationale for change |
|---|---|---|
| Section 4, page 5, 'Decision-making Officers' | The ICB's 'decision-making officers' are currently defined in the Policy as 'those who have influence over how tax-payers money is spent', which are:<br>a) Members of the ICB Board and its committees and sub-committees;<br>b) Individuals employed on 'Very Senior Manager' contracts or fulfilling equivalent roles; and<br>c) Individuals employed on or above 'Agenda for Change' band 8d or fulfilling equivalent roles.<br>It is proposed that the definition is updated to be specific to individuals who have authority to make decisions in line with the ICB's SoRD. This would be:<br>a) Members of the ICB Board and its committees; and<br>b) Members of formal decision-making groups. | To ensure clarity on individuals who have formal decision-making responsibilities. |
| Section 13, page 15, 'Conflicts of interest in procurement activities' | The current section on procurement activities be updated to reference the Provider Selection Regime (PSR). Whilst a review of the Policy has confirmed that the ICB's current arrangements for identifying and managing conflicts of interest are fit for purpose in the context of applying the PSR; it is proposed that this section be amended to state that: | National guidance has advised ICBs to update their conflicts of interest policies to take account of the Provider Selection Regime. |

| Page and paragraph | Proposed amendment | Rationale for change |
|---|---|---|
| | a) Procurement processes and decision-making arrangements are subject to the same principles and management of declared interests stipulated elsewhere in the Policy.<br>b) Reference to the specific PSR requirement to publish any declared or potential conflicts of interest of individuals, committees or groups making a decision. | |

**Section 5 – Audit and Risk Committee Terms of Reference**

| Current details | Proposed amendments | Rationale |
|---|---|---|
| *Section 3. Duties, part u) iv)*<br>The Committee will review all instances where competitive tendering requirements have been waived. | The Committee will review all instances where:<br>• Provider representations have been received in relation to procurement and contract award decisions for healthcare services.<br>• Competitive tendering requirements have been waived for non-healthcare services. | In line with the Audit and Risk Committee's current responsibility to retrospectively review tender waivers, it is proposed that the Committee's remit be expanded to also retrospectively review the ICB's management of provider representations. This new responsibility will relate only to procurement and contract award decisions for healthcare services, whereas the existing tender waiver responsibility will now be limited to non-healthcare services. These changes, subject to approval by the Board, will be made to the Committee's terms of reference from January. |

**Section 12 – Strategic Planning and Integration Committee Terms of Reference**

| Current details | Proposed amendments | Rationale |
|---|---|---|
| *Section 1. Purpose*<br>When making decisions, the Committee will actively promote system development in line with the principles of subsidiarity and collaboration, and compliance with the general duties of ICBs as set out in sections 14Z32 to 14Z45 of the NHS Act 2006 (as amended), public sector equality duties, social value duties, and the rules set out in NHS Provider Selection Regime (or existing procurement rules until the PSR comes into effect). | When making decisions, the Committee will actively promote system development in line with the principles of subsidiarity and collaboration, and compliance with the general duties of ICBs as set out in sections 14Z32 to 14Z45 of the NHS Act 2006 (as amended), public sector equality duties, social value duties, and the rules set out in NHS Provider Selection Regime. | To remove the temporary reference to the PSR coming into effect. |
| *Section 3. Duties, part e)*<br>Make decisions in relation to the award of healthcare contracts (in line with the financial limits set out within the Scheme of Reservation and Delegation), ensuring compliance with existing procurement rules until the NHS Provider Selection Regime comes into effect. | Make decisions in relation to the award of healthcare contracts (in line with the financial limits set out within the Scheme of Reservation and Delegation), ensuring compliance with the NHS Provider Selection Regime. | To remove the temporary reference to the PSR coming into effect. |

**Annex A: Standing Financial Instructions** (current version available here: https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/Standing-Financial-Instructions-English-.pdf)

The current version of the ICB's Standing Financial Instructions include two high-level sections related to procurement and contract variations and extensions, as follows:

*Section 9.2 Procurement requirements (page 19)*

9.2.1 The ICB's Procurement Policy sets out requirements for ensuring that the ICB has a legally compliant, consistent, transparent and effective approach to the procurement, commissioning and contract management of goods, services and works.

9.2.2 Quotation and tendering limits for healthcare services and non-healthcare goods, services and works are set out in the Procurement Policy.

9.2.3 The waiving of competitive tendering procedures should be avoided and only utilised in line with the exemptions provided for in the Procurement Policy. Approval of requests for Competition Waivers shall be in accordance with the Scheme of Reservation and Delegation. All competition waivers are required to be reported retrospectively to the Audit and Risk Committee for scrutiny and review.

*Section 9.3 Contract variations and extension (page 19)*

9.3.1 All extensions and variations to existing contracts must be reviewed to confirm that they are legally possible they represent best value for money, including financial and non-financial aspects, and they are not being instigated solely to avoid or delay the requirement to conduct procurement.

9.3.2 Extensions to existing contracts can only be approved where the terms and conditions of the contract make provision for an extension and contract performance is satisfactory.

These sections are currently being reviewed and updated alongside the work to amend the ICB's Procurement Policy (to ensure consistency), which will be considered by the Strategic Planning and Integration Committee on 16 January. Due to the need to

complete this work in parallel and the tight timescales involved, **it is proposed that the Strategic Planning and Integration Committee be granted delegated authority by the Board to approve the minimal changes required to the SFIs**.

**Annex B: Scheme of Reservation and Delegation (SoRD)** (current version available here: https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/Scheme-of-Reservation-and-Delegation-English.pdf)

*Section 5. Delegated financial limits*

The current delegated decision making thresholds for competitive procurement processes and contract awards relating to healthcare services are, as follows:

- Annual value up to £100,000 – Approval by an Executive Director
- Annual value up to £500,000 – Approval by the Chief Executive
- Annual value £500,001 to £5,000,000 – Approval by the Strategic Planning and Integration Committee
- Annual value of £5,000,001 and above – Approval by the Board

Any decision considered to be novel, contentious or repercussive can be escalated irrespective of annual value, and all decisions made by an Executive Director or the Chief Executive are retrospectively reported to the Strategic Planning and Integration Committee.

A review of existing decision-making thresholds has been completed and it is proposed that the current approach, which is based on financial values, is replaced with an approach that is determined by the proposed PSR process, as follows:

| PSR process and associated contract award | Annual value | Delegated to | Additional information |
|---|---|---|---|
| Direct Award A | All values | Service Change Review Group | Retrospectively reported to Strategic Planning and Integration Committee |

| PSR process and associated contract award | Annual value | Delegated to | Additional information |
|---|---|---|---|
| Direct Award B | Nil value (value and volume subject to patient choice) | Service Change Review Group | In line with provider accreditation process, and retrospectively reported to Strategic Planning and Integration Committee |
| Direct Award C **or** Most Suitable Provider | Up to £100,000 | Executive Director | Retrospectively reported to Strategic Planning and Integration Committee |
| | Up to £500,00 | Chief Executive | Retrospectively reported to Strategic Planning and Integration Committee |
| | £500,001 and above, or where proposals below this value are considered to set precedent, or are novel, contentious or repercussive in nature | Strategic Planning and Integration Committee | Decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the Board. |
| Competitive – approval of **process** | All values | Service Change Review Group | Retrospectively reported to Strategic Planning and Integration Committee |
| Competitive – approval of **contract award** | Up to £100,000 | Executive Director | Retrospectively reported to Strategic Planning and Integration Committee |

| PSR process and associated contract award | Annual value | Delegated to | Additional information |
|---|---|---|---|
| | Up to £500,00 | Chief Executive | Retrospectively reported to Strategic Planning and Integration Committee |
| | £500,001 and above | Strategic Planning and Integration Committee | Decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the Board. |

NOTE: The above proposal will require the current terms of reference of the Service Change Review Group (that has operational oversight of all healthcare service changes and contract management arrangements) to be reviewed, updated and approved by the Strategic Planning and Integration Committee, to ensure the Group's membership and its supporting decision-making framework and business case templates reflect the new requirements and are fit for purpose in terms of ensuring a robust audit trail to evidence decisions.

**Appendix C**

## Briefing Paper

**Date:** December 2023

**Paper Title:** Delegation of Specified Specialised Acute Services

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**Executive summary: This paper provides a summary of the process for the delegation of the 59 Acute Specialised Commissioning Service lines that are due for delegation to ICBs in April 2024**

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## 1 Introduction and purpose of the paper

1.1 The 2022 legislation enabled NHS England to delegate some of its statutory commissioning functions to another NHS body.

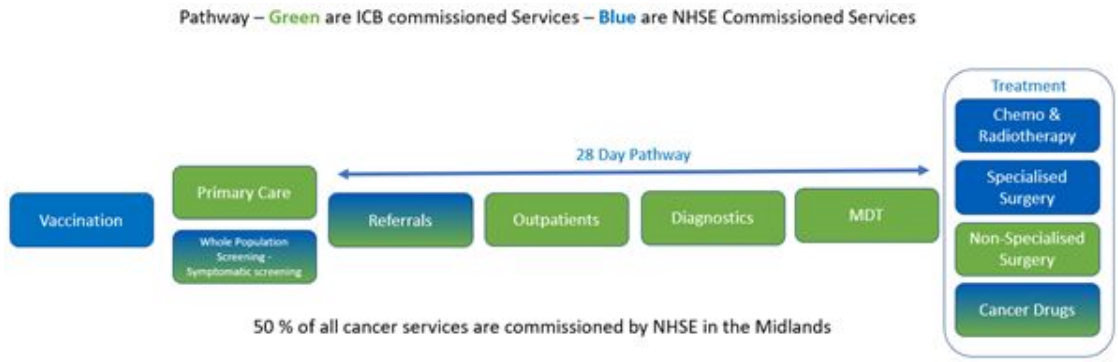
1.2 Delegation means that NHS England will delegate its statutory functions with finances and liability to follow the function that is delegated. ICBs will have decision making authority, details of which will be laid out in the terms of the delegation agreement.

1.3 On 6 December, NHS England's Board approved plans to delegate 59 specialised acute services to the Midlands region, the North West region and the East Region. The remaining regions will continue with Joint Working until delegation in April 2025.

## 2. What is delegation trying to achieve

2.1 The overarching aim is to bring the population resource closer to the populations served, breaking down organisational barriers across pathways of care. This is expected to reduce health inequalities, whilst improving the quality of health and care for patients, by ensuring that ICBs can strategically plan and commission services for their whole population.

2.2 The key objective of delegation is to join up fragmented pathways to improve outcomes for patients. The current cancer pathway illustrates fragmentation and opportunities for joint planning.



## 3. What services are being delegated from 2024?

3.1 There are three categories of specialised services:

- Category 1: Specialised services ready for delegation (59 services).
- Category 2: Specialised services appropriate for delegation but not yet ready (29 services).
- Category 3: Specialised services not appropriate for delegation (90 highly specialised services).

3.2 In April 2024 the 59 specialised acute services in Category 1 are being delegated to ICBs.

3.3 There is currently a rapid review of the Category 2 services, which will either remain with NHS England or be delegated to ICBs in April 2025. These include Mental Health Learning Disability and Autism and specialised Pharmacy services (as well as some additional Acute Services).

3.4 The delegation of specialised services will build upon experience and lessons learnt from the delegation of Pharmacy, Optometry and Dentistry services. Each of the 11 ICBs in the midlands region has senior representatives on the oversight group for the transition – the Operating Model Group (OMG), who lead the design and development of the approach to delegation. Several working groups focussing on Quality, Finance, and Governance, all with ICB involvement feed into OMG (oversight group).

3.5 Retention of the skills, knowledge and experience of existing teams and ensuring continuity of support and organisational memory of those operational teams remains a key priority.

3.7 There is a national policy intention to work towards the delegation of vaccination services in April 2025.

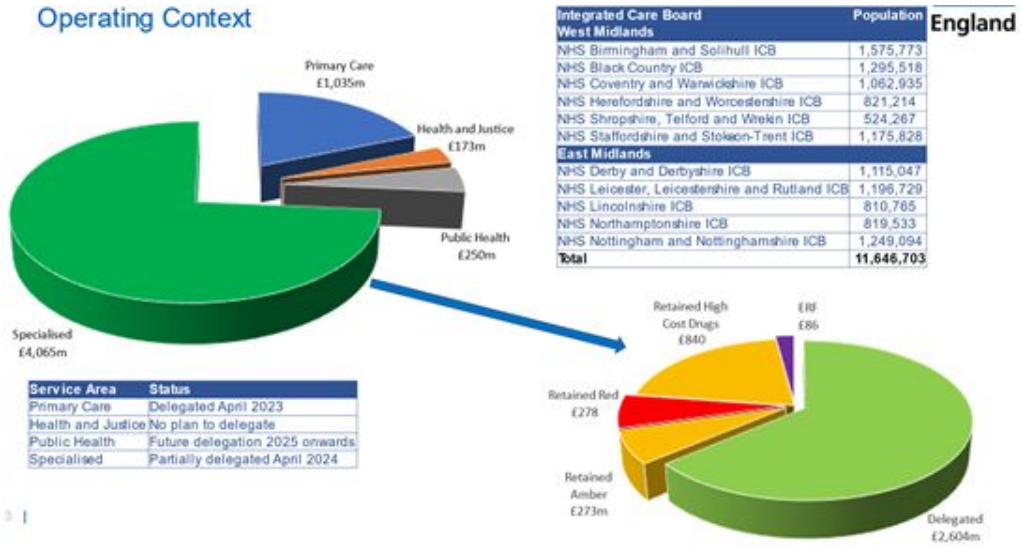
3.8 Screening services may be considered for future delegation and are currently undergoing national review to determine if and when this could take place.

3.9 Health and Justice services will not be delegated.

3.10 NHS England's updated policy position is that there needs to be a clean break between NHS England retained functions and ICB delegated functions. Therefore, previous assumptions of a shared NHS England/ICB workforce requires further work. As such, NHS England will continue to host the workforce for the 59 specialised services that will be delegated on 1 April 2024 for a further year. 2024/25 will be a transitional year for the workforce, which will be supported by a hosting agreement between NHS England and the ICBs.

## 4. Finance

4.1 The budget for these services will be transferred to ICBs upon delegation. ICB Directors of Finance and NHS England, through the finance working group are developing mechanisms for financial governance. The diagram below is an illustration of the financial operating context based on 2023/24.




4.2 Specialised Commissioned Services have the potential for significant variation in spend levels due to the high cost of procedures. These procedures could vary greatly between areas. As with the delegation of Pharmacy, Optometry and Dental (POD) services, consideration is being given to establishing a financial risk framework (a set of rules and behaviours which govern the way we manage the risk that may arise within the specialised delegated budgets between delegated ICBs of the Midlands Region). The focus of the risk share being a pooling of resources enabling risks to be understood and managed.

## 5. The Delegation Process

5.1 Delegation agreements will be between individual ICBs and NHS England, who will be required (through clause 8 in the delegation agreement) to form joint working arrangements with other ICBs within a Multi-ICB footprint. This will be supported by formal ICB Collaboration Agreements which will be between the East Midlands ICBs and the West Midlands ICBs.

5.2 The Multi-ICB commissioning footprints for the Midlands are:

- East Midlands (Nottingham and Nottinghamshire ICB, Derby and Derbyshire ICB, Lincolnshire ICB, Leicester, Leicestershire and Rutland ICB, and Northamptonshire ICB)
- West Midlands (Birmingham and Solihull ICB, the Black Country ICB, Shropshire, Telford and Wrekin ICB, Staffordshire and Stoke-on-Trent ICB, Herefordshire and Worcestershire ICB, Coventry and Warwickshire ICB).

5.3 The Delegation Agreement and Collaboration Agreement will need to be approved by ICB Boards before the end of March 2024. This agreement is currently being co-produced by ICBs and NHS England working groups.

5.4 The Collaboration Agreement (with appropriate updated terms of reference) will replace the current Joint Working Agreement that supports the East and West Boards. This Collaboration Agreement (one for East and one for West) will be between the ICBs and will outline how ICBs work together, how decisions will be made including the following components:

- Governance arrangements
- Financial arrangements
- Joint committees
- Information governance and sharing
- Commissioning hub arrangements

5.5 The Collaboration Agreement will be developed through the various joint ICB and NHS England working groups (finance, quality, governance) which all include nominated ICB representatives. This will be overseen by the Operating Model Group.

5.6 The Delegation Agreement and Collaboration Agreement require final approval by ICB CEOs by mid-March 2024, to allow for 1 April 2024 delegation. Final drafts of these documents will be available by 31 January 2024.

NHS
Nottingham and Nottinghamshire

| | |
|---|---|
| **Meeting Title:** | Integrated Care Board (Open Session) |
| **Meeting Date:** | 11/01/2024 |
| **Paper Title:** | **Update on delivery against the NHS Joint Forward Plan in 2023/24** |
| **Paper Reference:** | ICB 23 098 |
| **Report Author:** | Joanna Cooper, Assistant Director of Strategy<br>Sarah Fleming, Programme Director for System Development |
| **Report Sponsor:** | Lucy Dadge, Director of Integration |
| **Presenter:** | Lucy Dadge, Director of Integration |

| **Paper Type:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| For Assurance: | | For Decision: | | For Discussion: | ✓ | For Information: | |

**Summary:**

The NHS Joint Forward Plan (JFP) was approved by the Board on 13 July 2023 and endorsed by the Nottinghamshire County Health and Wellbeing Board on 5 July 2023 and Nottingham City Health and Wellbeing Board on 26 July 2023.

A final version has been published on the Integrated Care System (ICS) website: https://healthandcarenotts.co.uk/integrated-care-strategy/joint-forward-plan/.

This paper provides an update on the:
a) Delivery of the JFP during 2023/24.
b) Proposed approach to oversight and assurance.
c) Proposed approach to the refresh of the JFP for 2024/25.
d) Risks and issues for future delivery.

A refresh of the JFP for 2024/25 is required by end of March 2024 following the publication of NHS England (NHSE) planning guidance on 22 December 2023. This will ensure that deliverables are confirmed with the relevant responsible Board and that a programmatic approach to on-going delivery and monitoring is established.

**Recommendation(s):**

The Board is asked to **receive** the paper and:
a) **Note** the update on delivery of the NHS Joint Forward Plan.
b) **Note** the developing delivery and oversight arrangements.
c) **Note** the risks and issues relating to delivery.
d) **Discuss** the requirement for a review and refresh of the plan by the end of March 2024 and consider the proposed approach.

| **How does this paper support** | **the ICB's core aims to:** |
|---|---|
| Improve outcomes in population health and healthcare | The Joint Forward Plan sets out a transformed approach to system working based on the key strategic principles of prevention, equity and integration. These principles inform the key programmes/interventions that are expected to drive improved outcomes for the population through a better understanding of local population need, |

| How does this paper support | the ICB's core aims to: |
|---|---|
| | the development of locally sensitive support and services, and through greater collaboration between NHS partners as well as wider system partners. |
| Tackle inequalities in outcomes, experience and access | The Plan describes the NHS approach to ensuring that local population need is understood and that support and service provision is tailored to this need. |
| Enhance productivity and value for money | Key drivers for productivity and value for money are described in the JFP, along with the contribution each programme/initiative will make. |
| Help the NHS support broader social and economic development | The approach to social and economic development is set out in the JFP. |

| Appendices: |
|---|
| Appendix A: Progress against the NHS Joint Forward Plan Summary Implementation Plan |

| Board Assurance Framework: |
|---|
| This paper provides assurance in relation to the management of the following ICB strategic risk(s):<br>• Risk 1: Transformation (Making Tomorrow Better for Everyone) – Effective system working may not transform (reform) and improve services to address health inequalities and ensure best possible future health outcomes within available resources.<br>• Risk 2: System Resilience (for Managing Today) – Working effectively across the system may fail to address the current levels of demand across primary, community and secondary care. |

| Report Previously Received By: |
|---|
| Reports on developing delivery and oversight arrangements and progress against specific transformation programmes have been provided to the Strategic Planning and Integration Committee during the year. |

| Are there any conflicts of interest requiring management? |
|---|
| No. |

| Is this item confidential? |
|---|
| No. |

# Update on delivery against the NHS Joint Forward Plan in 2023/24

## Background

1. The NHS Joint Forward Plan (JFP) was approved at the Board at its meeting on 13 July 2023 and endorsed by the Nottinghamshire County Health and Wellbeing Board (on 5 July) and Nottingham City Health and Wellbeing Board (on 26 July).
2. A final version of the JFP has been published on the ICS website: https://healthandcarenotts.co.uk/integrated-care-strategy/joint-forward-plan/.
3. A stocktake of delivery in 2023/24 has been undertaken to confirm progress to date and to understand the risks for delivery in 2024/25.
4. The stocktake is supporting the development of a refreshed plan for 2024/25 following the publication of NHSE planning guidance on 22 December.

## Delivery of the NHS Joint Forward Plan

5. The JFP provides detailed expectations in relation to the delivery of NHS programmes and initiatives over the next five years that will, in combination, transform the way we work together and how/where we focus our collective efforts and resources.
6. A stocktake of delivery of the year one plans in 2023/24 has been undertaken to:
    a) Understand progress to date.
    b) Confirm the organisation/partnership responsible for delivery of actions.
    c) Identify risks to delivery in-year and for future years of the plan.
    d) Consider any additional actions required to support effective system working and delivery of the JFP.
7. A summary of delivery of the year one plans is shown in Appendix A. This is not intended to be an exhaustive description of actions being taken to deliver the JFP but demonstrates a range of key areas of delivery.
8. Examples of successful delivery include:
    a) Place Based Partnerships (PBPs) are continuing to develop approaches to Integrated Neighbourhood Working that bring partners and communities together to develop effective support and services tailored to local need.
    b) South Nottinghamshire PBP held an Integrated Neighbourhood Working event in July bringing together more than 80 people to consider how to create healthy and sustainable neighbourhoods. This is now being

progressed in the four areas with the highest level of health inequalities: Arnold Town, Cotgrave, Eastwood Town and Hucknall Town.

c) Nottingham City identified cardiovascular disease as a Primary Care Network priority. A review was undertaken using data from the System Analytics Intelligence Unit focused on avoidable deaths, clinical conditions, lifestyle factors and the wider determinants of health. A programme has been initiated offering interventions such as personalised exercise and diet plans and access to classes, a targeted media campaign and providing patients with resources to support healthy lifestyles.

d) The Targeted Lung Health Check programme has expanded into Nottingham City, building on the success of the programme in Mansfield and Ashfield. The ICB has recorded the highest national uptake rate for the programme. Further expansion is planned in 2024 and 2025 with full ICS coverage by 2027.

e) The ICS was awarded Vanguard Status for NHS Scaling People Services. Three priority areas have been confirmed: Staff Wellbeing; Portability and Passporting including a collaborative approach to flexible staffing; a review of outsourced HR contracts including Employee Assistance Programme.

f) Virtual wards to support patients who would otherwise be in hospital have been established across the ICS. 181 virtual ward beds across 23 specialties were operational as of 18 December 2023, providing monitoring and support to people in the place they call home. An example of a patient benefiting from virtual wards to get him home in time for Christmas was featured on Central TV recently.

9. Partners remain supportive of the ambitions outlined in the plan, recognising there are a number of risks to delivery of the plan in light of the operating and financial context.

**Review and refresh of the NHS Joint Forward Plan**

10. NHS England published planning guidance on the NHS JFP on 22 December[1].

11. The ICB and partner NHS trusts and foundation trusts are required to refresh and reconfirm the JFP before the start of the 2024/25 financial year, setting out how they intend to exercise their functions in the next five years. There is an expectation that revised plans are likely to reflect a continuation of the priorities set out in the 2023/24 JFP.

12. Key points of note from the guidance are:

[1] NHS England » Guidance on updating the joint forward plan for 2024/25

a) The three principles for the development of JFPs remain:

i) Principle 1: Fully aligned with the wider system partnership's ambitions.

ii) Principle 2: Supporting subsidiarity by building on existing local strategies and plans and reflecting the universal NHS commitments.

iii) Principle 3: Delivery focused, including specific objectives, trajectories and milestones as appropriate.

b) Health and Wellbeing Boards must be involved in revising the NHS JFP and confirm that it continues to take proper account of the Joint Health and Wellbeing Strategies.

c) The guidance reiterates that the ICB and partner trusts are responsible for the development of the NHS JFP. Systems are encouraged to use the JFP as a shared delivery plan for the Integrated Care Strategy and Joint Health and Wellbeing Strategies.

d) ICBs and partner trusts will continue to separately submit operational and financial information to NHS England.

e) Should there be any significant revisions to the NHS JFP, there is a statutory duty for the ICB and partner trusts to consult with partners, including the Integrated Care Partnership and NHS England.

f) Previous local patient and public engagement exercises and subsequent action should inform the JFP. ICBs and their partner trusts must include a summary of the views expressed by anyone they have a duty to consult and explain how they have taken them into account.

13. It is proposed that the refresh of the plan continues to prioritise the four aims and three principles of the Integrated Care Strategy[2] as well as the four clinical priorities identified in the plan:

a) Prevention.

b) Proactive management of Long-Term Conditions and frailty.

c) Improving navigation and flow to reduce emergency pressures.

d) Ensuring timely access and early diagnosis for cancer and planned care.

14. In addition to the proactive management of frailty, it is recommended there is a focus on the care model for frailty / older people as part of the refresh. This will focus on the effective management of clinical presentations for frailty based on strengths-based approaches and avoiding over-medicalisation.

15. The refresh will be informed by the service user and citizen insights report received by the Integrated Care Partnership at its 6 October meeting[3].

[2] healthandcarenotts.co.uk/wp-content/uploads/2021/05/Integrated-Care-Strategy-2023_27.pdf
[3] ICP-06.10.23.pdf (healthandcarenotts.co.uk)

16. The refresh will need to take account of the 2024/25 priorities and operational planning guidance due to be published in early 2024, and the system's operating and financial context.

17. A working group has been established with system partners, including NHS Directors of Strategy to consider JFP delivery and to understand risks for delivery. Engagement with colleagues from Public Health and Social Care continues to ensure there is alignment with the delivery of the Integrated Care Strategy. It is proposed this group will be responsible for the JFP refresh.

**Risks and issues**

18. Financial and resource constraints are challenging the pace of delivery for some deliverables identified in the JFP. There are specific elements of delivery that have been deferred into 2024/25 or where the sustainability of the approach needs to be considered. It is recognised that investing now means the benefit is realised sooner, and that deferral delays the benefits with impacts on partners. This will be reviewed as part of the 2024/25 refresh.

19. There is a risk that the aim to increasingly focus on prevention is impacted by the current financial and operating context. A focus on investment and interventions now that prevent escalating need in future years will need to remain a priority, recognising there are actions to support preventative approaches that do not require additional resource e.g. effective implementation of Making Every Contact Count.

20. Some elements of the Health Inequalities and Innovation Fund implementation have been deferred to 2024/25 as part of a suite of actions agreed by system partners to manage the in-year financial position. This risks an impact on the delivery of prevention priorities and the resilience of the Voluntary Community and Social Enterprise sector, which was expected to be a key partner in delivering the projects.

21. The form and function of Place Based Partnerships, the Provider Collaborative at Scale and other provider collaborations continues to evolve providing new opportunities to deliver the JFP ambitions. The maturity of these ways of working will continue to develop during 2024/25.

**Next steps**

22. Engagement is progressing with ICS partners to ensure there is collective ownership and oversight of delivery of the JFP. This will be embedded in the approach to the refresh for 2024/25 in line with national guidance and local requirements.

23. Consideration is being given to the most effective way to ensure there is a programmatic approach to JFP delivery oversight and assurance. A System Transformation Group has been proposed as a forum for co-operation, collaboration, and assurance of delivery across the ICS. Further engagement with system partners is progressing to confirm our collective approach.
24. A working group will progress the development of a Target Operating Model for the ICS during January and February 2024. This will define how the JFP will be delivered through neighbourhood, place, and system working.
25. A paper will be presented to the Board in March 2024 providing an update on the JFP refresh including an assessment of the impact of the current financial and operational position. This will include confirmation of the ongoing reporting at place and system along with specificity of milestones.

## Nottingham and Nottinghamshire Joint Forward Plan 23/24 progress: Prevention (1)

| Area of focus | Year 1 Critical Success factor | Progress |
|---|---|---|
| Refining our approach and commitment to primary and secondary prevention, building on the contributions and strength of all partners. | • Health Inequalities Investment Fund (HIIF) schemes approved.<br>• Evidence-based review of system prevention offer to reshape and integrate services.<br>• Commit to increasing percentage spend on prevention<br>• 0.2% of revenue invested in prevention<br>• System commitment to smoking, alcohol, weight management<br>• Long Term Condition priorities | **Health Inequalities Investment Fund (HIIF)**<br>• c£4.8m funding allocated in 23/24 and 24/25 across 9 schemes relating to three themes of Severe Multiple Disadvantage (SMD), Integrated Neighbourhood Working and Best Start in Life.<br>• Mobilisation of schemes has happened at a varying rate, primarily dependant on recruitment and whether there was already a service in place. It is expected the majority of schemes will fully mobilise in 2024/25.<br>• For schemes not yet commenced, investment has been deferred to 2024/25.<br>**Smoking, alcohol, weight management**<br>• Tobacco dependency services for inpatients and maternity in place in Nottingham University Hospitals (NUH), Sherwood Forest Hospitals (SFH) and Doncaster and Bassetlaw Hospitals (DBH). Mental health services in place for inpatients and community in Nottinghamshire Healthcare Trust (NHT). ICB commitment for ongoing support to these services as part of the Nottingham and Nottinghamshire Tobacco Alliance.<br>• Alcohol Care Team in NUH funded by NHSE non-recurrent funding to March 24. NUH, ICB and Public Health working to deliver a sustainable service integrated with community provision. HIIIF funding supporting SFH service development.<br>• ICS Health Inequalities Group considering ongoing approached for alcohol and weight management.<br>**Long Term Conditions**<br>• Major conditions strategy now released including prevention priorities. Workshop in January 2024 with Public Health to develop system approach to delivery. |
| PBPs will implement a minimum of one Joint Health and Wellbeing Strategy prevention priority, dependent on population needs. Focus will be on key priorities such as smoking, obesity, frailty, mental health, best start and long-term condition management. | • One priority confirmed and implementation progressing. | All four PBPs are working with their respective Health and Wellbeing Boards to embed prevention priorities within plans.<br>• **Nottingham City PBP** has delegated responsibility from the ICB and Nottingham City Council for oversight of the Joint Health and Wellbeing Strategy (JHWS) and leads the implementation of all JHWS priorities including Smoking & Tobacco Control, Eating & Moving for Good Health, Severe Multiple Disadvantage and Financial Wellbeing.<br>In **Nottinghamshire County** a monthly Joint Health and Wellbeing Strategy Steering Group supports joined up delivery across the three County PBPs and other partner organisations.<br>• **Bassetlaw PBP** has a Suicide prevention alliance bringing partners together to identify and deliver interventions to reduce suicidal thoughts and ideation and the overall number of deaths by suicide.<br>• **South Notts PBP** has a focus on frailty and the primary and secondary prevention of fragility fractures. Actions include falls assessments in care homes and developing care navigation workflows to increase secondary prevention.<br>• **Mid Notts PBP** is supporting ongoing work to establish Family Hub Networks - Sutton in Ashfield and Hawtonville by 01.04.24, Oak Tree by 01.09.24 and to increase rates of breast feeding and accredited venues across Mid Notts.<br>The **Nottingham and Nottinghamshire Smoking and Tobacco Control Alliance** has launched a smoking and tobacco control vision document and delivery plan. Tobacco control is a priority for both the City and County and the vision document sets out a collective ambition to see smoking among adults in Nottingham and Nottinghamshire reduced to 5% or lower by 2035 and support progress to a smoke free generation.<br>All PBPs are working with local people to co-produce transformation of community services and develop **integrated neighbourhood working** focused on local population need. |

## Nottingham and Nottinghamshire Joint Forward Plan 23/24 progress: Prevention (2)

| Area of focus | Year 1 Critical Success factor | Progress |
|---|---|---|
| Development of care pathways to support people to stay well at home for longer. | Pathways identified and prioritised. | See sections on Proactive management of long-term conditions and frailty and Improving navigation. |
| Development of 'virtual wards' to enable people to be cared for at home/within their communities safely. | Virtual wards in place across range of specialties. | • **Step down** early supported discharge from hospital virtual wards established. 181 virtual ward beds live (at 18.12.2023) over multiple specialties in NHT, CityCare, NUH, SFH and BDH.<br>• **Step up** admission avoidance virtual wards in development. |
| Over the next five years - Building on existing Joint Health and Wellbeing Strategy and delivery plans, to agree prevention approaches across health and care pathways. | • Develop Population Health Management (PHM) approach through identification of metrics and system reporting framework for NHS and Joint Health and Wellbeing outcomes. Ongoing development of analysis to inform future investment<br>• PHM data supports those identified with personalised care to address inequalities by shifting from a reactive, professional-led illness focussed, 'medicalised' approach, towards a proactive, asset based, partnership and holistic care 'socialised' approach. | An Outcomes Framework has been developed for the system.<br>• In Nottingham City, primary and secondary care colleagues held a test and learn with a PCN for patients deemed clinically at risk. The **Care Navigation Service** and **Diabetes Specialist Nurses** conducted a care gap review and coordinated action to close the gap. This will be scaled up across the PBPs in 2023/24.<br>• Mid Notts PBP are co-ordinating PCN led population health management projects and collaborating to support our most vulnerable people e.g. those experiencing fuel poverty. There are currently 16 projects live across the Mid Nottinghamshire.<br>• Bassetlaw **Social Prescribing Link Workers** are in-reaching into wards at Bassetlaw District General Hospital to offer early intervention to address wider determinants of health that have led to admission or would lead to readmission as well as sign posting to sources of self help and support available locally.<br>• In South Notts Clinical frailty scoring has been embedded into long term condition templates on GP Practice systems. Mandatory recording of carer details is in place when completing the annual dementia review. |
| Improving children and young people (CYP) outcomes and mental health needs will be evident in all Plans over the five years. Through integration and using skills and resources across the system and Place, and with support of the VCSE sector and communities, we will gradually accelerate action that moves population need away from treatment. Impact on equity considered for all prevention initiatives. | Develop our focus on children and young people across all Places, including progression of UNICEF child friendly status. | ICS development event undertaken to consider system approach including a CYP Partnership Board.<br>• **Nottingham City PBP** supporting City bid for UNICEF "Child Friendly City". Programme in place focused on supporting CYP leaving the care system. Since 2020, PBP has worked with Barnardo's to deliver service and support offers including supported lodgings, befriending service, mental health support and tutors.<br>• **South Notts PBP** has established a Children and Young People's Mental Health Programme with a range of initiatives including a project to support CYP to manage mild common mental health problems through green social prescribing - a service developed with Nottingham CVS and Positively Empowered Kids providing a range of activities for 15–19-year-olds.<br>• In **Mid Notts PBP,** the Ashfield Local Design Team (part of the Community Services Transformation) has identified CYP mental health as a priority and is working with partners including Active Notts, local schools, CAMHs etc to identify areas of support required co-produced with CYP and their families.<br>• **Bassetlaw** has increased volunteering initiatives for younger people through the Point of View project which has provided over 100 new volunteer opportunities |

# Nottingham and Nottinghamshire Joint Forward Plan 23/24 progress: Equity (1)

| Area of focus | Year 1 Critical Success factor | Progress |
|---|---|---|
| The ICB will continue to provide a dedicated fund to support improvements in health inequalities and equity. This fund will be a minimum of £4.5m. | • Funding approved, process for allocation concluded and Yr 1 allocations awarded. | See Prevention (1) section.<br><br>For 2024/25 principles and criteria have been identified through the ICS Health Inequalities Oversight Group. The proposed process includes expressions of interest and business cases to drive forward innovation from across partners. PBPs and Public Health will be involved in both sign off and review stages. |
| All system partners will improve data quality for ethnicity and disability for all patients and local people to support future analysis. | • Improve data quality for ethnicity and disability across primary, community and acute data sets | A data group is being established to progress this work.<br><br>In Mid Notts, a review has been undertaken of data relating to people living in care homes with a plan in place to work with GP practices and Primary Care Networks (PCNs) to ensure care home data is accurately recorded. |
| Consideration of 'proportionate universalism' as part of strategic decision-making processes. | • Delivery plan for Core 20Plus5 developed in line with JFP<br>• Agreement of a collective procurement social value strategy for ICS partners, gaining efficiencies from our combined purchasing power, and supporting sustainability and social value in our communities by March 2024<br>• Adoption of 'proportionate universalism' and plan for resource deployment based on need rather than historic allocations: examples of approach provided through commissioning decision-making processes | Workshop with ICS Reference Group in June considered how proportionate universalism could be adopted in the system.<br><br>A **Health Equity Audit** for children and young people who may have mental health and wellbeing concerns has been completed.<br><br>Continued focus in **maternity** services on achieving a reduction in health inequalities before and after birth.<br><br>An **ICS Social Value Strategy** has been drafted aligned to the Nottinghamshire County Council's high-level strategy. |
| All partners will commit to a Population Health Framework. | • Identify and address 'care gaps' in anticipatory care and tertiary/secondary prevention across a minimum of the top five high-impact long-term condition areas | NUH and City Public Health have developed a Population Health Framework that will be used together with the Systems Analytic Intelligence Unit (SAIU) approach. The framework is being considered across the ICS by a number of other Providers and PBP partners and is currently:<br>• In place and being used by NUH.<br>• Being adopted by NHFT and PBPs.<br>• Under consideration by SFH.<br>The framework has also been shared nationally, including NHSE where discussions have been undertaken around using it to develop an inequalities approach to specialised services.<br><br>SAIU continues to develop data packs for system clinical priorities to inform our approach. |

## Nottingham and Nottinghamshire Joint Forward Plan 23/24 progress: Equity (2)

| Area of focus | Year 1 Critical Success factor | Progress |
|---|---|---|
| Over the next five years - Embed parity of esteem for physical and mental health needs across all policy areas (including maintaining a focus on dementia). | • Review waiting lists and access criteria against deprivation level criteria across acute and community services (including physical and mental health services)<br>• Confirm scope of mental health waiting list recovery programme<br>• Local people have equitable access based on need with appropriate choice of provider | **Mental Health Dashboard** under review. An area of focus is the national mental health dataset. Individual provider reviews will be undertaken to identify gaps in submissions which will drive an improvement in data quality and provide more accurate reporting.<br><br>**Communication plans** continue to be developed to ensure people know where to get support for their mental health, including self-referral services such as Text Notts, Crisis Sanctuaries, the 24/7 Crisis Line and Talking Therapies. This will support patients finding the right support at the right time.<br><br>**Population health management** will play a key role in future transformation of mental health services, and the workforce requirements to support developments. A recent Serious Mental Illness population health deep dive was completed by the SAIU to inform the transformation programme. This will be presented to the Serious Mental Health Board and discussed with PBPs. This approach will be adopted for other mental health transformation programmes.<br><br>Each mental health transformation theme has a multi-partner steering group from across the ICS, ensuring the delivery of programme objectives and a local focus on developments. There is increased working with PBPs to ensure a local focus on population requirements through transformation plans. |
| Development of a Strategic Co-production Representative Group. Creation of co-production toolkit and network. | Data and people insights will shape and inform Quality Improvement system priorities to enable interventions to address place population needs. | An ICS Place Based Partnership and Empowering Communities Showcase Event was held on 5 September 2023, hosted by Mansfield District Council with over 300 people in attendance.<br><br>PBP programmes have the input of people with lived experience and the co-production toolkit is used in key areas:<br>• **Mid Notts PBP** Forum held in October with a workshop theme of “Embedding Co-production and Personalised Care into the way we work in Mid Notts”.<br>• **Bassetlaw PBP** has multiple forums for gaining citizen insight and supporting co-production including working with over 80 farmers as part of a campaign to improve farmer’s mental and physical health and wellbeing.<br>• **City PBP’s** SMD delivery model is inclusive of a lived experience team that work alongside operational frontline navigators. The SMD programme is supported by an Experts by Experience Board, where representatives are involved in activities such as recruitment and procurement.<br>• **South Notts PBP’s** Integrated Neighbourhood Working programme works with local people to:<br>  • Co-produce the transformation of community services.<br>  • Understand the health and wellbeing needs of communities of Killisick and Butlers Hill/Broomhill and to coproduce options and solutions to address the needs identified, including barriers to accessing preventative services.<br>  • Develop our integrated neighbourhood model focusing initially on four areas identified with the highest level of health inequalities in four districts (Arnold Town, Cotgrave, Eastwood Town and Hucknall Town).<br><br>Work is continuing to ensure the Strategic Co-production Representative Group operates in the most meaningful and productive way. |

## Nottingham and Nottinghamshire Joint Forward Plan 23/24 progress: Integration (1)

| Area of focus | Year 1 Critical Success factor | Progress |
|---|---|---|
| PBPs will develop a Place plan outlining delivery of interventions to address key priorities, including Core 20+5 (adults and children and young people) and Joint Health and Wellbeing Strategies. Based on local priorities, PBPs will develop integrated neighbourhood working to curb demand growth, focusing on keeping people out of hospital wherever possible. | • Place plans confirmed.<br>• Integrated Neighbourhood Working developing across all PBPs. | Plans have been agreed in all four PBPs.<br><br>**Integrated Neighbourhood Working** is progressing. The scale and pace of implementation is impacted by the availability of resource within PBPs and the deferral of HIIIF spending in 23/24 for schemes that had not commenced. |
| Development of a system monitoring and delivery assurance framework for the ICP Strategy and JFP. Development of an agreed inclusive approach to annual JFP refresh. | • System assurance, governance and monitoring arrangements established for key system actions, for example, role of ICB, ICP and health and wellbeing boards<br>• Create a common view of outcomes/quality and performance across system<br>• Develop 'one version of the truth' dashboard to monitor key system priorities and identify actions<br>• Supporting greater integrated system learning from QI programmes that can be utilised for adopt/spread interventions. | Proposal being considered for a **System Transformation Group** (STG) to be established to:<br>• Support the ongoing evolution of the NHS Joint Forward Plan in line with national guidance and local requirements, including alignment to the system Integrated Care Strategy.<br>• Ensure that stakeholders are engaged appropriately.<br>• Ensure that NHS Joint Forward Plan priorities are clearly articulated with responsibility for delivery assigned and system outcomes confirmed.<br><br>A working group is being established to oversee the refresh of the JFP for 2024/25. |
| Over the next five years - Developing multi-disciplinary personalised care plans and active case finding for those at greatest need to support their health, care and independence needs. | • Mobilise implementation of the Primary Care Strategy to maximise opportunities to recover primary care<br>• Establishment of the Primary Care Strategy Delivery Group | • **Primary Care Strategy Delivery Group** established. Initial focus on primary care access with work including roll out of cloud-based telephony, community pharmacy schemes, primary/secondary care interface improvements and increasing uptake of NHS App.<br>• 5 PCN pilots underway focussed on moderate and severe frailty (covering 36% of the over 65 population) to work in a personalised, proactive way.<br>  • In **Nottingham West** and **Rushcliffe** PCNs frail people are assessed using the Comprehensive Geriatric Assessment to develop a plan to address issues of concern to the patient, their family and/or carer(s).<br>  • System-wide evaluation of the 5 Proactive Care pilot sites will take place in 2024.<br>• **Thriving City General Practice** Programme has successfully brought together 46 practices to support general practice resilience and sustainability. Achievements include the launch of an urgent 'on the day hub' in Nottingham City East PCN, offering additional capacity for urgent same day care. |

# Nottingham and Nottinghamshire Joint Forward Plan 23/24 progress: Integration (2)

| Area of focus | Year 1 Critical Success factor | Progress |
|---|---|---|
| System transformation programmes will develop strategic plans across the partnership to address key strategic priorities to be delivered at a system level. | • Rotation scheme for allied health professionals by April 2023 and review of opportunities to roll-out to other professions by March 2024. | Work commenced on the **rotation of Occupational Therapists** across Health and Local Authorities. Additional charity funding has been secured to progress the work further.<br>Three providers are in Wave 2 for the implementation of the Digital Staff Passport which will support the flexibility of staff movement between NHS organisations that utilise ESR. |
| | • Recruited head of commissioning posts for Ageing Well and Living Well, and Head of Quality and Market Management | **Joint posts** progressing with two posts recruited to focus on mental health inpatient flow and the development of community alternatives. Head of Quality and Market Management recruited. Further opportunities for alignment of teams and joint posts to be explored as part of ICB Operating Model. |
| | • Strategic aims and principles embedded into staff induction by March 2024 | ICS induction material drafted. Further work to be undertaken to consider roll out of material within partner organisations. |
| | • Scope and vision for provider collaboration agreed: delegation principles and responsibilities commencing 2024-25 confirmed | Approach and Mission Statement for the collaborative agreed. Work continues on a prospectus that sets out the priorities and operating model of the Provider Collaborative.<br>Priority programme work on People and Culture continues, work on Urgent Care is currently being progressed through a broader system approach but the collaborative will respond should there be a helpful role for them to play within that. Other priorities currently being scoped for consideration are Corporate Services and the collaborative interface with Primary Care. |
| | • Integrated approach to system-wide acute transformation opportunities scoped and agreed, for example, outpatients | To be reviewed as part of the 2024/25 refresh and amended in light of plans to develop a System Target Operating Model. |
| | • Medically Safe for Transfer annual operating plan trajectories achieved | Not all UEC mitigations delivered in full against highly ambitious MSFT target. |

## Nottingham and Nottinghamshire Joint Forward Plan 23/24 progress: How we will use our resources differently

| Area of focus | Progress |
|---|---|
| Agreement on system funding and resources for sustainable Place delivery teams and PBPs. | • Work continues to agree delegation of resources and responsibilities to Place as part of the **ICB Operating Model** and will be supported by the development of the system Target Operating Model.<br>• PBPs continue to utilise the opportunities of partnership relationships to maximise existing resources e.g. Local Design Teams supporting community transformation.<br>• ICB locality teams aligned to place-based work alongside clinical leadership roles.<br>• **Joint commissioning** opportunities evolving e.g. Notts County Council working the South and Mid Notts PBPs on low level mental health support under the Framework agreement/contract. |
| Approach based on agreed Place plans and responsibilities, supporting development of integrated neighbourhood team working, delivery of Primary Care Strategy and wider integration approaches supporting delivery of JFP. | All PBPs are supporting delivery of **Integrated Neighbourhood Working** and delivery of the **Primary Care Strategy**:<br>• Locality teams are engaging with practices on the priorities of the Primary Care strategy including Primary Care Access Recovery Plans and PCN Capacity and Access Improvement Plans,<br>• Integrated Neighbourhood Working continues to evolve though local design teams. Key focus is engagement with, and promotion of, voluntary sector and community resilience.<br>• Work progressing with Community Pharmacy to prepare for implementation of Pharmacy First.<br><br>**Wider integration approaches**<br>Mid Notts PBP has achieved success with End of Life and MSK programmes over a number of years.<br>• The **End of Life Together Service** is to be commissioned for a further 5 years from October 23 and working towards a formal Provider Collaborative from April 24.<br>• The **MSK Together Service** is progressing towards the formation of an Alliance/Provider Collaborative model. These are now independent programmes, demonstrating the success of the PBP to nurture new and innovative ways of service transformation. |
| Review of Better Care Fund with specific reference to supporting PBP plan delivery and delivery of the three guiding principles. | Better Care Fund (BCF) Plans continue to meet national conditions.<br><br>BCF review continuing:<br><u>Nottinghamshire County Health and Wellbeing Board</u><br>• Agreement to focus on review of **Early Help and Prevention** support.<br>• Work being progressed through Joint Health and Wellbeing Strategy Steering Group which ensures representation from PBPs as well as commissioning organisations.<br><u>Nottingham City Health and Wellbeing Board</u><br>• Review process being developed with support from PBP Executive Group.<br>• Workshop being considered for Q4 2023/24. |
| Deliver in-year balance and improve recurrent underlying deficit. | Partners are identifying plans to achieve financial sustainability. |

## Nottingham and Nottinghamshire Joint Forward Plan 23/24 progress: Prevention: Reduce physical and mental illness and disease prevalence

| Area of focus | Progress |
|---|---|
| Increase in early case finding. | The area of focus is CVD with an initial focus on hypertension case finding and management of high blood pressure. |
| Develop models for future opportunistic case finding. Targeted support for priority cohorts linked to prevention, for example, smoking, obesity in children and young people. | • Targeted **smoking cessation advice** included in the targeted lung health service.<br>• Utilising SAIU population health management data on **falls** to support targeted approach in management of falls.<br>• Supporting people to **"wait well"** on waiting lists with multidisciplinary teams and support organisations working to provide broad health and wellbeing advice. |
| Embed Make Every Contact Count across NHS organisations. | Recognition of impact of wider determinants of health particularly through PBP working:<br>• In **Mid Notts PBP** partners have come together to ensure a co-ordinated approach to tackling the **cost-of-living crisis** including:<br>  • Co-ordination of information in a variety of formats to ensure every household is aware and has access.<br>  • Text messages sent to over 90,000 patients signposting them to support resources.<br>  • **Making Every Contact Count** training for all PBP Partners' workforce.<br>  • **Suicide Awareness Training** for all PBP Partners' workforce.<br>• **Bassetlaw PBP** cost-of-living support booklet launched for the second year in a row, including a new version in Braille.<br><br>South Notts PCN Practice Nurse Lead delivered **Making Every Contact Count** training to Health Care Assistants and Nursing Associates. |
| Expand self-care/self-management support using approaches sensitive to local and cohort needs. | • **Health and Wellbeing events** planned for March 2024 to support "waiting well" for people on waiting lists.<br>• Social prescribers supporting MSK work.<br>• Development of Mid Notts PBP branded Communications and Engagement approaches to support co-design and co-ordinated communications across the partnership workforce and communities to promote and target self care/self management support which includes a bi-monthly newsletter. |
| Implement structured education programmes. | The ICB has submitted an Expression of Interest for the **Core20+5 Connector Programme** that funds influential community connectors to improve health and reduce inequalities in their local areas.<br><br>All PBP partners have close links with services that provide **direct structured education** to those that require it including smoking cessation, weight management, reducing harmful drinking, increasing exercise and managing diabetes. There have been a number of programmes that directly target those in need of advice and education, offering direct referrals to the relevant programme:<br>  • Examples include promoting the **NHS Diabetes Prevention Programme** and working with practices to increase uptake via support from **Living Well Taking Control**.<br>  • Training is delivered to practices to increase awareness and uptake.<br>  • A **joint educational programme** is in place for GPs and consultants at NUH. |

