NHS
Nottingham and Nottinghamshire

Integrated Care Board Meeting Agenda (Open Session)

Thursday 14 March 2024 10:00-13:00

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	-	-	10:00
2.	Confirmation of quoracy	Kathy McLean	-	-	-
3.	Declaration and management of interests	Kathy McLean	Information	✓	-
4.	Minutes from the meeting held on: 11 January 2024	Kathy McLean	Decision	✓	-
5.	Action log and matters arising from the meetings held on: 11 January 2024	Kathy McLean	Discussion	✓	-
	Leadership				
6.	Chair's Report	Kathy McLean	Information	✓	10:05
7.	Chief Executive's Report	Amanda Sullivan	Information	✓	10:15
	Health inequalities and outcomes				
8.	Healthwatch Nottingham and Nottinghamshire report: Shaping the future of health and social care in Nottingham and Nottinghamshire	Sabrina Taylor	Discussion	✓	10:30
9.	Nottingham and Nottinghamshire Integrated Care Strategy: Annual Refresh	Lucy Dadge	Discussion	✓	10:55

10.	Population Health Management (PHM) Outcomes Framework	Dave Briggs	Discussion	✓	11:15
	Assurance and system oversight				
11.	Quality Report	Rosa Waddingham	Assurance	✓	11:35
12.	Finance Report	Stuart Poynor	Assurance	✓	11:55
13.	Service Delivery Report	Stuart Poynor	Assurance	✓	12:05
14.	Committee Highlight Reports: • Strategic Planning and Integration Committee • Quality and People Committee • Finance and Performance Committee • Audit and Risk Committee • Remuneration Committee	Committee Chairs	Assurance	✓	12:20
15.	Emergency Preparedness, Resilience and Response Annual Report	Lucy Dadge	Assurance	✓	12:40
	Information items *The following items are for information and will not be individually presented. Questions will be taken by exception.*				
16.	Board Work Programme 2023/24	-	Information	✓	-
	Closing items				
17.	Risks identified during the course of the meeting	Kathy McLean	Discussion	-	12:55
18.	Questions from the public relating to items on the agenda	Kathy McLean	-	-	
19.	Any other business	Kathy McLean	-	-	
	Meeting close	-	-	-	13:00

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: 09 May at 09:00 (Chappell Room, Civic Centre)

NHS
Nottingham and Nottinghamshire

Meeting Title:	Audit and Risk Committee
Meeting Date:	03/01/2024
Paper Title:	**Declaration and management of interests**
Paper Reference:	AR 23 060
Report Author:	Jo Simmonds, Head of Corporate Governance
Report Sponsor:	Lucy Branson, Associate Director of Governance
Presenter:	Caroline Maley, 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 Committee 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 Committee 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:
Appendix A: Extract from the ICB's Register of Declared Interests for members of the Audit and Risk Committee. 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 - providing 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.	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.
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.

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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 arrangement) relating to services that are currently, or could be, provided by PICS.
LIM, Dr Kelvin	Primary Care Partner Member	NEMS Healthcare Ltd	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.
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 – provider of public sector conferencing	Member of the organisations 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- Private 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 (Public Sector Consultancy)	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	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	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 arrangement) 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	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
TOWLER, Jon	Non-Executive Director	Major Oak Medical Practice, Edwinstowe	Family members are registered patients				✓	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 Everyturn Mental Health				✓	01/12/2022	Present	This interest will be kept under review and specific actions determined as required.

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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	31/03/2024	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)	Member 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 Medwives 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.
WADDINGHAM, Rosa	Director of Nursing	Specsavers	Son is Dispensing Manager at Specsavers, Bingham				✓	01/02/2024	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 Specsavers

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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
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:										
BALL, Katy	Service Director. Nottinghamshire County Council	Nottinghamshire County Council	Service Director	✓				08/01/2024	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.
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.
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.

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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
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Managing Conflicts of Interest at Meetings

1. A conflict of interest is defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.
2. An individual does not need to exploit their position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur. In fact, a perception of wrongdoing, impaired judgement, or undue influence can be as detrimental as any of them actually occurring. It is important to manage these perceived conflicts in order to maintain public trust.
3. Conflicts of interest include:
    - Financial interests: where an individual may get direct financial benefits from the consequences of a commissioning decision.
    - Non-financial professional interests: where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their reputation or status or promoting their professional career.
    - Non-financial personal interests: where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
    - Indirect interests: where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision.
    - 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
11/01/2024 09:00-11:20
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
Caroline Maley	Non-Executive Director
Stuart Poynor	Director of Finance
Amanda Sullivan	Chief Executive
Jon Towler	Non-Executive Director
Catherine Underwood	Local Authority Partner Member
Rosa Waddingham	Director of Nursing
Melanie Williams	Local Authority Partner Member

In attendance:

Lucy Branson	Associate Director of Governance
Jonathan Gribbin	Director of Public Health, Nottinghamshire County Council
Professor Daniel King	Voluntary, Community and Social Enterprise Alliance Chair
Sue Wass	Corporate Governance Officer (minutes)

Apologies:

Ifti Majid	NHS Trust/Foundation Trust Partner Member
Paul Robinson	NHS Trust/Foundation Trust Partner Member

Cumulative Record of Members' Attendance (2023/24)

Name	Possible	Actual	Name	Possible	Actual
Kathy McLean	5	5	Stuart Poynor	5	4
Marios Adamou	5	5	Paul Robinson	5	3
Dave Briggs	5	4	Amanda Sullivan	5	5
Lucy Dadge	5	5	Jon Towler	5	4
Stephen Jackson	5	5	Catherine Underwood	5	4
Kelvin Lim	5	5	Rosa Waddingham	5	4
Ifti Majid	5	2	Melanie Williams	5	3
Caroline Maley	5	5			

Introductory items

ICB 23 073 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 23 074 Confirmation of quoracy

The meeting was confirmed as quorate.

ICB 23 075 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 23 076 Minutes from the meeting held on: 09 November 2023

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

ICB 23 077 Action log and matters arising from the meeting held on: 09 November 2023

One action 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 23 078 Chair's Report

Kathy McLean highlighted the following points from her report:

a) Noting that the report stated that she had been elected as chair of the NHS Confederation Integrated Care System Network from April 2024, Kathy announced that she would also be taking on the role of Chair of NHS Derby and Derbyshire ICB from May 2024 and would step down from her roles of Chair at the University Hospitals of Derby and Burton NHS Foundation Trust and of Non-Executive Director at the Barts Health NHS Trust. The two ICB roles would complement each other and were aligned to the development of the Combined Authority across Derby and Derbyshire and Nottingham and Nottinghamshire.

b) Thanks were given to everyone working in public services across Nottingham and Nottinghamshire for their continued hard work to ensure the delivery of safe services during what had undoubtedly been a very challenging winter period. Every effort would be made to improve services for the future and the ICB remained focussed on delivering the system's shared strategic priorities.

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

ICB 23 079 Chief Executive's Report

Amanda Sullivan presented her report and highlighted the following points:

a) Following the extra-ordinary meeting of the Board on 22 November 2023, a revised financial recovery plan had been submitted to NHS England. It was noted that a significant challenge remained regarding delivery of the revised financial and performance targets.

b) Planning for the next financial year had begun, with initial returns to NHS England due by the end of February 2024.

c) A critical incident had been declared on 3 January 2024 because of significant pressures on services due to the high number of people needing care and a reduction in staffing levels during the industrial action, which had led to very long waits in Accident and Emergency Departments. People had worked very professionally to respond in order to protect patient safety.

d) Thanks was given to everyone who had taken the time to respond to the recent listening exercise about the future opening hours of the Newark Urgent Treatment Centre. Feedback would be collated, and a final decision was due to be made by the end of the financial year.

e) The Board was asked to approve several changes to the ICB's Governance Handbook in response to the introduction of the Health Care Services (Provider Selection Regime) Regulations 2023, which had come into force on 1 January 2024. Details of the proposed changes were set out in an appendix to the report.

f) At its December Board meeting, NHS England had approved the delegation to ICBs of 59 specialised acute services from 1 April 2024. An appendix to the report provided further detail.

g) The had responded to Nottingham City Council's consultation on its budget proposals for 2024/25.

h) Thanks were given to Jane Laughton, who had stepped down from her role as Chief Executive of Healthwatch Nottingham and

Nottinghamshire, for her role in championing the voice of the local patient population.

The following points were made in discussion:

i) When discussing the NHS England delegation of specialised acute services from 1 April 2024, members queried the confidence of the ICB that robust financial risk sharing arrangements were in place. It was noted that due diligence work was ongoing but that it was not anticipated that the delegation would pose a risk for the ICB.

j) Members welcomed an additional regular Board report on commissioning arrangements, including Dentistry, Optometry and Pharmacy, which would be presented from March 2024 onwards; it was agreed that this would provide greater visibility of these commissioned services.

The Board noted the report and **approved** the proposed changes to the ICB's Governance Handbook, and delegated authority to the Strategic Planning and Integration Committee to approve the required changes to the Standing Financial Instructions.

Health inequalities and outcomes

ICB 23 080 Joint Forward Plan: Delivery and Oversight Arrangements

Lucy Dadge presented the item and highlighted the following points:

a) The report provided an update on the delivery of the NHS Joint Forward Plan (JFP), which was approved by the Board on 13 July 2023 and endorsed by the Nottinghamshire County Health and Wellbeing Board and Nottingham City Health and Wellbeing Board.

b) A stocktake of the delivery of year one plans had been undertaken to understand the progress to date, confirm the organisations or partnerships responsible for the delivery of actions and to identify any risks to delivery.

c) Examples of successful delivery to date were given, which included the development of integrated neighbourhood working, expansion of the Targeted Lung Health Check programme, the identification of priorities by Primary Care Networks, such as cardiovascular disease in Nottingham City, and the roll out of virtual wards. A citizen story relating to virtual wards was shown.

d) Following the publication of NHS England planning guidance, a refresh of the JFP for 2024/25 was required by the end of March 2024.

e) There was no expectation that the priorities that underpinned the JFP would change, it was more to refine responsibilities for delivery and clarify targets. This would ensure that deliverables were confirmed with the relevant responsible organisation or partnership and that a programmatic approach to on-going delivery and monitoring was established. However, one area of further development in the refreshed plan would be a focus on the care model for frailty.

f) Financial and resource constraints had meant that it had been difficult to deliver the aims of the JFP at pace, with some elements having to be deferred to future years; however, a focus on prevention would remain a priority to ensure a sustainable system in future years.

The following points were made in discussion:

g) Noting that the Health Inequalities and Innovation Fund (HIIF) implementation had been partially deferred to 2024/25, as part of a suite of actions agreed by system partners to manage the in-year financial position, members queried the impact this would have on the delivery of prevention activities and on the Voluntary Community and Social Enterprise sector.

h) It was noted that the ICB was working with partners, including through the ICS Health Inequalities Group, to understand the population health impacts on communities; however, it was stressed that the HIIF had not been cancelled, instead deferred into 2024/25, which aligned with natural slippage in the 2023/24 programme. It was further noted that the HIIF was a relatively small amount of discrete funding in the context of wider resources committed by the ICB and its system partners aimed at tacking health inequalities. It was agreed that a strategic approach was needed to the allocation of any future funding to ensure it is focussed on areas of greatest impact and need.

i) Speaking from an adult social care perspective Melanie Williams agreed that the current challenging environment made it difficult to free up resources and the system required capacity to support delivery. It was noted that the way forward must be to use limited resources in the best way possible, primarily using delivery vehicles such as the Place Based Partnerships.

j) Noting that it was difficult to take assurance on overall progress without an outcomes framework to demonstrate impact, members queried progress on this and asked for an update to be brought to the next Board meeting, along with a more detailed update on the work of integrated neighbourhood teams.

The Board **noted** the report.

Actions:

- **Dave Briggs to present an update on the ICS Outcomes Framework to the next Board meeting.**
- **Lucy Dadge to include an update on the work of integrated neighbourhood teams as part of the scheduled update on the 2024/25 refresh of the Joint Forward Plan.**

Assurance and system oversight

ICB 23 081 Nottingham and Nottinghamshire Integrated Care System Green Plan: Strategic Delivery Update

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

a) The report provided an update on the delivery of the Nottingham and Nottinghamshire Integrated Care System (ICS) Green Plan.

b) The Green Plan had been approved by the outgoing ICS Partnership Board in May 2022. It set out how local NHS organisations and local authorities would achieve carbon net zero by 2040 and deliver against the NHS target of 80% carbon net zero by 2028.

c) Since the last update to the Board good progress continued to be made on the system-wide approach. Each organisation had a well-developed Green Plan, with four Health Education England funded clinical fellows starting within the ICS during August 2023, a national first.

d) Pilots had either been completed or were underway on areas such as food and nutrition, public health, primary care, and theatres.

e) The ICB had completed a self-assessment against an NHS England maturity matrix and the rating was pending. However, in the meantime, plans had been put in place in areas where the ICS had scored lower.

The following points were made in discussion:

f) Noting that the leadership element of the maturity matrix requires a non-executive lead to be classed as maturing, it was agreed that Stephen Jackson, as Chair of the committee that oversees the Green Plan, should be nominated. The plan would be resubmitted to NHS England with this addition.

g) Members queried whether the capital investment plan aligned to the system's green ambitions. It was noted that Nottingham University

Hospitals NHS Trust was investing significant capital resource into energy efficiency.

h) Dr Kelvin Lim queried the extent to which primary care partners were engaged within this work programme, and it was confirmed that the nurse fellowship work was being delivered in primary care and care homes. However, it was agreed that the planned review of the membership of the ICS Green Programme Board could benefit from a specific focus on primary care partner engagement.

i) Members queried the extent of responsible officers identified to take forward the plan, as a number of areas were noted where these had yet to be identified. It was noted that work was ongoing in this regard.

j) It was further noted that the paper could benefit from being clearer regarding the measures being used to demonstrate progress. Specifically, given that the target was for the NHS to be 80% carbon net zero by 2028, members queried whether what had been delivered to date could be quantified in terms of impact. It was agreed that a short follow up report would be brought to the next meeting to provide further detail on metrics and the queries that members had raised.

The Board **noted** the report for assurance.

Actions: Stuart Poynor to provide a further briefing on progress towards meeting the target of 80% carbon net zero by 2028, in line with queries raised by Board members.

ICB 23 082 Committee Highlight Reports

The report presented an overview of the work of the Board's committees since its last meeting in November 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 and Caroline Maley presented the report and highlighted the following points:

a) Strategic Planning and Integration Committee members had reviewed a progress update on the process to secure sustainable opening hours for the Urgent Treatment Centre at Newark Hospital. With reference to the discussion at item ICB 23 080, it was confirmed that the criteria for the 2024/25 Health Inequalities and Innovation Fund had been approved by the Committee.

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 Continuing Healthcare and Children's Continuing Care.

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 significant progress had been made on the implementation of virtual wards, albeit the system was still a distance from the target.

d) Audit and Risk Committee members had received assurance on an ongoing programme of in-depth discussions with ICB Executive Directors on the strategic risks in their areas, noting the need, as the ICB moved forward, to seek further external assurances and evidence that the plans that had been put in place were working.

The following points were made in discussion:

e) Noting that a rating of limited assurance had been assigned to the ICS People Plan, members queried why progress had been slow, and it was noted that a stock-take against the ambitions in the JFP had been scheduled for discussion by the Quality and People Committee in March 2024. The Chair noted that the creation of the 'one workforce' concept was key to the success of the Integrated Care Strategy and asked that a focused report be presented to the Board in May 2024, following the scheduled session at the ICS Reference Group in April 2024.