## Nottingham and Nottinghamshire Joint Forward Plan 23/24 progress: Prevention: Proactive management of long-term conditions and frailty to support early identification and avoid unnecessary escalation

| Area of focus | Year 1 Critical Success factor | Progress |
|---|---|---|
| Frailty Strategy refresh including frailty data analysis | • Prioritise tertiary / secondary prevention to delay disease progression.<br>• Reflect the need for system working in all new specialist job plans (for example, geriatricians/orthogeriatricians).<br>• Development of surgical care as part of integrated care pathways across community/acute based teams. | Working collaboratively across the system to ensure that we explore all pathway improvements in relation to frail older people and design new pathways together e.g. Same Day Emergency Care (SDEC) and Urgent Community Response (UCR) pathway.<br><br>Plans are progressing with **Frailty SDEC** in NUH and SFH.<br><br>• SAIU pack developed, and Clinical Design Authority proposed set of recommendations based on the PHM data and projections for our ICB.<br>• System wide engagement in NUH Getting it Right First Time recommendations. |
| Frailty same-day emergency care mobilised / implemented | • Using risk stratification to identify, screen and categorise those people at greatest risk of frailty and admission to hospital for PBPs / integrated neighbourhood teams.<br>• Developing multi-disciplinary personalised care plans. | • **VCSE engagement** with frail older people being considered by the Ageing Well team to reflect and weave into transformation schemes.<br>• **Frailty SDEC** established at NUH and SFH. SFH and DBH plans in place dependent on capital funding.<br>• **Care navigation service** via NHT / PICS using e-HealthScope to identify those at greatest risk for interventions / discussion via MDTs.<br>• Focus on **advance care planning** in care homes. |
| Focus on diagnostic pathway for children and young people with signs of asthma at an earlier stage. | • Develop pilots to identify successful approaches | • Pilot initiated to develop the child and young person **asthma diagnostic pathway**.<br>• South Notts Primary Care Strategy pilots are developing new approaches to Asthma care e.g. working to reduce overprescribing of Salbutamol inhalers and working with schools regarding clean air health and impact. |
| Increase immunisation and screening uptake for 'at risk' groups. | Implement and evaluate approaches developed with local communities | **Nottingham City PBP** secured HIIIF funding for **Childhood Vaccination and Immunisation** to deliver a community-based model to increase the uptake of childhood vaccinations in the City. This will be led through a partnership approach between the NHS, public health and community and voluntary sector partners. This project has been match funded by Nottingham City Council's Public Health Grant.<br><br>**South Notts PBP** has supported development and roll out of information for people from Eastern European backgrounds and supported implementation of "pop up" sessions in communities with low uptake. |
| Over the next five years - continued identification of physical health issues in people with a serious mental illness thorough physical health checks to ensure proactive management in this group who do not routinely access physical health services. | PBPs will support integrated Place plans which address people's physical, mental and social needs (noting that 30% of people with a long-term condition also have a common mental health disorder). | • Severe Mental Illness (SMI) PHM data pack has been produced and is being used to focus actions to improve physical health of people with SMI. Delivery has been impacted due to recruitment constraints.<br><br>• **Bassetlaw PBP** has developed a Peace of Mind mental health toolkit booklet coproduced with children and young people. Newgate PCN has a dedicated care navigator to increase uptake of SMI health checks. |

## Nottingham and Nottinghamshire Joint Forward Plan 23/24 progress: Improve navigation and flow to reduce emergency pressures in physical and mental health settings

| Area of focus | Year 1 Critical Success factor | Progress |
|---|---|---|
| Development of integrated neighbourhood team working across secondary, community and primary care, including the voluntary sector. Establish routine engagement opportunities for clinical interface secondary/primary clinicians. | • System review of hospital discharge and implementing the Local Government Association recommendations on transfer of care, one shared data set and culture.<br>• System review of Better Care Fund.<br>• Develop and implement management/admission avoidance plan for care homes.<br>• Deliver medically safe for transfer plan target and develop trajectory for years two to five.<br>• Establish elective hubs and clinical diagnostic centres (Newark, City, Mansfield). | **Integrated Neighbourhood Working** is being developed with PBPs holding Accelerated Design Events in 2023:<br>• **Nottingham City PBP** held a Design Event in May 2023 and has an ambition to build on good practice and learning from PCNs to establish integrated neighbourhood models of support across the city by April 2025.<br>• **Mid Notts PBP** has four Local Design Teams demonstrating strength in the relationships to achieve more by working with communities. The Design Event held in June 2023 helped to accelerate a co-produced model for integrated working.<br>• **South Notts PBP's** Design Event held in July 2023 saw more than 80 people discussing creating healthy and sustainable neighbourhoods. The focus is on Local Design Teams in the areas of South Notts identified with the highest level of health inequalities: Arnold Town, Cotgrave, Gedling Town and Hucknall Town.<br>• **Bassetlaw PBP** held a Design Event in October 2023 to further develop integrated working.<br><br>All PBPs are supporting the Better Care Fund review via the Health and Wellbeing Boards.<br><br>EMAS have implemented new call triages processes and have increased the use of alternative pathways to help patients to stay at home.<br><br>Elective hubs detailed on Timely Access and early diagnosis for cancer and elective care. |
| Develop social prescribing model across all Places/care navigation across primary care, aligned with Make Every Contact Count approach. | Review of social prescribing models. | • **Age UK** embedded in Urgent Community Response (UCR) call centres to pick up strength-based signposting for frail older people and to provide a 'sitting service' for long ambulance waits.<br>• **Joint review of social prescribing** investment and services with Nottinghamshire County Council progressing.<br>• Since PCNs were introduced July 2019, employment of social prescribing staff and service delivery offer has been evolving ever since. Some additional capacity in place in PCNs for under 18-year-olds. |
| Over the next five years: virtual wards fully established and meeting target activity levels. Integrated care pathways linked to surgery established for specific cohorts. | Virtual wards in place across range of specialties. | • 23 specialities have virtual wards live as at 15.12.23. |
| Embed P1 pathway and the transfer of care hubs. | Development plan agreed based on system learning. | • Live across the system, 2023/24 development plan in place including embedding learning from industrial action days and targeting key referral points. |
| Over the next five years: expand our same-day emergency care offer across hospitals. | | • Reviewing the role of Clinical Frailty Score (CFS) in collaboration with EMAS and looking to expand and embed in UCR pathway. Proactive roll out across all system partners progressing.<br>• Achieving 93% of UCR referrals being seen within 2 hours. |
| Agree model for P2/P3 beds: initiate mobilisation. | Undertake capacity and demand modelling to support options appraisal. | • P2 modelling underway with demand and capacity information. Options appraisal being developed.<br>• P3 pilot to commence January 2024 to support future model. |

## Nottingham and Nottinghamshire Joint Forward Plan 23/24 progress: Timely access and early diagnosis for cancer and elective care

| Area of focus | Year 1 Critical Success factor | Progress |
|---|---|---|
| Establish elective hubs and clinical diagnostic centre (Newark, City, Mansfield) to provide care closer to home. | Delivery plan for community diagnostic centres. | • Development of an elective hub at **City Hospital** underway with a phased implementation. The first new ward is open and the business case has been approved for phase 2.. Accelerator activity underway.<br>• **Newark Elective Care Hub** fully operational from 6 November 2023. Provides additional surgical capacity for patients who do not require high dependency step down. Accelerator activity underway<br>• **Mansfield Community Diagnostics Centre**: funding received and planning at advanced stage. Partial opening planned for March 2025.Accelerator activity underway. |
| Expansion of targeted lung health programme. | Confirm plans for roll out to other areas with highest levels of need. | • **Targeted Lung Health Check Programme** successfully underway in Nottingham City, building on project in Mansfield and Ashfield. Bassetlaw is due a second visit in August 2024.<br>• Planning continues for expansion into remaining localities within the ICS: Sherwood District in March 2024; Hucknall, Gedling and Carlton – March 2025. Aiming for full ICS coverage by March 2027. |
| Implementing community-based breast screening in areas of low uptake. | Confirm plans to increase screening in areas with lowest uptake levels of need. | • Working with the regional screening team to secure six months of **mobile screening in Hyson Green** in 2025 to support people to access services closer to where they live and reduce demand on NUH.<br>• Plan to invite non-responders to a mobile unit in priority areas during 2024. |
| Implementing community-based clinics with high incidence of prostate cancer, for example, Afro-Caribbean communities. | Delivery plan for community diagnostic centres. | • Discussions underway with a partner to provide **mobile cancer clinics for prostate cancer** in targeted communities e.g. Meadows and St Ann's. |
| Over the next five years - Roll-out personalised care, optimise integrated care pathway and referral optimisation. Maximise productivity and make best use of workforce, for example, shared workforce plans, staff digital passports. | • Increase opportunities for care closer to home e.g. virtual appointments, advice and guidance for GPs /patient-initiated follow-ups.<br>• Test approaches to optimise referrals across primary and secondary care with initial focus on ear, nose and throat and gynaecology.<br>• System approach to productivity improvement using mental health/'getting it right first time' data and ambition for top decile performance.<br>• Analyse waiting lists and demand and decide final recovery trajectory beyond plan criteria.<br>• Review procedures of limited clinical value and agree system approach.<br>• Delivery plan for 25% reduction in follow-ups target.<br>• Support development of approach to early screening, risk assessment and health optimisation for patients waiting for inpatient procedures. | • Strong progress in working towards the elimination of 104 and 78 week waiters. Progress in delivering 65 weeks is monitored closely on a weekly basis and reported to system CEOs.<br>• **Eye Health** work continues including electronic referral from optometrists.<br>• Referral optimisation: **pre-referral guidelines for gynae** being developed.<br>• **Getting it Right First Time, High Volume Low Complexity** and **theatre productivity** programmes in place at SFH and NUH with excellent clinical engagement at service level.<br>• Good progress is being made to develop plans for the wider implementation of **perioperative screening** and a clinical workshop has taken place.<br>• NUH/SFH currently working to extend usage of **Patient Initiated Follow Up** where clinically appropriate with excellent examples of best practice in ophthalmology.<br>• The **Respect tool personalised care plan** for End of Life is being rolled out in primary care, SFH and care homes. NUH to mobilise over the next 6 months.<br>• Rolling out **Holistic Needs Assessments for cancer** in providers and in primary care. |

NHS
Nottingham and Nottinghamshire

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| **Meeting Title:** | Integrated Care Board (Open Session) |
| **Meeting Date:** | 11/01/2024 |
| **Paper Title:** | **ICS Green Plan Progress Report** |
| **Paper Reference:** | ICB 23 081 |
| **Report Author:** | Lindsey Sutherland, Head of PMO and Programme Director for Net Zero ICS |
| **Report Sponsor:** | Stuart Poynor, Director of Finance |
| **Presenter:** | Stuart Poynor, Director of Finance |

| **Paper Type:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| For Assurance: | ✓ | For Decision: | | For Discussion: | | For Information: | |

**Summary:**

The ICS Green Plan continues to be delivered effectively. This report outlines the progress made. System priorities for this year have been to start to address the large number of clinical opportunities to support reaching Net Zero by 2040. We have taken a novel approach to sourcing clinical capacity for this; an approach that is being rapidly becoming regarded as best practice by NHS England and other ICS'.

**Recommendation(s):**

The Board is asked to **receive** this report for assurance.

| How does this paper support | the ICB's core aims to: |
|---|---|
| Improve outcomes in population health and healthcare | Reducing emissions of greenhouse gases through better transport, food and energy-use choices can result in improved health, particularly through reduced air pollution for both our patients and our staff. |
| Tackle inequalities in outcomes, experience and access | Health inequalities are exacerbated by the climate crisis. People in poorer countries and communities bear the greatest burden of harms. And the drivers of the climate crisis and health inequalities are often the same. The climate and ecological crises affects us all, but the impacts are not felt equally. |
| Enhance productivity and value for money | Waste contributes significantly to carbon emissions. Reducing waste will also save money and ensure better value for our patients, service users and communities. |
| Help the NHS support broader social and economic development | The Green Plan centres on improving lives for those that live in Nottingham and Nottinghamshire and contributes to a more sustainable future for the planet. |

**Appendices:**

Appendix A: Self-assessment of maturity for our ICS using the NHSE maturity tool

**Board Assurance Framework:**

This paper provides assurance in relation to the management of the following ICB strategic risk:

- Risk 13: Environment Sustainability – Failure to effectively deliver on the green plan.

| Report Previously Received By: |
| --- |
| Assurance reports have been provided to the Finance and Performance Committee during the year. |

| Are there any conflicts of interest requiring management? |
| --- |
| No. |

| Is this item confidential? |
| --- |
| No |

# ICS Green Plan Progress Report

## Introduction

1. Our Integrated Care System (ICS) Green Plan was approved May 2022. This plan describes how we will work across the NHS and local authorities to achieve carbon net zero by 2040 and deliver against the NHS target of 80% carbon net zero by 2028.
2. Each organisation has a well-developed Green Plan and progress towards delivery of these has been strong. The ICS Green Plan was formulated by taking these plans to create a consistent approach to addressing sustainability opportunities. Given provider plan delivery is strong, we know we are progressing well against most of the ICS plan. Where progress has been slow is addressing the clinical opportunities and requirements.
3. The ICS Net Zero programme has therefore concentrated on the clinical elements over the past six months, whilst maintaining a 'watching brief' on the provider delivery progress.

## Clinical sustainability progress

4. Four Health Education England (HEE) funded clinical fellows started within the ICS in August 2023. These are the first HEE fellows of their kind and are therefore attracting national attention. We are regularly asked to speak at sustainability in healthcare events and are happily sharing our learning across the Midlands ICS'.
5. Each fellow is 0.4 whole time equivalent. The ICB provides clinical and managerial supervision, supporting these young clinicians to work across organisational boundaries and become proficient in project design, delivery and change management tools.
6. We have tasked each fellow with completing:
    a) At least three clinical sustainability change pilots within their clinical area.
    b) One social responsibility pilot (e.g. working with a local school).
    c) Carbon literacy training programme in their clinical specialism across the ICS.
7. Pilots completed to date, or that are ongoing, include:
    a) **Food and nutrition**: Increasing local produce in hospital food – Sherwood Forest Hospitals NHS Foundation Trust (SFH), ongoing.
    b) **Food and nutrition**: Increased plant-based, diary alternatives – SFH, complete.

c) **Food and nutrition**: 'me-sized' meals – SFH, complete.

d) **Public health**: excessive heat impact – Nottingham City Council, ongoing.

e) **Primary care**: inhaler switching – Nottingham South Place Based Partnership, ongoing.

f) **Theatres**: Reducing single use items:

i) Epidural trays – Nottingham University Hospitals NHS Trust (NUH), complete.

ii) Unnecessary cannulisation – NUH and SFH, ongoing.

iii) Reducing blood tubes – SFH, mobilising.

iv) Walking aid reuse and recycle – ICS-wide, ongoing.

g) **Anaesthetics**: switching from manifold to canister $N_2O$ – NUH and SFH, ongoing.

h) **Anaesthetics**: using cool stick instead of ethyl chloride – NUH and SFH, complete.

i) **Education**: Critical care conference – Midlands-wide, DREEAM[1] event – NUH, local specialism training – SFH, NUH, Primary Care, all complete.

8. We have been awarded funding for two further HEE funded fellows to commence in August 2024.

9. In addition to the HEE funded fellows, we have also supported ten special study module medical undergraduates, six pre-registration Pharmacists and are looking to secure managerial capacity through the NHS Graduate Managers scheme.

**External assurance and support**

10. In 2021/22 and 2022/23, NHS England issued a Memorandum of Understanding (MoU) outlining national and regional priorities and expectations of what each ICB should achieve towards these priorities. Assurance reviews were conducted every six weeks.

11. For 2023/24 each system completed a 'System Ambition Document', in partnership with the NHS England Midlands Green Team, outlining priorities and performance indicators. Our system defined ambitions centred around clinical opportunities, alongside the NHS England Midlands prescribed ambitions on energy, fleet, procurement, and medical gases. Assurance meetings have been held every eight to ten weeks.

[1] *DREEAM: Department of Research and Education in Emergency Medicine, Acute Medicine and Major Trauma is part of the Emergency Department (ED) at Nottingham University Hospitals NHS Trust, the East Midlands' regional centre for emergency and major trauma care.*

12. The NHS England operating model changes require systems to take on greater collaborative responsibility for the delivery of a Net Zero NHS, with programme performance issues being addressed as close to the system as possible. Whilst regional teams will continue to have a role in managing programme development and performance, this responsibility should shift to the ICS as it matures.
13. NHS England has requested a self-assessment against their maturity matrix. Attached at Appendix A are the results of that assessment, along with a plan to mature where we are scoring lower. NHS England will consider this assessment alongside submitted evidence before confirming an overall maturity level. This level will dictate what assurance route we will be subject to.

**Plan for next six months**

14. We will continue with current programme activities for the time being, allowing time for the NHS England assurance requirements to become clear, and we will continue with the planned review of the ICS Green Plan in a partner workshop in February 2024.
15. Following completion of the maturity self-assessment we have identified several actions that we will take over the next few months to grow our maturity.

    *Key actions in quarter four:*

| | | |
|---|---|---|
| 1 | Submit maturity self-assessment | 8 January 2024 |
| 2 | NHSE Maturity rating confirmed | February 2024 |
| 3 | Nominate Non-Executive Director | January 2024 |
| 4 | Review progress made with ICS partners against all organisational, and the ICS Green Plan | February 2024 |
| 5 | Refresh work packages as required following review | February 2024 |
| 6 | Consider a refresh of the ICS Green Plan | February to May 2024 |
| 7 | ICS Green Plan monthly assurance reporting commences | March 2024 |
| 8 | Recruitment for August 2024 HEE funded fellows | February to April 2024 |
| 9 | Nominate SRO for workforce and leadership work package | Ongoing |
| 10 | Trial benefits identification process across all digital transformation programmes | Ongoing |

**Appendix A: Self-assessment of maturity for our ICS using the NHSE maturity tool**

| Domain | Sub-Categories | Weighting | System Assessment | Commentary |
|---|---|---|---|---|
| **Governance and Assurance** | Governance Structure | High | Maturing | Independent assurance provided by 360 Assurance (internal audit).<br>**Plan** - review governance following NHSE maturity rating confirmed. |
| **Governance and Assurance** | ICS Green Board membership | High | Developing | Noticeable reduction in representation from some provider organisations, and passivity has crept in since monthly formal reporting was relaxed.<br>**Plan** - re-implement formal assurance reporting in line with NHSE maturity rating. |
| **Governance and Assurance** | ICS Working Groups | High | Maturing | We have made excellent progress on this. Each working area has a hopper and pipeline of ideas, and most have a comprehensive work package document in place.<br>**Plan** - complete work package documents for remaining two areas. |
| **Governance and Assurance** | Midlands Greener Delivery Board attendance and engagement | High | Thriving | Asked to speak to others as an exemplar for clinical engagement.<br>Agendas for Midland and roadshow event. |
| **Leadership** | Executive Leadership | High | Developing | **Plan**<br>1. Need to appoint a NED to be classed as 'Maturing'. |

| Domain | Sub-Categories | Weighting | System Assessment | Commentary |
|---|---|---|---|---|
| | | | | 2. NED lead to become actively involved to be classed as ‘Thriving’. |
| **Leadership** | Senior Leadership | High | Maturing | **Plan** - Need to ensure each organisation has appropriately trained, engaged and active senior leaders that can help build credibility, engage the wider workforce, and embed culture change. |
| **Leadership** | Clinical Leadership | High | Thriving | ICS Clinical Director – honorary.<br>Four HEE Fellows working across Public Health, NUH, SFH.<br>GP Phoenix Fellow in Rushcliffe with a developing programme to roll out this model across other places. |
| **Leadership** | Subject Matter Expertise | High | Thriving | All key programme members across ICS are well trained and passionate about delivering real change. |
| **Delivery** | National Priority Workstream Areas | High | Maturing | Delivering the national priority workstream areas with minimal areas of challenge. |
| **Delivery** | ICS Green Plan - Strategy | High | Maturing | On track to delivering the system Green Plan ambitions in line with plan timescales. |

| Domain | Sub-Categories | Weighting | System Assessment | Commentary |
|---|---|---|---|---|
| **Delivery** | Embedding the Greener Programme | High | Developing | **Plan** - All other programmes to incorporate Greener into their decision making, planning and wider governance across the system. |
| **Delivery** | ICS Delivery Plan - Operational | High | Developing | Clear delivery plan in place to deliver the ICS Green Plan, with clear and agreed outcomes, milestones and Leads.<br>**Plan** - need to embed Green plans into ***all*** system programmes with established monitoring and reporting. |
| **Reporting** | National Data Collection Requests | Medium | Thriving | All organisations are submitting and using this to guide delivery. We have extended this locally to include all NHS service providers. |
| **Reporting** | System Reporting | Medium | Maturing | Formal reporting was relaxed around the onset of industrial action, to free capacity but also noting that delivery had been good. Since relaxing monthly reporting ***clarity*** of delivery progress has reduced.<br>**Plan** - re-implement formal assurance reporting in line with NHSE maturity rating. |
| **Reporting** | System Review Meetings | Medium | Maturing | Greener NHS to be a regular agenda item at External System Review Meetings. |

| Domain | Sub-Categories | Weighting | System Assessment | Commentary |
|---|---|---|---|---|
| **Reporting** | Benefits Realisation | Medium | Developing | Financial, social and environmental impacts captured for all Greener NHS projects.<br>**Plan** - Financial, social and environmental impacts to be reported for all programmes of work. |
| **Resource** | Finance | Medium | Maturing | Proactively identifying resource requirements, especially for clinical capacity. Excellent success at securing public funding grants. |
| **Resource** | Workforce | Medium | Emerging | No longer have a system SRO in place. We still need to identify workforce requirements to deliver Green Plan. |
| **Resource** | PMO Support | Medium | Thriving | Coordinated PMO across system. |
| **Resource** | Peer-to-Peer Support | Medium | Thriving | Often presenters in national or regional lunch and learn sessions.<br>ICS to ICS network is strong and frequently used to get and give best practice advice.<br>Each organisation has vibrant 'educating others' activities. |
| **Communications and Engagement** | Education and Training | Low | Emerging | We need to refresh the education plan for all staff: this has stalled since Workforce SRO left. |

| Domain | Sub-Categories | Weighting | System Assessment | Commentary |
|---|---|---|---|---|
| | | | | **Plan** - explore workforce SRO options with system partners. |
| **Communications and Engagement** | Workforce Engagement | Low | Developing | Several attempts at developing a comprehensive engagement plan have stalled. Engagement is done but not systematically.<br>**Plan** - explore options for dedicated communications capacity. |
| **Risk Management** | Risk Register | Low | Developing | **Plan** - ensure the RAID logs held are regularly reviewed and updated. |

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|---|---|
| **Meeting Title:** | Integrated Care Board (Open Session) |
| **Meeting Date:** | 11/01/2024 |
| **Paper Title:** | **Committee Highlight Reports** |
| **Paper Reference:** | ICB 23 083 |
| **Report Author:** | Committee Secretariat |
| **Report Sponsor:** | ICB Committee Chairs |
| **Presenter:** | ICB Committee Chairs |

| **Paper Type:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| For Assurance: | ✓ | For Decision: | | For Discussion: | | For Information: | |

**Summary:**

This report presents an overview of the work of the Board's committees since the last Board meeting in November 2023. The report aims to provide assurance that the committees are effectively discharging their delegated duties and to highlight key messages for the Board's attention. This includes the committees' assessments of the levels of assurance they have gained from the items received and the actions instigated to address any areas where low levels of assurance have been provided.

Also included is a summary of the high-level operational risks currently being oversighted by the committees. All ICB committees have a responsibility to oversee risks relating to their remit, ensuring that their discussions are reflective of the risks identified and that robust management actions are being taken in response. As such, all committee meetings have risk as a standing agenda item.

**Recommendation(s):**

The Board is asked to **receive** the report for assurance.

| How does this paper support | the ICB's core aims to: |
|---|---|
| Improve outcomes in population health and healthcare | The Board's committee structure has been designed to provide assurance to the Board that statutory duties and responsibilities in line with the core aims are being effectively discharged. |
| Tackle inequalities in outcomes, experience and access | As above. |
| Enhance productivity and value for money | As above. |
| Help the NHS support broader social and economic development | As above. |

**Appendices:**

A: Highlight Report from the Strategic Planning and Integration Committee
B: Highlight Report from the Quality and People Committee
C: Highlight Report from the Finance and Performance Committee
D: Highlight Report from the Audit and Risk Committee
E: Current high-level operational risks being oversighted by the Board's committees

| Board Assurance Framework: |
| --- |
| The Board's committees scrutinise assurances in relation to the strategic risks for which they are the 'lead' committee and escalate levels of assurance to the Board via this consolidated highlight report. |

| Levels of assurance: | |
| --- | --- |
| **Full Assurance** | The report provides clear evidence that:<br>• Desired outcomes are being achieved; and/or<br>• Required levels of compliance with duties is in place; and/or<br>• Robust controls are in place, which are being consistently applied.<br>Highly unlikely that the achievement of strategic objectives and system priorities will be impaired.<br>No action is required. |
| **Adequate Assurance** | The report demonstrates that:<br>• Desired outcomes are either being achieved or on track to be achieved; and/or<br>• Required levels of compliance with duties will be achieved; and/or<br>• There are minor weaknesses in control and risks identified can be managed effectively.<br>Unlikely that the achievement of strategic objectives and system priorities will be impaired.<br>Minor remedial and/or developmental action is required. |
| **Partial Assurance** | The report highlights that:<br>• Achievement of some outcomes are off-track or mechanisms for monitoring achievement in some areas have yet to be established/fully embedded; and/or<br>• Compliance with duties will only be partially achieved; and/or<br>• There are some moderate weaknesses that present risks requiring management.<br>Possible that the achievement of strategic objectives and system priorities will be impaired.<br>Some moderate remedial and/or developmental action is required. |
| **Limited Assurance** | The report highlights that:<br>• Achievement of outcomes will not be achieved or are significantly off-track for achievement; and/or<br>• Compliance with duties will not be achieved; and/or<br>• There are significant material weaknesses in control and/or material risks requiring management.<br>Achievement of strategic objectives and system priorities will be impaired.<br>Immediate and fundamental remedial and/or developmental action is required. |

| Report Previously Received By: |
| --- |
| Not applicable. |

| Are there any conflicts of interest requiring management? |
| --- |
| No. |

| Is this item confidential? |
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| No. |

## Appendix A: Strategic Planning and Integration Committee Highlight Report

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|---|---|
| **Meeting Dates:** | **7 December 2023 and 3 January 2024 (extraordinary meeting)** |
| **Committee Chair:** | **Jon Towler, Non-Executive Director** |

**Assurances received:**

| Item | Summary | Level of assurance |
|---|---|---|
| Update on Newark Urgent Treatment Centre Opening Hours | At the December meeting, the Committee received a progress update on work undertaken to secure sustainable opening hours for the Urgent Treatment Centre (UTC) service at Newark Hospital. Members were informed that an extensive 60-day listening exercise had been undertaken to help shape thinking on the future UTC opening hours. The conclusions and recommendations from the listening exercise were discussed, along with feedback from an independent review carried out by the East Midlands Clinical Senate and findings from recent options appraisal workshops. The outcomes of these activities would also be considered by the Nottinghamshire County Council Health Scrutiny Committee (HSC) on 12 December.<br>A further discussion with the Committee took place at an extraordinary meeting on 3 January to consider feedback from NHS England and the HSC. | **Adequate Assurance** |

**Other considerations:**

| Decisions made: |
|---|
| The Committee:<br>a) Approved the proposed criteria for the 2024/25 Health Inequalities and Innovation Fund (HIIF) which aimed to provide greater transparency and a clear process to support delivery of ICS priorities.<br>b) Approved the proposal for NHS smoking cessation services to be top sliced from the 2024/25 HIIF to provide sustainability and integration in a challenging financial environment. |

c) Approved the establishment of a task and finish group of the Committee to steer the implementation and define the detail of the HIIF.

d) Approved the implementation of the proposed choice accreditation process which had been developed to accredit providers under the Choice Framework in line with national legislation.

e) Approved the awarding of a three-year contract (with the option to extend for a further two years) for a new all-age suicide and self-harm service following a competitive procurement process. The service will commence on 1 April 2024.

f) Approved the continuation of the ICB's current position regarding fertility policies, confirming that the ICB will continue to operate its two legacy fertility services policies (from the former CCG organisations) until completion of an East Midlands-wide review in 2024/25.

g) Approved the Any Qualified Provider (AQP) procurement undertaken for the Termination of Pregnancy Service contract. The AQP contract would be for three years commencing on 1 January 2024 to 31 December 2026 with an option to extend for up to a further two years.

h) Approved the proposed commissioning approach and a 24-month direct contract award to two community Musculoskeletal (MSK) Services in South Nottinghamshire until March 2026. Opportunities are being explored around the development of a lead provider model and a fully integrated MSK service offer in the future.

i) Approved the proposal for a 24-month direct award to extend four Community Dermatology Services contracts from 1 April 2024 until 31 March 2026. The direct award extensions would ensure continuity of service provision whilst a system-wide service review is developed and concluded.

j) Approved the recurrent funding of three Discharge to Assess (D2A) proposals to support sustainability of the D2A transformation workstream in the future. The funding for these proposals was allocated on a recurrent basis through the Better Care Fund.

k) Ratified an urgent decision taken on 8 November 2023 via the Committee's urgent decision-making powers to approve how non-recurrent 'Additional Capacity Targeted Investment' (ACTI) funding would be spent.

**Matters of interest:**

The Committee also received and discussed:

a) An update on the Tomorrow's Nottingham University Hospital (TNUH) programme.

b) The outcome of the PA Consulting diagnostics work, noting that the ICS Executive Leadership Group had signed off a plan to improve internal flow and discharge processes across the system.

c) A progress update on mobilisation of the HIIF for 2023/24 and discussed the management of the HIIF for 2024/25 in line with the challenging financial position.

d) The developing arrangements to ensure ICB compliance with the Health Care Services Provider Selection Regime (PSR) Regulations 2023 and PSR Statutory Guidance which would come in to force on 1 January 2024. These updates included the proposed revisions needed to the ICB's decision-making arrangements.

e) The log of all investment, disinvestment and contract awards (healthcare services) made during the year (2023/24).

f) Comprehensive updates on the risks relating to the Committee's remit. Members also noted that the ICB's approach to risk appetite and risk domains had now been discussed, and agreed, with the Executive Management Team and that future risk reports would be aligned to the approach accordingly.

## Appendix B: Quality and People Committee Highlight Report

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| **Meeting Dates:** | **15 November 2023** |
| **Committee Chair:** | **Marios Adamou, Non-Executive Director** |

**Assurances received:**

| Item | Summary | Level of assurance |
|---|---|---|
| 1. Quality Oversight Report | This was the first iteration of the Quality Oversight Report following discussion at the Committee's development session held on 31 October where the benefits of bringing together elements of the quality Integrated Performance Report (IPR) and workforce IPR were agreed. The report would evolve to include more 'workforce' quality indictors from January 2024.<br>Areas of enhanced oversight were highlighted, and included, Learning Disabilities and Autism (LDA), Patient Safety, Maternity, Special Educational Needs and Disabilities (SEND), Looked After Children (LAC), Children and Young People, Additional Vulnerabilities**,** Complaints and National Oversight Framework (NOF) ratings. It was noted that:<br>• LDA adult in-patient performance continued to be an area of significant oversight both regionally and nationally.<br>• There had been disruption to the provision of attention deficit hyperactivity disorder (ADHD) medication, a plan was in place to manage the position across the system.<br>• Maternity continued to be an area of focus. Nottingham University Hospitals NHS Trust (NUH) and Sherwood Forest Hospitals NHS Foundation Trust (SFH) had received insight visits and both providers were on track with Ockenden requirements. | **Limited Assurance** |

| Item | Summary | Level of assurance |
|---|---|---|
| | • A system level measles, mumps and rubella (MMR) elimination plan had been shared with NHS England and a detailed action plan was being developed to drive improvements in vaccination rates.<br>Members had noted the significant increase in the number of complaints made to the ICB. Further detail in relation to complaints was included in the report and it was suggested that a future deep dive may be of benefit.<br>Members requested more detail in relation to challenged services, particularly maternity services at NUH and Emergency Department (ED) performance at NUH in order that they could reach a view on assurance.<br>Members agreed a limited assurance rating in November due to the volume of areas on enhanced oversight and the need for greater detail about challenged services. | |
| 2. ICS People Plan: Delivery update | The report provided an update against delivery of the 2023/24 People Plan and progress in relation to the Joint Forward Plan (JFP). A detailed stocktake against the JFP would be provided in January 2024 including an update on the ambition to create 'one workforce'.<br>Members noted that some initiatives had been slow to progress. Original plans had been aspirational and were being reviewed and reset with achievable goals. The ambition remained to move to a whole system, planned approach to workforce rather than a reactive one. It was noted that the January 2024 stock-take report would include a plan refresh alongside the current system position and members suggested changes to the reporting format that would help provided clearer assurances around delivery and outcomes. | **Limited Assurance** |
| 3. Continuing Healthcare and Children's Continuing Care – Deep Dive | The deep dive report provided assurance in respect of the ICB's statutory duties in relation to Continuing Healthcare (CHC). Members were informed of the mechanisms for delivering the service and the intention to create one service across Nottingham and Nottinghamshire. Currently, CityCare delivered case management and assessments in Nottingham City and South Nottinghamshire. The ICB led on assessments and case | **Partial assurance** |

| Item | Summary | Level of assurance |
|---|---|---|
| | management in Mid Nottinghamshire. Nottinghamshire Healthcare NHS Foundation Trust (NHT) carried out assessments in Bassetlaw with the ICB delivering case management. There was an intention to create one service for Nottingham and Nottinghamshire.<br>The ICB was consistently meeting the target to carry out an initial assessment within 28 days of referral, although annual reviews were behind plan, with the main pressures being in Mid Nottinghamshire where many cases were in dispute with the Local Authority.<br>Members applied a 'partial' assurance rating. This recognised the positive work to date and further work required to create an integrated team. | |
| 4. LeDeR Programme Annual Report | The Learning from the Lives and Deaths of People with Learning Disabilities and Autism (LeDeR) Annual Report provided an overview of the progress and impact of the LeDeR programme in Nottingham and Nottinghamshire from 01 April 2022 to 31 March 2023. The annual report included achievements of the programme and areas for further improvement and development.<br>Performance during the period was consistent with previous years, with 81 LeDeR reviews required in 2022/23. The ICB benchmarked well against ICBs nationally regarding completion of reviews.<br>An area of focus had been respiratory medicine due to the number of deaths connected to conditions such as aspirational pneumonia.<br>It was agreed that areas of focus for 2023/24 would include addressing the gender gap and working with black and minority ethnic (BME) communities to form a better understanding of how LeDeR needed to interface with these groups and individuals.<br>Members applied a 'partial' assurance rating. This rating related to governance and clarity regarding whether objectives had been met. The rating did not refer to the clinical care and treatment of individuals. The report is provided for Board Members' | **Partial assurance** |

| Item | Summary | Level of assurance |
|---|---|---|
| | information at https://notts.icb.nhs.uk/about-us/safeguarding/learning-from-the-lives-and-deaths-of-people-with-learning-disabilities-and-autism/. | |

**Other considerations:**

| Decisions made: |
|---|
| a) Members approved the ICB corroborative statement for the NEMS Community Benefit Services Ltd Quality Account. |
| b) Members approved the Patient Safety Incident Response (PSIRF) Policy, noting that it would be reviewed in September 2024 to allow for a refresh post full implementation of PSIRF. |
| **Matters of interest:** |
| a) Members received a briefing paper in relation to the Public Sector Equality Duty and NHS Equality Delivery System. Whilst provided for information, the paper included a timeline for reporting to fulfil the ICB's statutory duties. |
| b) Members received the System Operational Risk Report which included a focused review of the risk relating to Nottinghamshire Healthcare NHS Foundation Trust (NHT). The NHT risk had initially been rated high, (16) and continued with a score of 16 until February 2023 when it was reduced to medium (12). The risk had been increased back to 16 recently due to challenges related to NHT. Members agreed with the rationale for increasing the risk score. |
| c) Members would receive a work programme for quarter four in January 2024 to ensure that all areas requiring quality scrutiny would be addressed before the year end, e.g. Primary Care Quality and Medicines management. |

## Appendix C: Finance and Performance Committee Highlight Report

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| **Meeting Dates:** | **29 November 2023** |
| **Committee Chair:** | **Stephen Jackson, Non-Executive Director** |

**Assurances received:**

| Item | Summary | Level of assurance |
|---|---|---|
| 1. System Finance Report and Recovery Plan (M7) | The report included detailed analysis of the financial performance for the system for month seven against a breakeven plan. A deficit position was reported with the majority of overspend attributed to Nottingham University Hospitals NHS Trust (NUH).<br>The system continued to forecast a break-even position against plan, however, significant risks to achievement were described. Unfunded workforce and use of agency staff remained key drivers of the adverse position, although agency usage had reduced.<br>Discussions had taken place with NHSE about the year-end position and action required to drive down the current deficit. At a system level, all organisations would be required to tighten workforce controls and review investment plans.<br>There continued to be significant scrutiny on financial control both within the system and externally from NHSE. Members raised concern at the scale of the challenge, particularly during the winter period that brings additional pressure to services. | **Limited assurance** |
| 2. ICB Finance Report and Recovery Plan (M7) | The report included detailed analysis of the financial performance for the ICB for month seven, against a breakeven plan. Discussions had taken place with NHS England regarding the likely year-end position.<br>The risk associated with a £56 million efficiency target was highlighted. Members discussed the risk of increased prescribing costs as this had been flagged as a national issue. Another driver of the position was continuing healthcare (CHC) package costs. Members noted that there was a significant level of risk associated with the plan, | **Limited assurance** |

| Item | Summary | Level of assurance |
|---|---|---|
| | although strengthened savings and efficiency governance processes had been implemented and were having a positive impact. | |
| 3. ICB Service Delivery Performance Report | The report described key areas of risk and improvement since October 2023. Areas of improvement were two-hour urgent care response contacts, planned care - diagnostics, mental health – dementia diagnosis and perinatal access and a reduction in the community adult waiting list.<br>Areas where performance was of concern were urgent care – discharges and medically safe for transfer, urgent care – ambulance handover delays > 60 minutes, planned care – elective long waits, 78 weeks and total waiting list volume, cancer – increasing backlogs and mental health – inappropriate out of area placements.<br>Services continued to operate under sustained pressure, with a high number of patients waiting to leave hospital, impacting on those requiring acute care. The urgent care system continued to experience increased pressure. At Nottingham University Hospitals NHS Trust (NUH), the constraints around hospital flow had contributed to significant overcrowding in the Emergency Department and had impacted ambulance handover performance.<br>Industrial action has limited the volume of elective activity that acute providers had been able to deliver during the year to date.<br>Demand for inpatient mental health beds continued to be high, with services reporting increased acuity of patients presenting for support.<br>A planning process had taken place to agree actions required to deliver priorities for the second half of the financial year (H2). The Trust and ICB boards approved the submission to NHS England on 22 November 2023.<br>Whilst applying an assurance level of limited overall, members noted that the areas of improvement highlighted in the report provided partial assurance. | **Limited assurance** |

| Item | Summary | Level of assurance |
|---|---|---|
| 4. 2023/24 Demand and Capacity Performance | The report provided the latest information on winter demand, progress with delivery of Urgent and Emergency Care (UEC) demand mitigations and additional capacity and the bed model position.<br>During October 2023, admissions into hospital were broadly in line with the plan, but demand for acute beds was higher than plan.<br>Covid ED attendances peaked during September 2023 and were expected to fall during November 2023. A further Covid peak was anticipated over the winter period.<br>Plans assumed that influenza rates would rise during November 2023 and the system was starting to see flu increases for under 18's, which is usually an indicator of future adult admissions. Additional winter bed capacity plans were in place to meet the seasonal demand.<br>Good progress was being made in delivering the UEC (Urgent and Emergency Care) demand mitigations however they were not delivering the full impact required in the plan, particularly the ambitious medically safe for transfer (MSFT) reductions.<br>Under performance of the UEC demand mitigations, together with the October bed gap in the bed model, had contributed to a higher demand for beds and significant system pressures over recent weeks. Members agreed it was critical to maintain the focus of system partners on full delivery of the UEC demand mitigations identified in the original operational plan. The UEC Board and Programme Board would explore further opportunities to mitigate demand over winter and into 2024/25. | **Limited assurance** |
| 5. Escalated Performance Concern – Virtual wards | The report outlined the NHSE requirement that by December 2023 systems would have completed the comprehensive development of virtual wards to meet the national ambition of 40–50 virtual wards per 100,000 population for those aged 16+years. This translated to 400-500 virtual ward beds for the Nottingham and Nottinghamshire ICS. As a minimum, NHSE expects each system to implement virtual ward models for two pathways, Acute Respiratory Infection (ARI) and Frailty. | **Partial assurance** |

| Item | Summary | Level of assurance |
|---|---|---|
| | The initial planning submission detailed 279 beds as the ambition for the ICS by December 2023. NHSE had since requested a focus on 80% occupancy of virtual wards which had altered the initial plan from 279 beds to 243 beds by March 2024. Locally, the Virtual Wards Steering Group had agreed a revised forecast trajectory of 253 beds by March 2024. Successful delivery of the trajectory would be dependent on the recently introduced interim technology solution and senior clinical support to the establishment of virtual wards. A snapshot taken on 26 October showed actual capacity at 124 beds, 104 beds below the NHSE submitted plan, and eight beds behind the ICS re-aligned delivery plan.<br>Recruitment was underway for the senior clinical support for the new step-up virtual wards. This would increase community virtual ward capacity by 43 beds by March 2024. Current reporting indicates that the ICS is on track to deliver both the NHSE submitted and ICS re-aligned bed target by March 2024.<br>Members noted the progress made to develop the virtual ward model and improve capacity ahead of winter. The challenges to its implementation were discussed, including senior clinical support and technology solutions and teams congratulated on overcoming the barriers to implementation.<br>Members applied partial assurance to the report in recognition of significant progress but remaining distance from target. | |
| 6. Thematic Health Inequalities Review – Core20+5: Hypertension | Members received a report focused on hypertension prevention. The report outlined that Cardiovascular Disease (CVD) and in particular, hypertension, was one of five clinical areas identified within the national Core20+5 framework in reducing health inequalities.<br>CVD was reported as one of the leading causes of the gap in life expectancy between the least and most deprived across Nottingham and Nottinghamshire, contributing to between 17-24% of deaths. Nottingham City has the second highest rate of CVD mortality in under 75's across England. | **Partial assurance** |

| Item | Summary | Level of assurance |
|---|---|---|
| | Detection and management of hypertension had been highlighted by NHSE as key to reducing health inequalities. Data indicated that hypertension diagnosis was increasing across the Integrated Care System (ICS), however Core20 and ethnic minority groups were under-represented within the prevalence figures, despite the increased risk within those populations.<br>The report highlighted that if the number of hypertension diagnoses increased and treatment optimised, heart attacks and strokes could be prevented in population groups with the highest level of risk. The report highlighted that there were potentially 59,935 people across the ICS with undiagnosed hypertension.<br>Across Nottingham and Nottinghamshire, initiatives for the prevention, detection and treatment of hypertension, including targeting population groups at the highest risk, had been implemented at neighbourhood, place and system level. Actions were supported by Public Health and Local Authorities. Members applied partial assurance to the report in recognition of the actions underway but concern at the pace of change and impact. | |

**Other considerations:**

| Decisions made: |
|---|
| No decision papers were presented in November 2023. |
| **Matters of interest:** |
| The Committee:<br>a) Had a focused discussion on the operational risk report which included 14 risks. An analysis of risks was included in the report alongside a summary of the current risk profile, movement in risk scores, length of time risks had been registered, and current risk score positions in relation to risk appetite. Seven risks were rated high.<br>b) Members received an update on 2024/25 NHS Operational planning. Publication of NHS England (NHSE) Priorities and Operational Planning Requirements guidance had been delayed. The ICS ambition was to produce an NHS operational plan that was compliant |

operationally and financially with national requirements, although it was acknowledged that this would be extremely challenging due to the significant financial pressures and operational performance issues currently experienced.

c) Members received a report to describe the approach to production of an ICS Infrastructure strategy by March 2024, which has been requested by NHSE for all systems. Formal guidance on requirements of the strategy was awaited.

## Appendix D: Audit and Risk Committee Highlight Report

| | |
|---|---|
| **Meeting Dates:** | **3 January 2024** |
| **Committee Chair:** | **Caroline Maley, Non-Executive Director** |

**Assurances received:**

| Item | Summary | Level of assurance |
|---|---|---|
| 1. Board Assurance Framework Targeted Assurance Report – Medical Directorate | Members had an in-depth discussion with the Medical Director regarding the strategic risks 'owned' in this area, which included assurance on the control environment and the work being undertaken to address any gaps in control or assurance. Members were advised that since the last update to the Committee, there had been no movement in the current and target risk scores for these risks. The Committee recognised that there continued to be a robust control framework in place, following the development of key strategies; however, the emphasis for the remainder of 2023/24 and 2024/25 should be ensuring implementation, oversight and delivery of the strategies and providing evidence that the plans that have been put in place were working. Moving to 2024/25, the Committee also requested that further external assurances should continue to be sought. | **Partial Assurance** |
| 2. Emergency Preparedness, Resilience and Response Annual Report | The report provided an overview of work undertaken to manage incidents over the past year and how key risks were being managed. Following a national assurance process carried out annually against the core standards, the ICB has been rated as partially compliant by NHSE and the Committee sought assurance that those areas of partial compliance were being addressed. | **Adequate Assurance** |
| 3. Statutory and Mandatory Training | The Committee reviewed the ICB's current statutory and mandatory training compliance figures and the processes in place to monitor and improve compliance rates. Members noted the positive impact on a drive to improve compliance among new starters following the last report. Noting lower levels of compliance in some discrete areas, the Committee urged the | **Full Assurance** |

| Item | Summary | Level of assurance |
|---|---|---|
| | ICB to continue to ensure full compliance with statutory and mandatory training requirements. | |
| 4. Financial Stewardship | The report provided an update on the ICB's key financial arrangements. The Committee noted that debt management, procurement card usage and agency spend continued to be robustly managed. Following overpayments made to certain GP providers, the Committee also took assurance that actions were underway to recover those payments, and the additional control mechanisms put in place should mitigate future overpayments. The Committee requested that every effort should be made to ensure recovery of the debt in full. | **Adequate Assurance** |
| 5. Information Governance | The Committee received an assurance report in relation to the arrangements established within the ICB to ensure compliance with the requirements of the Data Security and Protection Toolkit. A compliant Data Security and Protection Toolkit had been submitted at the end of June 2023 and members were assured there were robust processes in place to ensure that the ICB would meet all requirements for 2023/24. | **Adequate Assurance** |

**Other considerations:**

| **Decisions made:** |
|---|
| The Committee approved:<br>a) A debt write off of £3,032<br>b) Revisions to the Fraud Bribery and Corruption Policy, the Internet and Email Policy, and the Information Security Policy. |
| **Matters of interest:** |
| Members received a briefing on arrangements for the anticipated introduction of the Provider Selection Regime on 1 January 2024 in relation to the Committee's areas of responsibility. Preparations for the introduction of a new finance system were noted.<br>The Stage Two Head of Internal Audit Opinion Memorandum Report had been received; and no actions had been proposed. The Committee noted that the review of the ICB's key financial systems had been given audit opinion of significant assurance. |

## Appendix E: Current high-level operational risks being oversighted by the Board's committees

| Risk Ref. | Risk Description | Current Score | Responsible Committee |
|---|---|---|---|
| **ORR155** | If the transformation of urgent and emergency care services is not maximised there is a risk that limited health and social care resources may not be used most efficiently. This may lead to an inability to meet demand: today and in the future. This in turn may lead to increased ambulance handover delays, overcrowding within Accident and Emergency Departments and extended lengths of stay in inappropriate health care settings. | **High** 20 (I4 x L5) | Strategic Planning and Integration Committee |
| **ORR154** | If we fail to prioritise prevention across the health and social care system, there is a risk of missed opportunities to avoid unnecessary admissions and keep individuals well in their communities. This may also result in additional pressure on an already constrained urgent and emergency care service. | **High** 16 (I4 x L4) | Strategic Planning and Integration Committee |
| **ORR024** | If Nottingham University Hospitals NHS Trust (NUH) do not have the capacity to make improvements in a timely manner (following CQC visits), the quality of services may deteriorate.<br>This may lead to poor patient experience, adverse clinical outcomes and/or patient safety issues for the population of Nottingham and Nottinghamshire. | **High** 16 (I4 x L4) | Quality and People Committee |
| **ORR077** | If sustained levels of significant pressure on health and social care services continues, due to high levels of demand (exacerbated by the pandemic), there is risk of staff sickness, exhaustion and 'burn out'. This may also impact workforce retention. | **High** 16 (I4 x L4) | Quality and People Committee |
| **ORR101** | If elective activity is reduced due to capacity constraints and non-elective demand, there is a significant risk that planned care waiting times will continue to increase which may lead to poor patient outcomes and/or experiences. | **High** 16 (I4 x L4) | Quality and People Committee |
| **ORR115** | If Nottinghamshire Healthcare NHS Foundation Trust (NHCT) does not have the capacity to make improvements in a timely manner, the quality of mental health and community services may deteriorate. This may lead to poor patient experience, adverse clinical outcomes and/or patient safety issues for the population of Nottingham and Nottinghamshire. | **High** 16 (I4 x L4) | Quality and People Committee |
| **ORR138** | If there is a failure to ensure appropriate capacity and capability across the system within health care providers due to issues with recruitment and retention, there may be a risk of unmet health needs for the population of Nottingham and Nottinghamshire. | **High** 16 (I4 x L4) | Quality and People Committee |

| Risk Ref. | Risk Description | Current Score | Responsible Committee |
|---|---|---|---|
| **ORR142** | If staffing levels are reduced, at times of workforce industrial action, this may result in risk to the delivery of services across the system. | **High** 16 (I4 x L4) | Quality and People Committee |
| **ORR167** | As a result of delays across the urgent and emergency care pathway, there is a risk of patient deterioration and deconditioning (physical or cognitive functions) within hospital settings, leading to increased levels of morbidity and mortality. | **High** 16 (I4 x L4) | Quality and People Committee |
| **ORR023** | If Nottingham University Hospitals NHS Trust (NUH) do not have the capability to make improvements in a timely manner following CQC recommendations, the quality of maternity services will result in poor patient experience, adverse clinical outcomes and/or patient safety issues for the population of Nottingham and Nottinghamshire. | **High** 15 (I5 x L3) | Quality and People Committee |
| **ORR105** | Continued over-reliance on non-recurrent (one-off) funds / mitigations by the ICB to temporarily offset recurring (year on year) pressures may result in further deterioration in the ICB's recurrent underlying financial position for 2023/24. | **High** 20 (I4 x L5) | Finance and Performance Committee |
| **ORR106** | There is a potential risk that NHS Nottingham and Nottinghamshire ICB may not meet its statutory financial duties for 2023/24. | **High** 20 (I4 x L5) | Finance and Performance Committee |
| **ORR107** | There is a potential risk that the Nottingham and Nottinghamshire system, as a collective, may not meet its agreed year-end financial position outlined within the 2023/24 financial plan. As well as potential reputational risks for the ICS, this may significantly impact the extent to which the system is able to create financial 'headroom' to focus on the transformation of services. | **High** 20 (I4 x L5) | Finance and Performance Committee |
| **ORR108** | Continued over-reliance on non-recurrent mitigations to manage the system's 2023/24 financial position may result in further deterioration in the system's underlying financial position (UDL). The UDL may also be impacted by non-delivery of required 'cash releasing' productivity, efficiency, and transformation plans. | **High** 20 (I4 x L5) | Finance and Performance Committee |
| **ORR090** | If the system does not have sufficient system partner 'buy in' and capacity to engage with and deliver transformation schemes alongside business-as-usual delivery it may not be possible to progress the system, primary care and ICB digital transformation agenda. | **High** 16 (I4 x L4) | Finance and Performance Committee |
| **ORR072** | If we are unable to improve clinical support, engagement and confidence in the concept of Virtual Wards, there is a risk that the system may not realise the benefits in terms of reducing demand, improving flow and increasing capacity. | **High** 16 (I4 x L4) | Finance and Performance Committee |

| Risk Ref. | Risk Description | Current Score | Responsible Committee |
|---|---|---|---|
| **ORR084** | If organisations within the ICS are unable to access IT systems, they may not be able to conduct core business as usual functions. This may result in patients not receiving timely diagnosis or treatment due to necessary equipment not functioning or patient records being unavailable. | **High** 15 (I5 x L3) | Finance and Performance Committee |
| **ORR145** | Due to a continued period of sustained pressure, further organisational change and ICB cost reductions, there is a risk of increased sickness absence and reductions in staff productivity alongside staff feeling disconnected or disengaged with the ICB. | **High** 16 (I4 x L4) | Human Resources Executive Steering Group |

| | |
|---|---|
| **Meeting Title:** | Integrated Care Board (Open Session) |
| **Meeting Date:** | 11/01/2024 |
| **Paper Title:** | **Quality and Workforce Report** |
| **Paper Reference:** | ICB 23 083 |
| **Report Author:** | Diane-Kareen Charles, Deputy Chief Nurse, and Director of Quality<br>Nicola Ryan, Deputy Chief Nurse Operations and Delivery<br>Andrea Brown, Deputy Director People Programme |
| **Report Sponsor:** | Rosa Waddingham, Director of Nursing |
| **Presenter:** | Rosa Waddingham, Director of Nursing |

| **Paper Type:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| For Assurance: | ✓ | For Decision: | | For Discussion: | | For Information: | |

**Summary:**

The purpose of this report is to present a summary of progress against compliance and commitment targets as required for 2023/24. The report includes progress and exception reports for areas of concern covering quality and workforce.