The Board **noted** the highlight reports.

Action: Rosa Waddingham to present a progress report on delivery of the ICS People Plan to the Board in May 2024, following the scheduled session at the ICS Reference Group in April 2024.

ICB 23 083 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 following a significant increase in

numbers during October, an Inpatient Summit had been held, the outcome of which had been a set of system actions to support recovery.

c) To support the system risk relating to potential harm across the non-elective pathway (exacerbated by the industrial action), a new risk had been added to focus on emergent concern regarding category two ambulance response times. As a result, ten actions had been identified.

d) The ICB continued to work with the two Trusts on National Quality Board intensive and enhanced surveillance. A joint stocktake was currently being undertaken with Nottinghamshire Healthcare NHS Foundation Trust and NHS England and the outcome would be brought to the next Quality and People Committee.

e) Nottinghamshire's Special Educational Needs and Disabilities Improvement programme continued to provide limited assurance of progress at pace, although recent mapping of services had found waiting times for key services to be lower than national and regional levels.

f) Regarding workforce metrics, there had been sustained improvement in sickness absence rates and turnover rates, and the GP workforce remained stable.

The following points were made in discussion:

g) Members noted several concerning messages in the report and could not clearly understand from the report the work being undertaken to mitigate risks and improve services. With reference to the two Trusts under surveillance, it was noted that the challenges were complex and multiple actions underpinned each area. Nevertheless, the Board considered that how the risks were being mitigated should be better articulated in the report in order for the Board to take assurance that all necessary actions were being taken.

h) Regarding the workforce matters reported, members noted the need for all organisations to learn from improvements in several metrics, which could feature on a future agenda for the ICS Reference Group.

The Board **noted** the report.

ICB 23 084 Finance Report

Stuart Poynor presented the item and highlighted the following points:

a) At the end of month eight, the system was showing a deficit position of £100.9 million, which was a deterioration in the previously reported position. The four statutory NHS organisations across the ICS were all reporting year-to-date deficit positions.

b) The main drivers of the adverse position were inflationary costs, industrial action, mental health sub-contracted beds, urgent and emergency care escalation beds remaining open, and unfunded workforce and pay increases.

c) There continued to be a weekly focus at executive level, and a senior ICB representative now attended the Nottingham University Hospitals NHS Trust and Nottinghamshire Healthcare NHS Foundation Trust's Finance Committees.

d) Given the Board would not meet again until March, it was agreed that the month nine finance report would be circulated to members once finalised.

The following points were made in discussion:

e) Members queried whether there was a focus on the transformational changes required to tackle the key drivers of the deficit. It was noted that a recent meeting of the ICS Executive Leadership Group had been re-purposed to examine opportunities and a further meeting would hopefully agree actions.

f) Members queried whether there was a risk of losing any unspent capital funding. Assurance was given that the capital budget would be spent in full.

The Board **noted** the report.

Action: Stuart Poynor to circulate the month nine finance report to Board members when available.

ICB 23 085 Service Delivery Report

Stuart Poynor presented the item and highlighted the following points:

a) The report provided a summary of compliance against operational targets required for 2023/24, and the actions and recovery timeframes for those targets where delivery was 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) A strong focus remained on the volume of long waiting patients, with the recent industrial action making it difficult to meet planned trajectories.

e) Demand for inpatient mental health beds continued to be high.

The following points were made in discussion:

f) Members queried how well system partners collaborated and discussed whether a whole system focus on discrete areas to understand the issue from the viewpoint of different parts of the system could lead to more effective ways of working.

The Board **noted** the report.

Information items

ICB 23 086 Integrated Performance Report

This item was received for information.

ICB 23 087 Board Work Programme 2023/24

This item was received for information.

Closing items

ICB 23 088 Risks identified during the course of the meeting

No new risks were highlighted.

ICB 23 089 Questions from the public relating to items on the agenda

No questions had been received prior to the meeting:

ICB 23 090 Any other business

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

Date and time of next Board meeting held in public: 14 March 2024 at 9:00 (Chappell Meeting Room, Arnold Civic Centre, Arnot Hill Park, Arnold, NG5 6LU)

NHS
Nottingham and Nottinghamshire

ACTION LOG from the Integrated Care Board meeting held on 11/01/2024

Status	Meeting Date	Agenda Item	Action	Lead	Date to be Completed	Comment
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.
Open – On track	11/01/2024	ICB 23 080: Joint Forward Plan: Delivery and Oversight Arrangements	To present an update on the ICS Outcomes Framework to the next Board meeting.	Dave Briggs	14/03/2024	See agenda item 10.
Open – On track	11/01/2024	ICB 23 080: Joint Forward Plan: Delivery and Oversight Arrangements	To include an update on the work of integrated neighbourhood teams as part of the scheduled update on the 2024/25 refresh of the Joint Forward Plan.	Lucy Dadge	28/03/2024	Not yet due – scheduled for presentation at the extra-ordinary Board meeting on 28 March.
Closed - Completed	11/01/2024	ICB 23 081: Green Plan: Strategic Delivery Update	To provide a further briefing on progress towards meeting the target of 80% carbon net zero by 2028, in line with queries raised by Board members.	Stuart Poynor	14/03/2024	See attached briefing from Lindsey Sutherland, Programme Director for Net Zero. Green Plan delivery will continue to be overseen by the Finance and Performance Committee ahead of the next

Status	Meeting Date	Agenda Item	Action	Lead	Date to be Completed	Comment
						scheduled update to the board during 2024/25.
Open – On track	11/01/2024	ICB 23 082: Committee Highlight Reports	To present a progress report on delivery of the ICS People Plan to the Board in May 2024, following the scheduled session at the ICS Reference Group in April 2024.	Rosa Waddingham	09/05/2024	Not yet due – to be included within the Board's work programme for 2024/25.
Closed - Completed	11/01/2024	ICB 23 084: Finance Report	To circulate the month nine finance report to Board members when available	Stuart Poynor	29/02/2024	The Finance Report was circulated on 2 February 2024.

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)

Action from the January Board Meeting regarding ICB 23 081 Green Plan: Strategic Delivery Update

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1. Capital Resources for Net Zero in Nottingham and Nottinghamshire Integrated Care System

There is a Department of Health expectation that significant funding required to modify estate to support reaching net zero will not be taken from existing capital allocations. Instead, funding is made available via the government Public Sector Decarbonisation Scheme (PSDS) which supports the aim of reducing emissions from all public sector buildings in the UK. The scheme is managed by Salix finance.

A summary of PSDS grants received in the Nottingham and Nottinghamshire Integrated Care (NNICS) are shown below.

Table 1: Summary of Public Sector Decarbonisation Scheme grants received by NNICS organisations.

PSDS Funding Phase	Funding available	Investment period
Phase 4	**1.17bn**	**2024-2028**
Not yet open	-	
Phase 3	**£1.45bn**	**2022-2026**
Nottingham University Hospitals	£40.034m	
Nottinghamshire County Council	£0.156m	
Phase 2	**£75m**	**2021-2022**
None	-	
Phase 1	**£1.00bn**	**2020-2022**
Nottingham University Hospitals	£24.666m	
Nottinghamshire Healthcare Trust	£3.757m	
Nottingham City Council	£1.035m	
Nottinghamshire County Council	£0.402m	

2. Dedicated resources in Nottingham and Nottinghamshire Integrated Care System for plan delivery

Across the system we have a small number of substantive staff working to deliver net zero plans. Each provider organisation has one or two Sustainability Officers (AfC band 7) typically focusing on estates related carbon emission reduction.

The ICB provides 0.2 whole time equivalent Programme Director and 0.8 whole time equivalent Programme Manager to lead delivery of the ICS Green Plan.

Clinical capacity has been creatively sourced in the form of fellowships or student placements.

3. Modelling of carbon emissions in the NHS and impact at ICS level

The “latest” estimate of the NHS Carbon Footprint and Carbon Footprint Plus at Regional and ICS level is from 2019/20. This is the base year from which trajectories to Net Zero were defined in the Delivering a Net Zero NHS report. This was the first estimate of greenhouse gas emissions at NHS Regional and ICS level mainly using top-down measurements.

Some bottom-up measurements are clearer and are now being incorporated into carbon emission calculations and are included in the Greener NHS Dashboard.

4. Nottingham and Nottinghamshire ICS Targets

The carbon emission footprint of NNICS in October 2020 broke down into the areas shown below.

Table 2: Carbon emissions provided by NHS England to NNICS by activity category. These figures exclude Bassetlaw as they predate Bassetlaw joining NNICS.

	Scope 1	Scope 2	Scope 3	Total
Carbon footprint (tCO2e)	**85,810**	**23,830**	**63,060**	**172,700**
Anaesthetic gases	9,660			9,660
Building Energy	65,440	23,830	11,200	100,470
Business Travel &NHS Fleet	10,710	-	14,530	25,240
Metered Dose Inhalers			14,770	14,770
Waste			21,350	21,350
Water			1,210	1,210
Carbon footprint plus (tCO2e)			**387,990**	**387,990**
Non NHS Healthcare			17,610	17,610
Patient-related travel			28,290	28,290
Staff commuting			25,080	25,080
Supply chain			317,010	317,010
Grand Total	**85,810**	**23,830**	**451,050**	**560,690**

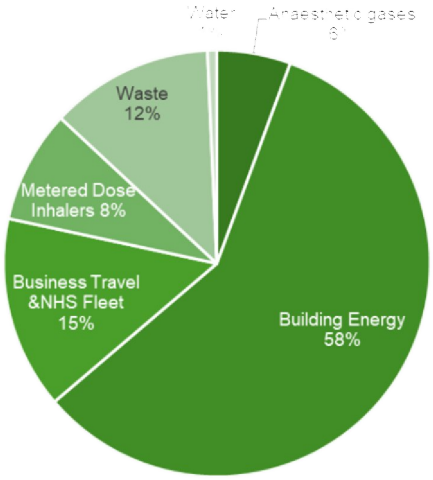


Fig 1: Breakdown of NNICS footprint (for 2040 target) by emission area provided by NHS England in 2020.

There is inherent uncertainty in estimating emissions. For the UK's total emissions, the overall uncertainty range is at least ±3% in any given year. This uncertainty increases when looking at more complex sources of emissions and at supply chain emissions.

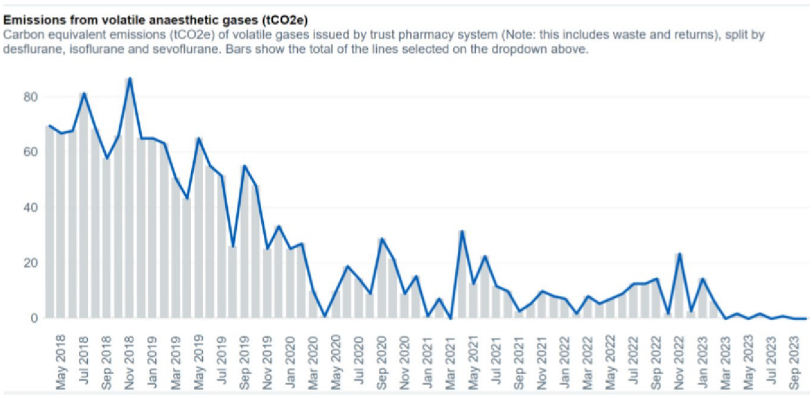
Trying to disaggregate those emissions estimates to individual organisations, or even greater into care pathways or processes will further increase uncertainty.

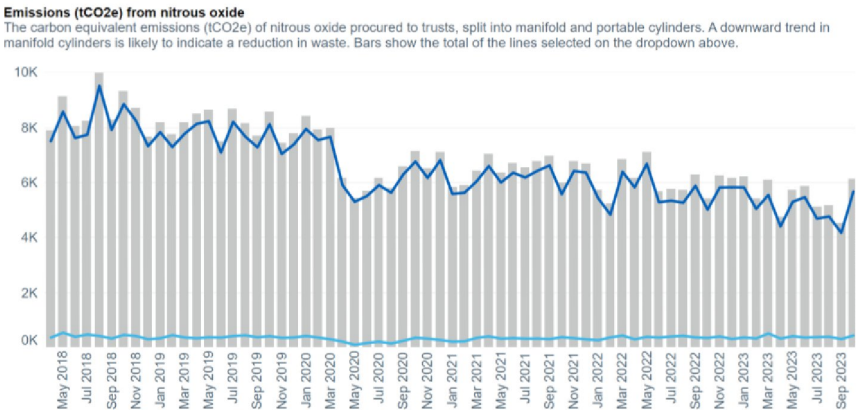
NHS England has provided emission data aggregated by set emission areas for each ICS and continue to populate more accurate emission data when available via the NHS Greener Dashboard.

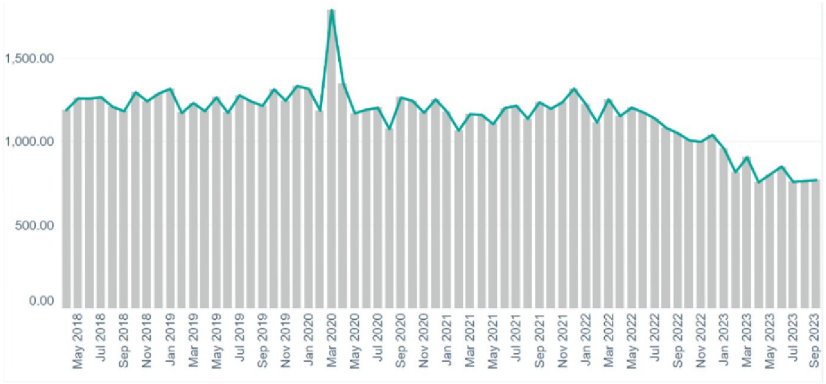
It is not currently possible to quantify the impact on our footprint of an intervention. This is a problem that we continue to debate nationally**.**

Therefore, we look to address the highest emission areas.

Table 3: Summary of interventions being delivery to reduce NNICS carbon emissions.

Footprint area		**Interventions to date**
Anaesthetic gases 6% footprint		Led by Dr Liam Curry, ICS Sustainability Fellow 1. Highest emission gas Desflurane now eradicated.  2. N_2O gas leakage audits completed, and quotes received to switch manifold (source of leakages). Requires capital circa £120k to fully remove.

Footprint area		Interventions to date
		 3. Pilot to remove Ethyl Chloride (third highest emission gas) using cool sticks instead. This yields a cost saving to providers. Next focus 1. business case for manifold/yoke removal at both providers
Building Energy 58% footprint		Led by Provider Estates and Procurement teams. 1. SFH and NUH had been at 100% renewable electricity but this has since dropped due to cost implications. 2. NHT has one small site with coal fired generator. Next focus 1. SFH is exploring partnership with SynrG, who would provide Solar panels investment. Potential to widen this opportunity. 2. National electricity contract will deliver 100% renewable electricity at lower cost
Business Travel & NHS Fleet 15% footprint		Led by Emily Brookes, Estates Lead, NUH on behalf of ICS. 1. SFH and NUH have 100% low emission fleet vehicles. 2. NHT has around 80% low emission fleet vehicles, with a plan to phase remaining out as contracts renew. 3. EMAS is proactively moving fleet with zero emission vehicles
Metered Dose Inhalers 8% footprint		Led by Dr Jess Hall, GP Fellow (Phoenix programme), and ICB Medicines Optimisation Team 1. Formulary changes made. 2. Understanding inhaler impact and options rolled out to GPs.