Further detail on the areas outlined within this report can be found in the full Integrated Performance Report (IPR), which is included within the Board papers for information at item 14 on the agenda.

The full IPR includes a scorecard on page 4, which provides a summary of current delivery of the ICB against the various key system requirements aligned to the ICS four core aims. This highlights that the system continues to experience pressures to delivery across all areas.

**Recommendation(s):**

The Board is asked to **receive** the report for assurance regarding the progress against quality and people delivery plans and targets.

| How does this paper support | the ICB's core aims to: |
|---|---|
| Improve outcomes in population health and healthcare | Provides an overview of current performance in relation to quality across the ICB. |
| Tackle inequalities in outcomes, experience and access | As above. |
| Enhance productivity and value for money | As above. |
| Help the NHS support broader social and economic development | As above. |

**Appendices:**

None.

| Board Assurance Framework: |
| --- |
| This paper provides assurance in relation to the management of the following ICB strategic risk(s):<br>• Risk 6: Quality Improvement – Failure to maintain and improve the quality of services.<br>• Risk 7: People and Culture – Failure to ensure appropriate capacity and capability within the local workforce. |

| Report Previously Received By: |
| --- |
| The content of this report has been previously scrutinised by the Quality and People Committee. |

| Are there any conflicts of interest requiring management? |
| --- |
| No. |

| Is this item confidential? |
| --- |
| No. |

# Quality and Workforce Report

## Quality

1. The following paragraphs highlight the key messages regarding the latest performance against quality targets. More detail can be found within the quality scorecard on page 5 and exception reports on pages 14 to 34 of the full Integrated Performance Report (IPR).
2. **Learning Disability and Autism:** An area of significant oversight remains on adult inpatient performance with monthly NHS England system performance meetings in place.
3. During October there was a significant increase in adult inpatient admissions, predominantly due to autism diagnosis and late diagnosis for individuals within a mental health inpatient setting.
4. An Inpatient Summit was held on 14 November 2023 with system Chief Executives and senior directors to address oversight and assurance of arrangements and a set of system actions to support recovery were agreed:
    a) The rapid development of a clinically led diagnosis pathway group.
    b) A refresh of the Learning Disabilities and Autism Executive Partnership Board membership.
    c) More robust escalation meetings within the system of individual cases supported by six weekly summit meetings of system executive leads to support pace of change.
5. As part of the NHS England support offer, the National Development Team for Inclusion is undertaking a support review to focus on inpatient performance. A system leadership workforce meeting was held on 29 November, with a broader action plan due by February 2024. Some actions identified within that workshop will be taken forward at greater pace to ensure transitional bed capacity can be maximised.
6. **Patient Safety:** The ICB Patient Safety Specialists are leading on the development of an ICS Patient Safety Strategy which will include:
    a) A system Patient Safety Profile, based on the Patient Safety Incident Response Plans from individual providers and other relevant system intelligence.
    b) A programme of recruitment, training, and support for Patient Safety Partners in collaboration with provider partners and aligning place-based priorities.
    c) A refreshed ICS Patient Safety Specialists network (planned for April 2024) and ongoing input from all partners through the system quality governance framework, to develop, iterate and champion the emerging system patient safety strategy.

7. **Urgent and Emergency Care:** The ICS Urgent and Emergency Care Board retains oversight of performance, quality, and safety across the pathway with representation from key system partners. The IPR contains a summary of the high scoring risks relating to the Urgent and Emergency Care pathway (ambulance handover delays and harms associated with delay) and the proposed priority actions which are monitored through the ICS Urgent and Emergency Care Board.

8. The highest scoring system risk for this pathway is '*Potential for harm across non-elective pathway (further exacerbated by industrial action)'.* A new system risk has been added which focuses more closely on emergent concerns of '*Failing to meet new response times for Category 2 ambulance response due to demand*,'. Separate working groups are in place to respond to and mitigate these risks, and also to provide a clearer view of pre-hospital, in-hospital, and post-hospital potential for harm.

9. In the interim, the specific concern around ambulance handover delays at Nottingham University Hospitals Trust (NUH) has been reviewed to improve performance through priority action planning. A multidisciplinary group met on site at NUH in November and ten priority actions were identified, including timeframes for delivery. A summary is included below:

| | | | |
|---|---|---|---|
| 1. | Reduce the number of corridor beds to release space for ambulance patients. | 2. | Consider funding options for senior East Midlands Ambulance Service (EMAS) clinician based at NUH over winter. |
| 3. | Consider funding options for a clinician to review the 'call stack' in support of alternatives to conveyance. | 4. | Same Day Emergency Care go live on 13 November 2023. |
| 5. | Explore options for direct admission to Same Day Emergency Care and Acute Medicine Receiving Area. | 6. | Strengthen the 'call before you convey' model. |
| 7. | Increase the number of supported discharged to aid flow internally. | 8. | Strengthen senior decision making over the weekend to aid discharge flow. |
| 9. | GP to review Clinical Assessment Service referrals in support of admission avoidance. | 10. | Increase front door Integrated Discharge Team in reach. |

10. ‘Business as usual’ quality assurance and improvement activities continue through formal and informal touchpoint meetings; ICB involvement in planned and ad hoc quality insight visits; emerging system oversight aligned to the Patient Safety Incident Response Framework to support cross system learning from harms associated with delays in accessing or continuing care.

11. **Maternity:** Evidence of progress against the Maternity Incentive Scheme safety actions will be presented by the Trusts to the LMNS Perinatal Quality Surveillance Group. This Group will then make recommendations for sign off to the LMNS Executive Partnership Board.

    a) NUH is currently showing compliance with three of the ten safety actions but are not expected to achieve compliance in all safety actions in the reporting timeframe.

    b) Sherwood Forest Hospitals NHS Foundation Trust (SFH) is showing compliance with seven of the ten safety actions and is on track to achieve compliance with the remaining safety actions in the required reporting timeframes.

12. NUH is in the process of transitioning from phase one to phase two of the Maternity Improvement Programme. Having fully implemented and embedded many of the actions from phase one, they will incorporate the remaining actions into phase two. Each workstream is being reviewed and new longer-term programmes of improvement are being added.

13. A new model for Nottingham and Nottinghamshire Maternity and Neonatal Voices Partnership was ratified by the LMNS Executive Partnership Board on 21 November 2023. This demonstrates a significant system investment to ensure that the voices of women and families have a prominent role in local maternity and neonatal services.

14. The LMNS Programme Management Office team has significantly reduced capacity due to vacancies. Revised focus has been agreed by the LMNS Executive Partnership Board and some key areas of transformation work will now pause until end of March 2024. This will impact on pace of delivery.

15. Based on National Quality Board guidance, there is one NHS provider subject to intensive surveillance: **Nottingham University Hospitals Trust (NUH)**. NUH remains in segment 4 of the NHS Oversight Framework, with a support plan from NHS England and the ICB in place. The position will be reviewed during quarter one of 2024/25; meanwhile, discussions are ongoing around how support and oversight will be structured during the transition phase and beyond.

16. NUH continues to engage with system improvement work focusing on the urgent and emergency care pathway, including use of the revised escalation framework; embedding criteria-led discharge; and promoting same day emergency care with associated local reconfigurations to support this.

17. One NHS provider is subject to enhanced surveillance: **Nottinghamshire Healthcare NHS Foundation Trust (NHT)**, with continued complex and widespread quality and safety challenges across a broad range of their commissioned and sub-contracted services.

18. The Trust acknowledge the high risk of the inability to maintain standards of safety and patient care, and the associated compliance with internal and external regulations. This risk is exacerbated by their workforce challenges, which are affecting the delivery of services and their capability and capacity to make the required improvements.

19. In mitigation, the Trust's Chief Nurse (in post since August 2023) is visible, accountable, and committed to effecting change. The Chief Nurse chairs the organisation's Care Quality Commission (CQC) Oversight Panel, which affords a single view of the required regulatory improvements and includes stakeholders of appropriate seniority and expertise.

20. The Trust's approach receives confirmation and challenge from the ICB-chaired Quality Assurance Group. In November 2023, colleagues from the CQC and NHS England joined the meeting, and the support and scrutiny was welcomed by the Trust.

21. Improvements at scale and pace have not yet been achieved, and the contextual issues affecting progress remain complex and urgent.

22. **Special Educational Needs and Disabilities (SEND):** During January 2024, a stocktake (progress report) will be presented to the SEND Improvement Board. This is an opportunity to provide assurance to the Department for Education and NHSE around the success and sustainability of the SEND Partnership.

23. The Nottinghamshire SEND Partnership has undertaken a six-monthly self-evaluation on the progress of the Improvement Programme and has taken the opportunity to reset and restructure arrangements owing to the additional fragmentation and disconnect the current structure causes. It was agreed that we would revise the programme structure to better align to the six outcomes the SEND Partnership is looking to achieve, as described in the SEND Partnership's Improvement Priority Action Plan.

24. One priority area relates to waiting times to access therapy and neurodivergent services. A mapping exercise has been undertaken by commissioners to understand the gaps in local commissioned therapy services across the Partnership area. The exercise provided some assurance that although there are improvements required in speech, language and communication needs, routinely commissioned sensory therapy service, and clear pathways to adulthood services, the waiting times for these services remain lower than national and regional levels for all three community therapies.

25. Data obtained following a review of the Neurodevelopmental Pathway shows that referral rates are significantly increasing year on year. This demand has

placed increasing pressures on services and is a primary factor to the current long waiting times to access advice and support, capacity within the service is limited and resource had not increased in line with demand. Workforce modelling of the services on the neurodevelopmental pathway has been undertaken, however it is understood that to meet the increasing demand for service, there needs to be funding secured to support additional capacity required.

26. The Nottingham City local area for SEND has approved a governance structure, which is awaiting implementation, to provide partnership oversight and accountability. Risks remain, and have been recorded on appropriate risk registers, with limited evidence on the impact on our areas SEND cohort.

27. **Looked After Children:** There has been improvement in Initial Health Assessment timeframes for Doncaster and Bassetlaw Hospitals NHS Foundation Trust and SFH. NUH continues to have a backlog, but waiting times have reduced and there is good engagement with the ICB on the recovery plan. Work continues to take place with the local authorities to ensure timely and complete referrals.

28. A review of the Children in Care Nursing service specification requirements and how resource can be best utilised and adapted to meet and sustain statutory timeframes is under way. This includes ensuring equity in service offer for children placed in Nottingham and Nottinghamshire ICS and assuring that young people originating from our ICS placed out of area have access to the appropriate health services.

29. NHS England Statutory Looked after Children Health Assessment dataset and new Key Performance Indicators reporting metrics are being implemented by providers across the ICS. These will be reviewed by the ICB in quarter four of 2023/24 and form part of ongoing reporting.

30. **Children and Young People Additional Vulnerabilities:** Numbers of children and young people presenting with complex behavioural, mental health and autism related needs continues to increase, with no clear route for provision or pathways for care. A second annual deep dive will be completed at the end of this financial year, which will be completed by June 2024.

31. An ICS Children and Young People Board will be established from April 2024. This has been delayed due to significantly reduced capacity due to sickness and vacancies within the children's commissioning team over recent months.

32. A Children and Young People Quality Risk Summit, held in November 2023, agreed a system priority around integration to support access to, and experience of, services across health and local authorities.

33. The following strategic objectives were identified:

a) To work in partnership to ensure that all children and young people have a positive experience of the SEND process and can access services in a timely manner to meet their needs and outcomes.

b) Development of a robust model for looked after children to have all their health initial and review assessments within statutory timescales so their needs can be met, and they have a positive experience of the process.

c) To develop further the process for children in inappropriate settings across health and social care to ensure a timely identification of a safe placement that meets individual needs.

34. **Vaccinations:** A national immunisation and vaccination strategy was released on 13 December 2023. Although the finance and contracting element of this strategy is awaited, work is underway to review and governance and leadership for wider vaccination and immunisation responsibility and accountability in light of proposed delegation of responsibilities from NHS England to the ICB, and the more limited Covid-19 vaccination programme.

35. Covid-19 vaccination bookings have closed, with limited, targeted offers now available for vaccination through to 31 January 2024. Uptake currently stands at 54%. SFH has served notice on their participation in the covid-19 vaccination programme; 'Interseasonal' offers of vaccinations for newly severely immunosuppressed individuals being arranged through an alternative provider.

36. Flu vaccination rates are currently 45.5% overall (with the caveat of the new School Age Immunisation Services provider data is not currently feeding through into uptake rates). There continues to be a focus on increasing uptake in front-line staff. Trusts are providing regular updates to NHS England.

37. Measles elimination planning is underway in conjunction with Public Health colleagues to coordinate a system-wide response to low vaccination rates (particularly in Nottingham City). A national campaign to improve take up of the MMR (Measles, Mumps, Rubella) is due to commence shortly and the Nottingham and Nottinghamshire Measles Elimination Subgroup will meet in early January.

38. Post Covid Services have been reviewed with an action plan in place to streamline pathways and ensure any variation between provider offers is mitigated or removed. Opportunities to learn from and integrate with existing long-term condition provision will form part of the next stages of this review process.

39. **Infection Prevention and Control:** Reducing Healthcare Associated Infections (HCAI) remains challenging and is highlighted as a system risk. The contributing factors are complex and include, but are not limited to, the sustained impact of increased bed occupancy; overcrowding; patient acuity; limited access to GP appointments; delays in surgery; increase in antimicrobial

resistance; and an increasingly elderly population. There are several organisational actions that are not specific to Infection Prevention and Control teams, but are considered key requirements to prevent and reduce the risk of infection transmission, for example:

a) Protected cleaning time to support with effective cleaning of the environment and patient equipment between patients.

b) Protected time to implement use of hydrogen peroxide cleaning after discharge of *C.difficile* cases from side rooms.

c) No use of unconventional bed spaces and overcrowded areas including corridors. Restricted patient/bed moves around the organisation.

d) Improvements/rebuild of old estate.

e) Improved monitoring of staff vaccination status.

f) Improved capacity within health and safety teams to deliver fit testing for clinical and non-clinical estates staff.

40. Deep cleaning programmes continue to be impacted by sustained demands on beds resulting in cancellation or delays to cleaning programmes.

41. Reducing HCAI requires engagement across all services, combined with executive support to prioritise the implementation of the key measures and actions needed to generate improvements across the system. Short, medium, and long-term actions are in place across the system to support the HCAI programme.

42. The Medicines Optimisation Team is working to further understand the current increase in antimicrobial items prescribed in primary care. The Infection Prevention and Control team continue to undertake clinical case reviews on *C.difficile* and E coli bacteraemia cases to identify new learning and themes to support with improvement actions.

43. Emergency Preparedness, Resilience and Response (EPRR) flu management plans are in place. The lack of a winter swabbing service remains highlighted as a gap and the Infection Prevention and Control Team have short term mitigations in place to provide support.

44. **Care Homes and Home Care:** System wide sharing of ReSPECT forms, ensuring that the original document follows individuals receiving care across providers is being reviewed. Without the original form there is a risk people will not receive the care they have planned. Work is currently being undertaken to look at digital ReSPECT forms and an interim system process being established.

45. Multiple providers have raised concerns around financial viability related to fee rates. The ICB and local authorities are reviewing each individual request;

however it is unlikely that a blanket fee increase will be implemented before April 2024.

**Workforce**

46. The following paragraphs highlight the key messages regarding the latest performance against workforce targets. More detail can be found within the workforce scorecard on page 13 and exception reports on pages 60 to 68 of the full Integrated Performance Report (IPR).

47. The workforce report within the IPR predominantly focuses on the three acute, community and mental health trusts within the system, reporting on the November 2023 position against the Operational Plan for 2023/24. The collective position shows the Trusts are above plan on substantive staff (1,411.6 whole time equivalent (wte)). This is alongside an improvement in the increased use of bank staff and reduced use of agency staff. Bank staff usage was 143.2 wte above plan and agency staff usage was 158.1 wte below plan.

48. **Sickness absence:** An improvement in sickness absence has been seen, with all Trusts operating at planned levels for this period, suggesting that the collective position will be on plan against the target included in the Operational Plan. Trusts continue to review and enhance their wellbeing plans with investment in additional capacity, including professional advocate roles.

49. **Retention and turnover:** Retention of our existing workforce is a key focus with nursing and midwifery retention plans developed in each Trust. Further improvement in turnover has been seen: NHT below plan at 13.0%, NUH below plan at 10.8% with SFH below plan at 7.5%. Our retention delivery partner has begun a retention diagnostic, supporting the development of a system wide retention plan.

50. Recruitment strategies have been reviewed by all Trusts, with the growth in workforce being a cost pressure within the system. Vacancy control processes are in place in all Trusts and have been reviewed to ensure consistency and robust challenge on requirements. This has created a pause in the international recruitment pipeline. Weekly trajectories and actual returns have been established to monitor delivery on the recovery targets.

51. Work is begun on what areas need to be addressed regarding workforce as we move towards system operational planning for 2024/25 and more generally as we look to build a ‘one workforce’ plan for Nottingham and Nottinghamshire. A four-stage planning approach is being taken to enable an alignment to the system deliverables and therefore to activity and financial plans, thus establishing an affordable workforce for 2024/25.

52. **Primary Care:** Primary Care General Practice data, which includes the additional roles position, a national priority for growing our general practice

workforce, is presented at a high level, showing indicative workforce numbers against the 2023/24 Operational Plan. The general practice workforce position is collected from practices through a National Workforce Reporting Service (NWRS) support. The data collected is limited with variations in submissions linked to unclear definitions.

53. The overall workforce position in General Practice is being maintained, with an established retention/workforce development programme in place for General Practitioners and Practice Nurses. Workforce development plans for 2023/24 are in place as a consolidation of programmes for GPs and Practice Nurses, widening the work to include the development of a career framework for non-clinical staff. The inclusion of health and wellbeing approaches is also described, which will be further informed by the findings of the Primary Care Staff Survey, both pilot survey and national rollout are currently in place, aligned to other NHS organisations staff surveys.

54. Workforce development needs to address the emerging new model of care. Engagement plans are planned at place level to discuss the challenges of recruitment and retention as well as looking at opportunities presented through wider multi-professional working. The System Analytical Intelligence Unit is supporting the Primary Care Workforce Group in developing a workforce model to support local planning at Primary Care Network and Place level.

55. Recruitment continues into the additional roles but not to the full potential of funding allocations. Training Hub support is being provided to establish and embed roles into Primary Care Networks. 2023/24 is the last year of funded growth potential with Primary Care Networks, completing updated workforce plans that were submitted on 31 October 2023.

56. The Primary Care Workforce Group is aligning workforce development plans to meet the Primary Care Strategic objectives., reporting into the Primary Care Strategy Delivery Group as well as into the People and Culture governance. The primary Care Workforce Group has a focus on creating a sustainable primary medical services workforce but will begin to gain a baseline understanding of Pharmacy, Optometrist and Dentistry workforce positions noting the fragility of Dentistry at this time. A regional GP retention workshop was held in November with Dr Clare Fuller addressing the session. Recognition of the positive impact of current interventions in Nottinghamshire was noted. The outcome of the event will lead to a refresh of the systems GP retention strategy to build on the success achieved to date.

| | |
|---|---|
| **Meeting Title:** | Integrated Care Board (Open Session) |
| **Meeting Date:** | 11/01/2024 |
| **Paper Title:** | **Finance Report** |
| **Paper Reference:** | ICB 23 084 |
| **Report Author:** | Marcus Pratt, Programme Director for System Finance<br>Michael Cawley, Operational Director of Finance |
| **Report Sponsor:** | Stuart Poynor, Director of Finance and Performance |
| **Presenter:** | Stuart Poynor, Director of Finance and Performance |

| **Paper Type:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| For Assurance: | ✓ | For Decision: | | For Discussion: | | For Information: | |

**Summary:**

This Finance Report focuses on the financial position of the ICB and the system at the end of month eight; the report draws out the key messages for the Board and should be read in conjunction with the full Integrated Performance Report, which is presented for information at item 14 of this agenda.

**ICB position**

- Revenue finance – £15.5 million deficit position.
- Efficiency and productivity plans are being actively managed, but year to date delivery is heavily reliant on non-recurrent solutions.
- ICB Financial Recovery Panels and ICB Financial Recovery Meetings are in place.

**System position**

- Revenue finance – £100.9 million deficit position.
- Capital finance – capital expenditure is currently underspent by £18.5 million when compared to the system capital envelope.
- Efficiency and productivity plans are being actively managed, but year to date delivery is heavily reliant on non-recurrent solutions.
- NHS England has provided additional funding and flexibilities to NHS systems to fund external financial pressures including industrial action. This is expected to support systems in delivering their financial plans.
- Detailed financial recovery plans continue to be developed and implemented across each of our partner organisations. The System Financial Recovery Group in place to oversee performance.

**Recommendation(s):**

The Board is asked to **receive** the report for assurance regarding the progress against the reported financial position.

| How does this paper support | the ICB's core aims to: |
|---|---|
| Improve outcomes in population health and healthcare | Provides assurance on the effective use of financial resources and delivery of the financial plan, which is fully aligned to improving outcomes in population health |
| Tackle inequalities in outcomes, experience and access | Provides assurance on the effective use of financial resources and delivery of the financial plan, which is fully aligned to tackling inequalities |

| How does this paper support | the ICB's core aims to: |
|---|---|
| Enhance productivity and value for money | Provides direct assurance on the effective use of financial resources |
| Help the NHS support broader social and economic development | Provides assurance on the effective use of financial resources and delivery of the financial plan, which is aligned to broader social and economic development |

| Appendices: |
|---|
| None. |

| Board Assurance Framework: |
|---|
| This paper provides assurance in relation to the management of the following ICB strategic risk(s):<br>• Risk 10: Financial Sustainability – Establishing a shared culture of financial stewardship may not ensure financial sustainability across the system. |

| Report Previously Received By: |
|---|
| The report elements have been previously reported to the Finance and Performance Committee. |

| Are there any conflicts of interest requiring management? |
|---|
| No. |

| Is this item confidential? |
|---|
| No. |

# Finance Report

## ICB Financial Position

*Revenue Finance:*

1. The ICB is reporting a £15.5 million year to date adverse variance on its revenue position. The primary drivers of the adverse position are price increases associated with primary care prescribing (£14.6 million), alongside costs and activity pressures in continuing health care (£8.6 million) and section 117 aftercare (£4.3 million).
2. Those pressures are partially offset by (a) the delivery of year-to-date efficiencies of £40.6 million, £22.4 million of which is ahead of plan and (b) other favourable movements and/or 'one-off' actions totalling £29.7 million.
3. As previously reported, weekly ICB Financial Recovery Panels (FRPs) are in place at which the Executive Team is present. ICB saving leads provide a progress update on actions required to deliver further ICB savings and therefore improve the ICB's financial position. The Panel also provides a forum in which timely decisions and actions can be made to ensure every effort is made to deliver savings in 2023/24.
4. Separate Financial Recovery (cross-directorate) Meetings take place which facilitate a more in-depth discussion with peers.
5. Finally, weekly finance directorate meetings are focussing on the remaining part of the current financial year, with the aim of identifying other opportunities that could be realised to improve the current position and in doing so deliver one-off options within the ICB's efficiency plan.

## System Financial Position

6. The ICB's reported position, in aggregate with the three NHS trust providers for Nottingham and Nottinghamshire, form the system financial position.

*Revenue Finance:*

7. The system is reporting a £100.9 million deficit at month eight, which is £85.3 million adverse to plan. The in-month position comprises a £7.0 million deficit, which is £8.6 million adverse to plan.
8. All four organisations across the ICS are reporting a year-to-date deficit position - £53.7 million deficit in Nottingham University Hospitals NHS Trust, £12.4 million in Sherwood Forest Hospitals NHS Foundation Trust and £19.2 million at Nottinghamshire Healthcare NHS Foundation Trust, alongside the reported ICB £15.5 million deficit.

9. Key elements of the drivers of the month eight position are efficiency delivery shortfall, inflationary pressures and increases in pay run rates above planned levels. These can be quantified as follows:

    a) External factors including prescribing and continuing health care pressures (ICB), inflation and pay award shortfalls, cost of capital planned income shortfall and industrial action – £35.4 million.

    b) Planned actions not delivered including mental health subcontracted beds and urgent and emergency care escalation beds, efficiencies, Elective Recovery Fund – £18.0 million.

    c) Unfunded workforce and pay increases arising from increasing run rates compared to 2022/23 – £31.9 million.

10. Additional income and flexibilities have been provided to all NHS systems in month eight to support some of the external pressures experienced including the impact of industrial action. These funds have broadly been reflected in the financial position. Note that much of this funding was already assumed within the system position prior to funding confirmation so it has not resulted in a material benefit at month eight. Rather, it has offset some of the risks and external pressures experienced, including the industrial action.

11. Alongside this funding, the system is undertaking a re-forecasting exercise with an expectation of significant improvement in the latter part of the financial year.

12. Detailed financial recovery plans and forecast scenarios had previously been developed in each of our partner organisations, which are consolidated into a single system plan. These plans have now been progressed further as part of the reforecasting approach. Several options have been proposed that have an adverse quality and performance impact. Impact assessments are being undertaken to determine the full extent of the potential impact and mitigations, which will support the system in taking decisions about delivery.

13. The system Financial Recovery Group, comprising system Chief Executives and Finance Directors, meets weekly to oversee this work ensuring pace and focus. To assure the effectiveness of the controls put in place we are now moving towards weekly reporting on workforce metrics including vacancy control panel outputs, and numbers of new starters and leavers.

*Capital Finance:*

14. The system has been allocated a capital envelope of £100.6 million in 2023/24 for capital expenditure across the three provider organisations. NHS England planning guidance allows systems to over-plan capital by up to 5% and so plans to total £105.6 million have been formulated.

15. To date that envelope is underspent by £18.5 million. Plans are in place to recover the shortfall, and through pro-active management, ensuring that capital funds are appropriately utilised.

16. The reported forecast shows an over-commitment against the envelope of £7.5 million. £7.1 million of this is allowable and relates to leases within the Department of Health and Social Care Group. The remaining £0.4 million is expected to be recovered across partners by the end of the financial year.

| | |
|---|---|
| **Meeting Title:** | Integrated Care Board (Open Session) |
| **Meeting Date:** | 11/01/2024 |
| **Paper Title:** | **Service Delivery Report** |
| **Paper Reference:** | ICB 23 085 |
| **Report Author:** | Sarah Bray, Associate Director of Performance and Assurance<br>Rob Taylor, Deputy Director of Performance and Assurance |
| **Report Sponsor:** | Stuart Poynor, Director of Finance |
| **Presenter:** | Stuart Poynor, Director of Finance |

| **Paper Type:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| For Assurance: | ✓ | For Decision: | | For Discussion: | | For Information: | |

**Summary:**

The purpose of this report is to present progress against compliance and commitment targets as required for 2023/24. The report includes progress and exception reports for areas of concern across service delivery performance areas. The report should be read in conjunction with the full Integrated Performance Report (IPR) presented for information at item 14 of this agenda.

Areas of particular concern identified as low assurance and high risk for delivery include:

- Urgent Care – 4 Hour and 12 Hour waits (IPR, page 42)
- Planned Care – Elective and Diagnostic waits (IPR, page 44 and 48)
- Planned Care – Cancer 62 Day Backlog (IPR, page 47)
- Mental Health – Inappropriate Out of Area Placements (IPR, page 51)
- Mental Health – Talking Therapies (IPR, page 50)
- Community – Waiting Lists (IPR, page 55)

Appendix A outlines the actions and recovery timeframes being worked towards for the areas of most significant concern.

**Recommendation(s):**

The Board is asked to **receive** the report for assurance regarding the progress against service delivery plans and targets.

| How does this paper support | the ICB's core aims to: |
|---|---|
| Improve outcomes in population health and healthcare | Provides an overview of the performance of services, including timely access, which will impact upon the outcomes in population health |
| Tackle inequalities in outcomes, experience and access | Provides information relating to performance including lengths of waits |
| Enhance productivity and value for money | Provides information in relation to productivity and volumes of activity being undertaken across the system |
| Help the NHS support broader social and economic development | Addressing long waits, ensuring patients with high clinical needs are seen quickly and supporting patients to 'wait well' while tackling long waits, will support patients to return to work where possible. |

| Appendices: |
| --- |
| Appendix A – Non-Compliant Performance Areas – Recovery Overview |

| Board Assurance Framework: |
| --- |
| This paper provides assurance in relation to the management of the following ICB strategic risk(s):<br>• Risk 1: Transformation (Making Tomorrow Better for Everyone) – Effective system working may not transform (reform) and improve services to address health inequalities and ensure best possible future health outcomes within available resources.<br>• Risk 2: System Resilience (for Managing Today) – Working effectively across the system may fail to address the current levels of demand across primary, community and secondary care.<br>• Risk 6: Quality Improvement – Failure to maintain and improve the quality of services. *(in the context of performance delivery)* |

| Report Previously Received By: |
| --- |
| The report elements have been previously reported to the Finance and Performance Committee and discussed through the system Performance Oversight Group. |

| Are there any conflicts of interest requiring management? |
| --- |
| No. |

| Is this item confidential? |
| --- |
| No. |

# Service Delivery Report

## Executive Summary

1. Services in Nottinghamshire continue to operate under sustained pressure. The number of patients waiting to leave hospital remains high, which constrains effective hospital flow and impacts utilisation of patients requiring acute care.
2. At Nottingham University Hospitals NHS Trust (NUH), the constraints around hospital flow have contributed to significant overcrowding in the Emergency Department (ED). The high occupancy of the 'majors' unit has impacted ambulance handover performance and resulted in a high number of 12-hour length of stay patients in ED.
3. Industrial action has contributed towards the limited volume of elective activity that Sherwood Forest Hospitals NHS Foundation Trust (SFH) and NUH have been able to deliver during the year to date. Elective Ordinary activity (patients requiring an overnight stay) has been most significantly impacted at 32% below planned levels for the period April to October 2023. Other points of delivery such as day case, outpatient first and outpatient follow up activity are also below planned levels.
4. Demand for inpatient mental health beds continues to be high, with services reporting increased acuity of patients presenting for support. Repatriation of patients began in October following the opening of the fourth ward at Sherwood Oaks, however the increased capacity may not have the planned impact as the Trust progresses with a reduction in local sub-contracted beds. Nottinghamshire Healthcare NHS Foundation Trust (NHCT) is focusing on internal flow improvements to reduce long lengths of stay and facilitate discharges to increase in area capacity and improve patient experience. A system improvement plan has been developed during December, with an ambition to deliver efficiencies and service change to support a zero out of area (OAP) position by the end of March 2024.
5. A planning process has taken place to agree actions required to deliver key priorities for the second half of the financial year (H2). This included a range of indicators including Accident and Emergency four hour wait, cancer backlog and ambulance turnaround times metrics. Trust and ICB Boards approved the submission on 22 November 2023 to NHS England. It is important to note that due to the timing of the plan creation, this did not include any forecast impact of industrial action from junior doctors scheduled for December and January or any impact from actions taken to improve the financial position of the system.

**Urgent Care** (IPR, pages 37 to 42)

5. Virtual Ward capacity remains below the planned level but has increased. In November, it was 119 beds against a revised H2 plan of 147 beds. The H2 system trajectory was developed across providers and includes a stretch forecast of 253 beds at year end against the plan of 243. Provisional data details the position at 7 December was 181 beds, which exceeds the plan for December of 165 beds.

6. Work continues to release more capacity for step up virtual ward beds with community providers, which will bring the system closer to plan achievement. Occupancy increased from the October position of 62.9% to 77.3% in November. Work is being carried out to monitor occupancy based on individual wards within providers.

7. Discharge pressures continue to impact the ED front door, as reported through the high levels of people waiting over 12 hours in ED and high volumes of delays in handover from Ambulances into ED. In November, there were 2,327 hours lost through ambulances waiting to handover patients to hospitals in Nottinghamshire, which limits capacity to respond to calls within a timely manner. Provider Improvement Plans have been developed, which were received by the ICS Urgent and Emergency Care Board in November. Page 50 of the IPR describes some of the key actions being put in place to improve ambulance handover times.

8. ED 4-hour performance for the system overall remains an area of concern for the ICS Performance Oversight Group. It is a key national performance standard and can be a broader indicator of efficient and effective flow of patients through an emergency care system. Rephased plans have been generated by both providers and submitted as part of the H2 planning process. These provide a trajectory from the current level of performance to 76% at March 2024.

9. Performance against the 4-hour target was below planned levels in November at 55.2% against a plan of 60.6%, but there is significant variation in waiting times within the system and a high volume of patients exceeding a 12 hour wait from a decision to admit being made, to being admitted into an available bed. There were 1,123 waits above 12 hours in November, which was a similar number to that reported for October (1,105).

10. Within the system, there remains a high volume of patients that have been declared medically safe for transfer. The November position was 251 patients against a plan of 178 patients. PA Consulting has provided recommendations to the system for improvements for process and flow across the urgent care services.

11. Within the Nottinghamshire System it is recognised that home care capacity is a significant constraint with other system capacity often used to help decongest

acute settings; this is often out of alignment with the ‘home first’ principles. At system-level there is an ICS Discharge Board in place to provide a focus on addressing these issues.

**Planned Care** (IPR, pages 43 to 48)

12. The position for long waiting patients is tracked closely on a frequent basis. The 65 week wait position is tracked from two perspectives; the cohort of patients that are possible to breach a 65 week wait by the end of March 2024, as well as the absolute number of patients that have already exceeded a 65 week wait. Despite the impact of industrial action, the position for the 65 week wait cohort remains positive and is 5,991 patients ahead of the plan of 13,278. This means that there are 7,287 patients that require treatment by the end of March 2024 in order to achieve the national standard of zero patients waiting 65 weeks or more.

13. As part of the H2 planning process, providers have modelled that there are expected to be 596 patients waiting 65 weeks or more by the end of March 2024 across both providers. This is composed of 423 patients at NUH and 173 patients at SFH. Both providers are working to ensure that all patients within the cohort have had a first outpatient appointment with time to provide diagnostics and subsequent treatment if necessary. These forecasts exclude the impact of industrial action in December and January, as well as any funding decisions made to improve the financial position of the system.

14. Further industrial action continues to be a major risk to the reduction in long waiter patient volumes and a barrier to delivery of consistently high activity volumes.

15. The end of November position for 78-week waits was 24 patients, of which 20 were due to complexity and four patients exercised their choice to be treated at a later date. The December forecast remains subject to validation, however provisional data shows that there were 51 patients waiting beyond 78 weeks across the two providers at the end of the month. This includes 28 patients that were unable to be treated due to industrial action.

16. The backlog of cancer patients waiting 62 days or more remains significantly above the planned level. The position at the end of October 2023 was a backlog volume of 477 patients for SFH and NUH combined against a plan of 353.

17. The latest weekly ICB data for the cancer backlog volume for week ending 17/12/2023 was 486 patients against the revised H2 plan of 415 patients. Both providers continue to work towards reducing the backlog levels further despite high demand for cancer services, as well as an increased number of late tertiary referrals, which are received after day 62 of the pathway. These patients directly increase the backlog volume.

18. As a requirement of the H2 planning process, NUH and SFH provided a forecast of the 62 day backlog positions at the end of March 2024. This modelling showed a planned reduction from the current level to 335 patients across both providers prior to the impact of recent industrial action.

19. The total volume of patients waiting for diagnostics and those waiting more than six weeks is continuing to reduce. However, the backlog remains above planned levels at 8,485 against a plan of 8,175 patients. Echocardiography, MRI and CT remain the key drivers of the position due to having a high volume of patients waiting over six weeks at system level.

20. There is significant variation in the volume of patients waiting and waiting times by modality and provider level within the system. Detailed reviews of performance are undertaken at the ICS Diagnostic Board, which includes tracking of the position against the recovery trajectories.

21. The echocardiography service at SFH has a 6% growth in demand and significant workforce challenges. The mismatch in referral demand and service capacity led to the waiting list growing to 4,476 patients, of which 3,176 patients were waiting over six weeks (performance of 70.96% over six weeks) in November 2023. Within the recovery plan, there are a series of issues identified along with remedial actions. The actions being taken include further mutual aid and increased insourcing at Kings Mill Hospital and Mansfield Community Hospital. There will also be additional activity delivered at Newark Hospital funded through the community diagnostic centre accelerator monies. These interventions will contribute to a forecast reduction in the volume of patients waiting over six weeks from 3,176 to 1,200 by March 2024, which is equivalent to 31% of patients waiting over six weeks.

**Mental Health** (IPR, pages 49 to 53)

22. As a programme, mental health performs well, with improvements being made across many service areas, and achievements being acknowledged by NHS England for dementia diagnosis and access (contact) for children and young people (CYP) being the best position across the Midlands.

23. Areas that consistently fail the target, and which are unlikely to achieve the targeted levels, have improvement plans in place to progress towards delivery. These include talking therapies access, out of area placements, severe mental illness health checks, perinatal access and CYP eating disorders.

24. Talking therapies has been an area of concern for which an improvement plan is in place for recovery of access by quarter four. The volume of patients entering talking therapies services remains below plan, however, significant improvements have been reported over the past few months. The waiting time for a talking therapy first appointment has reduced and now achieves the required standard and improvements are being made regarding patients waiting

more than 90 days between treatments. The improved stepped care model is having a positive impact on the wait between first and second appointments and the increased number of venues will enable more face-to-face options. Local data is showing an improvement in this and is forecast to improve at the end of quarter three, when the majority of inherited patients will have completed their treatment.

25. The CYP eating disorders service has significantly improved its performance over the past few years with delivery for urgent referrals now at 100%. The routine referrals are not achieving the 95% compliance, however patient volumes are small and therefore have a significant impact on the overall level of compliance. Each patient is reviewed to confirm cause of delay, and in each case the position has related to patient choice, through either school exams, holidays, work experience placements for example. 2023/24 investment plans have been agreed to increase capacity to achieve the waiting time standards. The Avoidant Restrictive Food Intake Disorder service has been offering consultation from September. From November 2023, the service has offered a limited pathway with occupational therapist and speech and language therapist input. Exception reporting is received as part of monthly contract reports, which is received by the ICB at the end of each month. This is reviewed and used to inform performance reports and action plans.

26. The volume of out of area placements remains at a high level. Demand for inpatient beds routinely exceeds capacity, which results in around five patients each day being supported by the crisis teams or delayed discharges in other healthcare settings e.g., Emergency Departments, acute physical health wards as well as section 136 suites. Continual demand has also required some patients to be cared for outside of Nottinghamshire. In October, the additional 16 beds on the fourth ward at Sherwood Oaks opened, which will support repatriating some of the out of area placements. As a system, capacity is being reviewed and a subcontract bed reduction plan will be agreed.

**Primary Care and Community** (IPR, page 55)

27. The volume of GP appointments in October was 9.1% above the planned level. The percentage of appointments held face to face remains relatively consistent with previous months at 72%. GP Appointments within two weeks data shows that 73.2% of appointments were offered within two weeks in October 2023, which was a small increase of 1.5% from September. Same day appointments remain an area of concern, as the position declined significantly in September to 37.3%. Performance remains at a similar level in October at 37.9%.

28. A Primary Care Access Recovery Plan was presented to the November Board, which supports increased appointments, timeliness and mode of access.

Monthly monitoring against the access metrics is included within the Place-based Primary Care Support and Assurance Group meetings, who will progress opportunities to support improvement at practice level.

29. There has been a further reduction in the community adult waiting list from September to October of 474 patients to 9,762 patients. This is driven by a reduction of 277 patients at Nottingham CityCare and a reduction of 197 patients at NHCT. In October, there were 5,372 adult patients waiting for services at NHCT and 4,390 adult patients waiting at CityCare.

30. However there has been a small increase in the CYP Community Waiting List from 2,165 to 2,220 children waiting in total. Across both providers, the largest waiting list is for the Musculoskeletal service, which has 3,029 patients waiting. There are 23 adult patients and four children waiting more than 52 weeks across several services. The largest cohort with patients waiting more than 52 weeks is Nursing and Therapy support for long term conditions with ten patients.

31. CityCare and NHCT have shared unvalidated data with the ICB which shows that the adult and CYP waiting lists reduce further into November and December and will be close to achieving planned levels.

**Appendix A: Non-Compliant Performance Areas – Recovery Overview**

| Programme Area | Performance Metric | Latest Performance | Recovery Trajectory | Oversight Monitoring Level |
|---|---|---|---|---|
| Urgent Care | 4-hour standard and 12 hour breaches | 4-hour: 55.2% v 60.6% plan at Nov 23<br>12-hour: 1123 in November 2023 against a target of zero | Providers are planning to achieve the 4-hour standard for A&E (Types 1, 2 and 3), which is 76% by March 2024 and have been asked to review their confidence in their urgent and emergency care plans. Improvements in process and flow will be required which will also reduce the volume of 12-hour breaches from decision to admit to admission. Work is in progress to refine an NUH A&E improvement plan. A system level ambulance improvement plan has been received by the ICS Urgent and Emergency Care Board, which includes actions to reduce volume of the handover delays. Provider level trajectories are being developed. | Escalated Risk<br>(IPR, page 42) |
| Planned Care | Long waits +78 weeks and 65 weeks | 78 week wait – 60 patients at the end of October 2023<br>65 weeks – Provider: 1164 versus 1080 plan (October 2023) | The pre-validated position for the end of December was 51 patients waiting 78 weeks or more at NUH and SFH. Industrial action will limit the elective activity that can be delivered in January and is therefore expected to impact the position. The plan for the end of March is to achieve 596 patients waiting 65 weeks or more. However, there are risks around the plan due to the impact of industrial action and actions taken to improve the financial position of the system. | Enhanced<br>(IPR, page 44) |

| Programme Area | Performance Metric | Latest Performance | Recovery Trajectory | Oversight Monitoring Level |
|---|---|---|---|---|
| Planned Care | Cancer – 62-Day Backlogs, 62-day standard | 62-day backlogs: 477 versus plan of 456<br>62-day standard:<br>60.7% versus 85% target | The cancer performance has been impacted by the industrial action undertaken through the year as the Junior Doctor, Consultant and Radiographer industrial action has led to some cancer treatments being cancelled, postponed, and re-booked. A deep dive into the Cancer position took place with NHS England on 11 December 2023. Despite efforts to protect cancer services, Industrial action in December and January is likely to impact this position further. | Escalated Risk (IPR, page 47) |
| Planned Care | Diagnostic 6 week Waits | 34.7% of patients waited six weeks or more for a diagnostic test in October 2023 (plan 31.1%) | The waiting list trajectory is being achieved. However, the system does not benchmark well for the six-week performance standard, being in the bottom quartile of the NHS Oversight Framework. Part of the performance difficulties relate to Echocardiography at SFH for which an improvement plan has been received from SFH outlining increased activity through mutual aid, insourcing and additional equipment. The recovery trajectory is monitored closely through the system diagnostics board. | Enhanced (IPR, page 48) |
| Mental Health | NHS Talking Therapies | Access levels remain low at 7,175 patients against a plan of 8,286 at October 2023 | The service continues to achieve and exceed the six week (90.3%) and 18 week (99.3%) waiting time standards. The provider is implementing a marketing and engagement plan and activities for quarter three include: Promotional activity is expected to generate additional referrals from patients with LTCs and over 65s. Attendance at over 30 events is planned in Q3 to raise awareness and increase referrals further. Access is expected to | Enhanced (IPR, page 50) |

| Programme Area | Performance Metric | Latest Performance | Recovery Trajectory | Oversight Monitoring Level |
|---|---|---|---|---|
| | | (three month rolling position) | recover to target by Q4 2023/24 and has improved in line with the recovery trajectory since May 2023. | |
| Mental Health | Out of Area Placements | 490 at September 2023 against a zero national target | Performance is impacted by demand for inpatient admissions, patient acuity, and complex delayed patients which means that there are still patients being placed out of area when local provision is full. Whole system demand, acuity, capacity review is being undertaken to identify additional actions required to improve the position. This is led through the Mental Health Crisis and Urgent Care Steering Group. System Improvement Plan developed in December 2023. Ambition to return to zero out of area placements by March 2024. | Enhanced (IPR, page 51) |
| Mental Health | SMI Physical Health Checks | 4872 at November 2023 against a plan of 7029 | An ICS recovery action plan is in place to support improvements in performance, and to achieve target by March 2024.<br>Actions include further engagement with Primary Care Networks (PCNs) to understand the variation across the ICS, exploring practice processes in inviting patients in for checks, use of tools such as GP workflows, recording and reporting. | Enhanced (IPR, page 51) |
| Community Services | Community Waiting List Volume | Position for patients aged 0 to 17 is 2,220, patients against a plan of 1,867 | Recovery action plans are in place for three frail services at Nottinghamshire Healthcare, including Speech and Language Therapy, Podiatry and Paediatric services.<br>The volume of long waiting patients is planned to reduce within podiatry and continence services resulting in achievement of the 13-week waiting time standard by December 2023. This will be | Enhanced (IPR, page 55) |

| Programme Area | Performance Metric | Latest Performance | Recovery Trajectory | Oversight Monitoring Level |
|---|---|---|---|---|
| | | For patients aged 18 plus, the position is 9,762 against a plan of 7,934 | closely monitored via the contract meetings. The position for CYP is above plan and providers are working to improve the position. Indicative data for CityCare and NHCT shows the waiting lists are reducing. Provisional data for CityCare highlights achievement of the plans in December. Equivalent data for NHCT as at the end of November, highlights reducing waiting list volumes. | |

| | |
|---|---|
| **Meeting Title:** | Integrated Care Board (Open Session) |
| **Meeting Date:** | 11/01/2024 |
| **Paper Title:** | **Integrated Performance Report** |
| **Paper Reference:** | ICB 21 086 |
| **Report Author:** | Sarah Bray, Associate Director of Performance and Assurance |
| **Report Sponsor:** | Stuart Poynor, Director of Finance |
| **Presenter:** | N/A – Item for information only |

| **Paper Type:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| For Assurance: | | For Decision: | | For Discussion: | | For Information: | ✓ |

**Summary:**

The purpose of this report is to present progress against compliance and commitment targets as required for 2023/24. The report includes progress and exception reports for areas of concern including quality, service delivery, finance, workforce, and health inequalities. The report provides further detail on the narrative reports presented at items 11and 14.

**Recommendation(s):**

The Board is asked to **note** this item for information.

| How does this paper support | the ICB's core aims to |
|---|---|
| Improve outcomes in population health and healthcare | Provides an overview of the performance of services, including timely access, which will impact upon the outcomes in population health |
| Tackle inequalities in outcomes, experience and access | Provides information relating to performance viewed across health inequality population cohorts |
| Enhance productivity and value for money | Provides information in relation to productivity and volumes of activity being undertaken across the system |
| Help the NHS support broader social and economic development | Addressing long waits, ensuring patients with high clinical needs are seen quickly and supporting patients to 'wait well' while tackling long waits, will support patients to return to work where possible. |

**Appendices:**

None.

**Board Assurance Framework:**

Not applicable to this paper.

**Report Previously Received By:**

Sections of the Integrated Performance Report are reviewed by the relevant committees of the Board.

**Are there any conflicts of interest requiring management?**

No.

**Is this item confidential?**

No.

NHS
Nottingham and Nottinghamshire

# Nottingham & Nottinghamshire Integrated Care Board

# Integrated Performance Report

Reporting Month: October /November 2023

Board Month: January 2024

# Integrated Performance Report 2023/24 – Report Contents

NHS
Nottingham and Nottinghamshire

# Introduction

This report presents progress against the key performance targets, across quality, service delivery, finance and workforce, and to note key developments and actions being taken to address performance issues. Where appropriate, information is provided for total Nottingham and Nottinghamshire population, and total provider responsibilities for those providers geographically located within Nottinghamshire, Sherwood Forest Hospitals (Acute), Nottingham University Hospitals (Acute) and Nottinghamshire Healthcare NHS Trust (Mental Health). The indicators included in the Board Integrated Performance Report (IPR) are reviewed annually and are based on the system operational plan for 2023/24, compliance and commitment targets, and any additional key local and national measures.

The intention is that each ICS Oversight Group, which is led by an ICB Executive Lead, will propose a level of assurance following the discussion of the reported metrics based upon the ICS Assurance Escalation Framework (page 78) which will support the escalation of issues to the ICB Board.

Service Delivery and workforce areas have adopted a reporting approach using Statistical Process Control (SPC) charts, further detail relating to SPC is included on page 79 of the report for reference to aid the review of the performance report tables included in the report. The aim of the SPC charts is to provide richer information relating to whether a service is improving or deteriorating based on trend (variation icons) and the likelihood of the system plan or target being met (assurance icons).

An ICB Scorecard has been provided on page 4 which provides a summary of the current delivery of the ICB against the various key system requirements aligned to the ICS Four Key Aims. This highlights that the system is experiencing pressures to delivery across all areas of the ICS Aims, with patients experiencing longer waits than acceptable across urgent care, cancer and elective pathways, Learning Disability and Autism patients remaining in inpatient care settings, Mental Health patients being place in out of area beds and infection control measures reporting higher than planned levels. At the end of month eight, the NHS System reported a £100.9 million deficit position, which is £85.4 million adverse to plan. The adverse variance is experienced in all system providers. Industrial action from Junior Doctors and Consultants has significantly constrained the elective activity that could be delivered within the system. Further narrative is included throughout the report where the impact has been most significant.

The full detail of the performance measures which the ICB is required to deliver, are provided across a series of functional score cards on pages 5 –13. These provide an overview of the areas which are and are not delivering as planned. The SPC icons provide an indication of the improvement or deterioration in the position (variation) as well as an indication of whether the current process or performance levels will achieve the required level in future (assurance).

Exception reports by functional area, detailing the areas of concern, actions being taken to address the current issues, and assurance as to whether these actions will impact upon and improve the position, are provided on pages 14 – 74.