Footprint area		Interventions to date
		3. Secondary care inhalers now switched to low carbon. Fig: Emissions (tCO2e) of metered dose inhalers prescribed in NNICS. 
Waste 12% footprint		Organisational schemes in place but currently not a focus at system level. This will be a focus of 24/25 Green Plan delivery
Water 1% footprint		Organisational schemes in place but currently not a focus at system level

Lindsey Sutherland, Programme Director for Net Zero

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Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	14/03/2024
Paper Title:	**Chair's Report**
Paper Reference:	ICB 23 096
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. As we approach the end of the financial year, it is a time to both assess progress to date and look ahead to 2024/25. This past year has been a challenging one for our system and the wider health and care landscape. Of necessity we have had a greater focus on operational delivery but have also supported the vital work on longer term strategic change. Finding the right balance for the next year will be important.

2. In an echo of my report to the January Board meeting, it must be noted that the latest strike by Junior Doctors took place at the end of February, once again causing disruption to planned operations, tests, and procedures. I am grateful to the clinical and operational colleagues in the ICB who have coordinated our system’s response to the strike and to everyone delivering care. Once again, we should continue to be alert to the impact that the ongoing strikes are having on the frontline 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.

3. Since our last Board meeting there have been a number of developments related to the services delivered by Nottinghamshire Healthcare NHS Foundation Trust (NHT). Colleagues will update further in the Board meeting, but I would like to stress how important it will be for us to support our NHT colleagues during this challenging time whilst remaining focused on ensuring that the highest quality and safest possible services are being delivered for our population.

4. Finally in terms of operating context, I want to note and thank the combined efforts of system partners in supporting the challenges being experienced in our urgent and emergency care system, particularly at Nottingham University Hospitals NHS Trust (NUH). Leaders from the ICB and colleagues from NHS England Midlands have been meeting with NUH leaders to impress upon the Trust the importance of improving the flow of patients into and out of the Emergency Department – there have been some improvements, but much remains to be done. The efforts of partners, including East Midlands Ambulance Service and Sherwood Forest Hospitals NHS Foundation Trust, to support NUH during periods of particular challenge has been very welcome and shows that in adversity we can find new and innovative ways of working.

5. Alongside a focus on these operational matters, leaders within the ICB and from across the system are rightly investing considerable time on discussions regarding our financial position as a system. Again, colleagues will update further in the Board meeting, but I wanted to reiterate my position that we must find a new way to approach our financial planning and delivery as a system.

This was the key item for discussion in our most recent ICS Reference Group which I reflect on below.

Developing our system

6. Colleagues from across the system are reviewing and refreshing our Integrated Care Strategy, agreed around a year ago. Alongside that, NHS colleagues are refreshing our NHS Joint Forward Plan as we move forward into our next financial year. The operating context we are faced with has changed in several ways over the last 12 months, so it is right that we check that we are still addressing the right issues in the right way – without diverging away from the well-established principles of our strategy: prevention is better than cure; equity in everything; and integration by default.

7. As part of that refresh of our Integrated Care Strategy and Joint Forward Plan, I was delighted to have such a well-attended and productive meeting of our ICS Reference Group on 15 February. By bringing together our wider partners in a more discursive environment we are always able to establish better and further ways to secure opportunities and tackle challenges. In particular, the breakout groups focussed on urgent and emergency care, proactive care, workforce and back-office efficiencies, and gave us a number of areas where we can develop our thinking further. All of this was rightly set in the context of our financial position. We will consider these topics with an even wider group at our next ICS Partners Assembly in April – see more detail below.

8. I always welcome the chance to visit colleagues working together to deliver integrated care and never more so when that includes welcoming a VIP to our system. So, it was a particular pleasure to welcome Her Royal Highness, The Princess Royal to Plumptre Hall in Eastwood to learn about new services from mental health occupational therapists who help residents improve their mental health. Her Royal Highness is the Patron of the Royal College of Occupational Therapists and made a special visit to Nottinghamshire to learn more about the positive impact of the new service during a special event jointly hosted by Nottingham West Primary Care Network and the Royal College of Occupational Therapists.

9. Alongside these visits, it has also been a priority for me to continue to engage with the elected members from our Local Authorities and Foundation Trusts respectively alongside my regular conversations with Chairs from all our NHS organisations.

10. I have also met several times with NHS England colleagues to specifically discuss the provider landscape in our area and have participated in our regularly scheduled Quarterly System Review Meetings. It has also been appropriate for me to meet with my counterpart from Nottinghamshire

Healthcare NHS Foundation Trust and also the NHS England Midlands Regional team to discuss the quality concerns at the Trust as outlined above.

11. I was delighted in late February to host the latest of our regular ICS podcasts, this time featuring colleagues from our System Analytics and Intelligence Unit (SAIU). Whenever I am meeting with leaders from other systems across the country, I impress upon them the leading work that we are delivering in terms of data and analytics so it was great to be able to spend some time with the clinical and operational leaders in the SAIU who are making our Population Health Management ambitions tangible and achievable through the use of data. Please do have a listen if you get the chance: https://healthandcarenotts.co.uk/system-analytics-intelligence-unit-podcast/.

12. Spreading and sharing best practice like the SAIU between our neighbouring systems is one of the benefits of my appointment to the Chair of NHS Derby and Derbyshire ICB from May. I mentioned this appointment at the last Board meeting but wanted to make sure that it was included in this written update too. I am pleased that the two Executive teams are continuing to meet regularly, most recently in the middle of February and that we are taking forward specific areas of joint working, in particularly data and analytics and also how we are planning to engage with the new Combined Authority and Mayor from May this year.

Looking forward

13. The Board is well aware of the challenges of delivering our financial, quality and operational commitments for 2023/24 and Executive colleagues will update more fully on that as part of our agenda. It is also worth noting that it is anticipated that 2024/25 will contain similar, if not increased, levels of challenge. We await the national planning guidance, but work is already well underway to be ready for the start of the new year in April.

14. I am delighted that our next ICS Partners Assembly will take place on 22 April 10am to 1pm at the John Fretwell Sporting Complex in Mansfield. Building on the success of the Assembly's two previous meetings, including our Health and Care Awards last Autumn, this is a chance for interested members of the public, wider partners and representatives of the voluntary sector to hear more about our evolving Integrated Care Strategy and NHS Joint Forward Plan and feed back on how they see delivery being achieved in their areas or contexts. It is also a chance to celebrate some of the real successes that we have seen in recent months. I hope that as many people as possible can come along – please see here to register: https://bit.ly/Assembly24.

15. I also note that by the time this update is discussed, it will be just 50 days before the inaugural election for the East Midlands Mayor and the establishment of the Combined Authority for Nottingham, Nottinghamshire,

Derby and Derbyshire. As I note above, the close working with NHS Derby and Derbyshire ICB colleagues sets us up well for this new political and administrative paradigm and I look forward to seeing how we can reap the benefits for our combined populations across all four local authority areas.

Board effectiveness and leadership competencies

16. In February we met as a Board to consider our effectiveness, including an assessment of our collective knowledge, skills and experience; I welcomed the open and considered reflections at the session, which we will use to inform a development plan for 2024/25. We will discuss this further at our April session.

17. NHS England launched its Leadership Competency Framework (LCF) for Board Members in February 2024. This sets out the six key leadership competency domains that should be used to inform the 'fitness' assessment of the fit and proper person test (FPPT) in line with the Fit and Proper Person Test Framework for Board Members. The competency domains are:

    a) Driving high-quality sustainable outcomes

    b) Setting strategy and delivering long-term transformation

    c) Promoting equality and inclusion, and reducing health and workforce inequalities

    d) Providing robust governance and assurance

    e) Creating a compassionate, just and positive culture

    f) Building a trusted relationship with partners and communities

18. From 1 April 2024, these domains will form a core part of the new Board member appointment process and in the appraisals and ongoing development of existing Board members. A new Board Member Appraisal Framework, built upon the competency domains, will be published in the Autumn.

19. The LCF requirements are currently being considered as part of the ICB's own documented FPPT procedure, which confirms that the organisation has adopted the FPPT Framework and will demonstrate how I, as Chair, will discharge my responsibility in ensuring that the organisation has appropriate systems in place to make sure that all of its new and existing Board members are, and continue to be, fit and proper. The procedure will be sent on to all Board members once finalised.

20. The full framework can be found here: https://www.england.nhs.uk/long-read/nhs-leadership-competency-framework-for-board-members/#2-the-six-leadership-competency-domains.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	14/03/2024
Paper Title:	**Chief Executive's Report**
Paper Reference:	ICB 23 097
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 **note** this item for information.

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:
None.

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

2023 Staff Survey – ICB Results

1. The NHS Staff Survey results were published on 7 March, and I would like to thank our staff for taking the time to complete the survey and provide us with their honest feedback. It is now the job of the Executive Team to work together with our staff to build on the positives and address the challenges identified.
2. The results show some good progress in key areas, including where we have focussed on our EDI priorities over the last year. It is also positive to see that our approach to flexible working continues to be well received and valued and that the freedom we all have to decide how we deliver our work continues to get high scores. We will maintain and build on these positive areas and look to expand their impact further.
3. As an Executive team, we recognise that these results show the pressure that many of our staff are facing in being able to deliver daily and we recognise we need to do more to address these challenges. We know that the people who work in the ICB do difficult jobs well, day after day so we want to make sure they have all the support needed from our organisation to do their very best.
4. The impact of ongoing industrial action, considerable quality issues at two of our major providers, operational challenges in the urgent and emergency care pathway, detailed financial plans to develop and submit as well as controls on vacancies due to the Running Cost Allowance changes are all clearly drivers of the drop in scores for a number of key questions.
5. We recognise that operating in a complex and ambiguous external environment is never easy; however, there are some things that are in our control, including making sure that everyone has a regular appraisal, and the way that we behave towards each other. We can and must do better on things like this.
6. As an Executive team, we are committed to making a difference on this and will develop an action plan to deliver some real change for our staff and our organisation.
7. The full results can be found here: NHS Staff Survey Benchmark report 2023 (nhsstaffsurveys.com).

Critical incident and system pressures

8. The critical incident status that was declared on 3 January for the Nottingham and Nottinghamshire NHS system and reported at the last meeting, was stood down on 11 January. A further round of industrial action took place from 24 to 28 February 2024. To date hospital doctors have taken 44 days of industrial action during this dispute, equating to around 12% of the year.

9. The NHS continues to face pressures due to general winter pressures and seasonal illnesses circulating. GPs and emergency departments continue to see high numbers of patients and there remains a range of steps everyone can take to help. The local healthcare system is asking the public to continue to choose the correct NHS service as well as getting protected against seasonal illnesses, both of which will help to reduce pressures in the system.

Spring Budget

10. On 6 March, the Chancellor Jeremy Hunt set out his 2024 Spring Budget. The two key announcements for the NHS were:

    a) The government announced an additional £2.5 billion of day-to-day revenue funding for the NHS in England in 2024/25 over what was planned last year. This will mean that NHS revenue funding will be largely flat in real terms compared to this year. Capital funding is unchanged.

    b) An NHS productivity review will result in £3.4 billion in capital investment to boost NHS productivity in the next parliament through a variety of AI, digital and other tech-related investments. This is so the NHS can increase its annual productivity increase to two percent per annum by 2028/29, in line with the ambitions of the NHS Long Term Workforce Plan.

NHS Operational Planning for 2024/25

11. The final NHS England Priorities and Operational Planning Guidance is currently awaited, following the Spring Budget.

12. The ICB has been working towards the submission of an operational plan using draft guidance and allocations, with a deadline of 21 March 2024; with a final submission, based on the published guidance, by 2 May 2024.

Review into mental health services at Nottinghamshire NHS Healthcare Trust

13. On 29 January 2024, the Secretary of State for Health and Social Care announced a special review into mental health services at Nottinghamshire Healthcare NHS Foundation Trust (NHT). The review will be carried out by the Care Quality Commission under section 48 of the Health and Social Care Act 2008 and will “provide further answers for the families affected by the horrendous and tragic killings of Barnaby Webber, Grace O’Malley-Kumar and Ian Coates in Nottingham in June 2023. It will also focus on wider issues in mental health care provision in Nottinghamshire, including at Highbury Hospital and Rampton Hospital”.

14. This section 48 review will sit in the context of a number of other reviews and investigations into NHT and other organisations and agencies related to the

June 2023 killings and into other matters at NHT, including Care Quality Commission inspections of inpatient mental health services.

15. The ICB will have an important role to play during these processes, as a system leader and to support the oversight of improvements needed at NHT. The ICB and NHS England Midlands colleagues have established a joint Improvement Oversight and Assurance Group which brings together all relevant parties to ensure that the appropriate support and challenge is offered to NHT during their work to improve services.

Independent Review of Greater Manchester Mental Health NHS Foundation Trust

16. In September 2022, the BBC broadcast a Panorama programme showing appalling levels of abuse, humiliation and bullying of patients at the Edenfield Centre in Prestwich, which is part of Greater Manchester Mental Health NHS Foundation Trust (GMMH). In response to the concerns identified by the BBC, NHS England subsequently commissioned an independent review, which was published on 31 January 2024.

17. The GMMH report made several recommendations in relation to ICBs and system working to review the level of mental health expertise it has in its oversight of mental health organisations, ensuring that its staff have the relevant experience and seniority to be able to identify quality concerns in providers. It also highlighted the need to ensure that there are systems to support better partnership working between external agencies, so that information is shared and understood in a timely way, and the need to review how the system supports the Trust to ensure that this approach is focused on enabling the Trust to identify priorities, make the improvements needed, and model, at a system level, the compassionate leadership that is required to achieve sustainable change.

18. The learning from the GMMH report has been considered in the response to the Nottinghamshire Healthcare Trust oversight arrangements, which is being supported by a range of senior medical and nursing leads from the ICB, including a consultant psychiatrist, mental health and learning disability nurses, as well as safeguarding specialists.

19. Locally, our Adult Safeguarding Board sought assurance around whistleblowing and closed cultures immediately after the Panorama programme was aired. This focused on both our commissioned mental health services as well as independent mental health providers within our area that we do not have a contract with. This is a live workstream for the Adult Safeguarding Board and the initial findings and action plans have been completed and reported. The next stage is to review the impact of this piece of work and any learning from this independent review will also now be considered.

20. The full report can be found here: https://www.england.nhs.uk/north-west/our-work/publications/ind-investigation-reports/independent-review-gmmh-nhs-ft/.

Community Diagnostic Centre announced for Nottingham City

21. Following the announcement in September 2023 by the Department for Health and Social Care regarding approval for a further six Community Diagnostic Centres (CDCs) nationally, the site for the Nottingham City CDC has recently been announced. The centre, set to open by 2025, will be located in the Broad Marsh regeneration development and be staffed by Nottingham University Hospitals NHS Trust. It will offer a range of scans and tests to help with the diagnosis and treatment of people with different conditions, from cancer to joint problems. It will provide x-ray, CT (computerised tomography) and ultrasound scans, blood tests and other tests to assess heart and lung problems.