# 1. ICB Scorecard by ICS 4 Aims – Reporting Period November 2023/24

NHS Nottingham and Nottinghamshire

| AIM-01 | Improve Outcomes in Population Health and Healthcare | | | | | | |
|---|---|---|---|---|---|---|---|
| ID | Key Performance Indicators | Date | Plan | Actual | In Month | Variation | Assuran |
| | **Quality** | | | | | | |
| | LD&A Annual Health Checks | Sep-23 | 1960 | 2001 | ✓ | - | - |
| | LD&A Inpatients - ICB | Sep-23 | 14 | 18 | ✗ | - | - |
| | LD&A Inpatients - NHS England | Sep-23 | 30 | 33 | ✗ | - | - |
| | LD&A Inpatients - CYP (NHSE) | Sep-23 | 3 | 6 | ✗ | - | - |
| | No. Personal Health Budgets | Q2 23/24 | - | 6164 | - | - | - |
| | No. stillbirths per 1000 total births | Jul-23 | 8.5 | 6.4 | ✓ | - | - |
| | No. neonatal deaths per 1000 live births | Jul-23 | 5.2 | 1.1 | ✓ | - | - |
| | MRSA | Aug-23 | 0 | 0 | ✓ | - | - |
| | CDI | Aug-23 | 22 | 29 | ✗ | - | - |
| | Ecoli BSI | Aug-23 | 72 | 106 | ✗ | - | - |
| | Klebseilla BSI | Aug-23 | 21 | 26 | ✗ | - | - |
| | Pseudomonas BSI | Aug-23 | 7 | 8 | ✗ | - | - |
| | % Over 65s Flu Vaccinations | Dec-23 | - | 87.4% | - | - | - |
| | **Planned Care** | | | | | | |
| | Extended Waits > 78 weeks | Oct-23 | 0 | 60 | ✗ | | |
| | **Urgent Care** | | | | | | |
| | 12 hour delays from arrival in ED | Nov-23 | 0 | 1123 | ✗ | | |
| | Handover delays > 60 minutes | Nov-23 | 0 | 1015 | ✗ | | |
| | Length of Stay > 21 days | Nov-23 | 418 | 437 | ✗ | | |

| AIM-03 | Improving the Effective Utilisation of Our Resources | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | Plan | Actual | | Variance | FOT Var |
| ID | Key Performance Indicators | Date | £m | £m | | £m | £m |
| | Delivery against system plan | Nov-23 | -15.6 | -100.9 | | ✗ 85.3 | ✓ 0.0 |
| | Efficiency Target | Nov-23 | 96.1 | 104.8 | | ✓ 8.7 | ✓ 0.0 |
| | ERF Income | Nov-23 | 70.4 | 60.8 | | ✗ -9.6 | ✓ 0.0 |
| | Agency Spend | Nov-23 | -45.9 | -57.7 | | ✗ 11.8 | ✗ -13.4 |
| | MHIS | Nov-23 | - | 138.6 | | - | ✓ 0.0 |
| | Capital Spend (Plan) | Nov-23 | 66.2 | 47.7 | | ✓ 18.5 | ✓ 5.0 |

| AIM-04 | Support Broader Social and Economic Development | | | | | | |
|---|---|---|---|---|---|---|---|
| ID | Key Performance Indicators | Date | Plan | Actual | In Month | Variatic | Assurai |
| | Provider Substantive Staffing | Nov-23 | 30,917 | 31,763 | ✗ | | |
| | Provider Bank Staff | Nov-23 | 1,757 | 1,900 | ✗ | | |
| | Provider Agency Staff | Nov-23 | 910 | 752 | ✓ | | |
| | Provider Staff Turnover | Nov-23 | 12.4% | 10.8% | ✓ | - | - |
| | Provider Staff Sickness Absence | Nov-23 | 5.6% | 5.9% | ✗ | - | - |
| | Primary Care Workforce* | Nov-23 | 3687 | 3724 | ✗ | | |

* Quarterly target figures requested in the Operational Plan Submission

| AIM-02 | Tackle Inequalities in Outcomes, Experience and Access | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Population | | | | | | Provider View | | | | |
| ID | Key Performance Indicators | Date | Plan | Actual | In Month | Variation | Assuran | Plan | Actual | In Month | Variation | Assuran |
| | **Planned Care** | | | | | | | | | | | |
| | Total Waiting lists | Oct-23 | 125072 | 148429 | ✗ | | | 111888 | 142461 | ✗ | | |
| | Patients Waiting >65 weeks | Oct-23 | 1243 | 1146 | ✓ | | | - | 1164 | - | | |
| | Referral to Treatment Pathway +18 weeks | Oct-23 | - | 52119 | - | - | - | - | 57889 | - | - | - |
| | Elective Value Weighted Activity | To be included in future reports | | | | | | | | | | |
| | Outpatient Follow-up Reductions | Oct-23 | 58647 | 64442 | ✗ | | | 70482 | 61643 | ✓ | | |
| | Diagnostics +6 weeks Wait | Oct-23 | 7646 | 7487 | ✓ | | | 8175 | 8485 | ✗ | | |
| | Cancer 2 week waits | Oct-23 | - | - | - | | | 93% | 79% | ✗ | | |
| | Cancer 31 Day First Treatment | Oct-23 | 96% | 86% | ✗ | | | 96% | 85% | ✗ | | |
| | Cancer 62 Day Performance (85%) | Oct-23 | 85% | 61% | ✗ | | | 85% | 59% | ✗ | | |
| | Cancer 62 Day Backlog | Oct-23 | - | - | - | - | - | 0 | 477 | ✗ | | |
| | Cancer Faster Diagnosis | Oct-23 | 75% | 77% | ✓ | | | 75% | 78% | ✓ | | |
| | **Urgent Care** | | | | | | | | | | | |
| | Ambulance Cat 1 Response (mean) | Nov-23 | 00:07:00 | 00:08:06 | ✗ | | | - | - | - | - | - |
| | Ambulance Cat 2 Response (mean) | Nov-23 | 00:18:00 | 00:39:53 | ✗ | | | - | - | - | - | - |
| | ED 4 hour waits | Nov-23 | - | - | - | - | - | 60.6% | 55.2% | ✗ | - | - |
| | % Beds Occupied with no criteria to reside | - | - | - | - | - | - | - | - | - | - | - |
| | % Bed Occupancy | Oct-23 | - | - | - | - | - | 93.70% | 93.30% | ✗ | - | - |
| | **Community** | | | | | | | | | | | |
| | Community Waits - Adult | Oct-23 | 7934 | 9762 | ✗ | | | - | - | - | - | - |
| | Community Waits - CYP | Oct-23 | 1867 | 2220 | ✗ | | | - | - | - | - | - |
| | **Primary Care** | | | | | | | | | | | |
| | GP Appointments | Oct-23 | 651436 | 713835 | ✓ | | | - | - | - | - | - |
| | GP Appointments < 14 days (85%) | Oct-23 | 85% | 73% | ✗ | | | - | - | - | - | - |
| | % Units of Dental Activity | To be included in future reports | | | | | | - | - | - | - | - |
| | NHS App | Nov-23 | 60% | 53% | ✗ | | | - | - | - | - | - |
| | **Mental Health** | | | | | | | | | | | |
| | Talking Therapies Access | Oct-23 | 8286 | 7175 | ✗ | | | - | - | - | - | - |
| | Talking Therapies Recovery Rate | Oct-23 | 50% | 52% | ✓ | | | - | - | - | - | - |
| | Dementia Diagnosis Rates | Oct-23 | 67% | 71% | ✓ | | | - | - | - | - | - |
| | Perinatal Access | Oct-23 | 1298 | 1250 | ✗ | | | - | - | - | - | - |
| | Individual Placement Support Access | Oct-23 | 658 | 853 | ✓ | | | - | - | - | - | - |
| | EIP < 2 weeks referral | Sep-23 | 60% | 78% | ✓ | | | - | - | - | - | - |
| | CYP Access | Oct-23 | 16300 | 18685 | ✓ | | | - | - | - | - | - |
| | Out of Area Placements | Sep-23 | 0 | 490 | ✗ | | | - | - | - | - | - |
| | SMI Physical Health Checks | Nov-23 | 7029 | 4872 | ✗ | | | - | - | - | - | - |
| | SMI Access to Community Services | Oct-23 | 16000 | 14235 | ✗ | | | - | - | - | - | - |

## 2. Quality Scorecard

NHS Nottingham and Nottinghamshire

**Quality Scorecard**

| Quality Scorecard – November 2023 | Latest Period | Plan | Actual | Variance | Exception Report |
|---|---|---|---|---|---|
| Learning Disability & Autism | | | | | |
| LD&A Inpatients Rate Adults - ICB | Nov 23 | 14 | 17 | 3 | Section 01 |
| LD&A Inpatients Rate Adults - NHSE | Nov 23 | 29 | 33 | 4 | |
| LD&A Inpatients Rate CYP - NHSE | Nov 23 | 3 | 2 | 1 | |
| LD&A Annual Health Checks | Nov 23 | 3030 | 2937 | 93 | |
| Maternity | | | | | |
| No. stillbirths per 1000 total births | Jul 23 | 8.5 | 6.4 | -2.1 | Section 03 |
| No. neonatal deaths per 1000 live births | Jul 23 | 5.2 | 1.1 | -4.1 | |
| Infection Prevention Control Hospital Acquired Infections | | | | | |
| MRSA | Oct 23 | 0 | 0 | 0 | Section 08 |
| C-Diff | Oct 23 | 23 | 20 | 3 | |
| Ecoli BSI | Oct 23 | 73 | 105 | -32 | |
| Klebseilla BSI | Oct 23 | 21 | 36 | -15 | |
| Pseudomonas BSI | Oct 23 | 7 | 6 | 1 | |

NHS Nottingham and Nottinghamshire

# 3a. Service Delivery Scorecard - Streamline Urgent Care and Flow

## Population

### Pre-Hospital Flow Volumes

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| EMAS Calls - ICB Population | Nov-23 | 23370 | 24298 | ✗ 928 | | |
| 111 Calls Answered - ICB Population | Nov-23 | - | 30491 | - | | |

### Pre-Hospital - Alternatives to ED

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Urgent Care Response (UCR) - ICB Population | Oct-23 | 286 | 920 | ✓ 634 | | |
| UCR Response % - ICB Population | Sep-23 | 70.0% | 98.1% | ✓ 28.1% | | |

### Front Door - Flow Volumes

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Ambulance Conveyances to ED (Vol) | Nov-23 | 7752 | 7395 | ✓ -357 | | |
| Ambulance Conveyances to ED (%) | Nov-23 | 52.5% | 49.0% | ✓ -3.5% | | |
| Total A&E Attendances - ICB Population | Oct-23 | - | 41101 | - | | |

### In-Hospital Flow

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Total NEL admissions - ICB Population | Oct-23 | - | 11655 | - | | |
| NEL Conversion Rate from ED Atds - % | - | - | - | - | | |
| SDEC % of Total Admissions - ICB Population | - | - | - | - | | |
| % Bed Occupancy - ICB Population | - | - | - | - | | |

### Flow out of Hospital

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Number of MSFT > 24 Hours | - | - | - | - | | |
| No Criteria to Reside | Nov-23 | 256 | 461 | ✗ 205 | | |
| Length of Stay > 21 days | - | - | - | - | | |
| Pthy 0 - Discharges Home | Nov-23 | 7514 | 11148 | ✓ 3634 | | |
| Pthy 1 - Disch home w/ hlth and/or social care | Nov-23 | 1212 | 888 | ✗ -324 | | |
| No. Patients utilising Virtual Ward | Nov-23 | 147 | 119 | ✗ -28 | | |

## Provider

### Pre-Hospital Flow Volumes

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| EMAS Calls - ICB Provider | - | - | - | - | | |
| 111 Calls Answered - ICB Provider | - | - | - | - | | |

### Pre-Hospital - Alternatives to ED

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Urgent Care Response (UCR) - ICB Provider | - | - | - | - | | |
| UCR Response % - ICB Provider | - | - | - | - | | |

### Front Door - Flow Volumes

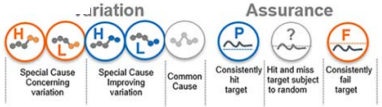
| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Ambulance Conveyances to ED (Vol) | - | - | - | - | | |
| Ambulance Conveyances to ED (%) | - | - | - | - | | |
| Total A&E Attendances - ICB Provider | Nov-23 | 34754 | 33469 | ✓ -1285 | | |

### In-Hospital Flow

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Total NEL admissions - ICB Provider | Oct-23 | 12608 | 12106 | ✓ -502 | | |
| NEL Conversion Rate from ED Atds - % | Oct-23 | - | 34.4% | - | | |
| SDEC % of Total Admissions - ICB Provider | Nov-23 | 33.0% | 36.0% | ✓ 3.0% | | |
| % Bed Occupancy - ICB Provider | Oct-23 | 93.7% | 93.3% | ✓ -0.4% | | |

### Flow out of Hospital

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Number of MSFT > 24 Hours | Nov-23 | 178 | 251 | ✗ 73 | | |
| No Criteria to Reside | Nov-23 | 256 | 342 | ✗ 86 | | |
| Length of Stay > 21 days | Nov-23 | 418 | 437 | ✗ 19 | | |
| Pthy 0 - Discharges Home | - | - | - | - | | |
| Pthy 1 - Disch home w/ hlth and/or social care | - | - | - | - | | |
| No. Patients utilising Virtual Ward | - | - | - | - | | |



# 3a. Service Delivery Scorecard - Urban Care Compliance

NHS Nottingham and Nottinghamshire

## Population

### EMAS Performance Compliance

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Ambulance (mean) resp time Cat 1 (Notts) | Nov-23 | 00:07:00 | 00:08:06 | 00:01:06 | | |
| Ambulance (mean) resp time Cat 2 (Notts) | Nov-23 | 00:18:00 | 00:39:53 | 00:21:53 | | |
| % Cat 2 waits below 40 minutes (Notts) | Nov-23 | 90.0% | 50.1% | -39.9% | | |
| Ambulance resp time Cat 3 - 90th Centile * | Nov-23 | 02:00:00 | 07:08:16 | 05:08:16 | | |
| Ambulance resp time Cat 4 - 90th Centile * | Nov-23 | 03:00:00 | 06:07:34 | 03:07:34 | | |

### Acute Performance Compliance

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Hospital Handover Delays > 30 Minutes | Nov-23 | - | 2658 | - | | |
| Hospital Handover Delays > 60 minutes | Nov-23 | - | 1107 | - | | |
| Ambulance Total Hours Lost | Nov-23 | - | 119 | - | | |
| A&E 4hr % Perf (All) | - | - | - | - | | |
| 12 Hour Breaches ED | - | - | - | - | | |
| 12 Hour Breaches as % ED Atds | - | - | - | - | | |

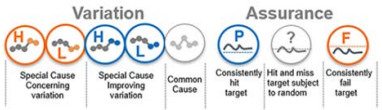
## Provider

### EMAS Performance Compliance

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Ambulance (mean) resp time Cat 1 (Notts) | - | - | - | - | | |
| Ambulance (mean) resp time Cat 2 (Notts) | - | - | - | - | | |
| % Cat 2 waits below 40 minutes (Notts) | - | - | - | - | | |
| Ambulance resp time Cat 3 - 90th Centile * | - | - | - | - | | |
| Ambulance resp time Cat 4 - 90th Centile * | - | - | - | - | | |

### Acute Performance Compliance

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Hospital Handover Delays > 30 Minutes | Nov-23 | - | 2327 | - | | |
| Hospital Handover Delays > 60 minutes | Nov-23 | 0 | 1015 | 1015 | | |
| Ambulance Total Hours Lost | Nov-23 | - | 108 | - | | |
| A&E 4hr % Perf (All) | Nov-23 | 60.6% | 55.2% | -5.4% | | |
| 12 Hour Breaches ED | Nov-23 | 0 | 1123 | 1123 | | |
| 12 Hour Breaches as % ED Atds | Nov-23 | 2.0% | 3.4% | 1.4% | | |



NHS Nottingham and Nottinghamshire

# 3b. Service Delivery Scorecard - Planned Care Recovery (1)

## Population

### Elective Recovery - Total Waiting List & Long Waits

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Total Waiting List Size | Oct-23 | 125072 | 148429 | ✗ 23357 | | |
| Incomplete RTT pathways >52 Wks | Oct-23 | 4496 | 5089 | ✗ 593 | | |
| Incomplete RTT pathways >65 Wks | Oct-23 | 1243 | 1146 | ✓ -97 | | |
| Incomplete RTT pathways >78 Wks | Oct-23 | 0 | 60 | ✗ 60 | | |

### Elective Recovery - Activity

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Total Referrals | Oct-23 | - | 26148 | - | | |
| Total Ordinary Electives | Oct-23 | 2167 | 2058 | ✗ -109 | | |
| Total Daycases | Oct-23 | 12460 | 14188 | ✓ 1728 | | |
| Total Outpatients 1st (Spec Acute) | Oct-23 | 27550 | 27514 | ✗ -36 | | |
| Total Outpatients FUp (Spec Acute) | Oct-23 | 58647 | 64442 | ✓ 5795 | | |
| Total Diagnostic Activity (Key 15) | Oct-23 | - | 39657 | - | | |

### Elective Recovery - Productivity & Transformation

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Total Outpatients - Virtual(%) | Oct-23 | 25.0% | 17.6% | ✗ -7.4% | | |
| Patient Initiated Fups (%) | - | - | - | - | | |
| Advice and Guidance (% of 1st OP) | Oct-23 | 32 | 28 | ✗ -4 | | |
| Completed Adm RTT Pathways | Oct-23 | 5659 | 4796 | ✗ -863 | | |
| Completed Non-Adm RTT Pathways | Oct-23 | 25391 | 25162 | ✗ -229 | | |

## Provider

### Elective Recovery - Total Waiting List & Long Waits

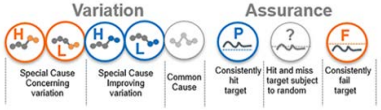
| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Total Waiting List Size | Oct-23 | 111888 | 142461 | ✗ 30573 | | |
| Incomplete RTT pathways >52 Wks | Oct-23 | 1001 | 5133 | ✗ 4132 | | |
| Incomplete RTT pathways >65 Wks | Oct-23 | - | 1164 | - | | |
| Incomplete RTT pathways >78 Wks | Oct-23 | 0 | 54 | ✗ 54 | | |

### Elective Recovery - Activity

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Total Referrals | Oct-23 | - | 23278 | - | | |
| Total Ordinary Electives | Oct-23 | 2799 | 1983 | ✗ -816 | | |
| Total Daycases | Oct-23 | 12532 | 13273 | ✓ 741 | | |
| Total Outpatients 1st (Spec Acute) | Oct-23 | 28255 | 24839 | ✗ -3416 | | |
| Total Outpatients FUp (Spec Acute) | Oct-23 | 70482 | 61643 | ✗ -8839 | | |
| Total Diagnostic Activity (Key 15) | - | - | - | - | | |

### Elective Recovery - Productivity & Transformation

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Total Outpatients - Virtual(%) | Oct-23 | 25.0% | 18.1% | ✗ -6.9% | | |
| Patient Initiated Fups (%) | Oct-23 | 5.0% | 5.6% | ✓ 0.6% | | |
| Advice and Guidance (% of 1st OP) | Oct-23 | - | 20 | - | | |
| Completed Adm RTT Pathways | Oct-23 | 6361 | 4170 | ✗ -2191 | | |
| Completed Non-Adm RTT Pathways | Oct-23 | 23829 | 23089 | ✗ -740 | | |



# 3b. Service Delivery Scorecard - Planned Care Recovery (2)

NHS Nottingham and Nottinghamshire

## Diagnostic Recovery

### Population

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Total Diagnostic Activity | Oct-23 | 37604 | 36004 | -1600 | | |
| Diagnostic Waiting List | Oct-23 | 25164 | 22857 | -2307 | | |
| Diagnostic Backlog | Oct-23 | 7646 | 7487 | -159 | | |
| Diagnostics +6 Wks | Oct-23 | 30.4% | 32.8% | 2.4% | | |

### Provider

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Total Diagnostic Activity | Oct-23 | 33091 | 30959 | -2132 | | |
| Diagnostic Waiting List | Oct-23 | 26302 | 24423 | -1879 | | |
| Diagnostic Backlog | Oct-23 | 8175 | 8485 | 310 | | |
| Diagnostics +6 Wks | Oct-23 | 31.1% | 34.7% | 3.7% | | |

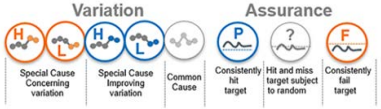
## Cancer Recovery

### Population

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Cancer 2ww % | - | - | - | - | | |
| Cancer - Faster Diag Std 28 Days | Oct-23 | 75.0% | 77.2% | 2.2% | | |
| Cancer - No. 1st Definitive Treatments | Oct-23 | - | 819 | - | | |
| Cancer - No.receiving 1st Trt <31 days % | Oct-23 | 96.0% | 86.1% | -9.9% | | |
| Cancer - No. patients waiting <62 days % | Oct-23 | 85.0% | 60.7% | -24.3% | | |
| Cancer - 62 day backlog | - | - | - | - | | |

### Provider

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Cancer 2ww % | Oct-23 | 93.0% | 78.6% | -14.4% | | |
| Cancer - Faster Diag Std 28 Days | Oct-23 | 75.0% | 77.6% | 2.6% | | |
| Cancer - No. 1st Definitive Treatments | Oct-23 | - | 990 | - | | |
| Cancer - No.receiving 1st Trt <31 days % | Oct-23 | 96.0% | 85.1% | -10.9% | | |
| Cancer - No. patients waiting <62 days % | Oct-23 | 85.0% | 58.9% | -26.1% | | |
| Cancer - 62 day backlog | Oct-23 | - | 477 | - | | |



NHS Nottingham and Nottinghamshire

# 3c. Service Delivery - Mental Health Scorecard

## Population

### Mental Health - Talking Therapies (Previously IAPT)

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Talking Therapies - Referrals | Oct-23 | - | 3570 | - | | |
| Talking Therapies- 1st Treatment <6 Weeks | Oct-23 | 75.0% | 90.3% | ✓ 15.3% | | |
| Talking Therapies- 1st Treatment <18 Weeks | Oct-23 | 95.0% | 99.3% | ✓ 4.3% | | |
| Talking Therapies - Entering Treatment (3mth) | Oct-23 | 8286 | 7175 | ✗ -1111 | | |
| Talking Therapies- >90 Days 1st & 2nd Treatment | Oct-23 | 10.0% | 47.5% | ✗ 37.5% | | |
| Talking Therapies- Recovery Rate (3mth Rolling) | Oct-23 | 50.0% | 51.6% | ✓ 1.6% | | |

### Mental Health - Adult Mental Health

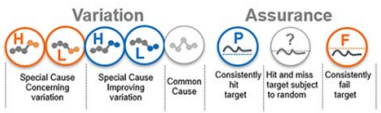
| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Adult MH IP Discharges - % Fup 72 hours | Aug-23 | 80.0% | 72.0% | ✗ -8.0% | | |
| Inappropriate OAP Bed days | Sep-23 | 0 | 490 | ✗ 490 | | |
| Rate per 100,000 Older Adult MH LOS > 90 Days | Aug-23 | 8 | 13 | ✗ 5 | | |
| SMI Health Checks | Nov-23 | 7029 | 4872 | ✗ -2157 | | |
| Access SMI +2 Contacts Community MH Services | Oct-23 | 16000 | 14235 | ✗ -1765 | | |
| Dementia Diagnosis | Oct-23 | 66.7% | 70.8% | ✓ 4.1% | | |

### Mental Health - Access

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| Perinatal Access % (12 month rolling) | Oct-23 | 10.0% | 9.6% | ✗ -0.4% | | |
| Perinatal Access - Volume | Oct-23 | 1298 | 1250 | ✗ -48 | | |
| Individual Placement Support | Oct-23 | 658 | 853 | ✓ 195 | | |
| Early Intervention in Psychosis (EIP) | Sep-23 | 60.0% | 78.0% | ✓ 18.0% | | |

### Mental Health - Children & Young People

| Name | Latest Period | Plan | Actual | Variance | V | A |
|---|---|---|---|---|---|---|
| CYP - New Referrals | Aug-23 | - | 1160 | - | | |
| CYP Eating Disorders - Routine Ref Perf (Qtr) | Oct-23 | 95.0% | 83.0% | ✗ -12.0% | | |
| CYP Eating Disorders - Urgent Ref Perf (Qtr) | Oct-23 | 95.0% | 100.0% | ✓ 5.0% | | |
| CYP Access (1+ Contact) (12 Mth Rolling) | Oct-23 | 16300 | 18685 | ✓ 2385 | | |



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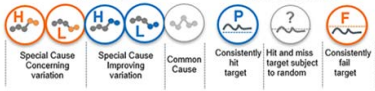
# 3d. Service Delivery – Primary & Community Scorecard

| Population | | | | | | |
|---|---|---|---|---|---|---|
| **Primary Care and Community Recovery** | | | | | | |
| Name | Latest Period | Plan | Actual | Variance | V | A |
| Total Appointments | Oct-23 | 651436 | 713835 | ✔ 62399 | | |
| % Face to Face Appointments | Oct-23 | - | 72.0% | - | | |
| % Same Day Appointments | Oct-23 | - | 37.9% | - | | |
| % Pts able to book within 2 Weeks | Oct-23 | - | 73.2% | - | | |
| Number of NHS App Registrations | Nov-23 | 60.0% | 53.2% | ✘ -6.8% | | |
| Community Waiting List (0-17 years) | Oct-23 | 1867 | 2220 | ✘ 353 | | |
| Community Waiting List (18+ years) | Oct-23 | 7934 | 9762 | ✘ 1828 | | |



## 4. Finance Scorecard

| Indicator Measure | 22/23 Actual | YTD Variance £m's Plan | YTD Variance £m's Actuals | YTD Variance £m's Variance | YE FOT Variance £m's Plan/ Ceiling/ Envelope | YE FOT Variance £m's FOT | YE FOT Variance £m's Variance | RAG YTD | RAG FOT |
|---|---|---|---|---|---|---|---|---|---|
| Financial Sustanability (Variance from b/e) | -13.9 | -15.6 | -100.9 | **-85.4** | 0.0 | 0.0 | **0.0** | | |
| Pay Spend | | -1,167.2 | -1,224.6 | **-57.4** | -1,735.7 | -1,753.7 | **-18.1** | | |
| Agency Spend vs Plan | -87.1 | -45.9 | -57.7 | **-11.8** | -62.9 | -76.3 | **-13.4** | | |
| Normalised Ave. Monthly Pay Run Rate | -143.1 | -145.9 | -153.1 | **-7.2** | -144.6 | -146.1 | **-1.5** | | |
| Financial Efficiency Vs Plan | 102.8 | 96.1 | 104.8 | **8.7** | 192.7 | 192.7 | **0.0** | | |
| Recurrent Efficiencies | 44.8 | 80.6 | 39.1 | **-41.5** | 147.6 | 120.0 | **-27.6** | | |
| Achievement of MHIS | 190.7 | | 138.6 | | 208.3 | 208.3 | **0.0** | | |
| Agency Spend Vs Ceiling | -87.1 | | -57.7 | | -68.7 | -76.3 | **-7.6** | | |
| Agency Spend - off framework usage | 10% | 0% | 5% | **-5%** | | | | | |
| Agency Spend - price cap compliance rate | 56% | 100% | 54% | **-46%** | | | | | |
| Agency - non-medical admin & estates/total agency | | 0% | 13% | **-13%** | | | | | |
| WTE (Provider) | 33,799 | 33,584 | 34,415 | **-831** | | | | | |
| Implied Acute Productivity (M5 2023/34) | -16% | | -18% | | -5% | | | | |
| Capital Spend Vs System Envelope (inc IFRS16) | 85.2 | 66.2 | 53.9 | **12.3** | 105.9 | 113.4 | **-7.5** | | |
| Capital Spend Vs System Plan (exc IFRS16) | 85.2 | 66.2 | 47.7 | **18.5** | 105.6 | 100.7 | **5.0** | | |
| Elective Recovery Fund Performance (exc A&G) | | 70.4 | 60.8 | **-9.6** | 102.2 | 102.2 | **0.0** | | |

- The system is experiencing a £100.9m deficit to the end of month 8, which is £85.4m adverse to plan.
- The adverse variance is seen in all 4 NHS partner organisations, with NUH being the largest component (£53.7m).
- Month 8 has seen a £7m in-month deficit, £8.7m adverse to plan.
- Efficiency delivery is £8.7m favourable to plan with £104.8m delivered to month 8. The over-delivery sits mainly in the ICB (£22.4m) though whilst over plan ytd, the phasing of the plan is back-loaded so in effect on target for full year. NUH have a £16.6m year to date variance being under plan.
- Recurrent efficiencies are £41.5m below planned levels with the balance being delivered through non-recurrent means.

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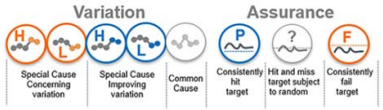
## 5. Workforce - Scorecard

| | Key Performance Indicators | Date | Plan | Actual | Variance |
|---|---|---|---|---|---|
| Workforce | Total WTE Substantive Workforce | Nov-23 | 30917 | 31762.6 | 845.6 |
| | Bank Staff | Nov-23 | 1756.6 | 1899.8 | 143.2 |
| | Agency Staff | Nov-23 | 910.3 | 752.1 | -158.2 |
| | 12 Month Rolling Average Sickness Absence % | Nov-23 | 5.6% | 5.87% | - |
| | 12 Month Rolling Average Staff Turnover % | Nov-23 | 12.4% | 10.8% | - |
| | Total WTE Primary Care Workforce * | Nov-23 | 3687 | 3724 | 37 |

* Quarterly target figures requested in the Operational Plan Submission



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# **Quality** Integrated Performance Report

## November 2023

### Enhanced Oversight

01 - Exception Report Learning Disability & Autism

02 - Exception Report Patient Safety

03 - Exception Report Maternity

04 - Exception Report Special Educational Needs and Disabilities

05 - Exception Report Looked After Children

06 - Exception Report Children & Young People Additional Vulnerabilities

### Routine Oversight

11 - Exception Report Universal Personalised Care

12 - Exception Report Co-Production

13 - Exception Report Adult & Children Safeguarding

### Further Information Required

07 - Exception Report Vaccinations

08 - Exception Report Infection Prevention & Control

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## Enhanced Oversight

**What does this mean? What is the assessment of risks relating to delivery / quality**

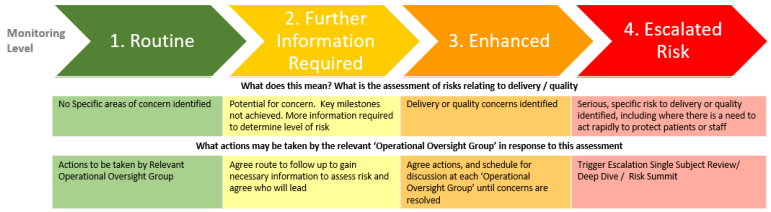
Delivery or quality concerns identified

**What actions may be taken by the relevant 'Operational Oversight Group' in response to this assessment**

Agree actions, and schedule for discussion at each 'Operational Oversight Group' until concerns are resolved

### Quality Areas of Enhanced Oversight

- 01 - Exception Report Learning Disability & Autism (including Oliver McGowan Mandatory Training)
- 02 - Exception Report Patient Safety
- 03 - Exception Report Maternity
- 04 - Exception Report Special Educational Needs and Disabilities
- 05 - Exception Report Looked After Children
- 06 - Exception Report Children & Young People Additional Vulnerabilities




Exec Lead: Rosa Waddingham | System Oversight: System Quality Group | ICB Committee: Quality & People Committee

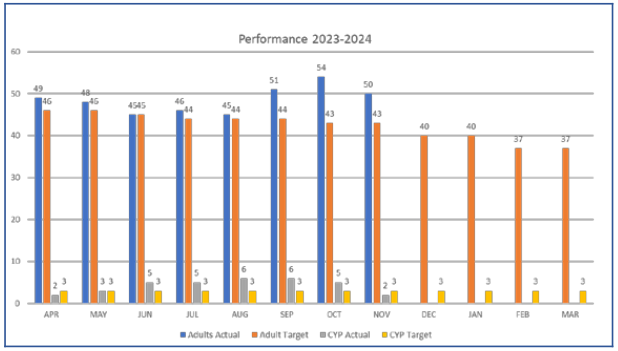
# 01. Exception Report Learning Disability & Autism

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

## Learning Disability and Autism (LD&A)

### Learning Disability and Autism (LD&A) Inpatient

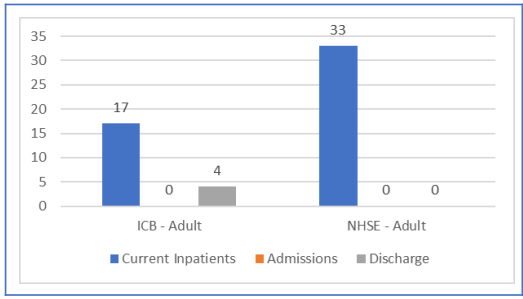



**Data Cut-Off Date:** 30/11/2023

**Explanatory Note/Insight Analysis and Assurance:**
**Adult Inpatient Trajectories:** Our current adult inpatient number stands at 50 adult inpatients, a reduction of 4 since the end of October. This month both ICB performance (17 inpatients against a target of 14) and IMPACT performance (33 inpatients against a target of 29) are behind target. This is due to 4 discharges from ICB beds into the community and no admissions from the community, no prison transfers and no autism late diagnosis within the mental health inpatient pathway. This then has placed us at 7 above the total adult monthly trajectory.

**Children & Young People Inpatient Trajectories**: In total there are 2 CYP in an inpatient setting which means we are now 1 below target. This is due to 3 CYP being discharged back into the community and no admissions.

### Learning Disability and Autism (LD&A) Adult Inpatient Movements

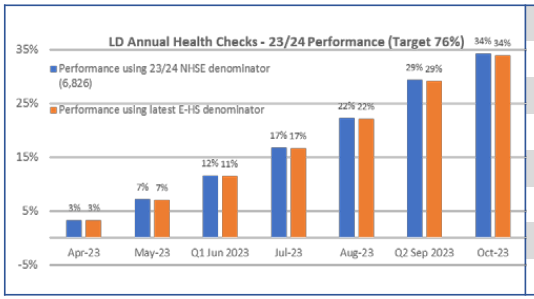



| Nov-23 |
|---|
| 50 |
| **Admissions** |
| 0 |
| **Discharges** |
| 4 |
| **SPC Variation** |
| - |

**Data Cut-Off Date:** 30/11/2023

**Explanatory Note/Insight Analysis and Assurance:**
During November there were 0 admissions and 4 discharges from ICB beds into the community.

### Learning Disability Annual Health Checks




| Nov-23 Actual |
|---|
| 2937 |
| **% NHSE denom.** |
| 43% |
| **% EHS denom.** |
| 42% |
| **Nov-23 Plan** |
| 3030 |

**Data Cut-Off Date:** 30/11/2023

**Explanatory Note/Insight Analysis and Assurance:** There have been 2,937 health checks completed in 2023/24 across the ICS, putting performance at 43%. Compared to November 2022, 137 more health checks have been completed however performance is below the planned trajectory.

# 01. Exception Report Learning Disability & Autism

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

## Learning Disability and Autism (LD&A)

**System Quality Group Oversight – Enhanced**

**Rationale for oversight level:** Focus remains on adult inpatient performance with monthly NHS England system performance meetings in place and a local system inpatient summit to address the recent increase in autism diagnosis within inpatient mental health settings of patients within the mental health pathways.

### Current Position

**Overview:**
An Inpatient Summit was held on 14 November 2023 with system Chief Executives and senior directors to address sufficient oversight assurance and plans in place. A series of actions to support recovery were agreed including the rapid development of a clinically led diagnosis pathway group and a refresh of the LDA Executive Partnership Board membership. A further Summit meeting will be held in December to support pace of change.

As part of the NHSE support offer, the National Development Team for Inclusion (NDTi) are undertaking a support review to focus on inpatient performance. A system leadership workforce was held on 29 November which will inform findings due by February 2024.

NHSE have advised that a follow up visit on inpatient performance from Minister Caulfield is not likely until January 2024.

**Inpatient performance**
At 30 November 2023, Our current adult inpatient number stands at 50 adult inpatients, a reduction of 4 since the end of October. This month both ICB performance (17 inpatients against a target of 14) and IMPACT performance (33 inpatients against a target of 29) are behind target. This is due to 4 discharges from ICB beds into the community and no admissions from the community, no prison transfers and no autism late diagnosis within the mental health inpatient pathway. This then has placed us at 7 above the total adult monthly trajectory.

In total there are 2 CYP in an inpatient setting which means we are now 1 below target, which is an improvement against the previous month totals . This is due to 3 CYP being discharged back into the community and no admissions.

### Actions Being Taken & Next Steps

A further Summit meeting will be held with system leadership across health and social care .will be held in early January to support pace of change

Next Monthly System Adult Inpatient Performance Meeting scheduled 20 December 2023 with NHS England region, which will focus on discharge pipeline and projected inpatient targets for March 2024.

### Risks & Escalations

**Assessments delays**
The current position in the delay to receive neurodevelopmental assessments means the resulting impact on Children and Young People (CYP) and adults not receiving support remains a concern.
Next steps have been discussed at Learning Disabilities & Autism (LDA) Executive Partnership Board and has been a point of discussion at the Minister visit to highlight the issues.

# 01. Exception Report Learning Disability and Autism - Oliver McGowan Mandatory Training

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

## Oliver McGowan Mandatory Training for Learning Disabilities and Autism (OMMT)

**System Quality Group Oversight – Enhanced**

**Rationale for oversight level:** The system has agreed a pilot, NHSE which ends 31 March 2023 with evaluation. We are working to develop system infrastructure to test plans to roll-out more widely in April 2024. Recruitment to trainer and co-trainers roles are in progress. There is recognised risk to delivery of training to relevant staff because of operational winter pressures challenging the numbers if staff attending training.

### Current Position

**Enabling infrastructure:**

- Reported previously that the governance structure and programme management is in place

**Working to develop sufficient trainer capacity by 2023/24:**

- Requirement to develop the infrastructure to deliver training across the system to:
  - 30% of the workforce requiring Tier 1 – the pilot will deliver training to about 3% of staff
  - 10% requiring Tier 2 – the pilot will deliver training to about 1.5% of staff
- The pilot will enable the system to better estimate the number of training trios needed to deliver in line with the OMMT model. It will also help us to evaluate and revise recruitment methods, support needed and the cost of the roll-out

**Delivery across the ICS by 2023/24:**

- Requirement that 50% of eligible workforce complete the eLearning (part 1 of the Tier 1 and Tier 2 training)
- Tier 1 and Tier 2 completion targets listed above

### Actions Being Taken & Next Steps

Steps being taken to establish the pilot. Shortlisting lead/facilitator trainers is underway. Train the trainer sessions need to be implemented. Tier 1 interactive training sessions are being bought so as to begin the pilot. The booking system is being set up alongside provider partners, who will provide their own organisational administration. DPIAs and DPAs are being set up.

The ICB is supporting system partners to identify staff who should receive Tier 1 and Tier 2 training.

The focus is on delivering training to health staff, including primary care. 20% of sessions will be made available to social care staff.

### Risks & Escalations

There are challenges to releasing staff over the winter months to complete the 90-minute e-learning package and the further interactive sessions. Co-operation from partners will be needed to ensure that appropriate staff are identified and released in order to maximise training capacity. Most clinical staff will need Tier 2 training and this is delivered face-to-face over one day. It is likely that these sessions will only be possible in March/April 2024 at the earliest. Primary care staff training will need to complete this training. Conversations with the Local Medical Council (LMC) are needed.

Training venues for up to 30 staff will be needed from each organisation, free of charge, for delivery of the face-to-face Tier 2 training. This is an NHSE requirement.

Funding received is for NHS workforce but a system approach is required. Social care funding is currently unavailable and future plans for health and social care funding are unknown.

KPIs, as outlined in the MOU, will not be met for 2023/24. NHSE are aware and are in agreement with pilot plans.

# 02. Exception Report Patient Safety

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

## Patient Safety – focus on PSIRF

**System Quality Group Oversight – Enhanced**

**Rationale for oversight level:**

- Progress towards PSIRF implementation remains variable across the system.
- Contextual capacity and leadership concerns at City Care have increased the risk for this provider.
- NNICS continue to support a 'blended' approach to implementation; the regional PSIRF implementation workshop on 16 November identified that the ICB quality and safety oversight arrangements are in a strong position to support the cultural adaptations required for system working and improvements.

### Current Position

(based on ICB risk scoring matrix, with impact considered 'moderate' for all partners).

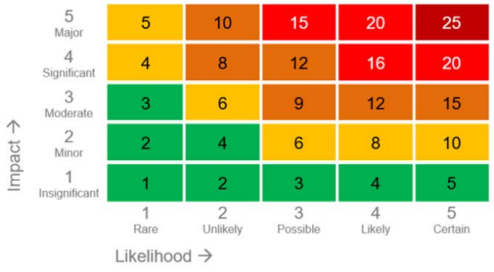
**As a result of capacity, workforce and prioritisation there is a risk that partners will not meet all the elements of the PSIRF implementation plan.**
**This may result in a failure of partners to ratify Patient Safety Incident Response Plans & Policies by 31 March 2024.**

| Provider | Risk score | Actions being taken and next steps |
|---|---|---|
| NUH | 9 | There is an active PSIRF implementation group at NUH with ICB involvement; the first draft of the policy has been circulated and received comments; paper is scheduled for NUH Board in January 2024. |
| NHT | 12 | There are significant delays at NHT. An implementation lead has been recruited on a fixed term contract, however will not be in post until early 2024. Preparatory work has commenced with staff engagement events, training & safety profiling. |
| SFH | 3 | SFH PSIRP has been agreed at Trust Board and ICB. |
| City Care | 12 | Emerging and escalating concerns around capacity and leadership at City Care have increased the risk to implementation. Bespoke support arrangements are in development. |
| ICB | 3 | The Patient Safety Incident Response Policy has been ratified at the Quality and People Committee. |

### Risks & Escalations

- Please note increase in risk to implementation at City Care.
- **There is a risk of false assurance if reliance is placed on a ratified policy as an indicator of implementation.**

**How to score a risk:**




https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/GOV-001-Risk-Management-Policy-v2.0.pdf

# 03. Exception Report Maternity

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

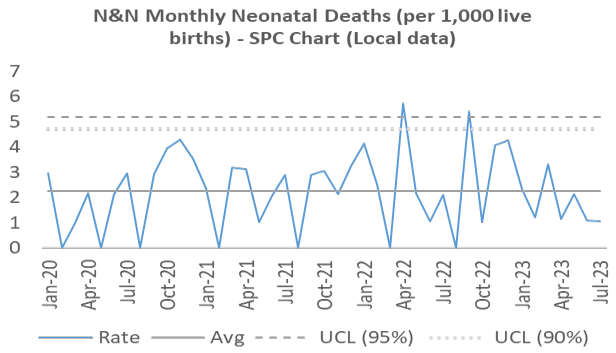
## Local Maternity & Neonatal System (LMNS)

| Intervention Elements | Description | NUH Element Progress Status (LMNS Validated) | NUH % of Interventions fully implemented | SFH Element Progress Status (LMNS Validated) | SFH % of Interventions fully implemented |
|---|---|---|---|---|---|
| Element 1 | Smoking in pregnancy | Partially Implemented | 20% | Partially Implemented | 60% |
| Element 2 | Fetal growth restriction | Partially Implemented | 65% | Partially Implemented | 80% |
| Element 3 | Reduced fetal movements | Partially Implemented | 50% | Partially Implemented | 50% |
| Element 4 | Fetal monitoring in labour | Partially Implemented | 40% | Partially Implemented | 20% |
| Element 5 | Preterm birth | Partially Implemented | 78% | Partially Implemented | 81% |
| Element 6 | Diabetes | Partially Implemented | 50% | Partially Implemented | 67% |
| All elements | TOTAL | Partially Implemented | 60% | Partially Implemented | 71% |

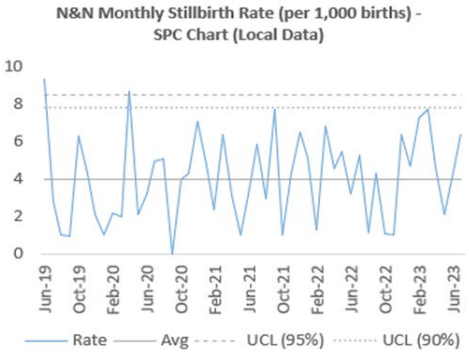
**Saving Babies Lives v3.**

To evidence compliance with safety action 6 of the Maternity Incentive Scheme, providers are required to demonstrate implementation of 70% of interventions across all 6 elements overall, and implementation of at least 50% of interventions in each individual element by Feb 2024. Following the first submission of evidence in September, both NUH & SFH are achieving 50% in most elements of SBCLCBv3. An action plan is in place to address the more challenging elements and a further submission of evidence is due at the end of November 2023.

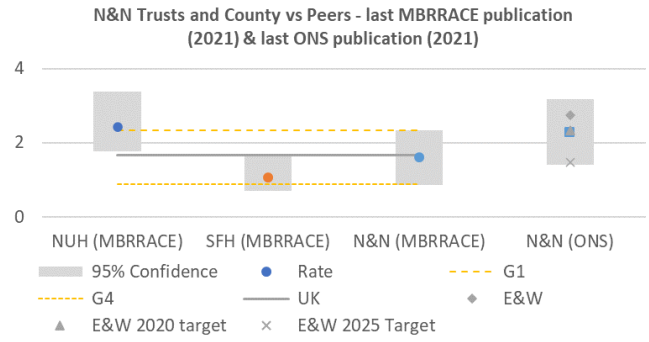
**Nottingham & Nottinghamshire Monthly Neonatal Deaths (per 1,000 live births) – SPC Chart (local data)**




**Nottingham & Nottinghamshire Monthly Stillbirth Rate (per 1,000 live births) – SPC Chart (local data)**




**Nottingham & Nottinghamshire Trusts and County vs Peers – last MBRRACE publication (2021) & last ONS publication (2021)**




**NB. There has been no November 2023 refresh of the LMNS Quality & Outcomes dashboard. Mitigations are in place to support dashboard refresh and raw local data has not identified any areas of concern.**

# 03. Exception Report Maternity

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

## Local Maternity & Neonatal System (LMNS)

**System Quality Group Oversight – Enhanced**

**Rationale for oversight level:** The risk remains high on the ICB risk register (scoring 15 after August 2023 review); there is work underway to streamline the internal governance processes for maternity assurance at NUH.

### Current Position

A new model and associated funding for Maternity & Neonatal Voices Partnership (MNVP) has been agreed by the LMNS Executive Partnership Board on 21st Nov 2023. This demonstrates a significant system investment to ensure that the voices of women and families have a prominent role in local maternity and neonatal services.

The LMNS PMO team reduced capacity which has been discussed with agreed revised focus approved by LMNS Executive Partnership Board and some key areas of transformation work will now pause until end of March 2024.

Equity highlights:

- Pilot planned to have 2 Maternity Social Prescribing Link Workers to support Urdu & Romanian families.
- NUH working to review written communication and information, so it aligns with SOPs and clinical guidelines.
- NUH have recruited a Matron for Community Engagement and Innovation, and a Consultant Midwife for Health Inequalities. They have set up an Inclusive Maternity Task group.
- SFH have weaved cultural competency training into PROMPT training and as modules on their mandatory training for maternity staff.
- Interpreting - Improving access to information for women & birthing people whose first language is not English. CardMedic pilot funding agreed at LMNS Transformation Board.

Perinatal Pelvic Health Services - SFH & NUH have appointed clinical leads to take this work forwards due to commence in Q4

### Actions Being Taken & Next Steps

MNVP next steps to develop, governance process, KPIs and systems to support an effective model, including recruitment to required posts.

The LMNS Oversight & Assurance Panel (previously Ockenden Assurance), are working to refresh the function of this group including measures and reporting processes against the maternity & neonatal 3-yr delivery plan.

0.2 WTE Consultant Neonatologist business case being developed for LMNS Transformation Board.

LMNS Dashboard subgroup scoping a new health inequalities dashboard to support preventative approaches

### Risks & Escalations

Reduced capacity of the LMNS Project Management Office (PMO) team , supports key system transformation priorities. Affected areas - Public Health, Perinatal Mental Health, Workforce Group and Independant Senior Advocates.

No data updates from the LMNS dashboard due to SAIU analyst capacity and developments required – interviews have taken place for a business analyst.

Ockenden funding to support workforce is non-recurrent which impacts recruitment.

Due to reduced digital funding, SFH NNU will not adopt the Badgernet Neonates unit. They will continue with the standard Badgernet system and paper notes. Therefore, a lack of interoperability of key information across the system is identified and being worked through.

Tomorrow's NUH delays - impact on one-site-working for Neonatology and Maternity. Risk to workforce, culture, babies being born in the right place and capacity.

# 04. Exception Report Special Educational Needs and Disabilities

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

## Special Educational Needs & Disabilities (SEND)

### System Quality Group Oversight – Enhanced

**Rationale for oversight level:**

- The ICS are responsible to deliver on statutory responsibilities, underpinned by the Children and Families Act 2014 to improve meeting the needs, experiences and outcomes of Children and Young people (CYP) with Special Educational Needs & Disabilities (SEND) 0-25 years old and their families,
- ICB are required to ensure that the right support at the right time is available to meet CYP with SEND needs, through ensuring commissioning arrangements for provision are appropriate and reduce health inequalities.
- The SEND improvement programme for Nottinghamshire remains to demonstrate the required progress at pace.
- Nottingham City local authority have issued a section 114 notice and this has the potential to impact services delivery for CYP with SEND and their families experiences and outcomes.

### Current Position

- Quality and System Risk Register has been updated and agreed arrangements in place to support providing updates in place
- Feedback from Department for Education (DfE) and NHS England regional advisor regarding recommendations from Deep Dive received.
- DfE and NHSE have held focus group sessions with parent/carers and health professionals to seek further assurance around the Priority Area 2 of the improvement programme. Feedback will inform future planning.
- SAIU SEND have undertaken benchmarking of N&N ICB waiting times for therapy services, local waits are below national averages
- The SEND Improvement Board have requested a presentation to be delivered on progress, focussing on Communication and Engagement at the next board meeting 24 November 2023
- The second RISE event has taken place to develop and agree system performance indicators required to measure outcomes identified at the previous strategic group. The final event is planned for the 4th December
- Feedback survey circulated to 60 key members of improvement programme only 4 responses. Indicating challenges with capacity and prioritisation of SEND agenda and improvement programme
- A review of the Nottinghamshire SEND Improvement programme is recommended to be undertaken to improve connectivity across the workstreams and participation to drive progress at the required pace. A reset is required and a proposal has been developed and shared with SEND Executive leads, recommendations will go out to partners for consultation.
- Escalation of limited participation of strategic health leaders in the RISE events and at the SEND Improvement arrangements identified that communication to partners is not being received or disseminated across organisations to support effectively.
- Nottingham City local Authority have agreed a new SEND governance structure This has been approved by the LA and ICB executive leaders and will be implemented from January 2024.
- Nottingham City are seeking interim arrangements for the delivery of SEND agenda in the absence of their SEND strategic lead who will no longer be in post as of January 2024.
- Nottingham City are linking in with DCO for SEND and commissioners to prepare Annex A and SEF (Self Evaluation Framework) in preparation for inspection. Evidence to be submitted by the 4th December.
- DfE and NHSE have met with Nottingham City and ICB SEND colleagues for a Keeping In Touch (KIT) to support inspection preparation and business as usual activity
- Increasing challenges are being raised by Special School Head Teachers across the system in relation to delegated tasks in education health settings, resulting in barriers to pupils being able to access their learning in there placements.
- Nottinghamshire SEND partnership have developed a draft Impact Strategy for the system to further build on. There will be an expectation that service providers across this system contribute to the development of this strategy.
- NHSE have requested the ICB to provide a return as an update for the SEND Maturity Matrix required to provide assurance as CCGs transition in to ICB- the update needs to be presented on the 30th November at a regional DCO/DMO event.
- Parent Carer Advisory groups have been launched week 13th November, facilitated by ICB co-production leads and LA partners findings to be shared
- Tribunals 'Extended Appeals' raised against health; 8 Open, 1 Stayed and 1 Closed. One open case has made complaints to NHFT and ICB PALS

### Actions Being Taken & Next Steps

- Feedback from parent carer advisor group to be shared and learning obtained
- Impact Strategy developments and discussions with service providers
- Communication to NHS SEND executive leads regarding the reshaping of ICS SEND assurance group in to an advisor group and expectation of participation in the both Local area PAIGs
- Supporting to facilitate the DfE and NHSE with their focus sessions re assurance on Priority Action 2
- SCLN commissioning meeting being held to explore future ICS joint commissioning arrangements
- Stocktake session with DfE has been rescheduled for January, partners required to prepare submission of evidence.
- Strategic meetings required to take place to consider the current commissioned arrangements to support education settings to deliver delegated tasks to enable children to access their learning. Decision are required for an agreed joint system approach.