Potential change of control of Operose Health Ltd

22. NHS Nottingham and Nottinghamshire ICB has been informed about a potential change in ownership of Operose Health Ltd to UK-based company, Osprey Midco Limited (the HCRG Care Group). Operose Health Ltd is the parent company of the following six GP practices in Nottingham and Nottinghamshire, with contractors delivering the day-to-day services at the practices on their behalf:

    a) Balderton Medical Practice, Balderton, Newark

    b) Broad Oak Medical Practice, Nottingham

    c) Kirkby Primary Care Centre, Kirkby-in-Ashfield

    d) Southglade Medical Practice, Bestwood, Nottingham

    e) The Practice St Albans, Bulwell, Nottingham

    f) Hickings Lane Medical Centre, Stapleford

23. Due diligence checks on the proposed new owner are in progress to ensure it is eligible to hold a GP contract. Patients and stakeholders should be reassured that any change will have no direct impact on the way their GP practice operates on a day-to-day basis, and patients will continue to use the same building to access the same services provided by the same staff.

24. We have shared a stakeholder briefing and included a statement on the ICB's website. Patients should continue to use their GP services in the same way they do now. They can provide feedback about the proposed changes directly to their GP Practice or to NHS Nottingham and Nottinghamshire ICB by email to nnicb-nn.patientexperience@nhs.net.

Nottingham City Council: Budget Approved

25. Following the issuing of a Section 114 notice in November 2023, the Department for Levelling Up, Housing and Communities announced in February 2024 that commissioners had been appointed to help run the Nottingham City Council.

26. On 4 March, the Council approved a budget aimed at bridging the £53 million shortfall in its budget for the coming year. This will have a significant impact on the services run and managed by the Council and includes cuts to grant funding for voluntary organisations and charities and to the adult social care budget.

Health and Wellbeing Board updates

27. The Nottinghamshire County Health and Wellbeing Board met on 7 February 2024. The meeting focused on the review of the Integrated Care Strategy for Nottingham and Nottinghamshire and a Joint Strategic Needs Assessment on suicide prevention. 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.

28. The Nottingham City Health and Wellbeing Board met on 24 January 2024. The meeting received a Joint Strategic Needs Assessment on suicide prevention, a report on data integration for public health, and updates from the Nottingham City Place-Based Partnership and Joint Health Protection Board. The papers and minutes from the meeting are published on Nottingham City Council's website here: https://committee.nottinghamcity.gov.uk/ieListMeetings.aspx?CId=185&Year=0.

Improving the physical health of people living with severe mental illness

29. Adults living with severe mental illness have an almost five times increased risk of dying prematurely as physical illnesses can go undiagnosed because the psychiatric diagnosis masks recognition of other illnesses. NHS England has released guidance to support integrated care systems and service providers to improve the physical health care of adults living with severe mental illness, through improved physical health checks and supported follow-up interventions. The report recommends that systems commission services to deliver a more comprehensive annual physical health check, and tailor ongoing support to respond to individual needs.

30. The ICB has been commissioning services to deliver a comprehensive annual physical health check for severe mental illness patients for over four years. To complement the national GP Quality and Outcomes Framework, which funds

the six core elements of the health check, the ICB awards GP practices a Local Enhanced Service, which funds additional checks and follow ups including cancer screenings. Over the last four years, 99% of practices have signed up to this.

31. In addition, the ICB funds 12 Health Improvement Workers, employment by Nottinghamshire Healthcare NHS Foundation Trust to deliver comprehensive health checks to the patients for whom practices have been unable to engage. They also provide health checks to people with severe mental illness within the local mental health teams. The new guidance has enabled the ICB to strengthen the service specifications for these services.

32. The Severe Mental Illness Physical Health Checks Steering Group, attended by GPs, public health, locality teams, mental health commissioners and healthy lifestyle services, is currently undertaking a self-assessment against the ten key actions published within the guidance to identify any further actions required locally. In addition, Your Health Notts, the Nottinghamshire County healthy lifestyle service commissioned by public health is piloting a bespoke smoking cessation and weight management programme for people living with severe mental illness. The learning will be used to consider wider roll out of the programme and will be shared with other services to improve the engagement of people with severe mental illness in accessing physical health services.

33. The full NHS England report can be found here: https://www.england.nhs.uk/publication/improving-physical-healthcare-for-people-living-with-severe-mental-illness-smi/

Plan to recover and reform NHS dentistry

34. On 7 February, the NHS and the Department for Health and Social Care released a joint plan to improve patient access to NHS dental care, prevent poor oral health and support and develop the dental workforce.

35. NHS dentistry has been under pressure for some time and NHS dental teams have been working hard to meet rising demand. The plan builds on the first reforms to the dental contract in 15 years that were announced in July 2022 and is an important next step in improving patient access to NHS dental care and supporting dental services to return to pre-pandemic levels of activity.

36. The plan has three main components:

    a) Significant expansion of access, so that everyone who needs to see a dentist will be able to. This will begin with measures to ensure those who have been unable to access care in the past two years will be able to do so – by offering a significant incentive to dentists to deliver this valuable NHS care. Mobile dental vans will also be introduced to take dentists and surgeries to isolated under-served communities.

b) The launch of ‘Smile for Life’ – a major new focus on prevention and good oral health in young children, to be delivered via nurseries and other settings providing Start for Life services and promoted by Family Hubs. Dental outreach to primary schools will also be introduced in under-served areas.

c) Increasing the level of dental provision in the medium and longer term by supporting and developing the whole dental workforce, increasing workforce capacity in line with the commitment in the NHS Long Term Workforce Plan.

37. Also of note is the intention to develop further recommendations for dental contract reform, and options for consultation will be announced later this year, with any changes phased in from 2025. Work has also been commissioned to understand the relative distribution of need for dental services, which will inform future decisions about dental allocations to ICBs.

38. The report also references water fluoridation as a safe and effective public health intervention and notes several areas where water fluoridation has been expanded. Following agreement at the November 2023 Board Meeting, on 29 January, on behalf of all partners, Cllr Doddy, Chair of the Nottinghamshire Health and Wellbeing Board, presented a letter to the Department of Health and Social Care, seeking approval from the Secretary of State for the extension of the water fluoridation scheme to the whole of our County. We hope that the references to fluoridation within this in the plan will ensure a positive outcome for our population.

39. We anticipate further communications from NHS England in the near future regarding the next steps required on implementation.

Reconfiguring NHS services – ministerial intervention powers

40. Following the passage of the Health and Care Act 2022 to Royal Assent, Schedule 10A of the NHS Act 2006 set out new powers for ministerial intervention in NHS reconfiguration proposals. This came into force on 31 January 2024.

41. The new powers increase the role of the Secretary of State for Health and Social Care in NHS reconfiguration proposals. Under the new powers, any individual or organisations, including campaign groups, can now ask for the Secretary of State to intervene in a reconfiguration. Previously, the Secretary of State could only determine the outcome of a reconfiguration following a referral from a local authority Health Scrutiny Committee.

42. If organisations or individuals have concerns about a proposed reconfiguration of NHS services, they should seek to resolve any concerns through the relevant NHS commissioning body or raise concerns with their local Health Scrutiny

Committee. Where a local resolution has not been reached, some organisations or individuals may choose to write to request that the Secretary of State consider using their call-in power to take a decision on a reconfiguration proposal. However, a call-in request will not lead automatically to the Secretary of State using their call-in power.

43. There are also new duties for the ICB to notify the Secretary of State of relevant reconfiguration proposals and to cooperate with the Secretary of State and the Independent Reconfiguration Panel.

Hold on the delegation of ICB statutory functions to NHS trusts and foundation trusts into financial year 2024/25

44. The Health and Care Act 2022 introduced a range of new flexibilities and powers to enable more collaborative approaches to assessing population needs, service design and commissioning, including the ability for ICBs to delegate statutory functions to NHS providers (i.e., NHS trusts and foundation trusts). However, given the additional potential complexity of delegation arrangements and the associated risks, and the significant operational and financial pressures facing systems in 2024/25, NHS England continues to expect that ICBs do not seek to use these powers in the financial year 2024/25.

45. NHS England remains supportive of collaboration and innovation and has worked closely with systems and providers to understand their plans, which it is believed can be supported through one or a combination of simpler existing mechanisms that do not require formal delegation. That said, exemptions will be considered where local proposals can demonstrate both substantial benefits for patients and communities alongside robust assurance arrangements.