### Risks & Escalations

- Limited assurance the Nottinghamshire SEND improvement programme is progressing at pace, if unable to demonstrate the regulators by stocktake planned in January risk of a written notice being issued.
- Nottingham City LA issued section 114 notice.

# 05. Exception Report Looked After Children

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

## Looked After Children (LAC)

**System Quality Group Oversight – Enhanced**

**Rationale for oversight level:** The statutory health assessments for looked after children are significantly delayed which could have an impact on children.

### Current Position

ICB to meet City local authority partners to map and review health assessment processes to improve systems and processes with health providers. Identified multiagency work to be agreed at the Service Improvement Forum (SIF).

**No changes further changes to report since October information below.**
Awaiting Quarter 2 data for IHA/RHA

System risk has reduced due to improvement in IHA timeframes for DBHT and SFHT.
NUH continues to have IHA backlog but reduced waiting times and good engagement with ICB on recovery plan. To review NUH waiting times in December.
NUH Recovery plan – (Initial Health Assessments)
1 x Locum Paediatrician contract extended until the end of 2023
2 x Locum Paediatricians to join NUH but substantive posts will be offered to ensure service at full capacity.
Recruitment to Designated Doctor position successful, candidate will begin at the end of November (recruited from within current NUH Paediatric team).
No additional funding has been requested from ICB.
To review waiting times in December, with an expectation waiting times will continue to decrease.

NHT Children in care Nurses Service Specification – (Review Health Assessments)
Service Specification to be updated by December 2023.
EQIA to be completed to support updated service specification.

NHSE Statutory LAC Assessment dataset and new KPI reporting metrics
NUH will report the new KPI metrics for the month of November to assess how this can be developed and embedded
SFHT and DBHT - databases to meet KPI metrics in development
NHT- New RHA KPI's have been developed and are under review. These will be shared with NHT by 30/11/2023.
The aim is for new KPI metrics to be ready by Q4 with a view to being embedded across the ICS in 2024/25.

### Actions Being Taken & Next Steps

- Nottingham University Hospital (NUH) recovery plan work to continue.
- Nottingham Healthcare Trust (NHT) Service Specification update to be completed by 31 December 2023
- ICB to continue to work with Public Health commissioners on the review of the county 0-19 service.
- The ICB LAC KPIs are to be aligned with the requirements of the NHSE National dataset.

### Risks & Escalations

There are no new risks however the existing risk for Initial Health Assessments (IHAs) and Repeat Health Assessments (RHAs) have been separated so there are now 2 Looked After Children (LAC) risks on the risk register to reflect this.

Content Author: Cathy Burke | Exec Lead: Rosa Waddingham | System Oversight: System Quality Group | ICB Committee: Quality & People Committee

# 06. Exception Report Children and Young People Additional Vulnerabilities

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

## Children and Young People Additional Vulnerabilities

### System Quality Group Oversight – Enhanced

**Rationale for oversight level:** There are increasing numbers of Children and Young People (CYP) presenting with complex behavioural, mental health and autism related needs where there is no clear route for provision or pathways for care. This is concerning for those aged 14 years and over and specifically for 17 year olds, where provision is delayed and transition planning is limited due to the differences in assessment and provision in children's and adult services. Escalation in these cases takes significant resource in terms of being placed in inappropriate settings, time for silver and gold level escalation meetings and funding to meet the extraordinary needs that cannot be met with existing commissioned services.

### Current Position

- ICS Children and Young People (CYP) Quality Risk Summit planned held 8 November 2023. System risks identified –awaiting outcomes and actions
- Transition scoping work has commenced across the ICS with a view to an ICS wide Transition Group, including children's and adult services. Draft Statement of Intent has been developed.
- Initiation of ICS Children and Young People (CYP) Board held 28 September 2023 led by Head of Commissioning for Children and Young People (CYP)-work to progress on governance structure. First ICS meeting planned for January 2024
- Deputy Chief Nurse and HoCN visited Clayfields Secure Residential Unit to understand the service on 16th November 2023. There is a strong health offer, funded by NHSE.
- Awaiting understanding from NHSE of funding requirement for PEOL provision from next year
- HoCN and Senior Commissioning Manager were part of the County Youth Justice Joint Inspection

### Actions Being Taken & Next Steps

- Funding for Mental Health Champions has been allocated from NHS England to acute trusts who are looking at shaping the roles and recruitment
- Awaiting feedback from Youth Justice Inspection in the County in November. 2023
- Section 75 agreement for Communication Aids Panel (Joint Commissioning with City and County LA) has not yet been signed for 2023-24-this will be escalated to aid progression of the ICB's commitment.

### Risks & Escalations

- There are two risks on the corporate risk register ORR 005 and ORR 128. Risk ORR 128 may be considered strategic as local actions would not resolve it due to national issues.
- There is high financial risk to manage care provision outside of current commissioned services to meet the high level, individual needs of specific CYP
- There is high risk to health and wellbeing and safeguarding for Children and Young People (CYP) who are managed in inappropriate settings

NHS Nottingham and Nottinghamshire

## Further Information Required

**What does this mean? What is the assessment of risks relating to delivery / quality**

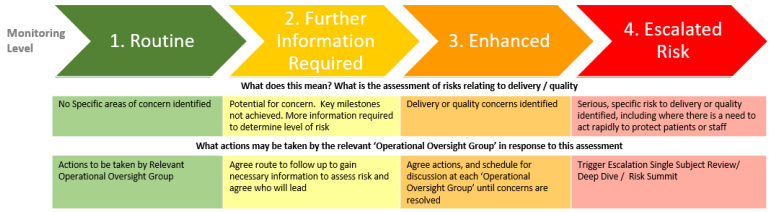
Delivery or quality concerns identified

**What actions may be taken by the relevant 'Operational Oversight Group' in response to this assessment**

Agree actions, and schedule for discussion at each 'Operational Oversight Group' until concerns are resolved

### Quality Areas Further Information Required

- 07 - Exception Report Vaccinations
- 08 - Exception Report Infection Prevention & Control



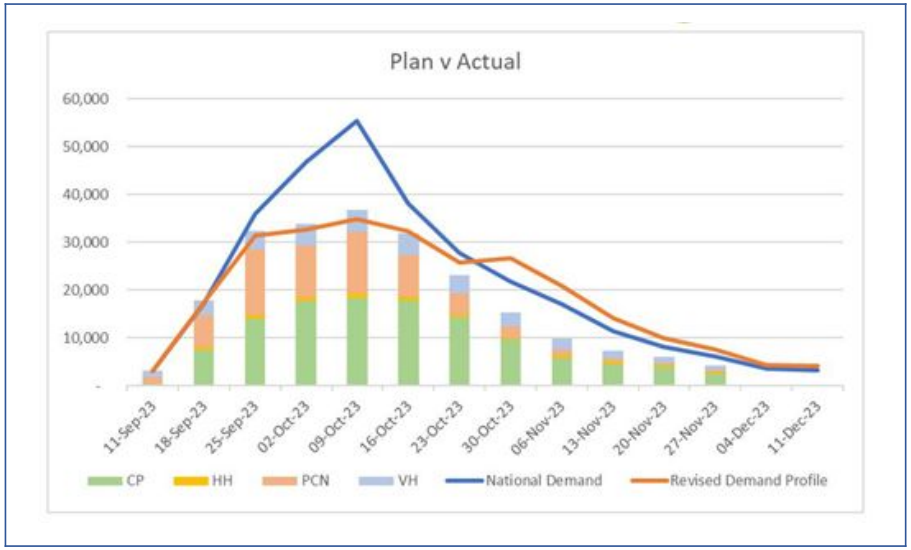
# 07. Exception Report Vaccinations

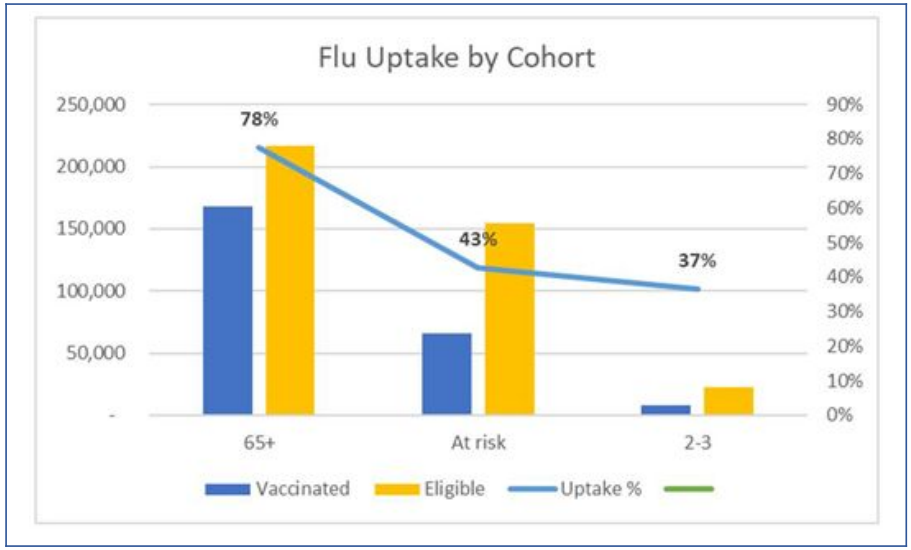
Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

## Vaccinations

**Vaccination Autumn/Winter 2023 campaign**




Plan based on national demand modelling
VVEs to date 221,711
•220,762 booster doses
•949 first doses
•
National revised profile on 18th October
Target to date to 256,835.
System is c36,000 (14%) vaccinations below cumulative plan
The drop off in activity has been seen at a Regional and National level

Eligible population 670,000
Current uptake 45.5%
Significant variation between PCNs Rushcliffe 53% and Radford and Mary Potter 23%
PLEASE NOTE THERE ARE CURRENTLY ISSUES WITH THE DATA FLOW FOR SAIS ACTIVITY INTO FOUNDRY

**Autumn/Winter 2023 Care Home Uptake**

359 Care Homes considered eligible
29 excluded – closed, no residents or vaccinated in the practice
330 visited

# 07. Exception Report Vaccinations

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

## Vaccinations

**System Quality Group Oversight – Further Information Required**

**Rationale for oversight level:** Autumn/Winter vaccination programme (Covid-19 and flu) were accelerated due to identification of Covid-19 variant BA2.86 strain. Covid-19 vaccination programme and flu vaccinations currently winding down towards a close on 31st January '24

### Current Position

**Autumn/Winter covid-19 vaccination programme:**

- Overall uptake at 54%
- Cohorts for the 2023 autumn covid-19 vaccination programme:
  - residents in a care homes
  - all adults aged 65 years and over
  - persons aged 6 months to 64 years in a clinical risk group, as defined in tables 3 and 4 of the COVID-19 chapter of the Green book
  - frontline health and social care workers
  - persons aged 12 to 64 years who are household contacts, as defined in the Green book, of people with immunosuppression
  - persons aged 16 to 64 years who are carers, as defined in the Green book, and staff working in care homes for older adults
- Care Home vaccinations for covid-19 completed (ahead of plan)
- 15 December 2023 end the covid-19 vaccination bookings through National Booking System with end date for AW23 phase being 31st January '24.
- Covid-19 vaccinations into January 2024 to target inequalities
- Interseasonal covid-19 vaccination for newly severely immunosuppressed citizens in place
- Engagement with PCNs to scope provision for any Spring '24 programme underway.

**Flu**

- Overall uptake at 45.5%
- Targeted work with Trust's to improve their staff vaccination rates.
- End date 31st January for seasonal Flu offer.

**MMR**

- Measles elimination Sub Group meeting early Jan '24.
- PCN level data shows low levels of MMR uptake (particularly in City PCNs).
- Action plan to improve uptake and prepare for any outbreak being pulled together with public health team and NHS England.

### Actions Being Taken & Next Steps

- Covid and Flu vaccine equity steering group for autumn outreach and inequalities meeting on monthly basis
- Work continuing with system partners to develop a Nottingham and Nottinghamshire Measles, Mumps, Rubella (MMR) elimination plan.
- Future planning for covid-19 vaccination delivery to 'at-home' and care home residents:
  - Engagement with PCN Clinical Directors
  - Learning from Derbyshire model of commissioning community pharmacy providers to deliver in areas with no PCN opt-in.

### Risks & Escalations

- Sherwood Forest Hospitals ceasing to operate as lead for covid-19 vaccination programme after Autumn/Winter 2023 (AW23) campaign plans are being reviewed for a business as usual ( BAU) model to replace these arrangements.
- Impact of Primary Care Network and Community Pharmacy opt-out of any Spring 2024 campaign could increase risk of appointment availability and hinder targeted equity and inequality outreach work is being worked on.
- Wider system level governance and leadership for vaccination and immunisation requires focus to ensure support for improving vaccination uptake is adequate.

Content Author: Adam Hayward | Exec Lead: Rosa Waddingham | System Oversight: System Quality Group | ICB Committee: Quality & People Committee

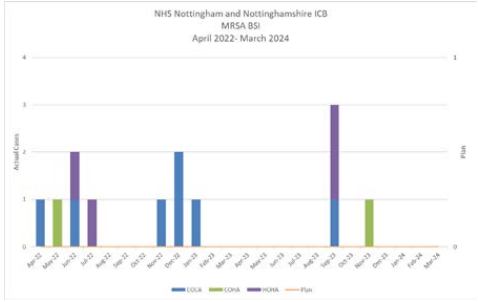
# 08. Exception Report Infection Prevention & Control

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

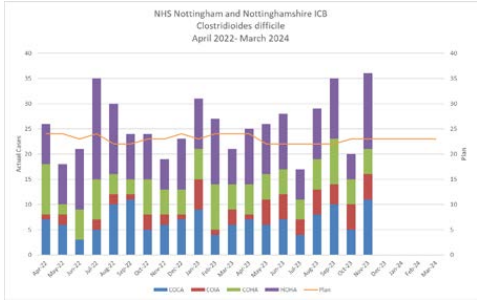
## Infection Prevention and Control

### HCAI Data 23-24– MRSA Bloodstream Infections



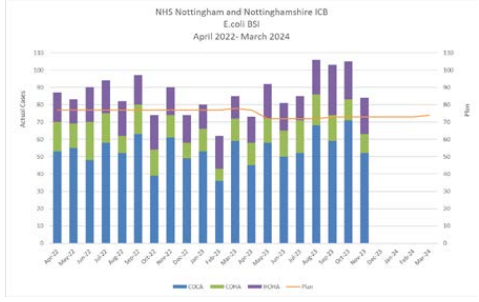

**Data Cut-Off Date:** 30/11//2023

### HCAI Data 23-24 – C-Diff



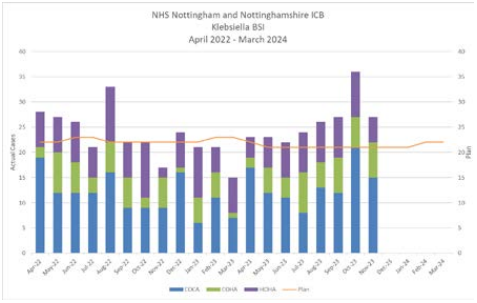

**Data Cut-Off Date:** 30/11/2023

### HCAI Data 23-24 – E-coli Bloodstream Infections



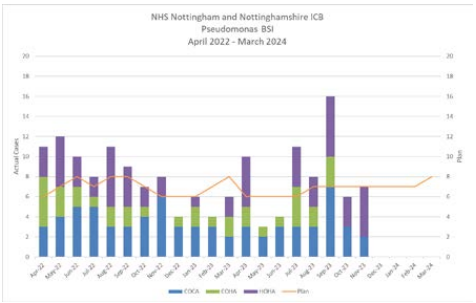

**Data Cut-Off Date:** 30/11//2023

### HCAI Data 23-24 – Klebsiella Bloodstream Infections




**Data Cut-Off Date:** 30/11/2023

### HCAI Data 23-24 – Pseudomonas Bloodstream Infections




**Data Cut-Off Date:** 30/11//2023

# 08. Exception Report Infection Prevention & Control

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

## Infection Prevention and Control

**System Quality Group Oversight – Further Information Required**

**Rationale for oversight level:** Healthcare Associated Infection (HCAI) targets are challenging. Reducing HCAIs will be hard to achieve unless secondary care 'deep cleaning' programmes are completed as planned and the use of unconventional bed spaces on ward areas stops. The sustained pressure on beds due to sustained increases on throughput continues to impact. The increase in antimicrobial items prescribed in primary care remains. Inappropriate antibiotic prescribing increases the risk of HCAIs..

### Current Position

- HCAI targets remain challenging locally and regionally. Particularly C.difficile and Gram-negative Bloodstream Infections (BSI). HCAI reporting is case based and not rate based which would account for the sustained increase in occupied bed days currently being experienced.
- Progress is being made with deep cleaning at Sherwood Forest Hospital (SFH) Trust. Nottingham University Hospital (NUH) Trust, deep cleaning programmes remain behind plan due to high pressure for beds and the need for unconventional bed spaces in ED and wards. NUH opened a decant ward in October to support with outstanding deep clean actions. However, the decant ward on the City campus closes in December to become a winter pressure ward, this will impact on the deep cleaning progress across this site.
- Access to timely NHSE Healthcare Associated Infection (HCAI) ICB benchmark comparison data remains challenging with no 2023/24 data being available.
- Public Health teams have limited capacity to support with new wider system work to reduce non healthcare associated infections.

**System position November 2023**

C.difficile infections
- ICB breached plan 36/23 cases,
- NUH breached plan 18/9
- SFHT breached plan 6/4

MRSA BSI
- ICB breached plan 1/0 cases (NUH case)
- NUH breached plan 1/0 COHA case

E.coli BSI
- ICB breached plan 84/73 cases - 52 COCA (reduction)
- NUH breached plan 26/22 cases (18 HOHA)
- SFHT breached plan 10/7 (6 HOHA)

Klebsiella BSI
- ICB breached plan 27/21 cases – 15 COCA (reduction)

Pseudomonas BSI
- ICB on plan 7/7

### Actions Being Taken & Next Steps

- Infection Prevention Control (IPC) are supporting with advice, back to basics training and outbreak management. Winter pressures are impacting some of the progress with these measures. Organisations are risk assessing implementation of mask wearing across services. Deep cleaning remains impacted by the need to prioritise bed spaces and winter pressures. Staff fatigue remains a factor on wards over capacity due to continued use of unconventional bed spaces.
- Further reducing UTI training to be provided at PLT events over 2024 with a focus on updated prescribing guidance for recurrent UTI in primary care..
- Infection Prevention Control (IPC) focus remains on monitoring HCAI rates, preventing avoidable infections and taking actions that address learning from patient reviews where a lapse in care is identified.
- A review of the leg ulcer pathway has paused as teams work through the new national guidance and update processes, this work will recommence in early 2024 when capacity allows as it is reliant on tissue viability team engagement.
- Trusts are reviewing IPC compliance including equipment cleaning as part of audit plans..
- The medicines optimisation team continue to work with primary care to understand the increase in antimicrobial items being prescribed. This is a local and regional concern. The increase in virtual consultations does not always support with good use of diagnostics prior to prescribing antimicrobials (e.g. Wound swabs/urine tests)
- City Public Health have no capacity to support system work to reduce community healthcare associated gram negative bloodstream infections. County have limited resources to support with new work but have supported the reducing UTI campaign, winter well work including reducing the spread of norovirus resources for the public.
- Secondary care services are progressing with deep clean programmes, but high bed demand continues to impact progress particularly at NUH. This remains highlighted on risk logs. NUH have a decant ward available to support with improvements. However, the City site closes in December to become a winter ward, this will impact on deep cleaning on the City campus.
- There was an increase in C.diff related HOHA cases in November, SFHT are initiating a 'deep dive' into cases. Secondary care services are observing for changing patient acuity and signs of the new 955 ribotype which is associated with more severe disease – to date no cases identified locally.

### Risks & Escalations

- Inability to fully progress 'deep clean programmes' in secondary care due to bed pressures Nottingham University Hospital (NUH) Trust
- The challenge to meet Healthcare Associated Infection (HCAI) targets, particularly C.difficile and Gram-negative Bloodstream Infections (BSI) against a backdrop of increased use of unconventional bed spaces including placement of two additional patients on some wards. This action may ease pressures in emergency departments (ED). However, it impacts on cleaning and increases the risks of HCAI.
- Inability to access timely HCAI NHSE ICB benchmark performance data 2023/24

Content Author: Sally Bird | Exec Lead: Rosa Waddingham | System Oversight: System Quality Group | ICB Committee: Quality & People Committee

NHS
Nottingham and Nottinghamshire

## Routine

**What does this mean? What is the assessment of risks relating to delivery / quality**

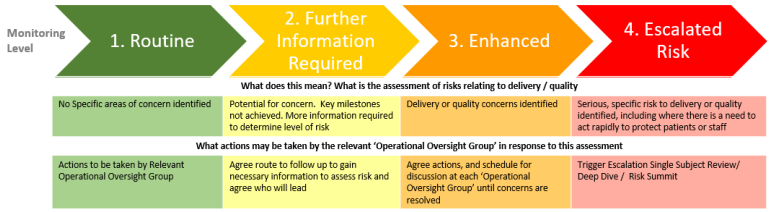
No Specific areas of concern identified

**What actions may be taken by the relevant 'Operational Oversight Group' in response to this assessment**

Actions to be taken by Relevant Operational Oversight Group

### Quality Areas of Routine Oversight

- 11 - Exception Report Universal Personalised Care
- 12 - Exception Report Co-Production
- 13 - Exception Report Adult & Children Safeguarding



# 11. Exception Report Universal Personalised Care

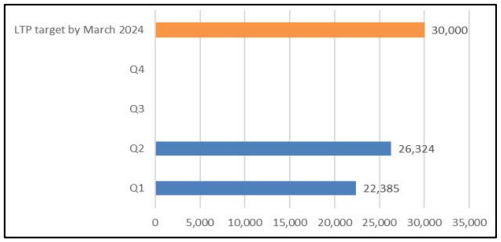
Reporting Period - Quarter 2 Data

NHS Nottingham and Nottinghamshire

## Universal Personalised Care

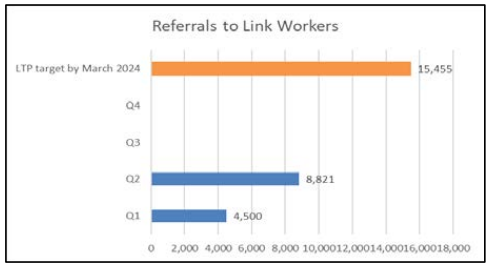
### Personalised care and support planning

Total cumulative number of Personalised Care and Support Plans new and reviewed in year

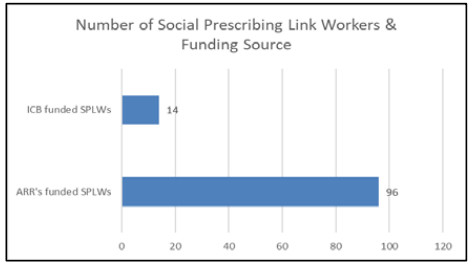



### Social Prescribing

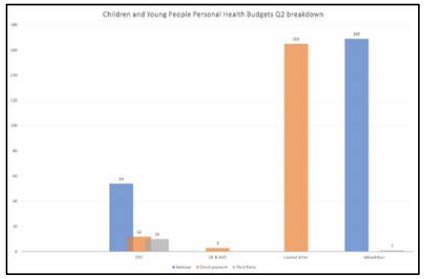
Total cumulative referrals into Social Prescribing Link Workers

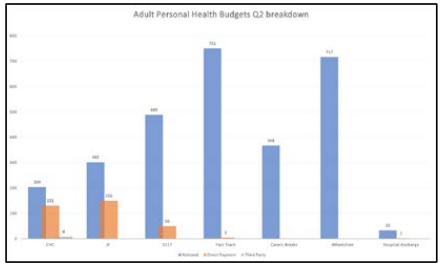


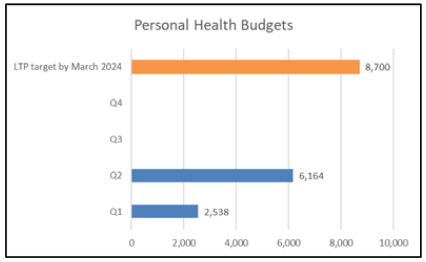

Total cumulative number of Social Prescribing Link Workers



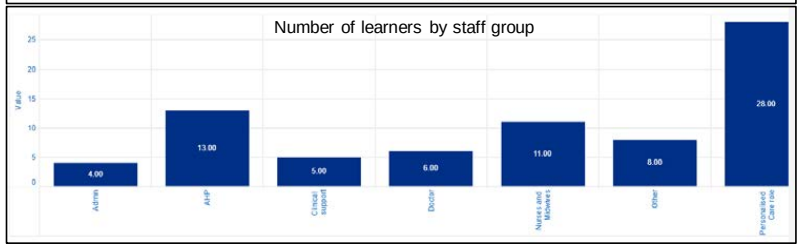

### Personal health budgets




### Personalised Care Institute Training


Content Author: SAIU & Amy Callaway | Exec Lead: Rosa Waddingham | System Oversight: System Quality Group | ICB Committee: Quality & People Committee

# 11. Exception Report Universal Personalised Care

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

## Universal Personalised Care

### System Quality Group Oversight – Routine

**Rationale for oversight level:** Performance at the end of Quarter 2 2023/2024 demonstrates we are on track to achieve the 2023/24 end of year targets.Q3 figures will be reported in Februarys report.

### Current Position

**Quarter 2 Data Summary:**
The data collated this quarter demonstrates that we are on track to achieve all our targets. However, whilst the Personal Health Budget data shows we are achieving our numbers, this will be supported by the local response to the NHSE PHB Quality Framework which will include a feedback survey for people to understand how and if areas are offering personalised care.

**Social Prescribing:**
The 360 Assurance Audit of the system approach to Social Prescribing, which was requested by Audit Committee has now been paused whilst the audit committee reviews the scope. There will be a delay to the report being completed.

Digital Directory - Stakeholders including Nottingham City and County Councils, Head of Community Commissioning and Contracting with alignment to the Integrated Neighbourhood Teams INT are creating a logic model and identifying resources and financial support/assets to create a business case or bid for funding of a digital directory. This will support a prevention approach as well as enable monitoring of social prescribing outcomes and impact. This will now be handed over to Nottingham City Council to lead on presenting the system-wide directory tool to be considered for the accelerating reform fund. Digital Notts will provide support

**Elective Care - 29/11/23** SFH link worker land Service Manager are leaving posts by early December 2023. A risk assessment has been carried out and it has been agreed that PICS will cease delivery of the pilot as of end of Dec 2023. An 'end of Delivery report will be completed by PICS by Mid Dec. This will be included within the M.E.L Evaluation.

### Actions Being Taken & Next Steps

**Social Prescribing:** a face-face development session is being arranged in Q3 2023/2024 for next steps following the Social Prescribing Review with relevant system partners including Local Authorities, Community Transformation and Digital Notts with the aim of agreeing a system wide digital directory.

A review of social prescribing has been conducted, feedback re- interoperable digital/data systems, to be discussed with SAIU, to explore a system approach to measuring outcomes have been flagged as needing more time and investment. Meeting planned for Dec 23.

### Risks & Escalations

**Personalised Care and Support Plans (PCSP) – Maternity**
Maternity are currently adopting electronic care plans and a focus on quality of plans. In light of this, it is felt that there is not currently reliable data on the extent that the paper plans are personalised effectively and therefore maternity services are no longer submitting PCSP numbers during this transition phase. This risk will be monitored by the LMNS programme.

# 12. Exception Report Co-Production

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

## Co-Production

### System Quality Group Oversight – Routine

**Rationale for oversight level:** Delivery continues with a focus on the development of the Coproduction Network and the Coproduction Toolkit. The Stategic Coproduction Group continue with their development.

### Current Position

The Coproduction Network: phase 1 implementation of the infrastructure needed for the coproduction network has begun and will continue through Q4. System scoping has identified key areas of focus to be:
1. connect lived experience people to involvement activity (calendar of involvement)
2. build connections through the system via a directory of coproduction
3. Provide a peer support function for staff through Coproduction Champions (also a coproduction strategy requirement) and
4. Share the reports of coproduction activity to 'close the coproduction loop' so people can see what coproduction activity has happened and use that data in future work if appropriate.
This is a large piece of work and one of the main focus areas for the team for the rest of the year.

The Coproduction Toolkit : initial content based on system need has been created and is being soft launched through user testing. Lived Experience led coproduced content is being planned to start in January 2024. The ICB Accessible information group will also be involved in this work and recruitment to lived experience members to coproduce these documents will be done through the Coproduction Week system resource work starting in January 2024.

The Coproduction Team are leading on work to determine Onboarding requirements for volunteers and people with lived experience who work with the ICB. This has now finished scoping phase and a draft document of recommendations and reflections is in the review phase.

Focused activity continues to support developing greater coproduction within the Nottinghamshire Partnership Special Educational Needs & Disabilities (SEND) improvement programme. The team facilitated an event with the Parent Carer Forum as part of this work and will continue to support.

The Strategic Coproduction Group: Focus continues to remain on maturing the group and developing the approach to increase diverse recruitment. Oversight of coproduction approaches within the Joint Forward Plan and ICS Strategy is being incorporated into the group's work plan.

### Actions Being Taken & Next Steps

- An annual review of the coproduction work and progress to embed the coproduction strategy will be presented to the SPI Committee in Q4 2023/2024Reflecting on user testing and implementing any changes before launch of the Toolkit in January 2024. Planning the promotion and training to support this launch.
- Ongoing development of the Coproduction Network infrastructure
- Ongoing Involvement in Special Educational Needs & Disabilities (SEND) coproduction workstream to support achievement of actions by providing Coproduction best practice

### Risks & Escalations

None to note.

# 13. Exception Report Adult & Children Safeguarding

Reporting Period:
01 November 23 – 30 November 23

NHS Nottingham and Nottinghamshire

## Adult & Children Safeguarding

### System Quality Group Oversight – Routine

**Rationale for oversight level:** All major statutory duties for the ICB and system partners are being met. Where concerns have been raised around specific issues, the ICS Safeguarding Public Protection and Assurance Group are monitoring and actioning these issues effectively.

### Current Position

- Safeguarding Team will not have direct administration support from 1st November, the executive team have been approached to support recruitment to both posts via the TRAC system.
- Nottinghamshire Safeguarding Children Partnership (NSCP) has undertaken safeguarding assurance visits for the 3 partners; the ICB has received very positive feedback noted to be outstanding by the NSCP Independent Scrutineer with some areas highlighted for the ICB to consider going forward which there is a plan in place for.
- We have identified a lack of confidence and understanding of the roles//responsibilities in assessing and documenting Mental Capacity Assessments specifically in relation to unwise choices, executive functioning and self neglect for patients receiving Primary Care Services. In Q3 we are running some bespoke training sessions across primary care services and in Q4 we will complete an audit of application of the MCA (2005) in Primary Care services.
- A provider network has now been set up following the 'closed cultures' work we undertook in Nottingham & Nottinghamshire. This is running well and includes both NHS and private providers of in patient MH beds.
- We have set up a task and finish group with community health providers to look at case studies for complex patients in the community to identify how we can from a patient facing perspective ensure the correct services are available and accessible to patients with additional complexities/risk taking behaviours.
- Non Fatal Strangulation animation was completed and circulated across the system and regional via Shout Out.

### Actions Being Taken & Next Steps

- Named GP for Bassetlaw to be discussed further at a specific meeting in November following a review of the past year's activity for this post.
- Work is progressing across the county partnerships to review the Multi Agency Safeguarding Hub (MASH) and recommendations are being taken progressed to in Task and Finish groups.
- Progressing vacancies within the Safeguarding Team with resulting contingency plan in place to continue to support functions in the interim.
- Local Serious Violence Duty Implementation Plans are now in development and the ICB is representing health at local borough and city council forums.

### Risks & Escalations

- Increase in MARAC referrals is currently providing challenge within safeguarding teams across the system, which is being monitored.

NHS
Nottingham and Nottinghamshire

# 7: Service Delivery Performance

ICS Aim 1: To improve outcomes in population health and healthcare

ICS Aim 2: To tackle inequalities in outcomes, experience and access

- 7.1 – Service Delivery SPC Matrix
- 7.2 - Urgent Care Pathways
- 7.3 – Elective Care Recovery
- 7.4 – Mental Health Recovery
- 7.5 – Primary and Community Care Recovery

# 7.1 - ICB Service Delivery Metrics Insights – Reporting Period December 2023

NHS Nottingham and Nottinghamshire

| December 2023 | | Assurance: Pass | Assurance: Hit & Miss | Assurance: Falling Below |
|---|---|---|---|---|
| Variation | Special Cause - Improvement | 2Hr Urgent Care Response Vol & % (Pop)<br>P0 - Discharges Home (Pop)<br>Talking Therapies <6 weeks<br>Dementia Diagnosis<br>CYP Eating Disorders - Urgent<br>CYP Access (1+Contact) | Ordinary Electives (Pop)<br>Daycases (Pop & Prov)<br>Outpatient Fups (Pop)<br>PIFU (Prov)<br>RTT Non-Admitted (Pop & Prov)<br>Total Diagnostic Activity (Pop)<br>Diagnostic Waiting List (Pop & Prov)<br>Individual Placement Support | MSFT >24Hours (Prov)<br>P1 - Discharges Home H&SC (Pop)<br>Patients Using Virtual Wards (Pop)<br>Ambulance Response Cat 1 (Pop)<br>% Cat 2 waits below 40 minutes<br>65 Week Waits (Pop)<br>78 Week Waits (Pop & Prov)<br>Diagnostic Backlog (Pop & Prov)<br>Diagnostic 6 Weeks % (Pop)<br>SMI Health Checks<br>Adult SMI +2 Contacts Community<br>Perinatal Access Volume & %<br>NHS App Registrations |
| | Common Cause - Random | NEL Admissions (Prov)<br>Talking Therapies < 18 weeks<br>Early Intervention Psychosis | EMAS Calls (Pop)<br>Amb Conveyance to A&E Vol & % (Pop)<br>A&E Attendances (Prov)<br>SDEC % of Total Admissions (Prov)<br>% Bed Occupancy (Prov)<br>No Criteria To Reside (Prov)<br>Length of Stay >21 days (Prov)<br>Ambulance Response Cat 2 (Pop)<br>Ambulance Response Cat 3 (Pop)<br>Ambulance Response Cat 4 (pop)<br>Hospital Handover Delays >60 mins<br>52 Week Waits (Pop)<br>Outpatient 1st (Pop & Prov)<br>Outpatient Fups (Prov)<br>RTT Admitted (Pop & Prov)<br>Total Diagnostic Activity (Prov)<br>Diagnostic 6 Weeks % (Pop)<br>Cancer FDS (Pop & Prov)<br>Talking Therapies Entering Treatment<br>Talking Therapies Recovery Rate<br>Older Adult MH >90 day LOS<br>Total Appointments | No Criteria To Reside (Pop)<br>12 Hour Breaches Actual (Prov)<br>52 Week Waits (Prov)<br>Ordinary Electives (Prov)<br>Cancer 2ww % (Prov)<br>Cancer 1st <31 days % (Pop & Prov)<br>Cancer 62 Day % (Pop & Prov)<br>Cancer 62 Backlog (Prov)<br>CYP Eating Disorders - Routine |
| | Special Cause - Concern | | A&E 4hr % (Pop)<br>12 Hour Breaches % Ed Atts (Prov)<br>Total Waiting List (Pop)<br>Advice & Guidance (Pop)<br>Talking Therapies <90 days 1st to 2nd<br>Adult MH - 72 Hour Follow Ups<br>Community Waiting Lists Aged 0-17 | Total Waiting List (Prov)<br>Total Outpatients - Virtual (Pop & Prov)<br>Inappropriate OAP Bed Days<br>Community Waiting Lists Aged 18+ |

Items for escalation based on the indicators Falling short of the target and showing Special Cause for concern are as follows:

**Waiting List**
- Total Waiting List (Prov)

**Outpatients**
- Total Outpatients - Virtual (Pop & Prov)

**Mental Health**
- Inappropriate OAP Bed Days

**Primary Care**
- Community Waiting Lists Aged 18+

***Areas which continue to improve*** *however are still unlikely to achieve the plan set in the near future*

***Areas which are not significantly changing or having periods of sustained improvement*** *AND which continue to fail to deliver to planned levels, e.g. MSFT >24 Hours, discharges. These areas may be deteriorating, however have not had a sustained reduction for 6 periods to trigger a special cause 'low' alert as yet, e.g. cancer 62 day backlog*

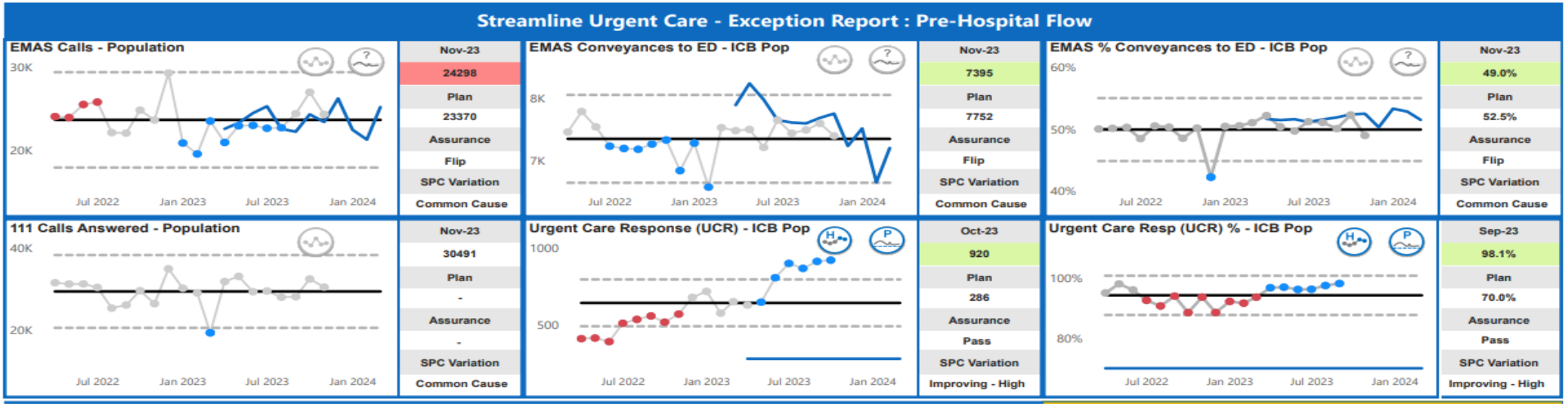
The Matrix supports the identification of areas of risk and concern, as well as areas of improvement, across the range of service delivery requirements.
For example, the orange bottom right box consolidates all of the areas which have deteriorating performance levels and are unlikely to achieve the required positions based on current performance levels. These, and other areas of deterioration, or areas expected to falling below requirements have been included as exception reports.

# 7.2 Service Delivery
# Urgent Care Performance

7.2a – Exception Report: Pre-Hospital Flow
7.2b – Exception Report: Front Door & In-Hospital Flow
7.2c – Exception Report: Flow Out of Hospital
7.2d – Exception Report: EMAS Performance Compliance (Notts Only)
7.2e – Exception Report: Acute Performance Compliance

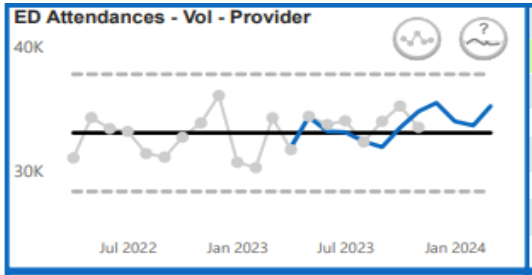
# 7.2a - Streamline Urgent Care – Exception Report: Pre-Hospital Flow

NHS Nottingham and Nottinghamshire

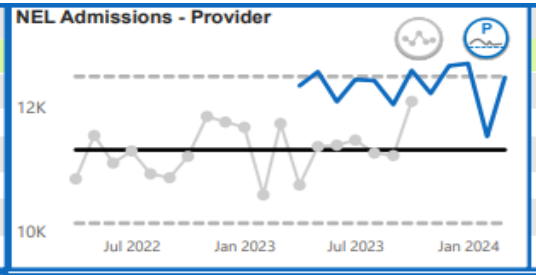



| Summary | Actions | Oversight Level – Routine |
|---|---|---|
| **EMAS –** Since early 2020, with the onset of the COVID pandemic, EMAS Nottinghamshire ambulance conveyance rates have reduced in both absolute terms (from about 10,000 to 8,400 for Nottinghamshire with a similar trend for EMAS as a trust 43,700 per month to 35,300) and as % of total incidents (from 68% to 51%). November 2023 saw incidents remain in line with the average for the year, with Hear & Treat (Calls completed without despatching an ambulance) at 13.9%, See & Treat (Calls which resulted in emergency response, but no onward conveyance required) at 30.9% and See & Convey (Calls which result in an emergency response arriving at the scene, followed by ambulance conveyance to a healthcare facility) 55.3%.<br><br>**111 -** In November 2023, 30,791 calls were answered by the 111 service for Nottingham and Nottinghamshire, in line with the average since April 2021. Ambulance dispositions and ED attendances as call outcomes are consistent over time. | **2 Hour UCR** – UCR performance for the ICB remains above the 70% standard for patients being seen within 2 hrs. The two community providers within the ICB are consistently meeting the standard. Referrals to UCR services (05s and 07s) remain on an upward trajectory. The increase in referral activity is due to improved capture of UCR activity at both main providers. There is some divergence from the NHSE reported figures on some referral type levels and advice is being requested from the National UCR team to understand this. Joint working with UCR, Mental Health and EMAS taking place on pre-hospital pathways.<br><br>**EMAS** - The volume of EMAS Nottinghamshire ambulance calls saw a decrease of 2,666 calls in November from October, with conveyance rates slightly up at 55.3% (52.3% in October). Work continues via the Reducing Conveyance Group to achieve further improvements. | Improvements have been seen in a number of metrics over time, which has enabled a reduction in the oversight level for pre-hospital flow to routine. |

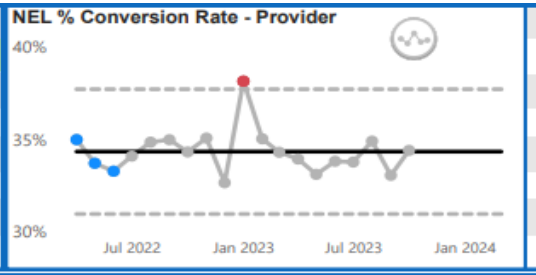
# 7.2b - Streamline Urgent Care – Exception Report : Front Door & In-Hospital Flow



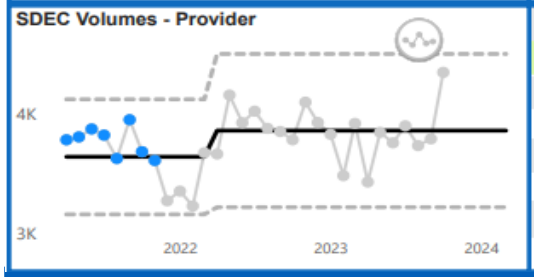

| Nov-23 |
|---|
| 33469 |
| Plan |
| 34754 |
| Assurance |
| Flip |
| SPC Variation |
| Common Cause |



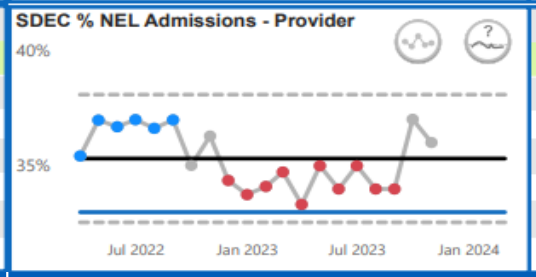

| Oct-23 |
|---|
| 12106 |
| Plan |
| 12608 |
| Assurance |
| Pass |
| SPC Variation |
| Common Cause |



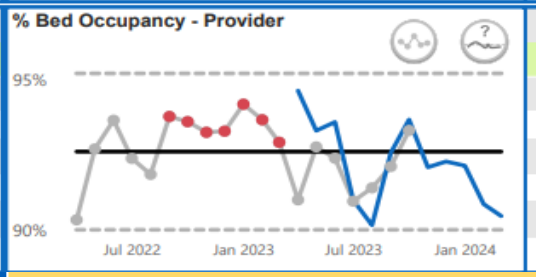

| Oct-23 |
|---|
| 34.4% |
| Plan |
| - |
| Assurance |
| - |
| SPC Variation |
| Common Cause |




| Oct-23 |
|---|
| 4345 |
| Plan |
| - |
| Assurance |
| - |
| SPC Variation |
| Common Cause |




| Nov-23 |
|---|
| 36.0% |
| Plan |
| 33.0% |
| Assurance |
| Flip |
| SPC Variation |
| Common Cause |




| Oct-23 |
|---|
| 93.3% |
| Plan |
| 93.7% |
| Assurance |
| Flip |
| SPC Variation |
| Common Cause |

## Summary

**A&E and Non-elective activity (ICB Provider)** – NUH 4hr A&E performance was 45% for November, with total A&E attendances (18,004) decreasing by 1,252 from the previous month and falling back below plan by 1,496 attendances. SFH 4hr performance continues to decline and fell from 69.4% in October to 67.1% in November, whilst the total attendances (15,465) declined by 476 patients, which remains over plan by 211.
For October 2023 NEL Admissions were 3.98% or 502 admissions below the planned level. The NEL plans were increased for 2023/24 to align to a planned reconfiguration of short stay services at NUH. The pathway changes are intended to treat a higher proportion of patients as short stay admissions.

**Same Day Emergency Care** - The national ambition is to increase the proportion of Same Day Emergency Care (SDEC) from a fifth of acute admissions to a third as defined within the long-term plan. Data for November shows that 36% of total admissions were SDEC, which exceeds the 33% target.

## Actions

**ED** - NUH's strategic UEC Recovery Plan sets out several Change Projects that are underway to ensure patients have access to timely urgent and emergency care. There was a reduction in MSFT volumes, but there has been no impact on ED waiting times. Further investigation to understand this and inform any changes are needed. Service redesign is required to reduce the likelihood of overcrowding in ED and ensure right acute care setting first time. Increased same day emergency Care is being expanded which is intended to reduce overcrowding in ED. Criteria led discharge is being rolled out. SFH have key work being undertaken to further improve the 4-hr performance, which includes new decision-making rota involving senior clinicians at the Front Door. Reviewing ward processes to facilitate timely flow of ED. Developing Frailty SDEC. A new Discharge Lounge to facilitate flow and OPAT / Virtual Ward utilisation.

**Same Day Emergency Care** - SAIU are working with provider colleagues on further developing reporting of SDEC. This includes the pathways into SFH Medical SDEC and the monitoring of the UEC Recovery Plan funding for Paediatrics and Respiratory SDEC. DBTH have been recording SDEC activity as a Type 5 Attendance from December 2023.

## Oversight Level – Further Information Required

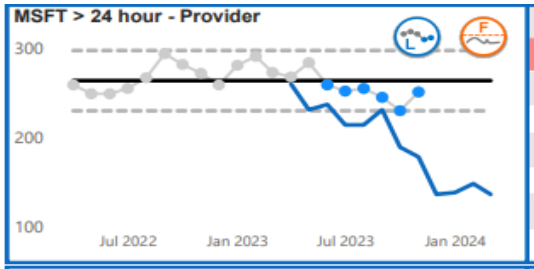
Many areas are performing better than plan.

Further monitoring of ED attendances and operation of the NUH SDEC service at full capacity is required prior to reduction in the level of oversight for front door and in hospital flow.

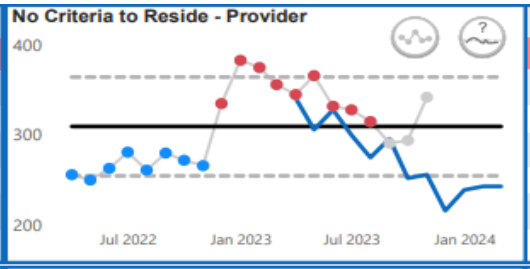
Anecdotal responses from the providers indicates that the A&E attendance increases are from lower acuity, walk in conditions, across the middle age group, indicating access issues within the primary care setting. This position is aligned to an absence of significant increases in EMAS, 111 calls on the previous slide.

# 7.2c - Streamline Urgent Care – Exception Report : Flow Out of Hospital

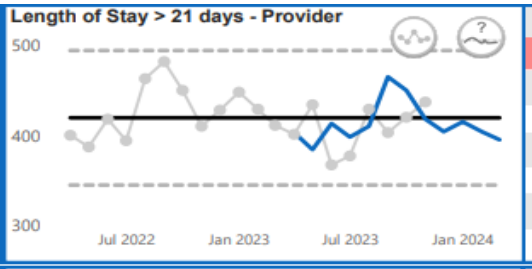
NHS Nottingham and



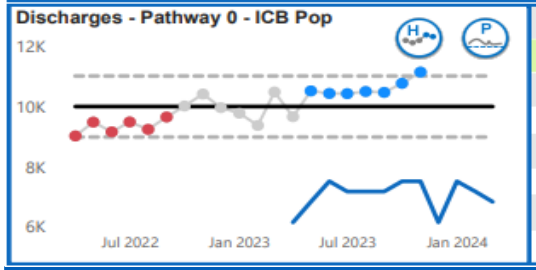

| Nov-23 |
|---|
| 251 |
| Plan |
| 178 |
| Assurance |
| Fail |
| SPC Variation |
| Improving - Low |



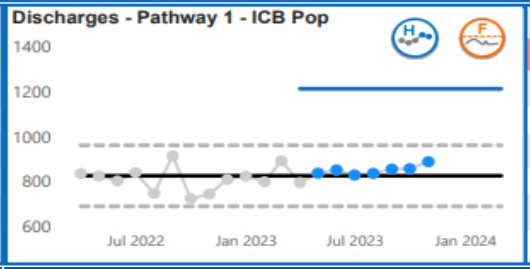

| Nov-23 |
|---|
| 342 |
| Plan |
| 256 |
| Assurance |
| Flip |
| SPC Variation |
| Common Cause |



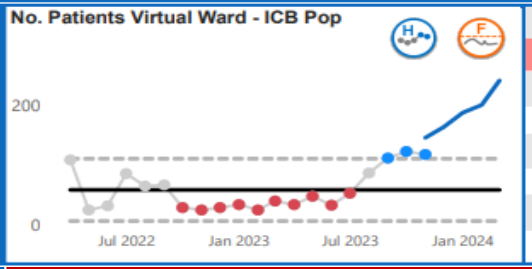

| Nov-23 |
|---|
| 437 |
| Plan |
| 418 |
| Assurance |
| Flip |
| SPC Variation |
| Common Cause |




| Nov-23 |
|---|
| 11148 |
| Plan |
| 7514 |
| Assurance |
| Pass |
| SPC Variation |
| Improving - High |




| Nov-23 |
|---|
| 888 |
| Plan |
| 1212 |
| Assurance |
| Fail |
| SPC Variation |
| Improving - High |




| Nov-23 |
|---|
| 119 |
| Plan |
| 147 |
| Assurance |
| Fail |
| SPC Variation |
| Improving - High |

## Summary

**Patients Medically Safe to transfer -** The number of medically safe for transfer patients in beds at NUH has seen a long-term decrease since April 2023. However, November saw an increase to 150, from 139 in October. SFH has also seen an increase in the numbers in November, averaging 101 patients per day, up from 91 patients in October. The Nottinghamshire provider total is 251 against a plan of 178.

**No Criteria to Reside** - Patients that no longer meet the criteria to reside are above the planned level at 342 patients against a plan of 256 for NUH and SFH combined. Note that this includes all patients that no longer meet the criteria to reside, whereas the MSFT metric includes only patients that have been declared medically safe for a period of 24 hours or more.

**Discharges pathway 1** – The volume of discharges remains below the planned level. Note that pathway 1 discharges are where the patient is able to return home with support from health and social care. Pathway 0 discharges can be referred to as simple discharge and require no input from health or social care. Pathway 1 discharges have remained at around 200 per week against the 303 per week P1 trajectory.

## Actions

**MSFT -** Continued focussed work to improve delayed discharges for MSFT patients and pre-MSFT, including understanding why investments are not delivering benefits in terms of reduced numbers. Deep dive into D2A process carried out at NUH identified two types of delays. This resulted in development of KPIs for the patient's journey from the point they are first flagged as supported to the D2A sent to the Integrated Transfer of Care Hub and supports in identifying and prioritising patients to reduce delays.

**Virtual Wards** – For November, the ICS reported a decrease in Virtual Ward bed capacity, 119 against a plan of 147, but with an improved occupancy of 77.3% – October occupancy was reported at 63%. Local data suggests that the current position is 177 capacity which would put the ICS above plan of 165 for December. Engagement with Provider Collaborative to improve clinical engagement in Virtual Ward development continues. There is focus on mobilising frailty and respiratory Virtual Wards ahead of winter. Work focusing on local monitoring at ward level taking place to ensure clear sighting of areas which are over and under delivering.

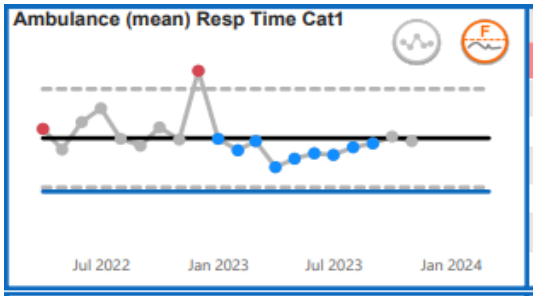
## Oversight Level – Escalated Risk

**Discharges –** The underlying cause of the delays are reported along the discharge pathway, which will enable an improved understanding of the actions that are required to deliver improvements. A review of Pathway 1 model is underway including skills, competencies and outcomes which will inform workforce redesign across providers.

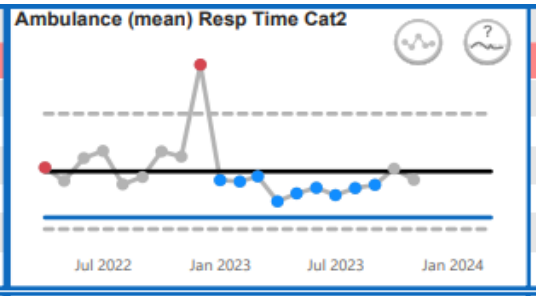
The timeliness and volume of discharges remain a concern for the system. There have been some improvements. Further efficiency increases are required to realise greater elective and emergency care performance levels.

**Virtual Wards –** There is significant focus on delivery of this indicator within the system, but delivery remains challenging. A forecast trajectory has been completed by all provider partners which indicates that the system may be able to achieve 253 at year end against a plan of 243. Occupancy is planned to achieve 80% consistently by year end.

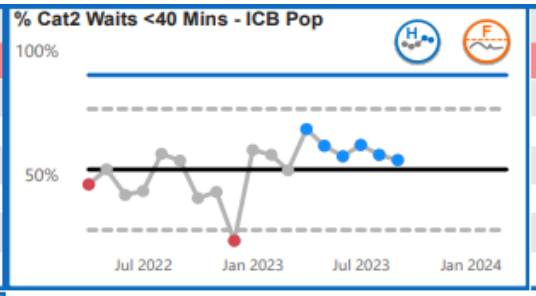
# 7.2d - Streamline Urgent Care – Exception Report : EMAS Performance Compliance (Notts Only)



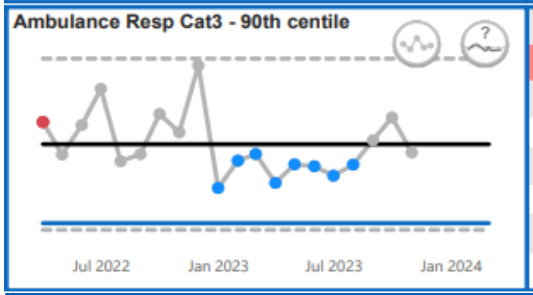

| Nov-23 |
|---|
| 00:08:06 |
| Plan |
| 00:07:00 |
| Assurance |
| Fail |
| SPC Variation |
| Common Cause |



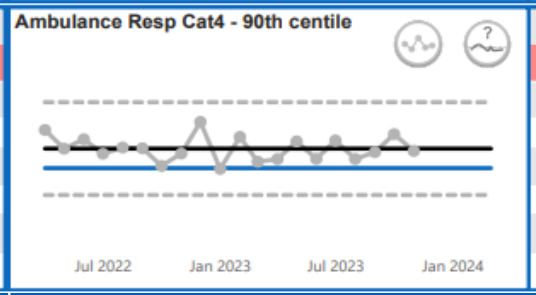

| Nov-23 |
|---|
| 00:39:53 |
| Plan |
| 00:18:00 |
| Assurance |
| Flip |
| SPC Variation |
| Common Cause |




| Sep-23 |
|---|
| 55.7% |
| Plan |
| 90.0% |
| Assurance |
| Fail |
| SPC Variation |
| Improving - High |




| Nov-23 |
|---|
| 07:08:16 |
| Plan |
| 02:00:00 |
| Assurance |
| Flip |
| SPC Variation |
| Common Cause |

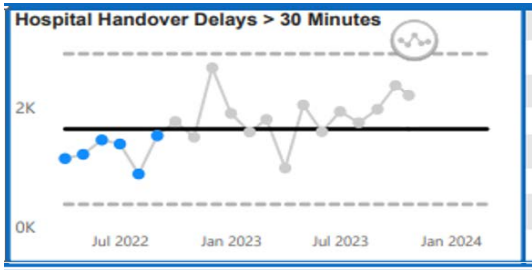



| Nov-23 |
|---|
| 06:07:34 |
| Plan |
| 03:00:00 |
| Assurance |
| Flip |
| SPC Variation |
| Common Cause |

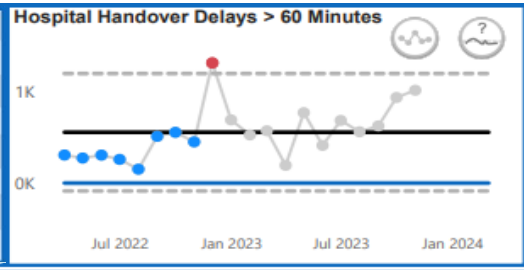
| Summary | Actions | Oversight Level – Escalated Risk |
|---|---|---|
| **Ambulance Response Times**: Category 1 and 2 response times remain higher than target. (Category 1 : immediate response is required due to a life-threatening condition, such as cardiac or respiratory arrest. Category 2 : serious conditions, such as a stroke or chest pain which may require rapid assessment and/or urgent transport).<br><br>The Cat 2, Cat 3 and Cat 4 charts have low value alerts given their improvements against historical positions. Cat 1 and Cat 2< 40 Mins metric have failure alerts, which signify that achievement of the standard is unlikely without a significant intervention.<br><br>2023/24 national Planning Guidance aim was to improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25. The average response time for category 2 calls in November was 39:53 mins against a target time of 18:00 mins | Monthly meetings between senior operational leads from EMAS, BDGH, NUH, SFH and the Urgent Care Resilience team continue to take place with main-focus of improving ambulance handover performance.<br><br>EMAS triage system changed in November, which now places patients into a lower call categories (Cat 3 to Cat 2). | All areas are underperforming against target, with the majority in a declining position since April.<br><br>Further actions being undertaken by the system relating to Ambulance performance and ambulance turnaround, are being led through the System Ambulance Turnaround Group, and report into the UEC Board. |

# 7.2e - Streamline Urgent Care – Exception Report : Acute Performance Compliance

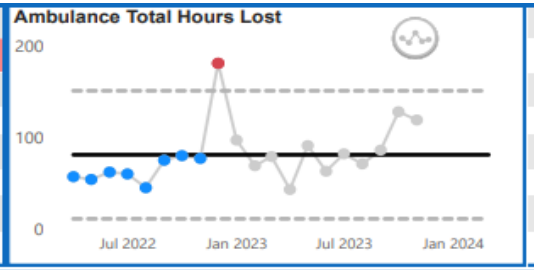
NHS Nottingham and Nottinghamshire



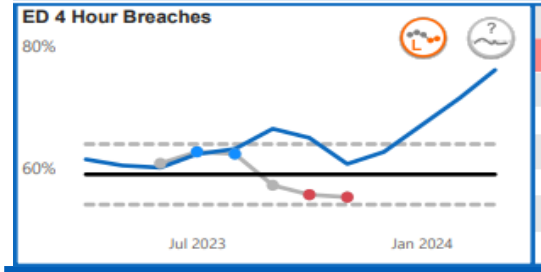

| Nov-23 |
|---|
| 2327 |
| Plan |
| - |
| Assurance |
| - |
| SPC Variation |
| Common Cause |



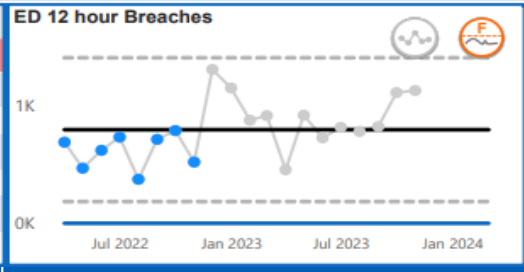

| Nov-23 |
|---|
| 1015 |
| Plan |
| 0 |
| Assurance |
| Flip |
| SPC Variation |
| Common Cause |



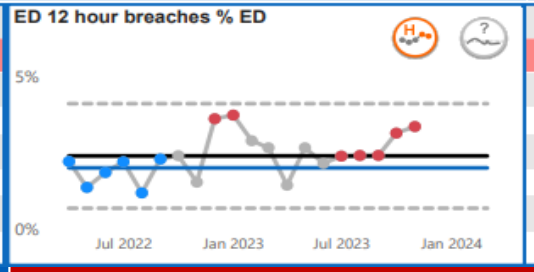

| Nov-23 |
|---|
| 119 |
| Plan |
| - |
| Assurance |
| - |
| SPC Variation |
| Common Cause |




| Nov-23 |
|---|
| 55.2% |
| Plan |
| 60.6% |
| Assurance |
| Flip |
| SPC Variation |
| Concerning - Low |




| Nov-23 |
|---|
| 1123 |
| Plan |
| 0 |
| Assurance |
| Fail |
| SPC Variation |
| Common Cause |




| Nov-23 |
|---|
| 3.4% |
| Plan |
| 2.0% |
| Assurance |
| Flip |
| SPC Variation |
| Concerning - High |

## Summary

**Hospital handover delays >60 minutes** NUH has seen an increase in the average number of ambulance delays of 60 minutes or more, there were 1,015 delays in November, compared to 932 in October. SFH volumes remain low at 5 in November and 4 in October.

EMAS handover delays at SFH have reduced significantly in November (100) from October (201), however NUH continues to have a high volume with 2227 delays in month. Overall, the average pre handover time for Nottinghamshire is at 31.25 mins in November 2023, reduced from 42.5 mins seen in December 2022.

**ED 4 Hour Waits** – A&E 4hr performance for November was 55.2% for total provider against a plan of 60.6%. Composed of NUH performance of 44.2% (plan 53.3%) and SFH 69.4% (plan 78.7%).

## Actions

**Hospital Handover Delays** – Regional trajectories for handovers within 60 and 120 minutes agreed, as well as overall turnaround times, locally all providers have also agreed to local stretch targets against these as well as 30-minute handovers.

November performance remained below local and regional targets, as well as falling below previous year's performance in all areas.

There is significant regional and national scrutiny for the ambulance handover delays at NUH. Ambulance turnaround plan for both NUH and SFH has been finalised and work ongoing with Bassetlaw. ICS Ambulance Turnaround Group continue to discuss and progress actions.

## Oversight Level – Escalated Risk

**Ambulance Handover Delays** – This remains an area of concern and is not a position that is acceptable to the ICB. Work continues to focus on conveyance and the flow through to ED. The improvement plan will be closely monitored to track improvements in handover delays.

**ED 4 Hour Breaches –** the position remains below planned levels in November. The Trusts have been asked to review the confidence in their UEC plans (including SDEC, LLOS, Discharges) to confirm their assurance that the position will recover and revert to plan, and a revised trajectory has been included for H2.

**12 Hour waits** - Harm reviews are being undertaken and thematic reviews being addressed through the System Quality Group, and report into the ICB Quality and People Committee.

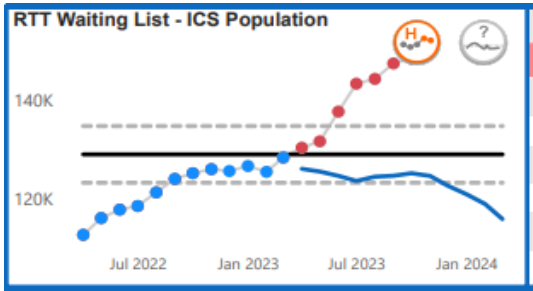
**ED Quality Metrics** – an NUH quality group has been established to implement a set of quality metrics for use in ED for long waiting patients. These metrics are regularly reviewed and discussed through the system wide UEC Board.

# 7.3 Service Delivery
# Elective Care Performance

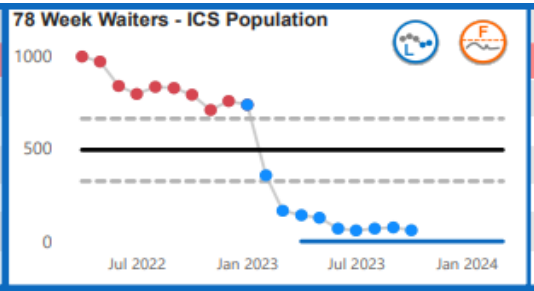
7.3a – Elective Waits Exception Report
7.3b – Elective Activity Exception Report
7.3c – Productivity and Transformation Exception Report
7.3d – Cancer Exception Report
7.3e – Diagnostics Exception Report

# 7.3a - Recover Services and Address Backlogs – Exception Report : Elective Waits

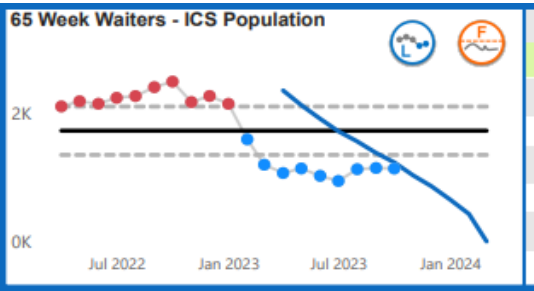
NHS Nottingham and Nottinghamshire



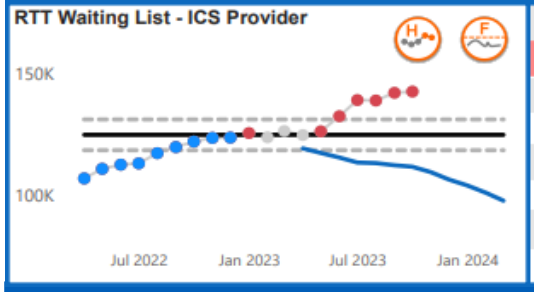

| Oct-23 |
|---|
| 148429 |
| Plan |
| 125072 |
| Assurance |
| Flip |
| SPC Variation |
| Concerning - High |



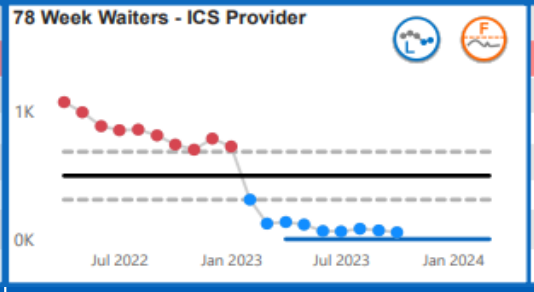

| Oct-23 |
|---|
| 60 |
| Plan |
| 0 |
| Assurance |
| Fail |
| SPC Variation |
| Improving - Low |



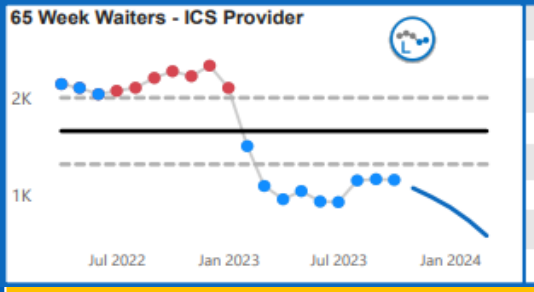

| Oct-23 |
|---|
| 1146 |
| Plan |
| 1243 |
| Assurance |
| Fail |
| SPC Variation |
| Improving - Low |




| Oct-23 |
|---|
| 142461 |
| Plan |
| 111888 |
| Assurance |
| Fail |
| SPC Variation |
| Concerning - High |




| Oct-23 |
|---|
| 54 |
| 2022-23 Plan |
| 0 |
| Assurance |
| Fail |
| SPC Variation |
| Improving - Low |




| Oct-23 |
|---|
| 1164 |
| Plan |
| - |
| Assurance |
| - |
| SPC Variation |
| Improving - Low |

## Summary

**Waiting List (ICS Provider)- showing concerning-high variation due to continual deterioration of the position and failure to deliver against the plan.** The waiting list position continues to increase and a reduction of 23,357 patients is required to return to the October plan.

**78 Week Waits (ICS Provider) - showing special cause low-improving variation as the position has improved to below the mean.** This is positive as a reduction has been seen, however, the volume of 78 week waiting patients in October was 60 against a plan of zero.

**65 Week Waits (ICS Provider) - showing special cause low-improving variation as the position remains below the mean.** In October, there were 1,146 patients waiting 65 weeks or more for the system. H2 plans were submitted in November, the first month of plans is November data (published in January 2024), therefore no plans are shown on the SPC charts. The H2 plans aim to reduce the number of 65ww patients to 596 across the system by the end of March 2024.

## Actions

**Elective Hub** - the system operates a system wide elective hub which reviews the current waits of patients across the local NHS trusts as well as commissioned Independent Sector providers. The aim being to ensure equity of waits across the system and that the various providers review patients on assessment of clinical need and prioritisation and align capacity resource through mutual aid as required. Specialty reviews are also undertaken to provide organisational support where specific issues have arisen.

**Patients waiting 78 weeks or more –** Action is being taken to improve the position each week, supported by additional NHS funding. Actions include taskforce meetings twice a week, mutual aid, IS, additional sessions and waiting list initiatives.

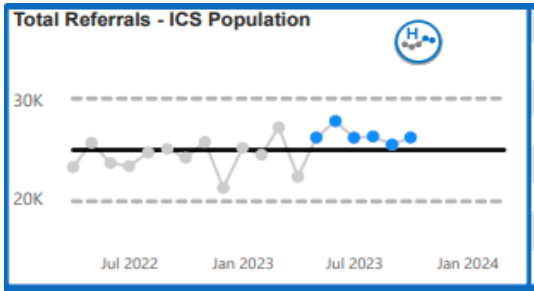
The pre validated position for the end of December 2023 was that there were 51 patients waiting over 78 weeks, this is due largely to the impact of industrial action.

## Oversight Level – Enhanced

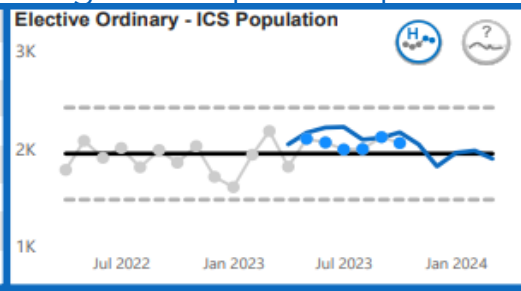
Internal Oversight of the 104-week, 78-week and 65-week position continues to take place daily by providers. Weekly meetings with the system and NHSE/I enable a granular discussion around specialty level risks and mitigations.

Provisional data shows that the system position for 78-week waiters is 41 patients at 24/12/23 (30 at NUH, 11 at SFH). There are capacity challenges for complex ENT patients, due to limited mutual aid capacity locally or nationally. There are also capacity challenges within spinal services for adults and paediatric patients.

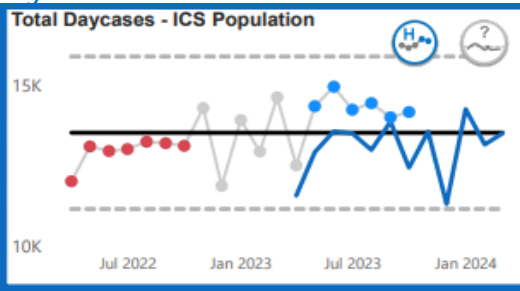
# 7.3b - Recover Services and Address Backlogs – Exception Report Elective Activity



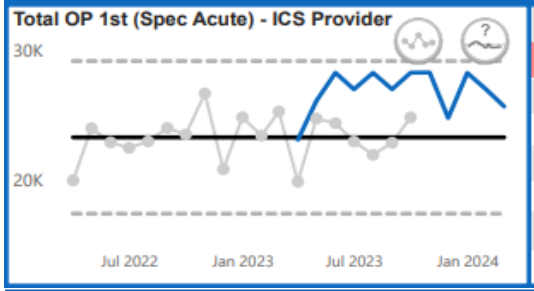

| Oct-23 |
|---|
| 26148 |
| Plan |
| - |
| Assurance |
| - |
| SPC Variation |
| Improving - High |



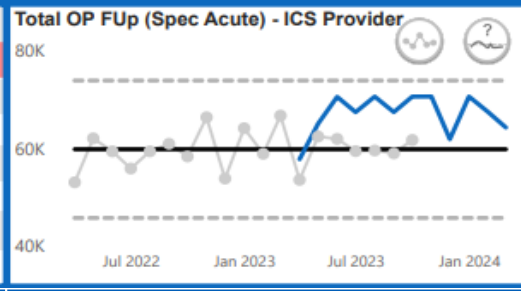

| Oct-23 |
|---|
| 2058 |
| Plan |
| 2167 |
| Assurance |
| Flip |
| SPC Variation |
| Improving - High |



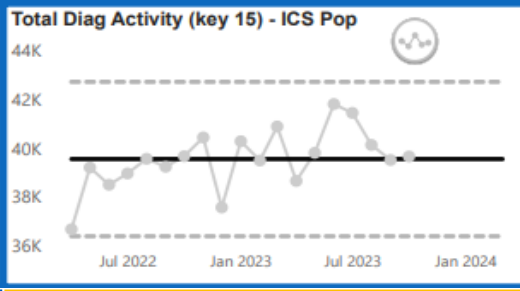

| Oct-23 |
|---|
| 14188 |
| Plan |
| 12460 |
| Assurance |
| Flip |
| SPC Variation |
| Improving - High |




| Oct-23 |
|---|
| 24839 |
| Plan |
| 28255 |
| Assurance |
| Flip |
| SPC Variation |
| Common Cause |




| Oct-23 |
|---|
| 61643 |
| Plan |
| 70482 |
| Assurance |
| Flip |
| SPC Variation |
| Common Cause |




| Oct-23 |
|---|
| 39657 |
| Plan |
| - |
| Assurance |
| - |
| SPC Variation |
| Common Cause |

## Summary

These charts compare the October activity level to the operational plan. The charts include activity for the whole ICB population at all providers including independent sector (ICS Population) or at local providers, NUH and SFHT total trust positions (ICS Provider).

Referrals, Elective Ordinary and Daycase charts are all showing Improving High Variation due to sustained performance above the mean (black line), this indicates improving performance.

Outpatients and Diagnostic activity charts are showing common cause variation, which indicates a period of sustained activity around the mean (the black line). This indicates that there has not been a sustained increase in activity which will be required to deliver to planned levels.

## Actions

**Elective Capacity** - Staffing challenges through staff vacancies and sickness remain a key challenge for the system. The system continues to have levels of staff absence between 7% to 8% of the acute provider workforce. This has resulted in increased utilisation of agency staff, which is above the planned level.

**PIDMAS (Patient Initiated Digital Mutual Aid System)** – Providers have been required to contact all patients who have been waiting over 40 weeks, and are clinically appropriate, and invite them to be considered to move hospital to receive earlier care/treatment through the PIDMAS program which started on the 1st November.

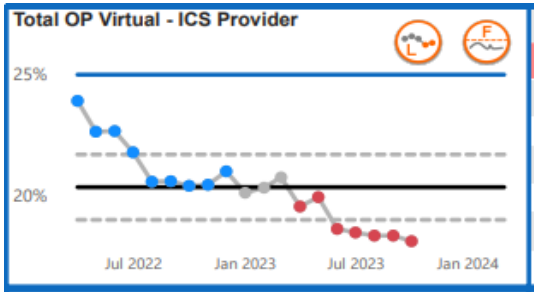
## Oversight Level – Enhanced

The pressures for hospital bed capacity are not fully resolved with delayed discharges remaining high, while this is the case there continues to be risk to delivery of the elective activity. The system needs to determine the most appropriate way to protect elective activity wherever possible

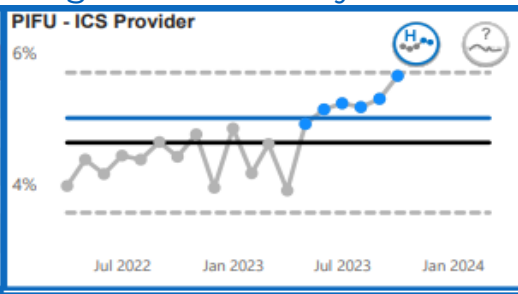
Further strike action remains a key risk.

The system also needs to remain focused on transformation areas such as A&G, PIFU and virtual outpatients to support patients on the waiting list. (see Productivity & Transformation section of the report).

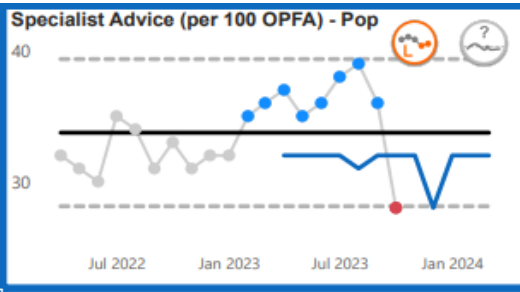
# 7.3c - Recover Services and Address Backlogs – Productivity & Transformation



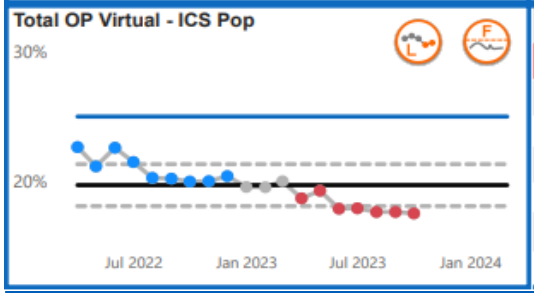

| Oct-23 |
|---|
| 18.1% |
| Plan |
| 25.0% |
| Assurance |
| Fail |
| SPC Variation |
| Concerning - Low |



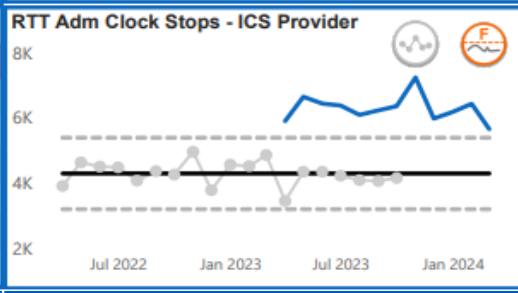

| Oct-23 |
|---|
| 5.6% |
| Plan |
| 5.0% |
| Assurance |
| Flip |
| SPC Variation |
| Improving - High |



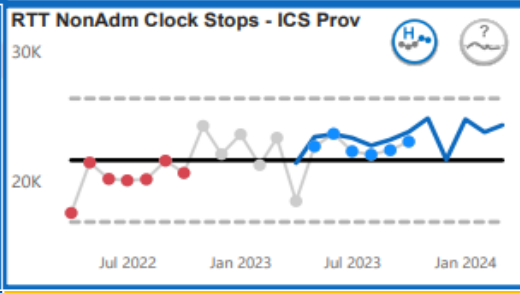

| Oct-23 |
|---|
| 28 |
| Plan |
| 32 |
| Assurance |
| Flip |
| SPC Variation |
| Concerning - Low |




| Oct-23 |
|---|
| 17.6% |
| Plan |
| 25.0% |
| Assurance |
| Fail |
| SPC Variation |
| Concerning - Low |




| Oct-23 |
|---|
| 4170 |
| Plan |
| 6361 |
| Assurance |
| Fail |
| SPC Variation |
| Common Cause |




| Oct-23 |
|---|
| 23089 |
| Plan |
| 23829 |
| Assurance |
| Flip |
| SPC Variation |
| Improving - High |

## Summary

**Outpatient Virtual: Concerning - Low variation, 'fail' target delivery as the performance has dropped below the mean**. Latest position for the system is 18.1%, which is below the 25% national standard. Since Apr22, the position for the system has reduced from 24% to the current position.

**Outpatient Follow-up 25% Reduction**: The ICS plan did not deliver the 25% reduction due to c32,000 patients at SFH and NUH who have an overdue follow up review. Reducing follow up appointments by 25% would result in patients waiting longer putting them at increased clinical risk and potentially increasing backlogs.

**PIFU** – achieved the 5% plan in October with performance of 5.6%.

**Advice & Guidance Target**. Initial October 2023 data shows the ICS failed this standard, with performance at 28 against a plan of 32.

**Clock Stops:** The admitted chart shows common cause variation, but with a failure alert, the non-admitted chart shows improving high variation. Both admitted and non-admitted clock stops are below plans in October.

## Actions

**Outpatient follow up –** SFH are insourcing in specialities with high overdue review lists. Gastroenterology insourcing commenced in October 2023. Insourcing is expected to remain in place until March 2024, which will deliver around 4000 extra appoints. This will increase follow up volumes, it will also support a reduction in the number of overdue reviews which is better for patients.

**Outpatient Virtual**: The root cause of the underperformance at SFH has been a preference for clinicians to see patients face to face. Based on national guidance SFH are developing a toolkit to assess suitability and appetite for each speciality to understand current virtual attendance position, potential trajectories, challenges and risks. The toolkit aims to increase performance to 17% by the end of the financial year.

**Admitted and Non-Admitted Clock Stops**: Over the past few months, there have been a number of inter-related factors which have limited the volume of elective activity and therefore clock stops – See activity section for further detail on actions.

## Oversight Level – Enhanced

**Outpatient Virtual attendance volumes** at SFH remain significantly lower than the national standard. However, the trust are working to improve virtual utilisation in specialties with low benchmarks.

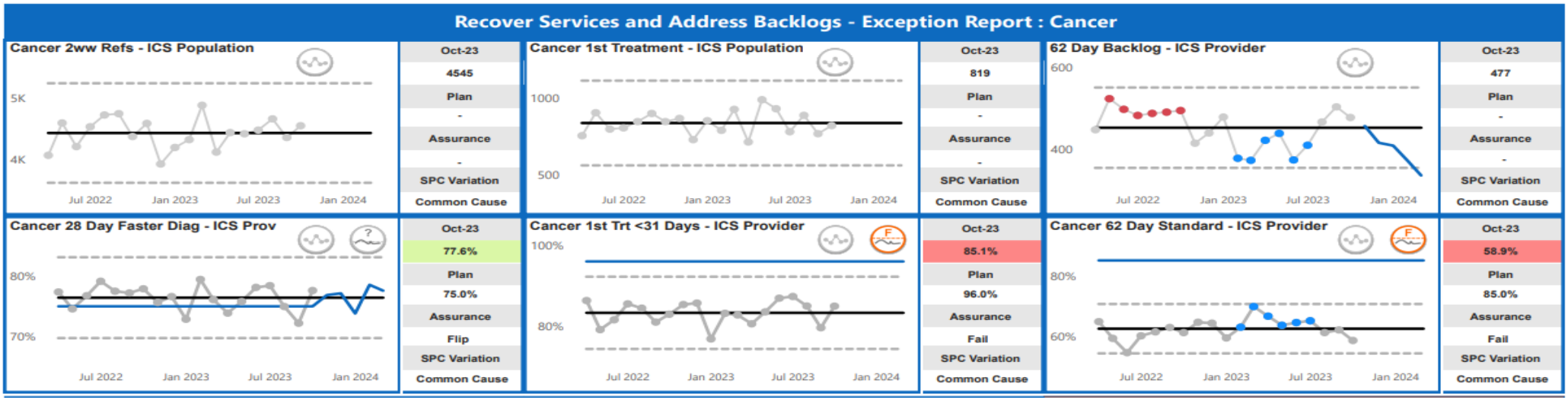
**Outpatient Follow-up 25% Reduction**: the national 25% reduction will not be delivered as the providers focus on working through overdue review lists.

Utilisation of **Advice and Guidance** continues to consistently achieve the national standard. Work is taking place within the Referral Optimisation Group to explore variation at PCN and general practice level in order to identify areas that warrant further targeted support.

**Admitted and Non-Admitted Clock Stops**. There continues to be challenges around the level of staff sickness and periods of industrial action, which limit the volume of activity that can be delivered.
Further improvements are progressed through the Elective and Outpatient Board.

# 7.3d- Recover Services and Address Backlogs – Exception Report : Cancer

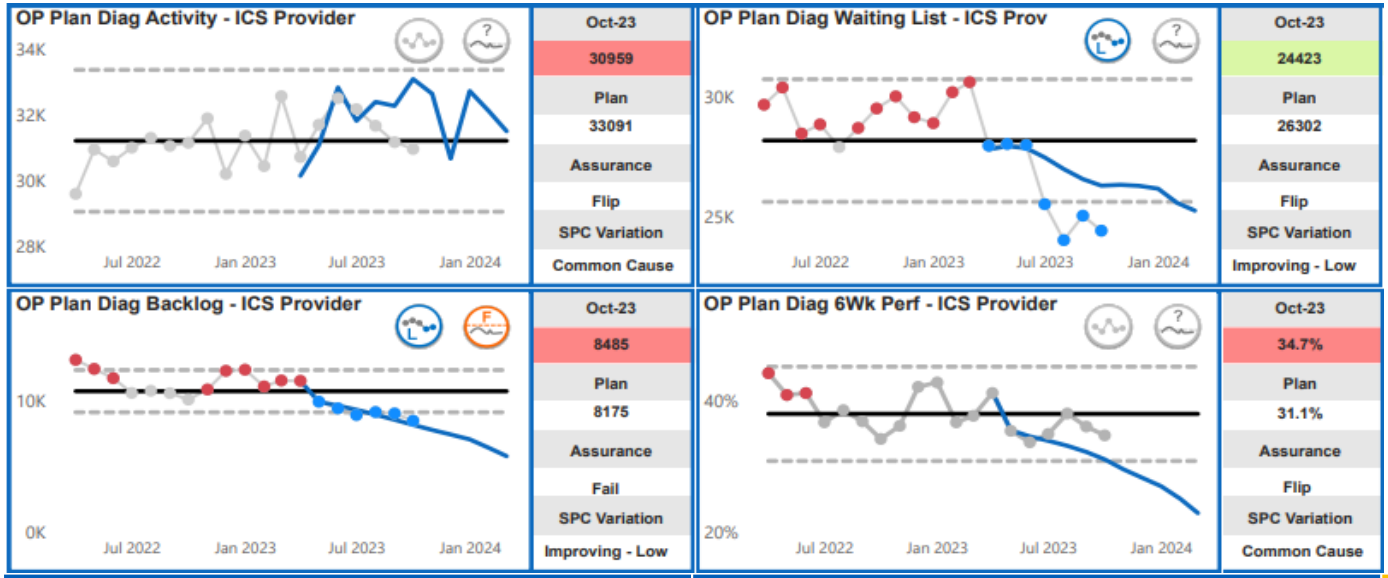
NHS Nottingham and Nottinghamshire




| Summary | Actions | Oversight Level – Escalated Risk |
|---|---|---|
| **2ww Referrals: Common Cause variation as the referrals are around the mean**. Both Trusts failed to meet the standard in October, however improvements have been seen compared to September. The main impact on performance has been Industrial Action and a large increase in referrals for Skin over and above seasonal norms.<br><br>**28 Day Faster Diagnosis: common cause and 'flip' assurance indicate activity remains around the mean and will therefore hit or miss the target.** FDS was achieved by both Trusts in October.<br><br>**31 Day & 62 Day Performance: Common cause assurance indicates activity remains around the mean and will therefore hit or miss the target.** As the performance is significantly below plan, this triggers a 'fail' as it is unlikely to be achieved in the coming months.<br><br>**62 Day Backlog: Common cause assurance.** Most patients waiting +62-days are in Lower GI, Urology, Gynae, Lung, Upper GI and Skin. | NUH hold most of the cancer backlogs for the system, due to the scale and specialist services it provides.<br><br>To address the 62-day backlog, NUH continue to hold Internal meetings with all tumour site leads and clinical leads which enable discussion around reviewing approaches to follow ups, and forward scheduling theatres and treatments. Joint discussions are also held across NUH and SFHT to progress mutual aid wherever possible. The 62-day backlog for NUH and SFH is discussed at tumour site level on a weekly basis. This includes the volume of patients removed from the list as well as potential and confirmed additions.<br><br>The main issues preventing increase in performance at NUH are operational pressures and workforce challenges. A weekly taskforce has been set up at NUH in Urology to review pathways.<br><br>NUH are in dialogue with Northampton who have capacity for 26 patients per month for patients who need robotic equipment as part of their treatment. This would help capacity in Urology, Lower GI and Gynaecology backlogs. | 62 Day Backlog- The latest weekly ICB data for week ending 17/12/23 is 486 patients against a plan of 415 patients. NUH have 403 patients against a plan of 330 and SFH have 83 patients against a plan of 85.<br><br>As at 17/12/2023 the proportion of patients waiting over 62 days at NUH is 10.84%, this is above the national position of 8.91%. The 104-week waiter meetings that take place with NHSE continue to cover cancer performance on a fortnightly basis. This enables a granular discussion to take place around plans to reduce the 62-day cancer backlog.<br><br>Industrial action has limited the volume of activity delivered, which has driven growth in the backlog volume during September and into October.<br><br>Revised trajectory for H2 plan submission indicates that there are expected to be 335 patients waiting over 62 days at year end compared to the target of 288. The variance relates to additional patients at NUH. |

# 7.3e - Recover Services and Address Backlogs – Exception Report: Diagnostics

NHS Nottingham and Nottinghamshire




| ICS Provider | Waiting List | Backlog | % |
|---|---|---|---|
| MRI | 5,440 | 1,890 | 34.7% |
| Computed Tomography | 4,681 | 1,448 | 30.9% |
| Non-obstetric ultrasound | 4,824 | 758 | 15.7% |
| Echocardiography | 6,251 | 3,580 | 57.3% |
| Colonoscopy | 643 | 176 | 27.4% |
| Flexi sigmoidoscopy | 258 | 123 | 47.7% |
| Gastroscopy | 1,045 | 406 | 38.9% |
| DEXA Scan | 955 | 50 | 5.2% |
| Cystoscopy | 326 | 54 | 16.6% |
| **Total - Plan Modalities** | **24,423** | **8,485** | **34.7%** |
| Audiology | 2,325 | 1,111 | 47.8% |
| Neurophysiology | 425 | 149 | 35.1% |
| Sleep studies | 1,111 | 198 | 17.8% |
| Urodynamics | 209 | 104 | 49.8% |
| Cardiology - Electrophysiology | 0 | 0 | |
| Barium Enema | 0 | 0 | |
| **Total - All Modalities** | **28,493** | **10,047** | **35.3%** |

## Summary

These charts display the aggregate latest position for MRI, CT, NOUS, Colonoscopy, Flexi-Sigmoidoscopy, Gastroscopy and Echocardiography.
**Diagnostic activity and 6-week performance: showing as common cause variation** as there have not been sustained improvements in the position. Diagnostic waiting lists are below plan, however have increased in month.
**Diagnostic 6-week performance for plan modalities:** October at 34.7% with the 6-week backlog decreasing to 8,485 patients in the month.
**MRI:** challenging at NUH, however improvements have been seen over recent months. Mutual aid has been provided by SFHT during this time. The backlog has reduced for the system to 1,890 patients at the end of October 2023.
**Echocardiography:** The data for October shows that Echo is performing at 57.3% for the system. After a period of rapid increase, the backlog and waiting list are now showing signs of reduction at NUH. However, significant pressures remain at SFH.

## Actions

**MRI -** MRI have two relocatable and three mobile units in place. The units run 7 days a week and 12 hours a day supporting the reduction in the backlog volume. A further mobile MRI is planned to be operational for 7 days per week from 4th December as part of accelerated CDC activity delivery.

**Echocardiography (ECHO)** at SFH continues to be very challenging. A recovery plan has been developed and shared with the ICB, which includes a range of interventions that will increase capacity. One of the key actions to be taken is insourcing from an external provider, which will take place at Kings Mill and deliver 250 cases in September and October. Community Diagnostic Centre (CDC) Funding will enable delivery of 50 additional cases per week from early January 2024 in Newark and a further 50 from Mansfield. Mutual aid from NUH will also continue and further weekend working is planned. The position will be tracked closely via weekly data and formally reported at the monthly system Diagnostics board.

## Oversight Level – Enhanced

The provider activity plan was not achieved in October (30,959 against a plan of 33,091).

Variation in the waiting list and backlog volume of modalities within the system is significant between providers. This has been discussed at the Planned Care Board as well as the Diagnostic Board.

Recovery trajectories are in place to enable monitoring of waiting list and 6 -week waiter volumes. These are closely tracked and reported routinely to the diagnostic board. A deep dive meeting took place on 22nd August with NHSE and system colleagues to enable a granular discussion around the latest performance and position against recovery trajectories. Based on data for April to September, the system is tracking well against these trajectories.

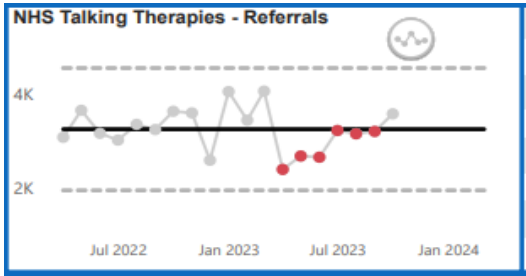
The variation in modality and provider positions is driving the Enhanced level of oversight. Specific focus is required in relation to SFHT ECHO position.

# 7.4 Service Delivery Mental Health Performance

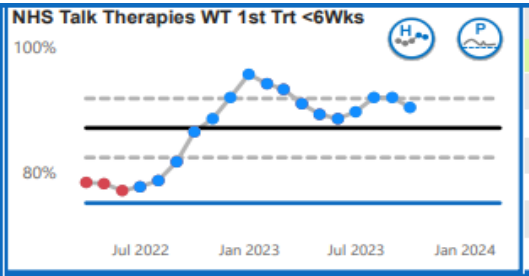
7.4a – Exception Reports Mental Health NHS Talking Therapies
7.4b – Exception Reports Mental Health Adult Services
7.4c – Exception Reports Mental Health Access
7.4d – Exception Reports Mental Health CYP

# 7.4a - Recover Services and Address Backlogs – Exception Report : Mental Health - NHS Talking Therapies

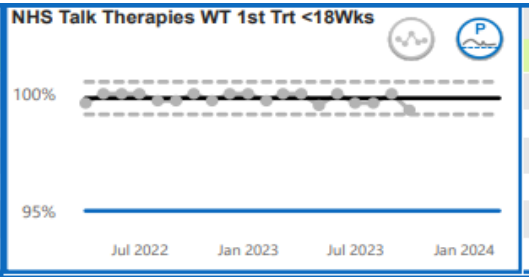
NHS Nottingham and Nottinghamshire



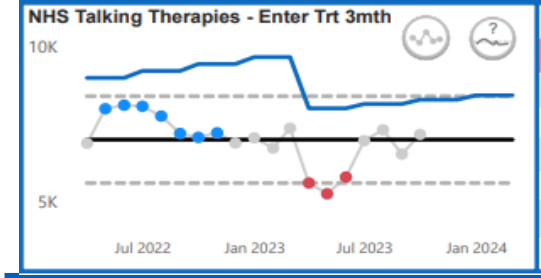

| Oct-23 |
|---|
| 3570 |
| Plan |
| - |
| Assurance |
| - |
| SPC Variation |
| Common Cause |



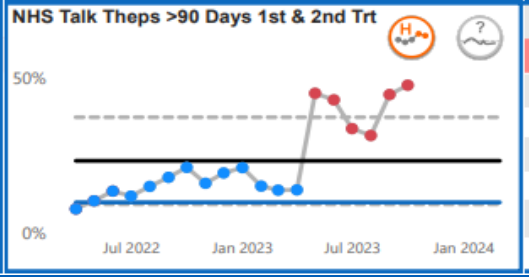

| Oct-23 |
|---|
| 90.3% |
| Plan |
| 75.0% |
| Assurance |
| Pass |
| SPC Variation |
| Improving - High |



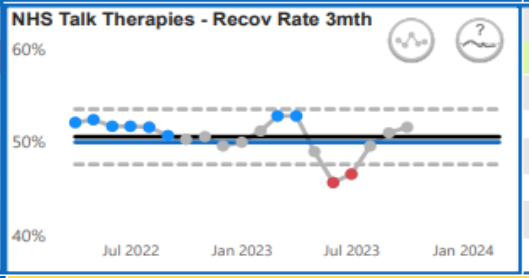

| Oct-23 |
|---|
| 99.3% |
| Plan |
| 95.0% |
| Assurance |
| Pass |
| SPC Variation |
| Common Cause |




| Oct-23 |
|---|
| 7175 |
| Plan |
| 8286 |
| Assurance |
| Flip |
| SPC Variation |
| Common Cause |




| Oct-23 |
|---|
| 47.5% |
| Plan |
| 10.0% |
| Assurance |
| Flip |
| SPC Variation |
| Concerning - High |




| Oct-23 |
|---|
| 51.6% |
| Plan |
| 50.0% |
| Assurance |
| Flip |
| SPC Variation |
| Common Cause |

## Summary

**NHS Talking Therapies (formerly IAPT) referrals** are above the mean showing common cause variation.

**Treatment numbers** (3-month) rolling access performance remains under target, however numbers entering treatment has increased to 7,175 in October.
The service continues to achieve and exceed the 6 week (90.3%) and 18 week (99.3%) waiting time standards.

Patients **waiting over 90 days** between 1st and 2nd treatments has continued to increase since August but remains as a high alert as the performance is still above the mean.

**Recovery Rate** achieved the 50% target with performance at 51.6% and has flip assurance and common cause variation.

## Actions

- Local data will continue to be utilised to identify and address performance issues and agree actions to improve capacity and service delivery, including workforce issues, these include:
- Increasing referrals - the provider is implementing a marketing and engagement plan and activities for quarter 3 include:
- Digital tablets have been used by community engagement team to make live referrals since August. The 6-week pharmacy bag promotional project commenced in July with expected impact during Q3 of up to 3% more referrals from over 65s and people with long term conditions, 6-week digital campaign commenced in July with expected impact during Q3, attendance at over 30 events is planned for Q3 to raise awareness of the service, develop new partnerships and pathways, and increase referrals.

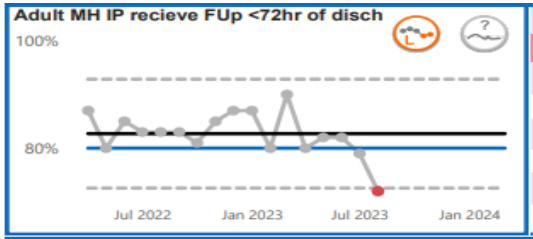
## Oversight Level – Further Information Required

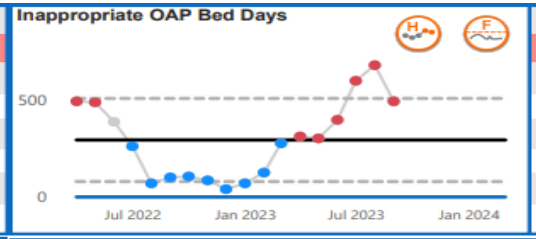
Monthly contract meetings in place to review delivery and performance. Remedial action plan is in place. Main area of concern is in relation to referral volumes into the service which are below benchmarked and expected levels.

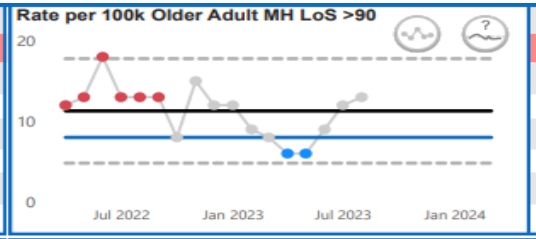
First monthly contract executive group was held in September 2023

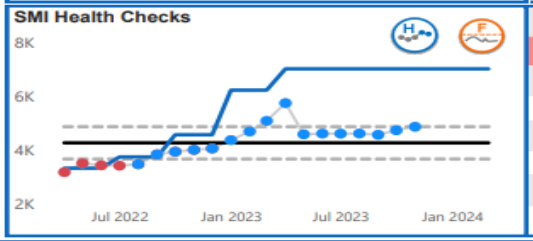
The Talking Therapies Improvement Plan is in place with recovery trajectories for waits and recovery to be on track by the end of Q3 and the access target delivered by the end of the financial year.

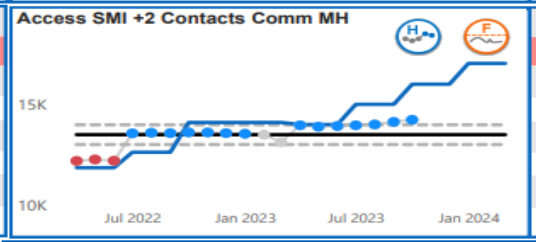
# 7.4b - Recover Services and Address Backlogs – Exception Report: Mental Health - Adult Services

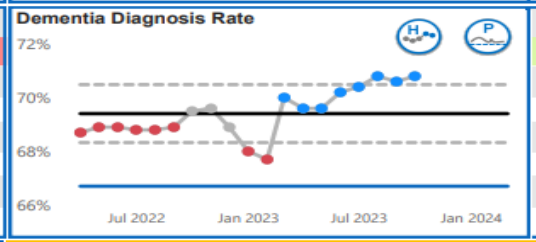



## Summary

**72 Hour Follow Ups** - the performance is fallen below the required range for the first time in August. Data is being worked through with NHT and NHS Digital to understand why this is.

**OAPs** - The number of inappropriate out of area OBDs reported in September 2023 has decreased to 490 from 671 in August 2023 and the end of Q1 position is 1007 OBDs against a trajectory of 0. In September 2023, Nottingham and Nottinghamshire was ranked 9 out of 11 systems regionally for OAP performance.

**SMI Physical Health Checks** - In 2023/24 the ICS target is 7029, the November 2023 performance remains below target, and is showing an improved position compared to the same time last year.

**Dementia** –The ICB continues to exceed the national dementia diagnosis rate standard (70.8%) in October 2023. Performance remains above the regional average (61%).

## Actions

**OAPS** - Crisis Resolution and Home Treatment Teams (CRHT) delivering Intensive Home Support and in-reach to wards 24/7. These teams are fully staffed. The 24/7 mental health crisis helpline is provided in partnership by NHT and Turning Point (VCS). A review of use of the text support offer took place in October.

**SMI Health Checks** - An ICS recovery action plan is in place to support improvements in performance. Actions include:
Primary Care Engagement - Engagement with Primary Care Networks (PCNs) will continue into Q3 to understand the variation across the ICS, exploring practice processes in inviting patients in for checks, use of tools such as GP workflows, recording and reporting. Good practice will be shared between PCNs and support for making improvements offered. This will complement the Health Improvement Worker (HIW) review and will identify opportunities for sharing best practice and identifying support needs by end of Q3.

**Dementia** - MAS teams continue to flex staffing, to ensure equitable waits across the system. Two recovery clinics have been set up to provide an additional 8 clinic slots per week. These will initially be focussed within Newark & Sherwood to help tackle waiting times in the short term and ensure equity of waits across the system.

## Oversight Level – Enhanced

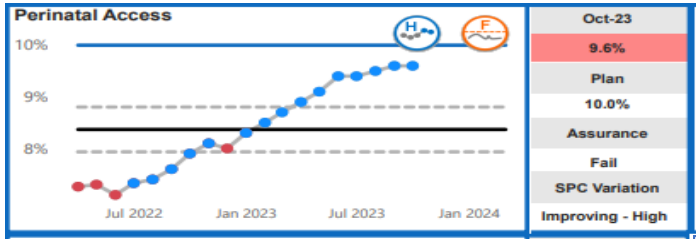
**OAPS** - The Mental health Crisis and Urgent Care Steering Group, meets monthly to reviews actions. Partnership meetings are also in place to identify actions that can be taken to alleviate system pressures. Improvement plan being finalised in December, with aim to return to zero at the end of Q4, and will also address LOS.

**SMI Health Checks** - Oversight of delivery of the standard has been integrated into the Community Mental Health Transformation Programme. 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.

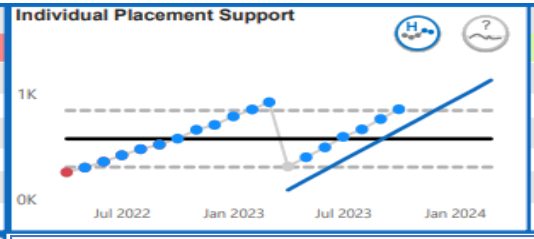
**Dementia** - The Older Person Mental Health Delivery group continues to meet monthly to monitor MAS performance, reporting up to the ICS Dementia Steering Group where required.

# 7.4c - Recover Services and Address Backlogs – Exception Report : Mental Health – Access

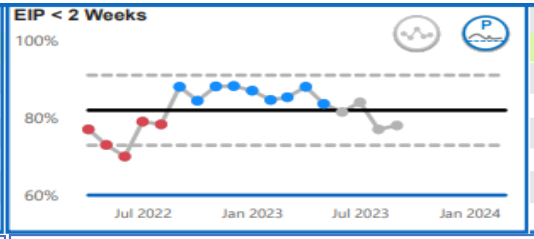
NHS Nottingham and Nottinghamshire



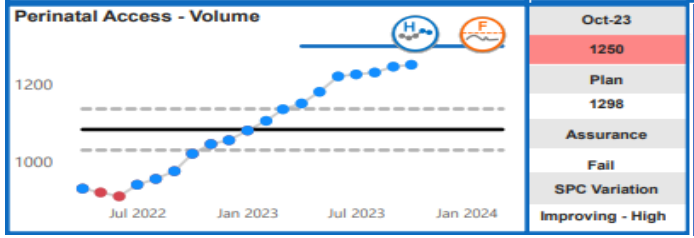

| Oct-23 |
|---|
| 9.6% |
| Plan |
| 10.0% |
| Assurance |
| Fail |
| SPC Variation |
| Improving - High |




| Oct-23 |
|---|
| 853 |
| Plan |
| 658 |
| Assurance |
| Flip |
| SPC Variation |
| Improving - High |




| Sep-23 |
|---|
| 78.0% |
| Plan |
| 60.0% |
| Assurance |
| Pass |
| SPC Variation |
| Common Cause |




| Oct-23 |
|---|
| 1250 |
| Plan |
| 1298 |
| Assurance |
| Fail |
| SPC Variation |
| Improving - High |

## Summary

**Perinatal** - Performance continues to remain below the 2023/24 10% access target but is increasing month on month. Performance in Nottingham and Nottinghamshire is below the access rate and the original forecast trajectory, with the two biggest contributors being low referral numbers into the service and disengagement within the service.

**IPS** - The ICS performance is exceeding trajectory with 853 people accessing IPS as of October 2023 against a target of 658.

**EIP** - Data for September 2023 shows a decrease in performance with 78% of patients accessing EIP within 2 weeks, compared to 84% in July 2023.

## Actions

**Perinatal**
Action plans are in place to increase the number of women accessing the service this includes:

- Continuous ICS wide communications campaign•
- Continuous targeted work within areas where there is underrepresentation (BME groups) to understand reasons and increase engagement.
- Exploring alternative venues across the City and County where it is recognised that there are higher levels of disengagement within the service or that that access to clinics can be a barrier – complete.

**EIP** - The focus remains on maintaining a level 3 NICE compliant service and ensuring the access standard is met. The service received positive results from the National Clinical Audit of Psychosis (NCAP) in May 2023 with the service identified as 'Top Performing'.

An At-Risk Mental State (ARMS) pilot commenced in Q4 2022/23. The aim of the ARMS service is to reduce the transition rate to a first episode of psychosis (FEP) and the duration of untreated psychosis (DUP) both of which relate directly to improve recovery outcomes for the individual as early detection and intervention is key. The model is being tested with the North EIP Team and across the Children and Young People Head 2 Head service, before interim evaluation across the ICB.

## Oversight Level – Enhanced

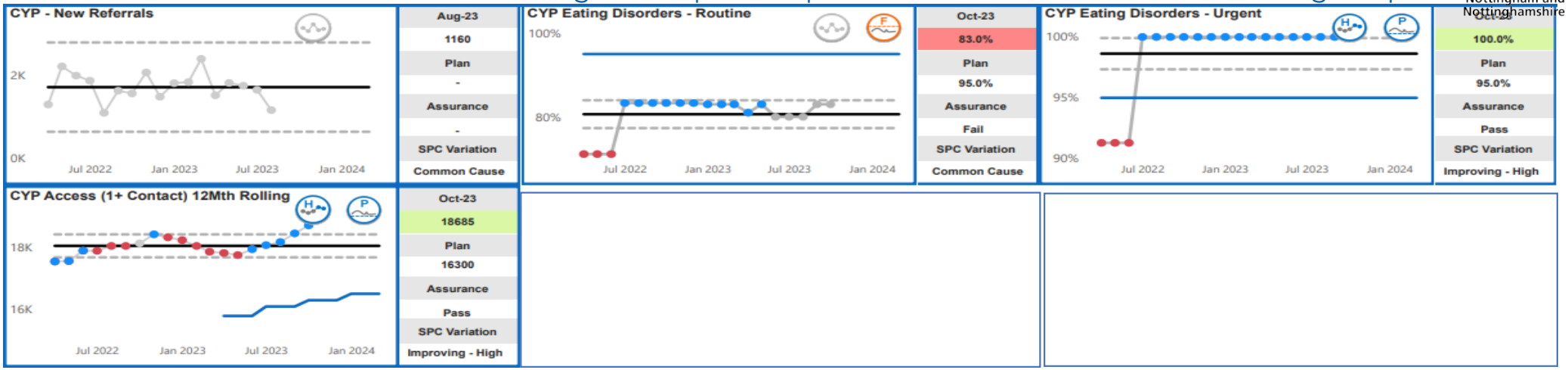
**Perinatal** - The team is commissioned to meet the LTP ambition. An ICS Perinatal Recovery Action Plan has been developed. The recovery improvement trajectory is March 2024 (12 months rolling performance). Performance against the recovery trajectory will be reviewed monthly.

**IPS** - All four place-based IPS teams have completed fidelity reviews achieving centre of excellence status. Mid Notts have completed their fidelity review and have scored a 'good' fidelity rate of 108. Any action plan for further improvement will be reviewed at the IPS steering group on an ongoing basis.
The IPS steering group continues to meet bimonthly to monitor and address performance, issues, and risks as well as monthly meetings with providers during implementation in Bassetlaw. All vacant posts have now been recruited to and are operational. Further work is being undertaken in Bassetlaw to increase activity by connecting with referring services and drop-in sessions as well as further integration with PCN teams.

**EIP** - The EIP Steering Group continues to meet bi-monthly to review progress against agreed actions

# 7.4d - Recover Services and Address Backlogs – Exception Report : Mental Health – Children & Young People





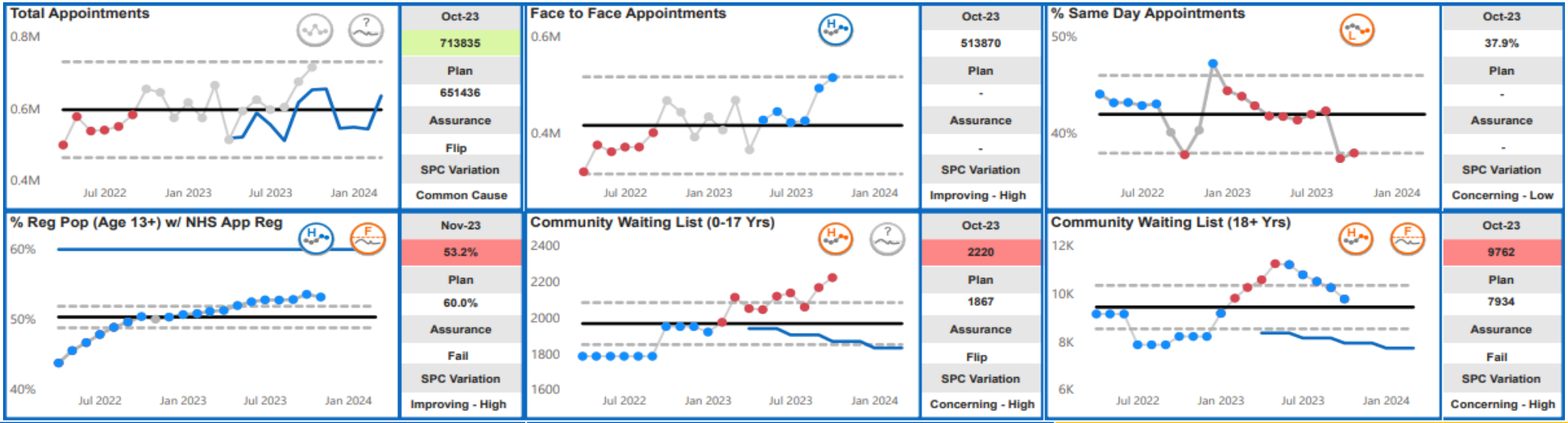

| Summary | Actions | Oversight Level – Further Information Required |
|---|---|---|
| **CYP Referrals** – have remained around the mean and are showing common cause variation.<br><br>**CYP Access (1+ Contact)** - The ICS is exceeding the access target of number of children and young people (CYP) receiving support (1-contact); 18,685 CYP were recorded as having at least 1 contact in the rolling 12 months ending October 2023 exceeding the annual plan of 16,300.<br><br>**CYP ED Routine (< 4 weeks)** – Common cause variation due to performance being around the mean. It is not expected that the service will meet the required standard. The latest position is 83% of patients seen within four weeks against a plan of 95%.<br><br>**CYP ED Urgent (<1 week)** – Continued achievement expected with performance at 100% against a 95% plan. This has triggered the 'P' SPC alert. | **CYP Access** – None Required<br><br>**CYP Eating Disorder Service** -2023/24 investment plans have been agreed to increase capacity to achieve the waiting time standards. This will include a service offer to support children and young people presenting with Avoidant Restrictive Food Intake Disorder (ARFID).<br><br>The service is working on several initiatives to eliminate the risk of service-related breaches including:<br>• Reviewing space utilisation to expand access to clinical room availability and where possible. This seems to have rectified the issues previously experienced, however will continue to be monitored.<br>• Continued protected time with Community CAMHs where joint assessments are required (to enable assessment within the routine timeframe).<br>• Patient Choice - All families are contacted when offered the first appointment and the service reiterate the benefits of early access to service provision.<br><br>Recovery trajectory for 23/24 has been finalised which will see the delivery of the 95% target for routine referrals in Q4 2023/24. | **CYP Access** -Investment has been agreed to deliver the Long Term Plan objectives for 2023/24 which will enable service expansion and transformation across a range of services.<br>Regular multi-agency transformation meetings are scheduled which support transformation plans and ensure partnership working.<br><br>**CYP Eating Disorder** - Investment plans have been agreed. Assumptions about referral trends have been endorsed by the regional Clinical Network. NHS England Clinical Network recognise slight reductions nationally but note presentations of disordered eating and ARFID are increasing.<br>All-age transformation meetings continue, attended by commissioners, providers, and primary care leads, which address any performance issues and agree required remedial actions. Actions are reviewed monthly.<br>Exception reporting is received as part of monthly contract reports which is received by the ICB at the end of each month. This is reviewed and used to inform performance reports and CYP ED action plan.<br>***Recovery trajectory for 23/24 has been finalised which will see the delivery of the 95% target for routine referrals in Q4 2023/24.*** |

# 7.5 Service Delivery Primary & Community Performance

## 7.5a – Exception Reports Primary & Community

# 7.5a - Recover Services and Address Backlogs – Exception Report: Primary and Community Recovery

NHS Nottingham and Nottinghamshire




## Summary

**Total GP Appointments** in October were 9.1% above the planned level. The percentage of appointments held face to face remains relatively consistent with previous months at 72%. GP Appointments within two weeks data shows that 73.19% of appointments were offered within two weeks in October 2023.

**NHS App** - registrations onto the NHS App have continued to increase over the past few years. The ICB remains under the target of 60%, with the current position at 53.2% in October, however the position continues to increase steadily.

**Community Waiting Lists -** The October position reports significant pressures on the paediatric waiting list. However, the community waiting list for adults has reduced from the position reported last month (10,236) to 9,762 patients. The waiting list includes NHCT and CityCare community services for Nottingham and Nottinghamshire patients.

## Actions

NHS App - Ensuring consistent promotion of the NHS App is being picked up via the Redmoor review and part of the excellence in PCIT programme; this is also a direct target for the PFDS programme as the strategic direction is NHS App as the single front door.

The DDAT team (Digital and Data team) have been supporting GP practices to promote the NHS App via specific targeted communication activities such as social media, radio ads and bus and tram advertisement, this appears to be supporting the increased progress towards the target 60% coverage.

Community Waits – validation of waiting lists data is being undertaken by NHT. Recovery action plans are in place for 3 frail services, including Speech and Language Therapy, Podiatry and Paediatric Diabetes. These are monitored through the contract meetings.

## Oversight Level – Enhanced

There has been a reduction in the adult waiting list from September to October of 474 patients to 9,762 patients. This is driven by a reduction of 277 patients at CityCare and 197 patients at NHT.

In October, there were 5,372 adult patients waiting for services at NHCT and 4,390 adult patients waiting at CityCare. Across both providers, the largest waiting list is for the MSK service, which has 3,029 patients waiting. There are 23 adult patients and 4 children waiting more than 52 weeks across a number of services. The largest cohort with patients waiting more than 52 weeks is Nursing and Therapy support for LTCs with 10 patients.

At NHCT, a waiting list initiative began for Adult Speech and Language Therapy on 1st November and was scheduled to run for the month. This included validation and patient contact to ensure accuracy of the waiting list position. Within the continence service, additional weekday and weekend sessions are contributing to recovery.

NHS
Nottingham and Nottinghamshire

# 8.0 Finance

ICS Aim 3: Improving the Effective Utilisation of Our Resources (Enhance productivity & VFM)

8.1 Month 8 Financial Position

8.2 Organisational Analysis

8.3 Financial Recovery Plans

## 8.1 – Finance position – Month 8 2023/24 Key Metrics

- £100.9m deficit at month 8. £85.4m adverse to plan. In-month adverse variance of £8.7m.
- Year to date, there is a £15.6m planned deficit due to efficiency schemes planned for later in the year.
- The position assumes ERF shortfall of income at SFH of £2.3m and £16.3m at NUH.
- National funding (£19.8m) for the impact of industrial action has been received in month 8 and been distributed to the three Trusts and is therefore shown in the YTD position.
- Drivers of the variance can be analysed as follows
    - External factors including Prescribing & CHC pressures (ICB), inflation & pay award shortfalls, cost of capital planned income shortfall & industrial action - £35.4m
    - Planned actions not delivered including MH subcontracted beds & UEC escalation beds, efficiencies, ERF - £18m
    - Unfunded workforce and pay increases arising from Increasing run rates compared to 22/23 - £31.9m
    - NHT's efficiency in the table includes £5.7m YTD of a stretch target (total £9.8m)not identified as efficiency at plan stage.
    - NUH's ERF lost income relating to stretch is reported to NHSE as part of their efficiency shortfall.
- In month 8 alone the system has experienced a £7m deficit. Much of this is driven by the adverse run rate seen throughout the year but there have been some one-off adverse factors including ERF from prior months, PDC charge at SFH & a change in funding for cost of capital.
- All partners continue to forecast to achieve break-even. There are significant risk to the achievement of this position. Current quantification of financial risk after mitigations is £100m.
- The nature of the risks remain as described in the plan. Key risks includes inflation, efficiency, urgent care pressures, elective recovery and CDC income.

| Drivers of Variance £'m | NUH | SFH | NHT | ICB | Total |
|---|---|---|---|---|---|
| Prescribing/CHC pricing | 0.0 | 0.0 | 0.0 | -27.5 | -27.5 |
| Inflation & pay award pressures | 0.0 | 0.0 | -5.3 | -1.8 | -7.1 |
| Cost of Capital income reduction | 0.0 | -0.8 | 0.0 | 0.0 | -0.8 |
| Industrial Action - direct costs | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Mental Health sub-contracting beds (price) | 0.0 | 0.0 | -5.7 | 0.0 | -5.7 |
| Loss of ERF income - stretch/performance | -16.3 | -1.8 | 0.0 | 0.0 | -18.1 |
| Escalation Beds | -3.1 | -5.8 | 0.0 | 0.0 | -8.9 |
| Efficiency shortfall | -0.3 | 0.9 | -3.7 | 22.4 | 19.3 |
| Covid related spend not removed | -6.4 | 0.0 | 0.0 | 0.0 | -6.4 |
| CDC income in position ahead of plan | 0.0 | 3.7 | 0.0 | 0.0 | 3.7 |
| Other plan movements & NR actions | -0.7 | 0.8 | 6.6 | -8.6 | -1.9 |
| Pay/agency run rate pressures above plan | -16.6 | 0.0 | -8.8 | 0.0 | -25.4 |
| Premises (energy, PPM backlog etc.) | -6.5 | 0.0 | 0.0 | 0.0 | -6.5 |
| TOTAL | -49.9 | -3.0 | -16.9 | -15.5 | -85.4 |

**Key**

| |
|---|
| External Factors |
| Non-delivery of the 2023/24 plan |
| Unfunded Workforce & Pay increases |

| Month 8 Financial Position Year to date variance £'m | YTD Plan | YTD Actuals | YTD Variance | FOT |
|---|---|---|---|---|
| NUH | -3.8 | -53.7 | -49.9 | 0.0 |
| SFH | -9.5 | -12.4 | -3.0 | 0.0 |
| NHT | -2.3 | -19.2 | -16.9 | 0.0 |
| N&N ICB | 0.0 | -15.5 | -15.5 | 0.0 |
| TOTAL | -15.6 | -100.9 | -85.4 | 0.0 |

## 8.2 Finance Position – Organisational Analysis

| By Organisation £'m | YTD Plan | YTD Actuals | YTD Variance | In-month Plan | In- month Actuals | In month Variance | Total FY Plan | FOT | Variance |
|---|---|---|---|---|---|---|---|---|---|
| NUH | -3.8 | -53.7 | -49.9 | 1.3 | -4.8 | -6.1 | 0.0 | 0.0 | 0.0 |
| SFH | -9.5 | -12.4 | -3.0 | -0.6 | 0.2 | 0.8 | 0.0 | 0.0 | 0.0 |
| NHT | -2.3 | -19.2 | -16.9 | 0.9 | 0.3 | -0.6 | 0.0 | 0.0 | 0.0 |
| N&N ICB | 0.0 | -15.5 | -15.5 | 0.0 | -2.8 | -2.8 | 0.0 | 0.0 | 0.0 |
| **TOTAL** | **-15.6** | **-100.9** | **-85.4** | **1.7** | **-7.0** | **-8.7** | **0.0** | **0.0** | **0.0** |

**ICB**

(£15.5m) year-to-date adverse variance:

- Main driver is price increases in primary care prescribing (£14.6m).
- Pressure also seen in CHC (£8.6m) & S117 (£4.3m) linked to both cost impact and number of patients.
- Estates excess inflation costs (£1.8m)
- Offset by £13.8m other plan movements & NR actions and efficiency.

**SFH**

(£3m) year-to-date adverse variance.

- .Escalation Beds- (£5.8m)
- YTD ERF Miss – (£1.8m)
- Income Assumptions (£1.2m) and CoC reduction compared to plan (0.8m)
- CDC Income ahead of Plan £3.7m
- Non-Recurrent Benefits £3.1m
- Improved run rate due to temporary staffing reductions , non-recurrent benefits including non-recurrent release from balance sheet.

**NHT**

(£16.9m) adverse variance to plan arising from:

- (£3.7m) efficiency shortfall (including stretch).
- (£5.3m) non-pay inflationary pressures.
- (£5.7m) sub-contracted bed costs.
- (£8.8m) agency spend over plan offset by recruitment slippage.
- £4.6m IA national funding
- £2m NR mitigations

**NUH**

(£49.9m) adverse variance with key drivers being:

- (£16.6m) substantive pay run rate increase.
- (£16.6m) efficiency shortfall (includes £16.3m ERF stretch shortfall).
- (£6.4m) covid related spend not removed.
- (£3.1m) independent sector activity above planned levels.
- (£1.7m) Premises: PPM backlog
- (£4.8m) Increase in supplies / drugs

## 8.3 2023/24 Financial Recovery Plan

- The underlying deficit run rate across the system is circa £15m per month. Before any recovery actions or external funding support this would lead to an outturn of c. £170m. Financial Recovery Plans had previously been developed in all organisations, committing to an improvement to £124.7m deficit.
- As part of the 2023/24 H2 reset of plans, national funding and flexibilities have been received equating to £39.2m but £31.9m already assumed in FRP for IA (£15.2m), ERF performance (£11m) and dental (£5.7m).
- Following a comprehensive process across the system to identify all possible options, a further £34.4m improvement has been identified. This comprises a mixture of workforce & non-pay controls, deferring and stopping investment (inc. SDF), temporary closures, income review, productivity improvement leading to ERF & accounting changes.
- Several options identified impact adversely on quality and patient experience. Discussions with NHSE regional team and internal EQIA process have highlighted some assumptions & plans that can't be supported, totalling £10.1m. These have been removed from the expected outturn position.
- The remaining plans have a high level of delivery risk including £7.1m unidentified schemes required to hit the revised outturn position.
- System level oversight to continue via the ICS Financial Recovery Group. The group has requested the following to oversee the recovery:
    - Performance/quality impact of all 'unpalatable' schemes including where decisions have been made to not proceed with the scheme.
    - Updated recovery plan trajectories for months 9-12 including weekly wte assumptions (starters/leavers).
    - A summary list of recovery schemes for each organisation bridging from current run rate/do nothing to expected outturn. To include wte impact, recurrency and RAG rated delivery confidence.
    - Forecast exit run rate to support 24/25 planning – annualised value of recurrent income and expenditure as at March 2024.

NHS
Nottingham and Nottinghamshire

# 9.0 People and Culture

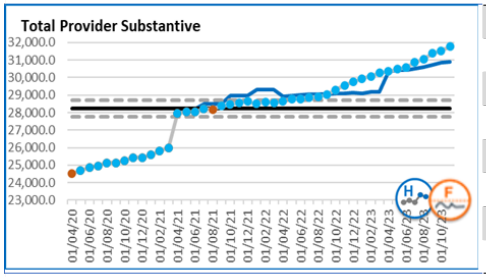
ICS Aims: All 4 (Outcomes, inequalities, productivity and social and economic development)

- 9.1 – Exception Report Provider Workforce – Operational Plan v Actual
- 9.2 – Exception Report Provider Turnover & Sickness
- 9.3 – Exception Report Agency Performance
- 9.4 – Exception Report Primary Medical Care
- 9.5 – Social Care Projections
- 9.6 – Care Homes Workforce

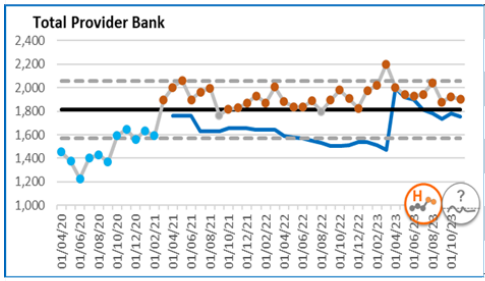
# 9.1 - Workforce – Exception Report Provider Workforce – Operational Plan v Actual

NHS Nottingham and Nottinghamshire

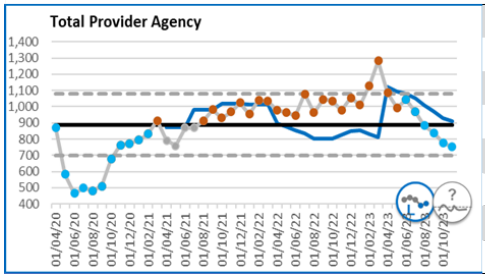
## Total ICB Provider Workforce - Operational Plan v Actual 2023/24




| Nov-23 |
|---|
| 31762.6 |
| **2023-24 Plan** |
| 30917.0 |
| **Assurance** |
| Fail |
| **SPC Variation** |
| Improving - High |




| Nov-23 |
|---|
| 1899.8 |
| **2023-24 Plan** |
| 1756.6 |
| **Assurance** |
| Flip |
| **SPC Variation** |
| Concerning - High |




| Nov-23 |
|---|
| 752.1 |
| **2023-24 Plan** |
| 910.3 |
| **Assurance** |
| Flip |
| **SPC Variation** |
| Common Cause |

**Trust Positions**

| | NUH | | | | SFH | | | | NHCT | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Nov Planned WTE | Nov Actual WTE | Variance to Plan | Variance to Plan % | Nov Planned WTE | Nov Actual WTE | Variance to Plan | Variance to Plan % | Nov Planned WTE | Nov Actual WTE | Variance to Plan | Variance to Plan % |
| No. Substantive staff | 17533.1 | 18031.9 | 498.8 | 2.85% | 5038.8 | 5178.4 | 139.5 | 2.77% | 8345.1 | 8552.3 | 207.3 | 2.48% |
| No. Bank Staff | 734.3 | 818.5 | 84.2 | 11.47% | 618.1 | 429.9 | -188.2 | -30.45% | 404.2 | 651.4 | 247.2 | 61.15% |
| No. Agency Staff | 524.0 | 420.5 | -103.5 | -19.74% | 120.1 | 100.3 | -19.8 | -16.46% | 266.2 | 231.2 | -34.9 | -13.12% |
| **Total Workforce** | **18791.4** | **19271.0** | **479.6** | **2.55%** | **5777.0** | **5708.6** | **-68.4** | **-1.18%** | **9015.4** | **9435.0** | **419.5** | **4.65%** |

>3.5%
1.5%-3.5%
<1.5%

### Actions

All providers submitted recovery plans early December. Evidence of Vacancy Control Processes received with trajectories on FOT positions for M8 - M12 . The system needs to reduce WTE to contribute to the financial recovery plan. Workforce pay bill overspend is a significant contributor to the current deficit position. Trusts have been asked to refresh these trajectories by 21 December 2023. In addition weekly returns have been established with data and processes in place aligned to NHSE weekly returns asked for from 20th December 2023 with partial completion in the first return and fully completed returns to be submitted from w/c 8th January 2024

### Total Provider Current position:

**Total workforce** is over plan by 830.7 WTE, NUH by 479.6 WTE, NHCT by 419.5 with SFT under plan by 68.4 WTE.
**Substantive staff** – all providers are over recruited to plan. The system has grown April to November by 1,411.6 WTE, this is causing significant recurrent cost pressure on the system.
**Bank** – all providers except SFT are over plan on bank, in total the system is 143.2 WTE in the month over plan.
**Agency** - significant progress has been made to reduce agency usage, off framework and price cap overrides, in total the system is under plan by 158.1 WTE.
This variance to plan raises significant cost pressures on the system and concerns.

### P&C Group Limited Assurance - Further Information Required

Assurance is limited due to the significant over recruitment and impact this is having on system finances.

**Substantive Staff**

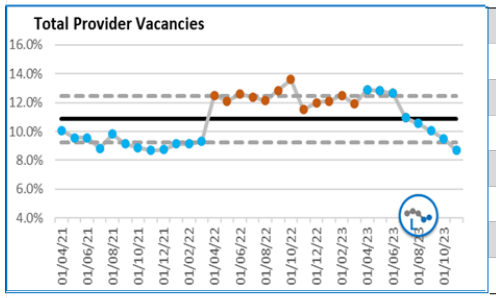
| | April | Nov | Actual WTE Growth | WTE Variance to Plan | |
|---|---|---|---|---|---|
| System | 30351 | 31762.6 | 1411.6 | 845.6 | Recurrent Cost Pressure |
| | | | | | |
| NUH | 17164 | 18031.9 | 867.9 | 498.8 | Recurrent Cost Pressure |
| SFH | 4931 | 5178.4 | 247.4 | 139.5 | Recurrent Cost Pressure |
| NHCT | 8257 | 8552.3 | 295.3 | 207.3 | Recurrent Cost Pressure |

Provider information taken from PWR's and is a count of WTE's.

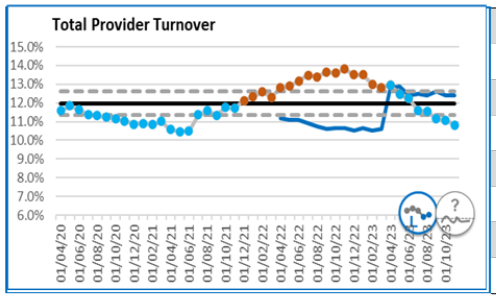
# 9.2 - Workforce – Exception Report Provider Workforce –Turnover & Sickness Reports

NHS Nottingham and Nottinghamshire

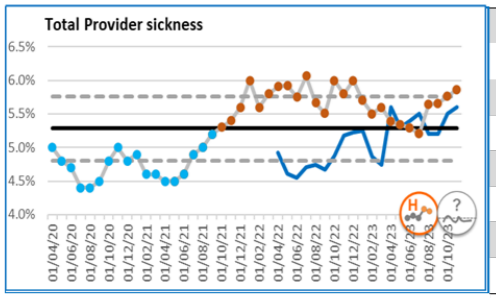
**Workforce - Vacancies, Turnover & Sickness Absence**




| Nov-23 |
|---|
| 8.7% |
| **2023-24 Plan** |
| |
| **Assurance** |
| |
| **SPC Variation** |
| Improving - Low |




| Nov-23 |
|---|
| 10.8% |
| **2022-23 Plan** |
| 12.4% |
| **Assurance** |
| Flip |
| **SPC Variation** |
| Improving - Low |




| Nov-23 |
|---|
| 5.87% |
| **2022-23 Plan** |
| 5.60% |
| **Assurance** |
| Flip |
| **SPC Variation** |
| Concerning - High |

**Summary**

Whilst vacancies, turnover and sickness reported figures look to be on plan as noted in the actions, concern exists over the consistency of report across the three providers such that a common understanding at a system level many not be possible.

**Actions**

**Vacancies** - due to concerns regarding the reporting of vacancies and the requirement to undertake a rapid review the reported figure for vacancies may not be accurate. Going forward it will be important as part of the financial recovery work to understand:

•Active recruitment

•Recruitment supported by program and/or temporary additional funding.

•The gap between establishment and substantive WTE

Reduced levels of **turnover** may indicate improved staff retention, however this is being investigated to understand a consistent method of turnover calculation and going forward specific retention actions will be noted.

**Sickness** is higher than pre-covid, and traditionally increases during the winter months. Trusts will be monitoring this as part of their cost reduction plans and health and wellbeing support to staff.

**People & Culture Group Assurance - Further Information Required**

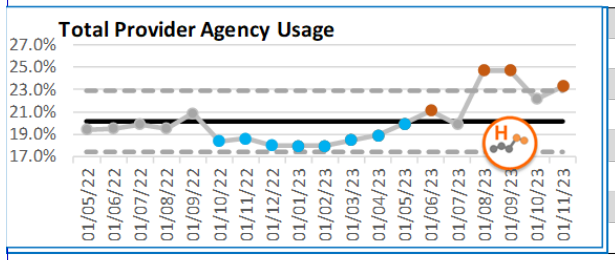
Assurance is limited due to the actions noted above.

Participation in the vanguard discovery may provider greater insights and accelerate corrective action.

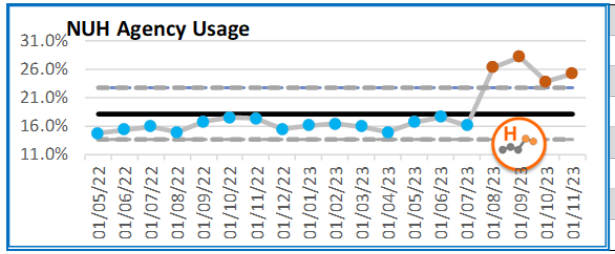
NHS Nottingham and Nottinghamshire

# 9.3 – Workforce – Exception Report Agency Usage

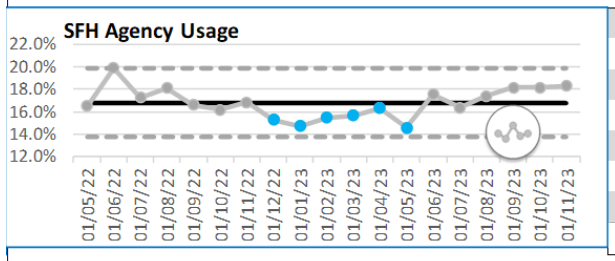
## Total Provider Agency Usage



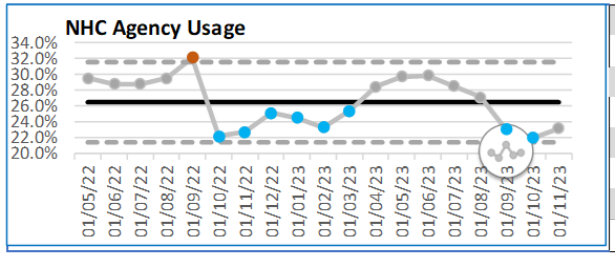

| Nov-23 |
|---|
| 23.29% |
| **2023-24 Plan** |
| - |
| **Assurance** |
| - |
| **SPC Variation** |
| Concerning - High |



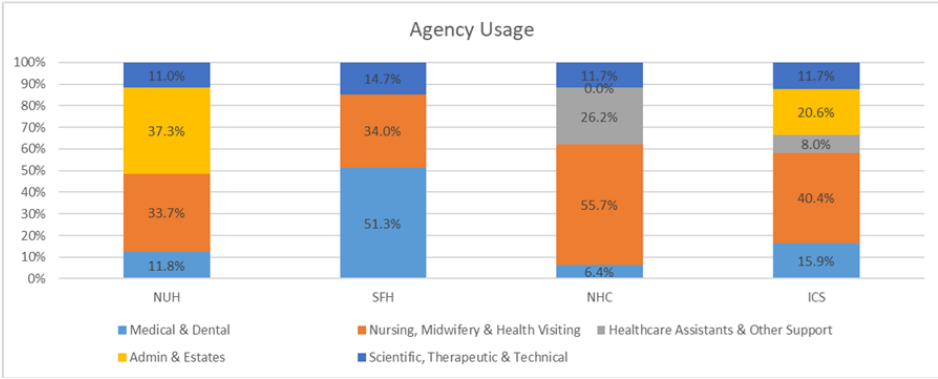

| Nov-23 |
|---|
| 25.20% |
| **2023-24 Plan** |
| - |
| **Assurance** |
| - |
| **SPC Variation** |
| Concerning - High |




| Nov-23 |
|---|
| 18.28% |
| **2023-24 Plan** |
| - |
| **Assurance** |
| - |
| **SPC Variation** |
| Common Cause |




| Nov-23 |
|---|
| 23.14% |
| **2023-24 Plan** |
| - |
| **Assurance** |
| - |
| **SPC Variation** |
| Common Cause |

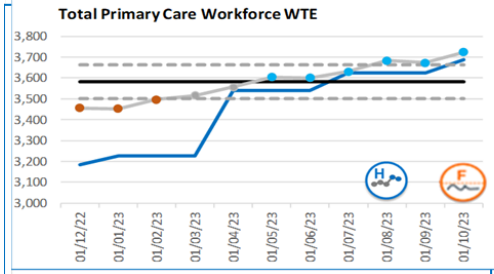



This slide looks at Agency usage as a percentage of the total of temporary staffing (Bank and Agency).

# 9.3 - Workforce – Exception Report General Practice Workforce – Operational Plan v Actual

NHS Nottingham and Nottinghamshire

**Total ICB Primary Care Workforce - Operational Plan v Actual 2023/24**




| Oct-23 |
|---|
| 3724 |
| **Target** |
| 3687 |
| **Assurance** |
| |
| **SPC Variation** |
| Improving - High |

| **Primary Care** | Plan Q1 | Plan Q2 | Actual Q2 | Plan Q3 | | Plan Q4 |
|---|---|---|---|---|---|---|
| Nottingham And Nottinghamshire Health And Care STP | As at the end of Jun-23 | As at the end of Sep-23 | As of the end of Oct-23 | As at the end of Dec-23 | Variance to Plan | As at the end of Mar-24 |
| Workforce (WTE) | Total WTE | Total WTE | Total WTE | Total WTE | WTE | Total WTE |
| **Total Workforce** | **3539** | **3624** | **3724** | **3687** | **37** | **3731** |
| GPs excluding GPs in Training Grade | 574 | 571 | 579 | 576 | 3 | 570 |
| GPs in Training Grade | 226 | 254 | 263 | 263 | 0 | 256 |
| Nurses | 356 | 356 | 368 | 359 | 9 | 359 |
| Direct Patient Care roles (ARRS funded) | 546 | 596 | 624* | 634 | -10 | 679 |
| Direct Patient Care roles (not ARRS funded) | 270 | 272 | 274 | 273 | 1 | 277 |
| Other – admin and non-clinical | 1568 | 1574 | 1616 | 1582 | 34 | 1589 |

**Total Primary Care Current position:**

Data collection at practice level shows variation due to unclear definitions on the workforce detail to be recorded. The workforce data is therefore indicative data.

**Actions**

The overall workforce position is being maintained with an established retention/workforce development programme in place for General Practitioners and Practice nurses. Recruitment continues in to the additional roles but not to the full potential of funding allocations. Training Hub support is being provided to establish and embed roles into PCNs.

Primary Care Workforce Group aligning workforce development plans to match the Primary Care Strategic objectives.

A workforce programme for 23-24 has been submitted to region awaiting national team feedback. A potential risk exists of reduced funding for workforce schemes given SDF allocation is now a single pot with no ring-fenced funding for workforce. The allocation of the system SDF is currently being taken through the Primary Care Transformation Board and its governance.

**P&C Group Limited Assurance - Further Information Required**

Primary Care - General Practice:

Plans are in place and are effective but more needs to be done to make general practice an attractive offer supporting staff, offering flexibility in working and cultural shift to integrated working.

Leads from the Primary Care Workforce group are engaging with PCN leads to determine next steps in supporting retention and recruitment challenges being experienced.

Oversight of the People interventions is provided to both the Primary Care Strategy Delivery Group and People & CUlture Steering Group. Direction to teh Primary Care Workforce Group will be given in relation to requirements in delivering the primary care strategy noting changed models of care, at scale and move to integration.

NHS Nottingham and Nottinghamshire

# Nottingham and Nottinghamshire Social Care

In the **local authority and independent sector:**

**38,000 total posts**

**34,000 filled posts**

**26,000 FTE filled posts**

(full-time equivalent filled posts)

Change in **filled posts** and **vacancies**


There was a change of **1,000 filled posts (3%)** since 2021/22 in **local authority and independent sectors.**

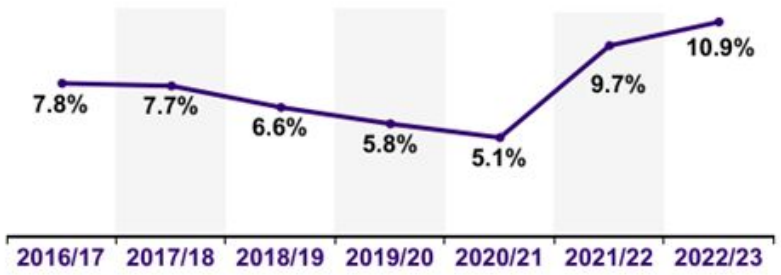
**Average hourly pay for care workers**

Local authority **£10.89**

Independent sector **£10.40**

## Recruitment and retention

### Vacancy rate



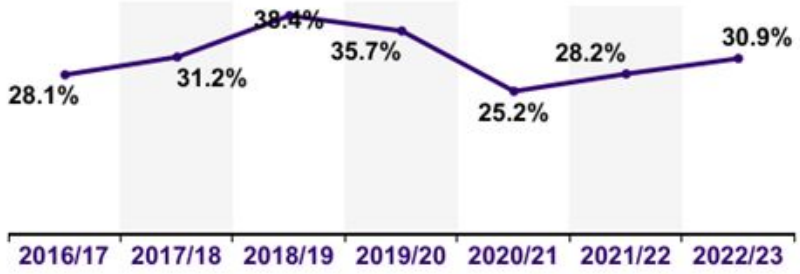

**10.9%** **vacancy rate** **(or 3,800 vacant posts)** in 2022/23

**57%** of **recruitment** is from **within adult social care**

**30.9%** **turnover rate** **(or 9,600 leavers)** in 2022/23

**7.9** average **sickness days** taken in 2022/23

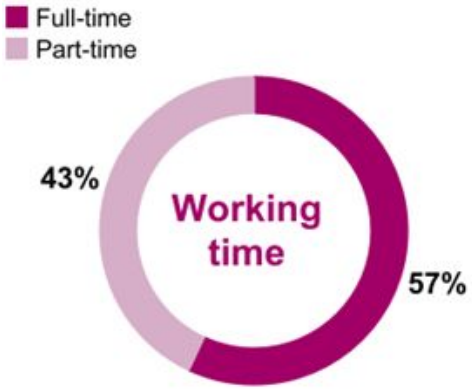
### Turnover rate




Data and visualisations taken from Skillsforcare website based on Adult Social Care Workforce Data Set (ASC-WDS) 22/23.
Next update Oct 24

NHS Nottingham and Nottinghamshire

# Employment overview




## Full-time equivalent filled posts

The **FTE filled posts ratio** in

Nottingham and Nottinghamshire

is **0.77**

## Employment status


In 2022/23:

**18%**

of filled posts were **zero-hours contracts** (or **6,000 filled posts**).

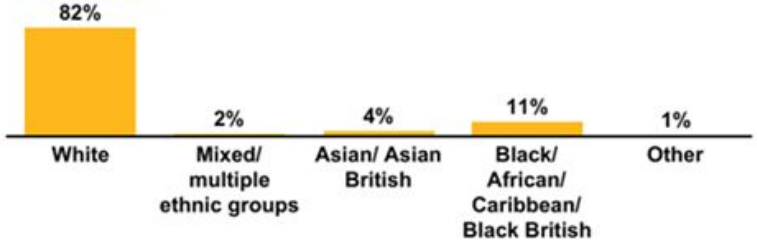

# Demographics

## Gender

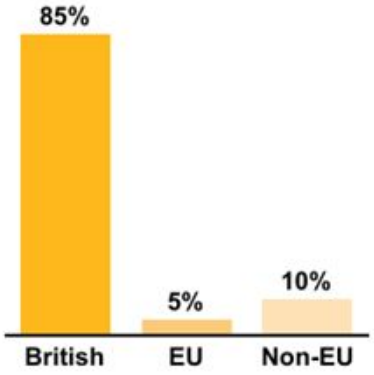
**82%** of the workforce were **female**

**18%** of the workforce were **male**

## Ethnicity



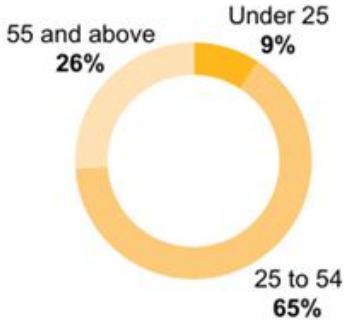

## Nationality (2022/23)




## Age

The average **age** was

**43 years old**

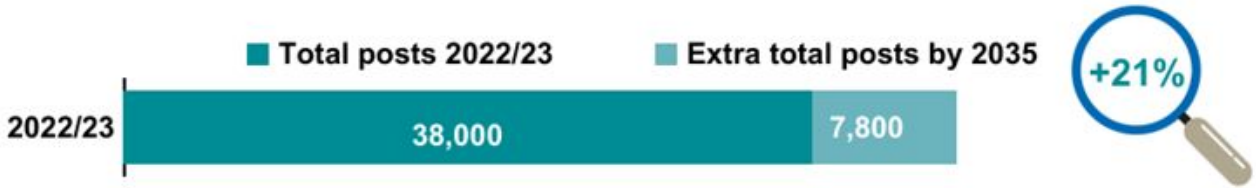



Data and visualisations taken from Skillsforcare website based on Adult Social Care Workforce Data Set (ASC-WDS) 22/23.
Next update Oct 24

# Workforce projections

NHS Nottingham and Nottinghamshire

This model projects the size of the workforce if it grows proportionally to the number of people aged 65 and over in the population. This workforce includes adult social care total posts employed by local authorities and the independent sector only. Posts employed by direct payment recipients and those in the NHS are not included.
Please note that demand due to replacing leavers will be in addition to the figures shown below.

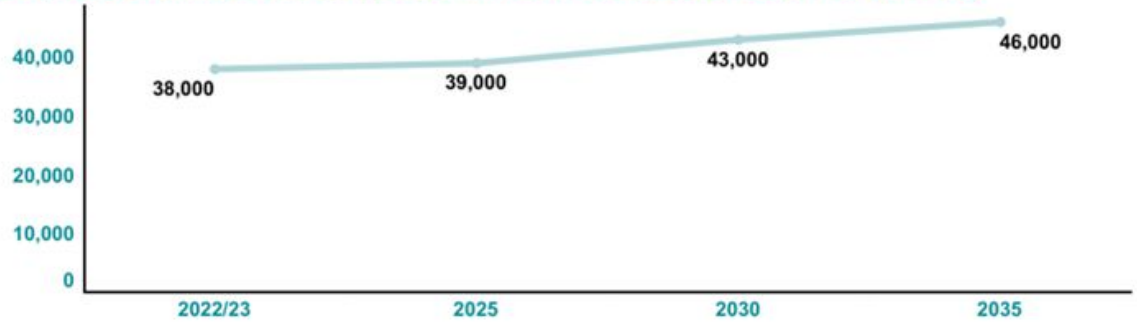



If the adult social care workforce grows proportionally to the projected number of people aged **65 and over** in the population then the number of adult social care filled posts will...

**increase by 21%**
**(7,800 total posts)**

**...to around**
**46,000 total posts by 2035**

**Projected number of total posts in adult social care required by 2035**



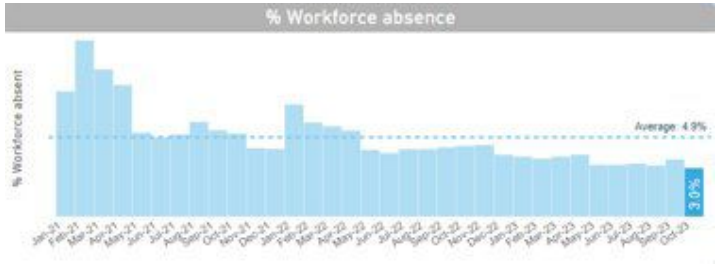

Data and visualisations taken from Skillsforcare website based on Adult Social Care Workforce Data Set (ASC-WDS) 22/23.
Next update Oct 24

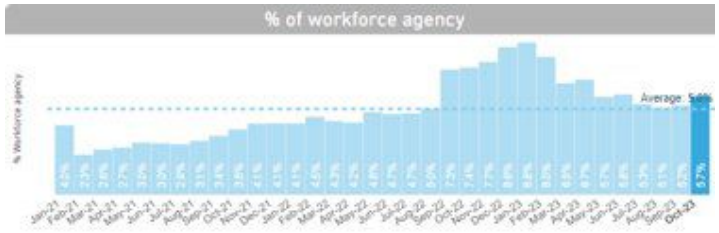
## 9.6 - Workforce – Exception Report Care Homes

### Workforce absence and agency staff

Monthly staff trend: All staff

| Aligned PBP | Employed | Absence | % | Agency | % |
|---|---|---|---|---|---|
| Bassetlaw | 1,643 | 28 | 1.7% | 108 | 6.2% |
| Mid Notts | 4,314 | 120 | 2.8% | 235 | 5.2% |
| Nottm City | 2,691 | 79 | 2.9% | 218 | 7.5% |
| South Notts | 4,663 | 174 | 3.7% | 247 | 5.0% |
| Total | 13,311 | 401 | 3.0% | 808 | 5.7% |




Care Home workforce absence is a currently 3% across all staff groups. This is lower than 5.2% during Oct 2021 and 4.4% during Oct 2022. For Oct 2023, nursing staff have the lowest reporting with only 8 out of 579 (1.4%) staff absences. Compared with Apr 23 reporting, overall CH staff employed has increased from 12,944 to 13,311 (2.8%).

As reported in Apr 23, Agency staff percentage is much reduced compared with Sep22-Mar23, possibly due to better reporting in the National Capacity Tracker. Work continues to contact services reporting higher numbers of agency staff to ensure correct reporting. Compared with Jan 23 reporting, overall CH agency staff has decreased from 1221 to 808 (-51%).

SAIU SYSTEM ANALYTICS INTELLIGENCE UNIT

Data and visuals taken from the Care Home & Home Care SIR October 2023 on the SAIU Portal

NHS
Nottingham and Nottinghamshire

# 10.0 Health Inequalities

ICS Aim 2: Tackle inequalities in outcomes, experience and access

- 10.1 – Health Inequalities Headlines
- 10.1a – Health Inequalities and Innovation Investment Fund Schemes
- 10.2a – Core20+5 Adults Scorecard
- 10.3 – A Neighbourhood Overview
- 10.4 – Severe Mental Illness Overview

# 10.1. - Health Inequalities Innovation and Investment Fund

NHS Nottingham and Nottinghamshire

## 23/24

**Health Inequalities Innovation and Investment Fund (HIIF)** – Nine schemes approved for 23/24 to a value of £4.8m recurrently. £140k funding has also been approved to support evaluation of the HIIF overall and the 23/24 schemes. A framework will be developed to support evaluation across future years, that aligns with the ICS strategy and the ICS outcomes framework.
Due to the current financial position of the ICB, non-committed spend in relation to the HIIF has been halted until April 2024. An EQIA and consideration process is being undertaken to ensure the impact of halting this spend is assessed appropriately. Health Inequalities remains a priority for the ICS and it is the intention to resume this spend in the new financial year.

**HIIF Schemes** – The schemes approved as part of the fund cover three core areas that align with the ICS Strategy and Joint Forward Plan and will impact on health inequalities. These include Severe Multiple Disadvantaged, Integrated Community Working and Best Start in Life. 10.1a provides more detail in relation to the population need and impact. Schemes are listed below and further information is provided on individual schemes on the subsequent slide.

| Severe Multiple Disadvantaged (SMD) | Integrated Community Working | Best Start in Life |
|---|---|---|
| • Nottingham City SMD Infrastructure and Delivery Model covering<br>• County Integrated Severe and Multiple Disadvantage Clinical Team | • Integrated Neighbourhood Teams – Bassetlaw<br>• Integrated Neighbourhood Teams – Mid Notts<br>• Integrated Neighbourhood Workiing – South Notts<br>• Co=designed Community Hypertension Case Finding | • Family Mentor Programme<br>• Childhood Vaccs and Imms in Nottingham City<br>• Obesity in Children and Young Poople |

## 24/25

The 23/24 criteria will continue as principles that underpin the HIIF. Innovation and equity are fundamental elements as part of this. Utilising feedback received from across partners, the ICS Health Inequalities Oversight Group will develop a proposal for criteria for 24/25 that will allow for a targeted approach taking into consideration the following:

- To focus on three principles of ICS Strategy – prevention, integration, equity
- To reflect the financial position for 24/25 recognising the high costs of emergency and unplanned care
- To support working differently
- To recognise the value in learning and the opportunity of a quality improvement approach
- Targeted to areas of greatest need which may be relevant to conditions and/or under-represented groups
- Recognising the opportunity for PBPs to support the collaborative element

## 10.2 Core20Plus5 Adults Scorecard Dec 2023

NHS Nottingham and Nottinghamshire

| KPI | Latest month | Measure | Target | Assurance | Varriation | Mean | Lower process limit | Upper process limit |
|---|---|---|---|---|---|---|---|---|
| Annual health checks for 60% of those living with SMI | Dec 23 | 4636 | 7029 | F | | 3629 | 1610 | 5649 |
| Uptake of Covid and Flu Vaccine in people with COPD | Dec 23 | 68% | 100% | F | H | 52% | 27% | 76% |
| Reduction of emergency admissions in people with COPD | Dec 23 | 5% | 0% | F | L | 6% | 2% | 9% |
| 75% of cancer cases diagnosed at stage 1 or 2 by 2028 | Jan 23 | 50% | 75% | F | | 53% | 50% | 56% |
| Reach 80% of expected hypertension diagnoses by 2029 | Dec 23 | 75% | 80% | F | H | 73% | 72% | 74% |
| Optimal treatment of high risk CVD (QRISK > 20% currently on statins) | Dec 23 | 74% | 80% | ? | H | 70% | 55% | 85% |
| | | | | | | | | |

- Continuity of care has been suspended nationally due to workforce challenges to implementation.
- Cancer staging data is only available from 2013 – 2020.
- Currently working with the SAIU to establish a set of new metrics for 2024 based on new NHSE Requirements

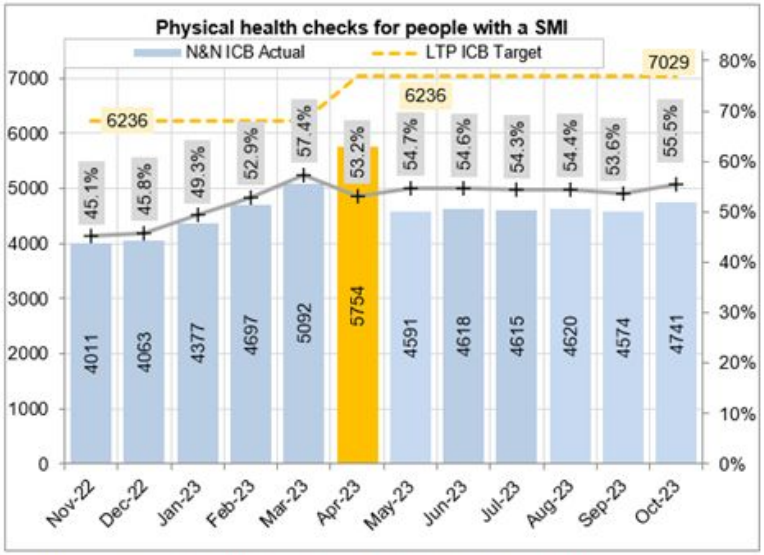
## 10.3 Preventing Ill Health and Reducing Health Inequalities – Neighbourhood Overview

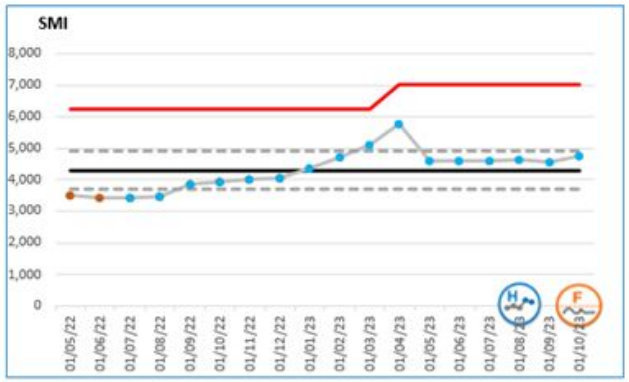
| PCN Neighbourhood | BACHS | Clifton & Meadows | Bulwell & Top Valley | Radford & Mary Potter | Nottingham City East | Bestwood & Sherwood | Ashfield North | Mansfield North | Rosewood | Ashfield South | Byron | Newgate | Larwood & Bawtry | Sherwood | Retford And Villages | City South | Eastwood/ Kimberley | Synergy Health | Newark | Stapleford | Arnold & Calverton | Arrow Health | Beeston | Rushcliffe North | Rushcliffe Central | Rushcliffe South |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of patients | 61,680 | 34,203 | 45,878 | 47,166 | 65,793 | 54,040 | 51,540 | 59,164 | 50,717 | 40,460 | 38,408 | 30,076 | 40,191 | 62,794 | 53,960 | 38,198 | 37,549 | 30,275 | 78,719 | 22,086 | 33,759 | 44,875 | 49,501 | 41,925 | 52,570 | 42,646 |
| IMD | 2.4 | 2.5 | 2.6 | 2.7 | 3.0 | 3.5 | 3.9 | 4.1 | 4.1 | 4.3 | 4.5 | 4.6 | 5.1 | 5.3 | 5.3 | 5.6 | 5.9 | 5.9 | 6.0 | 6.1 | 6.5 | 6.6 | 7.4 | 8.5 | 8.8 | 9.0 |
| Income | 2.5 | 2.9 | 2.7 | 3.5 | 3.2 | 3.5 | 4.1 | 4.5 | 4.5 | 4.3 | 4.3 | 5.1 | 5.4 | 5.5 | 5.8 | 5.9 | 5.5 | 5.4 | 6.3 | 5.7 | 5.9 | 6.0 | 6.6 | 7.8 | 8.0 | 8.2 |
| Employment | 2.4 | 2.9 | 2.4 | 4.1 | 3.2 | 3.4 | 3.3 | 3.6 | 3.8 | 3.6 | 4.1 | 4.0 | 4.5 | 4.4 | 4.9 | 5.9 | 4.6 | 5.0 | 5.8 | 5.3 | 5.1 | 5.4 | 6.6 | 7.5 | 7.9 | 8.1 |
| Education, Skills and Training | 2.6 | 2.2 | 2.5 | 2.7 | 3.2 | 4.6 | 3.1 | 3.3 | 3.4 | 3.2 | 3.3 | 4.1 | 4.5 | 4.3 | 4.9 | 6.0 | 4.7 | 5.0 | 5.4 | 4.9 | 5.5 | 5.7 | 6.9 | 7.8 | 9.4 | 8.2 |
| Health and Disability | 2.5 | 2.2 | 2.4 | 2.2 | 2.7 | 3.0 | 3.0 | 2.9 | 2.9 | 3.6 | 4.1 | 3.2 | 3.5 | 4.4 | 4.6 | 4.4 | 5.5 | 5.8 | 6.4 | 6.1 | 6.1 | 6.3 | 6.8 | 8.7 | 8.5 | 9.0 |
| Crime | 3.0 | 3.9 | 3.6 | 2.3 | 4.0 | 3.7 | 4.3 | 5.0 | 4.4 | 5.0 | 4.9 | 4.9 | 5.1 | 6.7 | 6.4 | 6.1 | 6.0 | 6.6 | 6.6 | 5.0 | 6.8 | 6.7 | 7.5 | 9.1 | 8.3 | 8.9 |
| Living Environment | 4.2 | 4.5 | 5.3 | 2.4 | 3.4 | 3.6 | 7.2 | 7.2 | 6.8 | 8.0 | 7.5 | 7.2 | 8.0 | 8.0 | 6.1 | 4.5 | 7.2 | 6.2 | 5.8 | 5.4 | 7.5 | 6.6 | 5.6 | 8.4 | 6.6 | 7.6 |
| Housing and Services | 4.9 | 4.7 | 4.9 | 3.8 | 4.7 | 6.0 | 6.7 | 6.4 | 6.5 | 7.0 | 6.4 | 6.9 | 6.6 | 6.5 | 5.1 | 5.2 | 8.4 | 7.7 | 5.7 | 9.3 | 7.3 | 7.4 | 8.4 | 6.4 | 7.9 | 7.3 |
| Obesity | 21.5% | 21.6% | 22.8% | 17.5% | 17.7% | 18.7% | 24.6% | 22.9% | 20.6% | 24.4% | 21.4% | 21.5% | 22.3% | 22.3% | 21.7% | 15.9% | 21.4% | 20.0% | 18.2% | 21.7% | 19.0% | 17.9% | 16.7% | 17.5% | 12.9% | 16.4% |
| Current smoker | 16.9% | 17.2% | 18.6% | 17.0% | 16.9% | 13.9% | 15.0% | 13.9% | 16.7% | 14.3% | 13.1% | 16.3% | 13.1% | 12.6% | 11.7% | 9.8% | 10.9% | 13.0% | 12.5% | 12.5% | 11.0% | 11.0% | 9.9% | 8.8% | 6.0% | 7.7% |
| Hypertension | 16.8% | 16.7% | 16.4% | 16.9% | 14.7% | 13.9% | 14.8% | 15.4% | 13.6% | 14.0% | 13.9% | 11.6% | 14.3% | 14.8% | 13.1% | 13.9% | 13.3% | 13.3% | 13.1% | 14.8% | 12.9% | 13.2% | 13.2% | 12.1% | 12.0% | 12.2% |
| Diabetes Type 2 | 7.9% | 7.2% | 7.1% | 10.4% | 7.3% | 6.2% | 6.4% | 6.3% | 6.2% | 6.4% | 6.0% | 6.0% | 6.6% | 6.0% | 5.4% | 5.4% | 5.6% | 5.1% | 4.8% | 5.8% | 4.9% | 4.8% | 5.0% | 4.0% | 4.2% | 4.0% |
| COPD | 3.1% | 3.0% | 3.0% | 2.2% | 2.7% | 1.9% | 2.4% | 2.3% | 2.4% | 2.4% | 2.2% | 3.3% | 3.2% | 2.2% | 1.9% | 1.6% | 1.9% | 1.7% | 1.4% | 1.9% | 1.6% | 1.4% | 1.5% | 1.3% | 1.0% | 1.0% |
| Heart Failure | 1.6% | 1.4% | 1.3% | 0.9% | 1.3% | 1.2% | 1.5% | 0.9% | 1.1% | 1.0% | 1.0% | 1.1% | 1.8% | 1.0% | 0.9% | 0.8% | 1.4% | 0.9% | 1.0% | 1.2% | 0.7% | 0.9% | 1.1% | 0.8% | 0.8% | 0.9% |
| Stroke | 1.6% | 1.7% | 1.6% | 1.4% | 1.5% | 1.5% | 1.4% | 1.3% | 1.3% | 1.3% | 1.4% | 1.2% | 1.4% | 1.4% | 1.1% | 1.2% | 1.3% | 1.4% | 1.1% | 1.0% | 1.4% | 1.2% | 1.2% | 1.2% | 1.1% | 1.1% |
| CHD | 3.6% | 3.6% | 3.5% | 4.2% | 3.3% | 3.3% | 3.5% | 3.4% | 3.5% | 3.2% | 3.1% | 2.8% | 3.6% | 3.5% | 2.7% | 3.3% | 3.1% | 2.9% | 2.8% | 3.0% | 2.8% | 2.7% | 2.7% | 2.6% | 2.6% | 2.4% |
| Cancer | 3.9% | 3.7% | 4.1% | 3.2% | 3.8% | 3.8% | 4.4% | 4.0% | 3.8% | 4.0% | 4.3% | 4.0% | 4.1% | 4.2% | 4.1% | 4.0% | 4.3% | 4.4% | 4.5% | 4.2% | 4.3% | 4.2% | 4.4% | 4.3% | 4.4% | 4.2% |
| Serious Mental Illness | 1.0% | 0.9% | 0.9% | 1.5% | 1.4% | 1.0% | 0.7% | 0.6% | 0.8% | 0.7% | 0.5% | 0.7% | 0.7% | 0.6% | 0.5% | 0.7% | 0.6% | 0.7% | 0.5% | 0.6% | 0.7% | 0.6% | 0.7% | 0.3% | 0.6% | 0.4% |
| Moderate/ Severe Frailty | 3.9% | 2.1% | 1.5% | 4.0% | 3.4% | 2.0% | 1.7% | 2.2% | 2.0% | 1.9% | 1.7% | 1.6% | 3.6% | 2.5% | 2.0% | 2.6% | 1.8% | 5.5% | 1.7% | 1.9% | 2.0% | 1.3% | 2.4% | 1.7% | 1.2% | 1.0% |
| NELs 1+ LOS (age-adjusted) -TOTAL | 8,004 | 8,400 | 8,227 | 8,869 | 7,730 | 7,076 | 7,586 | 7,295 | 7,291 | 7,312 | 7,496 | 5,917 | 6,427 | 6,726 | 5,246 | 6,975 | 6,991 | 6,653 | 5,698 | 6,637 | 6,453 | 6,400 | 6,141 | 5,811 | 5,126 | 5,169 |
| NELs 1+ LOS (age-adjusted) - Cancer | 282 | 267 | 309 | 300 | 265 | 226 | 210 | 200 | 206 | 220 | 263 | 188 | 187 | 169 | 218 | 232 | 240 | 202 | 187 | 267 | 266 | 278 | 176 | 215 | 224 | 207 |
| NELs 1+ LOS (age-adjusted) - CVD | 1,070 | 1,125 | 1,081 | 1,299 | 1,134 | 907 | 947 | 917 | 933 | 913 | 1,043 | 809 | 891 | 846 | 813 | 994 | 989 | 967 | 789 | 948 | 868 | 882 | 839 | 801 | 761 | 713 |
| NELs 1+ LOS (age-adjusted) - COPD | 576 | 542 | 550 | 465 | 360 | 379 | 447 | 382 | 366 | 401 | 448 | 316 | 382 | 336 | 233 | 279 | 302 | 305 | 209 | 288 | 327 | 281 | 192 | 130 | 83 | 119 |
| Avoidable deaths (age-adjusted) | 355 | 329 | 349 | 429 | 380 | 296 | 323 | 326 | 294 | 294 | 278 | 300 | 251 | 221 | 207 | 228 | 240 | 274 | 235 | 233 | 203 | 219 | 235 | 163 | 171 | 165 |
| Av deaths (age-adjusted) - Cancer | 92 | 97 | 109 | 97 | 90 | 89 | 99 | 106 | 87 | 85 | 89 | 91 | 85 | 61 | 78 | 54 | 72 | 84 | 80 | 74 | 74 | 83 | 69 | 64 | 56 | 65 |
| Av deaths (age-adjusted) - CVD | 103 | 110 | 93 | 124 | 107 | 92 | 77 | 93 | 68 | 84 | 78 | 88 | 63 | 66 | 57 | 61 | 76 | 70 | 64 | 60 | 54 | 65 | 64 | 39 | 56 | 43 |
| Av deaths (age-adjusted) - COPD | 23 | 19 | 21 | 32 | 26 | 17 | 26 | 19 | 27 | 17 | 17 | 12 | 17 | 11 | 14 | 18 | 8 | 16 | 9 | - | 9 | - | 10 | - | - | - |
| Median age of death | 78 | 83 | 80 | 74 | 76 | 81 | 80 | 79 | 81 | 79 | 81 | 80 | 81 | 81 | 82 | 82 | 81 | 81 | 81 | 80 | 83 | 83 | 84 | 83 | 84 | 84 |

This table provides a breakdown to neighbourhood level on deprivation, risk factors and contributors to health inequalities. This is a high level view that is supported by more detailed analysis to understand the complexities in relation to health inequalities. Understanding the complexities is important in order to identify disparities and define how best to target resources.

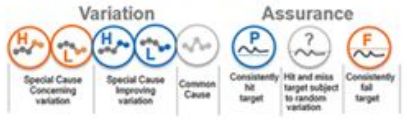
## 10.4 Severe Mental Illness Performance Overview

| | Standard | Most Recent 12 Months Performance - Physical Health Check for people with a SMI | | | | | | | | | | | | Performance Direction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | |
| N&N ICB | 7029 2023/24 (Incl. Bassetlaw) | 4011 | 4063 | 4377 | 4697 | 5092 | **5754 | 4591 | 4618 | 4615 | 4620 | 4574 | 4741 | ↑ |




Bassetlaw data included May 22 onwards




** Data quality issues with data in April 2023 (patients in remission included)

| | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | ** Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mid-Notts ICP | 1097 | 1103 | 1193 | 1248 | 1350 | 1542 | 1194 | 1212 | 1178 | 1188 | 1201 | 1251 |
| % | 48.7% | 49.0% | 53.0% | 55.5% | 60.5% | 56.1% | 57.6% | 56.5% | 54.9% | 55.4% | 55.9% | 58.3% |
| Nottingham City ICP | 1407 | 1422 | 1509 | 1682 | 1834 | 1974 | 1645 | 1670 | 1702 | 1708 | 1666 | 1732 |
| % | 40.0% | 40.5% | 43.0% | 47.7% | 52.0% | 47.9% | 49.3% | 49.4% | 50.2% | 50.5% | 49.2% | 51.0% |
| South Notts ICP | 1144 | 1164 | 1260 | 1324 | 1386 | 1662 | 1269 | 1261 | 1275 | 1275 | 1263 | 1309 |
| % | 49.4% | 50.3% | 54.6% | 57.5% | 60.3% | 56.0% | 57.5% | 56.4% | 56.9% | 57.0% | 55.9% | 57.8% |
| Bassetlaw ICP | 363 | 374 | 415 | 443 | 522 | 576 | 483 | 475 | 460 | 449 | 444 | 448 |
| % | 45.1% | 46.8% | 51.7% | 55.1% | 64.7% | 59.3% | 62.7% | 64.8% | 62.9% | 61.9% | 60.7% | 61.2% |
| ICB (Incl. Bassetlaw) | **4011** | **4063** | **4377** | **4697** | **5092** | **5754** | **4591** | **4618** | **4615** | **4620** | **4574** | **4741** |
| % | **45.1%** | **45.8%** | **49.3%** | **52.9%** | **57.4%** | **53.2%** | **54.7%** | **54.6%** | **54.3%** | **54.4%** | **53.6%** | **55.5%** |
| ICB Target 2022/23 | 6236 | 6236 | 6236 | 6236 | 6236 | 7029 | 7029 | 7029 | 7029 | 7029 | 7029 | 7029 |
| ICB % of Target Achieved | 64.3% | 65.2% | 70.2% | 75.3% | 81.7% | 81.9% | 65.3% | 65.7% | 65.7% | 65.7% | 65.1% | 67.4% |

The target number of checks for completion in 2023/24 is 7029. The figures are monitored on a 12-month rolling basis which can lead to fluctuation in the figures. The most recent data from 1st Dec 2023 shows 4636 completed checks. This is an approx 600 increase in comparison to Dec 2022. Performance is greatest in Bassetlaw and lowest in Nottingham City.

## 10.4 Severe Mental Illness (SMI) Overview

*SMI refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as SMI.*

### SMI ICS Population

As of Dec 2023, there are 8,509 people diagnosed with SMI across the ICS.
40% of patients with SMI are within CORE20 populations, 52% of people with SMI in CORE20 populations have a completed check in the last 12 months.
66% of people on the register in total have a had a completed check.
There is an overrepresentation of people from a Black African/Caribbean ethnicity and those who are White Irish Gypsy or Travellers with SMI.

### SMI and Health Inequalities

People with SMI are at a greater risk of poor physical health and have a higher premature mortality than the general population, on average people with SMI die 15 to 20 years earlier than the general population.
It is estimated that for people with SMI, 2 in 3 deaths are from physical illnesses that can be prevented. Major causes of death in people with SMI include chronic physical medical conditions such as cardiovascular disease, respiratory disease, diabetes and hypertension.
Increasing uptake of the SMI Annual Health Check is a key target of the NHS Core20Plus5 approach to reducing health inequalities. The SMI Annual Health Check aims to detect markers of physical illness early by monitoring blood pressure, smoking status, alcohol intake as well as blood glucose & cholesterol checks.

## Key Actions & Initiatives

**SMI LES 2023/24**
LES offered to all GP practices across the ICS for 2023/24, £30 per check paid quarterly. 99% uptake. Uptake in completed checks increased 5% between 2021 & 22. A proposal is currently being considered to continue the LES in 2024 to 2026.

**Nottingham City Focus**
City has the lowest percentage of checks completed yet has a higher proportion of SMI Patients. Equity applied to Nottingham City by implementing additional resources. Additional Health Improvement Worker being recruited for Jan start to support lowest performing PCN. 1.6FTE Peer Support Workers for follow up intervention. Event held Oct 23 to engage professionals and those with lived experience.

**Service Refresh - Health Improvement Workers (HIW)**
Review of HIW roles took place earlier this year. The review highlighted variation in understanding and awareness of the roles. This is being addressed during PCN engagement in Q3. A refresh of the Health Improvement Worker model is being undertaken to ensure a more targeted approach in Q4, which will include prioritisation of under performing PCNs and patients with partial checks completed by the Health Improvement Workers

**Follow Up Intervention Pilot**
Gaps in behaviour support services to help patients with their physical health have been identified. Healthy Lifestyle bespoke offer for Bassetlaw patients provided by ABL is being piloted to address this. Evaluation and learning to take place before further roll out. This is due to take place in Q4 2023/24.

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# 11.0 NHS Oversight Framework

ICS Aim 2: Tackle inequalities in outcomes, experience and access

## 11.1 – ICB Summary Highest and Lowest Quartile Performance Areas

# 11.1 – NHS Oversight Framework – ICB Summary Highest and Lowest Quartile Performance Areas

– National Benchmark data @22nd November 2023

NHS Nottingham and [illegible]hire

## Quality of care, access and outcomes

(35 out of 38 metrics populated @22.11.2023)

**Lower Quartile Areas**:

- A&E - percentage of patients managed within 4 hours (ICB)
- Diagnostic activity waiting times - percentage of patients not seen within 6 weeks (DM01 - Only MRI, CT, NOU, Echo, Colonoscopy, FlexiSig, Gastro) (ICB & NNICB)
- Inpatients with a learning disability and/or autism per million head of population (ICB)
- GP appointments - percentage of regular appointments within 14 days (NNICB & BICB)
- Inappropriate adult acute mental health placement out of area placement bed days (NNICB)
- Access rate for IAPT services (BICB)
- Clostridium difficile infection rate (BICB)

**Higher Quartile Areas:**

- Total patients waiting more than 65 weeks to start consultant led treatment (ICB)
- Number of children and young people accessing mental health services as a % of population (ICB)
- Dementia diagnosis rate (ICB & BICB)
- Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours (ICB)
- Methicillin resistant Staphylococcus aureus (MRSA) bacteraemia infection rate (ICB & NNICB)
- Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care (ICB & BICB)
- Adult general and acute type 1 bed occupancy (adjusted for void beds) (ICB)
- Proportion of patients meeting the faster cancer diagnosis standard (BICB)
- Inappropriate adult acute mental health placement out of area placement bed days (BICB)

## Preventing ill-health and reducing inequalities

(7 out of 7 metrics populated @ 22.11.2023)

**Lower Quartile Areas**:

- Population vaccination coverage: MMR for two doses (5 year olds) (ICB)

**Higher Quartile Areas:**

## People

(14 out of 14 metrics populated @ 22.11.2023)

**Lower Quartile Areas:**

- Sickness absence rate (ICB)

**Higher Quartile Areas:**

- Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers (ICB)
- Leaver rate (ICB)

## Finance and Use of Resources

(0 out of 4 metrics populated @ 22.11.2023)

**Finance Metrics Identified in NOF:**

- MHIS – **Achieved**
- Finance Efficiency – **under plan**
- Financial Sustainability – **under plan**
- Agency Cap – **over plan**

## Leadership & Capability

(0 out of 0 metric populated @ 22.11.2023)

There are no ICB Leadership & Capability metrics in the 2023/24 NHSOF

## Local Strategic Priorities

(No specific metrics)

- NUH - Maternity
- NHT – CQC, Well led, Staffing, Governance
- Financial Sustainability – Recurrent exit position
- Elective Recovery – activity v 19/20

**62 of the metrics have been populated as at 22nd November 2023.**

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# Appendices

i – ICS Assurance Escalation Framework

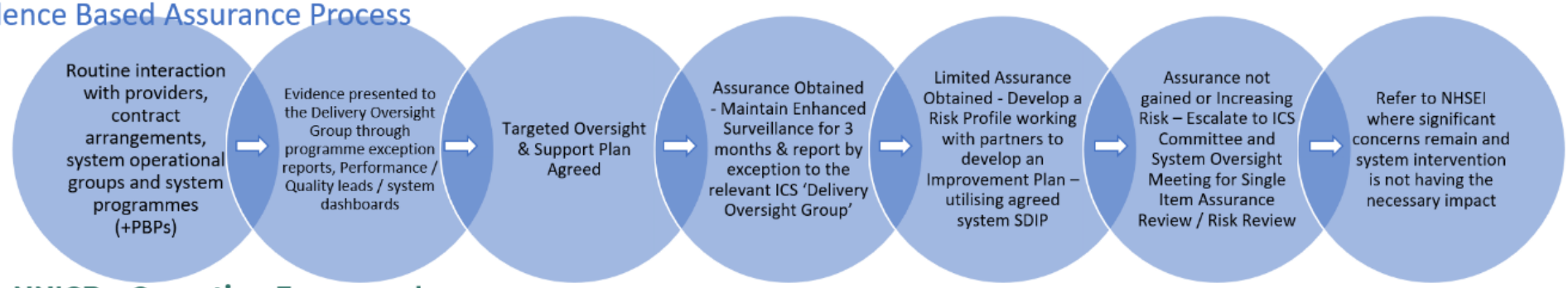
ii - Key to Variation and Assurance Icons (SPC) iii - Glossary of Terms

## i – ICS Escalation Framework

Each key deliverable programme or oversight group will propose a level of assurance, aligned to **the escalation framework**, following discussion of reported metrics and key milestones at each group. This approach is still being developed and rolled out across the ICB. The 4 levels are as follows:

| Oversight Monitoring Level | 1. Routine | 2. Further Information Required | 3. Enhanced | 4. Escalated Risk |
|---|---|---|---|---|
| **What does this mean? What is the assessment of risks relating to delivery / quality** | | | | |
| | No Specific areas of concern identified | Potential for concern. Key milestones not achieved. More information required to determine level of risk | Delivery or quality concerns identified | Serious, specific risk to delivery or quality identified, including where there is a need to act rapidly to protect patients or staff |
| **What actions may be taken by the relevant 'Delivery Oversight Group' in response to this assessment** | | | | |
| | Actions to be taken by Relevant Delivery Oversight Group | Agree route to follow up to gain necessary information to assess risk and agree who will lead | Agree actions, and schedule for discussion at each 'Delivery Oversight Group' until concerns are resolved | Trigger Escalation Single Subject Review/ Deep Dive / Risk Summit |

### Evidence Based Assurance Process




**NNICB – Operating Framework**

# ii – Key to Variation & Assurance Icons (SPC) and Assurance Escalation Framework

NHS Nottingham and Nottinghamshire

This performance report incorporates Statistical Process Control (SPC) charts, which plot data over time around a centre line (the average). They help us to understand variation which guides us to make appropriate decisions.
The Upper Control Limit (UCL) and Lower Control Limit (LCL) are derived by the variability of the data. It is expected that 99% of data points will fall within the process limits (probability) and SPC are therefore useful to identify / consider how likely it is that the target will be achieved.

The **Variation Icons** are derived from the movement of the actuals, either as an indication of run rate over 6 data points, or against the mean (higher or lower than the mean), showing whether the process is improving, deteriorating or having no significant change.

The **Assurance Icons** are derived from the position of the Lower Control Limit against the plan or standard – and the confidence level that provides as to whether the target or plan is expected to be achieved in the future. If the plan or target is higher than the lower control limit this will indicate 'inconsistent' passing or falling short. If plan or target is lower than the lower control limit this indicates that the target is being consistently passed. If the plan is higher than the higher control limit, this will indicate consistent falling short.

Essentially, the assurance icon is all about the future not the past. We don't need SPC to tell us whether we've hit our target in the past, we know if we have or not and we can report on that as is customary. However that approach doesn't give much assurance about what happens in future. Even if we've consistently missed our target for the past 10 months, what's the likelihood that we will do so again next month? Traditional reporting does not have an answer for that but SPC does. SPC charts allow us to see how the process we are monitoring is behaving. We can therefore use the mean and limits to 'predict' future performance which is what the assurance icon does.

| **Variation** | | | **Assurance** (capability of meeting target) | | |
|---|---|---|---|---|---|
| | | | ? | P | F |
| **Common Cause -** no significant change<br>Up/Down arrow no special cause | **Special Cause** of *concerning* nature or *higher pressure* due to (H)igher or (L)ower values | **Special Cause** of *improving* nature or lower *pressure* due to (H)igher or (L)ower values | Variation indicates ***inconsistent*** passing or falling short of target - random | Variation indicates ***consistently (P)assing*** the target | Variation indicates ***consistently (F)alling short*** of the target |

Blue lines on the charts represent the operational plan for 2022/23
Red Lines on the charts represent a required target position

**Exception Reporting Rules**

'Exception Reports' will be triggered if:

- An 'Orange' Variation icon or a 'Falling' short Assurance icon
- A Special Cause Variation (positive or negative)
- An area of escalation proposed via a sub-committee
- An area of escalation highlighted through the Executive Director from ICS Oversight Groups
- An area of escalation relating to sub-organisational level concerns

**Further Reading / other resources**
The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes are number of videos explaining the approach and a series of case studies – these can be accessed via the following link - https://improvement.nhs.uk/resources/making-data-count

# iii – Glossary of Terms

| Acronym | Meaning | Acronym | Meaning | Acronym | Meaning | Acronym | Meaning |
|---|---|---|---|---|---|---|---|
| A&E | Accident & Emergency | FD | Finance Director | NEMS | Nottinghamshire Emergency Medical Services | SDMF | Strategic Decision Making Framework |
| A&E | Accident & Emergency Delivery Board | FOT | Forecast Out-Turn | NHP | New Hospitals Programme | SEG | System Executive Group |
| AMH | Anit-Mullerian Hormone | G&A | General & Acute | NHSE | NHS England | SFH | Sherwood Forest Hospitals Foundation Trust |
| BAU | Business as Usual | GI | Gastro-intestinal (often referred to as Upper GI or Lower GI) | NHT / NHC | Nottinghamshire Healthcare NHS Trust | SLA | Service Level Agreement |
| Blaw | Bassetlaw | HEE | Health Education England | NICE | National Institute for Health & Care Excellence | SMI | Severe Mental Illness |
| BLM | Back-log Maintenance | HFID | Hospital First Integrated Discharge | NNICB | Nottingham & Nottinghamshire ICB | SOF | System Oversight Framework |
| CAMHS | Child & Adolescent Mental Health Services | HLE | Healthy Life Expectancy | NRC | National Rehabilitation Centre | SOP | Standard Operating Procedure |
| CCG | Clinical Commissioning Group | IAPT | Improving Access to Psychological Therapies | NUH | Nottingham University Hospitals | SPC | Statistical Process Control |
| CDC | Community Diagnostic Centre | IBN | Information Breach Notice | OAPs | Out of Area Placements | SRO | Senior Responsible Officer |
| CDEL | Capital Departmental Expenditure Limits | ICATT | Intensive Community Assessment & Treatment Teams | OBD | Occupied Bed Days | TIF | Targeted Investment Fund |
| CDU | Clinical Decision Making Unit | ICB | Integrated Care Board | OOA | Out of Area | UEC | Urgent & Emergency Care |
| CHC | Continuing Health Care | ICP | Integrated Care Partnership | OP | Out Patients | UTC | Urgent Treatment Centre |
| CoP | Court of Protection | ICS | Integrated Care System | PBP | Place Based Partnerships | WTE | Whole Time Equivalents |
| CT | Computed Tomography | IPC | Infection prevention control | PCIT | Primary Care Information Technology | YOC | Year of Care |
| CV | Contract Variation | IR | Identification Rules | PCN | Primary Care Networks | YTD | Year to Date |
| CYP | Children & Younger People | IS | Independent Sector | PDC | Public Dividend Capital | | |
| D2A | Discharge to Assess | JSNA | Joint Strategic Needs Assessment | PFDS | Public Facing Digital Services | | |
| DC | Day Case | KMH | Kings Mill Hospital | PFI | Private Finance Initiative | | |
| DDAT | Digital, Data, Analytics and Technology | LD | Learning Disabilities | PHM | Population Health Management | | |
| DHSC | Department of Health and Social Care | LD&A | Learning Disabilities & Autism | PHSMI | Physical Health check for Severe Mental Ill patients | | |
| DST | Decision Support Tool | LINAC | Linear Accelerator | PICU | Psychiatric Intensive Care Unit | | |
| DTT | Diagnosis to Treatment Time | LoS | Length of Stay | PID | Project Initiation Document | | |
| EBUS | Endobronchial Ultrasound | MAS | Memory Assessment Service | PIFU | Patient Initiated Follow Ups | | |
| ED | Emergency Department | MHIS | Mental Health Investment Standard | POD | Prescription Ordering Direct | | |
| EIP | Early Intervention Psychosis | MHST | Mental Health Support Team | PoD | Point of Delivery | | |
| EL | Electives | MNR | Maternity & Neonatal Redesign | PTL | Patient Targeted List | | |
| EMAS | East Midlands Ambulance Service NHS Trust | MOU | Memorandum of Understanding | QDCU | Queens Day Case Unit | | |
| EMCA | East Midlands Cancer Alliance | MRI | Magnetic Resonance Imaging | QMC | Queens Medical Centre | | |
| EMNNODN | East Midlands Neonatal Operational Delivery Network | MSFT | Medically Safe for Transfer | R&D | Research & Development | | |
| EOL | End of Life | N&N | Nottingham & Nottinghamshire | R&I | Research & Innovation | | |
| ERF | Elective Recovery Funding | NCSO | No Cheaper Stock Obtainable (prescribing) | RAG | Red, Amber & Green | | |
| ESRF | Elective Services Recovery Funding | NEL | Non-Electives | RTT | Referral to Treatment Times | | |

| | |
|---|---|
| **Meeting Title:** | Integrated Care Board (Open Session) |
| **Meeting Date:** | 11/01/2024 |
| **Paper Title:** | **2023/24 Board Annual Work Programme** |
| **Paper Reference:** | ICB 23 087 |
| **Report Author:** | Lucy Branson, Associate Director of Governance |
| **Report Sponsor:** | Kathy McLean, ICB Chair |
| **Presenter:** | - |

| **Paper Type:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| For Assurance: | | For Decision: | | For Discussion: | | For Information: | ✓ |

| **Summary:** |
|---|
| The purpose of this item is to provide the Board's Annual Work Programme (AWP) 2023/24 for Member's information at each meeting. |

| **Recommendation(s):** |
|---|
| The Board Annual Work Programme 2023/24 is provided for information only. |

| **How does this paper support** | **the ICB's core aims to:** |
|---|---|
| Improve outcomes in population health and healthcare | This item relates to the governance and decision-making arrangements for the ICB, which will support the delivery of its core aims. |
| Tackle inequalities in outcomes, experience and access | As above. |
| Enhance productivity and value for money | As above. |
| Help the NHS support broader social and economic development | As above. |

| **Appendices:** |
|---|
| Appendix A: Board Annual Work Programme 2023/24 |

| **Board Assurance Framework:** |
|---|
| Not applicable. |

| **Report Previously Received By:** |
|---|
| Not applicable. |

| **Are there any conflicts of interest requiring management?** |
|---|
| No. |

| **Is this item confidential?** |
|---|
| No. |

NHS Nottingham and Nottinghamshire

# Board Work Programme 2023/24

***"Every person enjoying their best possible health and wellbeing"***

Our aims: to **improve outcomes** in population health and healthcare; **tackle inequalities** in outcomes, experiences and access; enhance **productivity and value for money**; and support broader **social and economic development**.

Our guiding principles: **prevention** is better than cure; **equity** in everything; and **integration** by default.

**Our core values:**

- We will be open and honest with each other.
- We will be respectful in working together.
- We will be accountable, doing what we say we will do and following through on agreed actions.
- We will challenge each other if we fall short of upholding our aims and guiding principles.
- We will work with our population and put their needs at the heart of the ICS.

| Agenda item (and purpose) | 11 May | 13 Jul | 14 Sep | 9 Nov | 11 Jan | 14 Mar | 28 Mar *(Extra-ordinary)* |
|---|---|---|---|---|---|---|---|
| **Leadership** | | | | | | | |
| **Chair's Report**<br>To present a summary briefing for Board members of the Chair's reflections, actions and activities since the previous Board meeting. As appropriate, this will include updates on key governance developments, and on an annual basis this will present the Board's Annual Work Programme and include a review of the skills, knowledge and experience of Board members (when taken together) to ensure the Board can effectively carry out its functions.<br>*Item sponsor: Kathy McLean, Chair* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | - |
| **Chief Executive's Report**<br>To present a summary briefing on recent local and national developments and areas of interest for Integrated Care Boards (ICBs) and the wider Integrated Care System (ICS), along | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | - |

| Agenda item (and purpose) | 11 May | 13 Jul | 14 Sep | 9 Nov | 11 Jan | 14 Mar | 28 Mar *(Extra-ordinary)* |
|---|---|---|---|---|---|---|---|
| with key updates from system partners, including the Integrated Care Partnership and Health and Wellbeing Boards.<br>The report will include key updates regarding the ICB's workforce on a periodic basis, including NHS staff survey results, WRES, gender pay gap, and wider workforce indicators.<br>As appropriate, the report may also include specific items requiring approval or for noting by Board members.<br>On a quarterly basis, the reports will include the latest segmentation ratings under the NHS Outcomes Framework.<br>*Item sponsor: Amanda Sullivan, Chief Executive* | | | | | | | |
| **ICS Partnership Agreement**<br>To secure Board commitment to the refreshed ICS Partnership Agreement.<br>*Item sponsor: Amanda Sullivan, Chief Executive* | - | - | ✓ | ✓ | - | - | - |
| **Health inequalities and outcomes** | | | | | | | |
| **Joint Forward Plan**<br>To present the ICB's Joint Forward Plan for approval (prepared with partner NHS trusts and NHS foundation trusts) setting out how the ICB will exercise its functions over the next five years.<br>The Joint Forward Plan will be subject to an annual review and refresh, which will be presented in March 2024.<br>*Item sponsor: Lucy Dadge, Director of Integration* | - | ✓ | - | - | - | ✓ | - |
| **Joint Forward Plan – Delivery Updates**<br>To present strategic delivery updates on the four key areas that provide the greatest opportunity to improve population health and achieve the ICS principles of principles of integration, equity and prevention, as defined within the Joint Forward Plan:<br>• Timely access and early diagnosis for cancer and elective care<br>• Improving navigation and flow to reduce emergency pressures<br>• Proactive management of long-term conditions and frailty<br>• Prevention: Reducing illness and disease prevalence | - | - | - | - | ✓ | ✓ | - |

| Agenda item (and purpose) | 11 May | 13 Jul | 14 Sep | 9 Nov | 11 Jan | 14 Mar | 28 Mar *(Extra-ordinary)* |
|---|---|---|---|---|---|---|---|
| The updates will also consider the steps the ICB has taken to implement the Joint Local Health and Wellbeing Strategies.<br>*Note: focussed strategic updates on Mental Health Services and Children and Young People Services are also being scheduled for the 2024/25 work programme.*<br>*Item sponsors: Lucy Dadge, Director of Integration and Dave Briggs, Medical Director* | | | | | | | |
| **Delivery Plan for Recovering Access to Primary Care**<br>To present a system level primary care access recovery plan for approval and subsequent oversight of delivery.<br>The November paper will also include an update on progress in delivering the ICB's Primary Care Strategy.<br>*Item sponsor: Dave Briggs, Medical Director* | - | - | - | ✓ | - | ✓ | - |
| **People Plan**<br>To present a strategic update on the delivery of the ICS People Plan.<br>*Item sponsor: Rosa Waddingham, Director of Nursing* | - | - | ✓ | - | - | - | - |
| **Digital, Data and Technology Strategy**<br>To present a strategic update on the delivery of the ICS Digital, Data and Technology Strategy.<br>*Item sponsor: Dave Briggs, Medical Director* | - | - | - | ✓ | - | - | - |
| **Green Plan**<br>To present a strategic update on the delivery of the ICS Green Plan.<br>*Item sponsor: Stuart Poynor, Director of Finance* | - | - | - | - | ✓ | - | - |
| **Research Strategy**<br>To present an ICS Research Strategy for approval.<br>*Item sponsor: Dave Briggs, Medical Director* | - | - | - | - | - | ✓ | - |
| **Infrastructure Strategy**<br>To present an ICS Infrastructure strategy for approval.<br>*Note: This report is shown for completeness and will be presented in May 2024.* | - | - | - | - | - | - | - |

| Agenda item (and purpose) | 11 May | 13 Jul | 14 Sep | 9 Nov | 11 Jan | 14 Mar | 28 Mar *(Extra-ordinary)* |
|---|---|---|---|---|---|---|---|
| *Item sponsor: Stuart Poynor, Director of Finance* | | | | | | | |
| **2024/25 Annual Budget**<br>To present the ICB's annual budget for approval.<br>*Item sponsor: Stuart Poynor, Director of Finance* | - | - | - | - | - | - | ✓ |
| **2024/25 Joint Capital Resource Use Plan**<br>To present the Joint Capital Resource Use Plan for approval (prepared with partner NHS trusts and NHS foundation trusts).<br>*Item sponsor: Stuart Poynor, Director of Finance* | - | - | - | - | - | - | ✓ |
| **Developing our Integrated Care System**<br>To present updates on the strategic development of Place Based Partnerships and the Provider Collaborative at scale. | | | | | | | |
| • South Nottinghamshire Place-Based Partnership | ✓ | - | - | - | - | - | - |
| • Nottingham and Nottinghamshire Provider Collaborative as Scale | - | ✓ | - | - | - | - | - |
| • Mid Nottinghamshire Place-Based Partnership | - | - | ✓ | - | - | - | - |
| Future reporting requirements will be determined following receipt of the final scheduled update in September and in light of the developing ICB Operating Model.<br>*Note: Nottingham City Place-Based Partnership and Bassetlaw Placed-Based Partnership presented during 2022/23, in January and March 2023, respectively.* | | | | | | | |
| **NHS England Delegations**<br>To receive strategic updates in relation to NHS England's ongoing programme of delegating commissioning functions. This will include consideration of pre-delegation assessments and approval of associated post-delegation governance arrangements.<br>*Note: The illustrated timeline for this work during 2023/24 is indicative and subject to change in line with NHS England requirements.*<br>*Item sponsor: Amanda Sullivan, Chief Executive* | - | - | - | - | ✓ | - | ✓ |
| **Population Health Management (PHM) Outcomes Framework** | ✓ | - | ✓ | - | - | ✓ | - |

| Agenda item (and purpose) | 11 May | 13 Jul | 14 Sep | 9 Nov | 11 Jan | 14 Mar | 28 Mar *(Extra-ordinary)* |
|---|---|---|---|---|---|---|---|
| To receive strategic updates on the development and implementation of the PHM Outcomes Framework.<br>*Item sponsor: Dave Briggs, Medical Director* | | | | | | | |
| **Assurance and system oversight** | | | | | | | |
| **Highlight Reports from the Finance and Performance Committee, Quality and People Committee, Strategic Planning and Integration Committee, Audit and Risk Committee, Remuneration Committee and East Midlands Joint Committees**<br>To present an overview of the work of the Board's committees to provide assurance that the committees are effectively discharging their delegated duties and to highlight key messages for the Board's attention. This includes the committees' assessments of the levels of assurance they have gained from the items received and the actions instigated to address any areas where low levels of assurance have been provided. Also included is a summary of the high-level operational risks currently being oversighted by the committees, and on an annual basis the outcome of a review of committee effectiveness will be included, following consideration by the Audit and Risk Committee.<br>*Item sponsors: Stephen Jackson, Non-Executive Director, Professor Marios Adamou, Non-Executive Director, Jon Towler, Non-Executive Director, Caroline Maley, Non-Executive Director and Amanda Sullivan, Chief Executive* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | - |
| **Performance Reports**<br>To present progress against the key performance targets across finance, service delivery, and quality and workforce, and to note key developments and actions being taken to address performance issues.<br>Delivery of the 2023/24 Operational and Financial Plans will be monitored via the Performance Reports.<br>*Item sponsors: Stuart Poynor, Director of Finance, Lucy Dadge, Director of Integration, Dave Briggs, Medical Director and Rosa Waddingham, Director of Nursing* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | - |
| **Commissioning Report**<br>To present relevant updates to the Board regarding developments and decisions across the ICB's commissioning portfolio, including commissioning functions delegated by NHS England | - | - | - | - | - | ✓ | - |

| Agenda item (and purpose) | 11 May | 13 Jul | 14 Sep | 9 Nov | 11 Jan | 14 Mar | 28 Mar *(Extra-ordinary)* |
|---|---|---|---|---|---|---|---|
| to the ICB. This is a new reporting requirement identified during 2023/24 that will commence from March 2024 onwards. | | | | | | | |
| **Board Assurance Framework**<br>To present the opening, mid-year and year-end position of the Board Assurance Framework. This will include annual approval of the ICB's strategic risks.<br>*Item sponsor: Rosa Waddingham, Director of Nursing* | ✓ | - | - | ✓ | - | - | - |
| **Risk Management Policy**<br>To present the ICB's Risk Management Policy for approval, including a refreshed approach to the ICB's risk appetite following Board development discussions.<br>*Item sponsor: Rosa Waddingham, Director of Nursing* | - | - | ✓ | - | - | - | - |
| **Working with People and Communities**<br>To present an annual report on the ICB's arrangements for working with people and communities. This will be reviewed by the Strategic Planning and Integration Committee prior to presentation to Board.<br>*Item sponsor: Amanda Sullivan, Chief Executive* | - | - | ✓ | - | - | - | - |
| **Emergency Preparedness, Resilience and Response (EPRR) Annual Report**<br>To present an annual report on the ICB's arrangements for meeting its responsibilities as a category one responder under the Civil Contingencies Act. This will be reviewed by the Audit and Risk Committee prior to presentation to Board.<br>*Item sponsor: Lucy Dadge, Director of Integration* | - | - | - | - | - | ✓ | - |
| **HealthWatch Report**<br>To receive a report from HealthWatch Nottingham and Nottinghamshire on the views of people who use health and social care services, particularly those whose voice is not often listened to.<br>*Item sponsor: Amanda Sullivan, Chief Executive* | - | - | - | - | - | ✓ | - |
| **Meeting the Public Sector Equality Duty** | - | - | - | - | - | - | - |

| Agenda item (and purpose) | 11 May | 13 Jul | 14 Sep | 9 Nov | 11 Jan | 14 Mar | 28 Mar *(Extra-ordinary)* |
|---|---|---|---|---|---|---|---|
| To present an annual report on the ICB's arrangements for meeting the Public Sector Equality Duty. This will be reviewed by the Quality and People Committee prior to presentation to Board.<br>*Note: This report is shown for completeness and will be presented in May 2024.*<br>*Item sponsor: Rosa Waddingham, Director of Nursing* | | | | | | | |
| **Senior Information Risk Owner (SIRO) Annual Report**<br>To present an annual report on the ICB's data security and protection arrangements. This will be reviewed by the Audit and Risk Committee prior to presentation to Board.<br>*Note: This report is shown for completeness and will be presented in May 2024.*<br>*Item sponsor: Dave Briggs, Medical Director* | - | - | - | - | - | - | - |
| **Research Annual Report**<br>To present an annual report on the ICB's arrangements for the promotion of research and use of research evidence.<br>*Note: This report is shown for completeness and will be presented in 2024/25.*<br>*Item sponsor: Dave Briggs, Medical Director* | - | - | - | - | - | - | - |
| **VCSE Alliance Report**<br>To receive a report summarising the work of the VCSE Alliance.<br>*Note: This report is shown for completeness and will be presented in May 2024.*<br>*Item sponsor: Amanda Sullivan, Chief Executive* | - | - | - | - | - | - | - |

**Development Session Work Programme**

| Topic | 13 Apr | 8 June | 12 Oct | 14 Dec | 8 Feb | 11 Apr |
|---|---|---|---|---|---|---|
| • Hewitt Review<br>• Revised ICB Operating Model | ✓ | - | - | - | - | - |
| *Note: 8 June session cancelled* | - | - | - | - | - | - |
| • Governance and Partnership Self-Assessment<br>• Revised ICB Operating Model<br>• ICB Values<br>• Digital Strategy | - | - | ✓ | - | - | - |
| • Preparing for CQC Inspections of Integrated Care Systems<br>• Implementing the Patient Safety Incident Response Framework (PSIRF) | - | - | - | ✓ | - | - |
| • Review of Board Effectiveness | - | - | - | - | ✓ | - |
| • Leading a Pro-Equity Organisation | - | - | - | - | - | ✓ |

**ICS Reference Group Work Programme**

| Topic | 18 May | 3 Jul | 13 Nov | 15 Feb |
|---|---|---|---|---|
| • Prevention<br>• Development of the Joint Forward Plan | ✓ | - | - | - |
| • ICS Partnership Agreement<br>• Government Response to Hewitt Review | - | ✓ | - | - |
| • PHM Outcomes framework | - | - | ✓ | - |
| • 2024/25 planning process | - | - | - | ✓ |