46. It is worth noting that this hold only applies to delegation of ICB statutory functions to NHS providers. It does not apply to delegation from NHS England to ICBs (e.g., primary care commissioning functions), or ICBs delegating to one another. The hold does not apply specifically to delegation to local authorities; however, the use of ICB powers to delegate to local authorities is expected to be considered in conjunction with Section 75 partnership arrangements and within the scope of associated restrictions.

NHS Public Health Functions Agreement 2023 to 2024

47. The Department of Health and Social Care has recently released its Public Health Functions Agreement. It sets out the arrangements under which the Secretary of State for Health and Social Care delegates responsibility to NHS England for the commissioning of certain public health services. These services are: national immunisation programmes; national population screening programmes; child health information services; public health services for adults

and children in secure and detained settings in England; and sexual assault services.

48. The Department of Health and Social Care, NHS England and the UK Health Security Agency will continue to collaborate centrally, with NHS England taking the lead on relationships with regional teams, integrated care systems and local areas, with the UK Health Security Agency continuing to provide expert clinical and public health advice and guidance.

49. The full Agreement can be found here: https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2023-to-2024/.

New appointments to the NHS England Board

50. Four new Non-Executive Director appointments have been made to NHS England's Board. Professor Dame Helen Stokes-Lampard, a GP, who served as chair of the Academy of Medical Royal Colleges joined the Board in January 2024. Jane Ellison, who served during her Parliamentary career as Minister for Public Health, also joined the Board in February 2024, alongside Professor Sir Robert Lechler, Emeritus Professor at King's College London, and Compare the Market Chief Executive Mark Bailie. NHS England will also shortly announce the appointment of two new associate non-executive directors with expertise in the areas of workforce and large systems technology. These roles will further strengthen the skillset of the Board following the mergers of Health Education England and NHS Digital.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	14/03/2024
Paper Title:	**Shaping the future of health and social care in Nottingham and Nottinghamshire**
Paper Reference:	ICB 23 098
Report Author:	Sabrina Taylor, Chief Executive, Healthwatch Nottingham and Nottinghamshire
Executive Lead:	Amanda Sullivan, Chief Executive
Presenter:	Sabrina Taylor, Chief Executive, Healthwatch Nottingham and Nottinghamshire Sarah Collis, Chair, Healthwatch Nottingham and Nottinghamshire

Paper Type:							
For Assurance:		For Decision:		For Discussion:	✓	For Information:	

Summary:
Healthwatch Nottingham and Nottinghamshire (HWNN) is an independent and statutory organisation that acts at the voice for people who use health and care services across Nottingham and Nottinghamshire. This paper describes HWNN's approach, impact, value, current challenges, and opportunities to work in closer partnership with Nottingham and Nottinghamshire Integrated Care Board.

Recommendation(s):
The ICB Board is asked to **discuss** this item.

How does this paper support	**the ICB's core aims to:**
Improve outcomes in population health and healthcare	Healthwatch Nottingham and Nottinghamshire 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.

Report Previously Received By:
Not applicable.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Shaping the future of health and social care in Nottingham and Nottinghamshire

Introduction

1. Healthwatch Nottingham and Nottinghamshire (HWNN) is an independent and statutory organisation that:
    a) Represents local public and patient voice for all aspects of health and social care services across Nottingham and Nottinghamshire.
    b) Makes sure NHS and social care leaders and other decision-makers hear those voices and use this feedback to improve care, holding them to account.
    c) Shares resources via their information and signposting function.
    d) Reaches people and communities, enabling their voices to be heard by those who make decisions.
    e) Has a strong focus on health inequalities, paying particular attention to the voice of those who are not heard who may be experiencing the greatest health inequalities.
2. HWNN shares the ambition of NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) to "consistently listen to, act upon and respond to the needs and aspirations of local people and communities". The commitment of the ICB to put people and communities at the heart of everything that they do, as described in the ICB's Working with People and Communities Strategy[1], is commended.

Our approach: engagement, involvement, and empowerment

3. HWNN has made a commitment to *'Transform how we work with communities to enable them to have a voice'.* Our strategy outlines some of the key issues that we have come to understand from speaking to people with lived experience:
    a) Nottingham City and Nottinghamshire County serve two very diverse populations with a combination of urban and rural communities.
    b) Individuals and groups are experiencing health and social care in a variety of different ways.

[1] Working with people and communities strategy (healthandcarenotts.co.uk)

c) Following the global pandemic, local communities' capacity, resources, and resilience have been tested to their limits, and challenges are growing.

d) The cost-of-living crisis is further amplifying health and social care inequalities by affecting people's wider determinants of health.

e) This is all occurring against the backdrop of an ageing population and an already strained health and social care system.

4. HWNN collaborates with communities in several ways, strengthening our resources, capacity, knowledge, and/or skills and expertise to recognise issues in their experiences of health and care services, and understand how to raise those issues with decision makers.

Case Study - Nottingham Muslim Women's Network

The Nottingham Muslim Women's Network expressed a desire to understand how to work with and process the intelligence they had gathered from the women they work with, how to critically analyse and how to best use the information to drive change for the women they support.

In late 2023, HWNN worked in partnership with the Network to help support their staff to develop their knowledge and understanding of the importance of effective gathering and analysis of data and information. Across two sessions, HWNN delivered training that aimed to explain what data is, how it might be used, how to conduct effective focus groups and why data is important when working in the Voluntary Community and Social Enterprise sector.

This is a key example of how HWNN listened to feedback about local needs and responded in a way that allows for the community to become empowered to advocate for themselves within the system, using the data they already have access to.

Feedback from the sessions included comments such as "Thank you for all the info you shared" and "This is everything I needed".

5. HWNN has a network of volunteers who support communities to share their views.

6. HWNN continues to find new and innovative ways to engage locally. The new 'Roadshow' model, which forms the core of our approach, is being delivered across all Places in Nottingham and Nottinghamshire. The first event was held in Bassetlaw in November 2023. These roadshows are the starting point for community-led activity to identify what is important to local people and communities of interest, whilst developing relationships with local voluntary and community organisations, community leaders and system partners.

Reports

7. HWNN gathers data through a mixed-method approach and present the findings in a way which informs future planning. We make realistic and achievable recommendations and track these, ensuring impact and demonstrating our commitment to listening to feedback from people and communities.

8. HWNN has a strong track record of publishing high quality reports about improvements people would like to see in health and social care services, including dentistry[2] and community mental health services[3] . The next published report will focus on experiences of making an NHS complaint.

Impact

9. The following examples demonstrate the impact of HWNN:

    a) Helping citizens get an NHS appointment, working with the ICB.

    b) Highlighting concerns (in writing to the ICB) relating to the difficulty of getting a GP appointment, working with the Local Medical Committee.

    c) Addressing the issue of patients being unable to get a blood test at their local GP practice.

    d) Raising the concerns around maternity care in various settings and contributing to ongoing reviews.

    e) Attending several NHS and local authority meetings to ensure we can engage with services and highlight issues in a meaningful and constructive way.

The value of HWNN

10. HWNN is uniquely positioned to be the trusted ‘go to’ for patient voice, bringing value in the following ways:

    a) We are independent, which helps build public trust and is a positive endorsement for those who wish to commission our work.

    b) We are experts in engagement and involvement; we listen, analyse and report findings honestly and with full transparency.

    c) We can highlight issues that are less commonly addressed.

    d) We have a geographical reach across Nottingham and Nottinghamshire.

[2] Hot-Topic-Access-to-Dentists-Report-FINAL.pdf (hwnn.co.uk)
[3] HWNN-SMI-Report-Specialist-Mental-Health-Services.pdf

e) We have statutory powers to ‘enter and view’ health and care settings to speak to service users directly about their experience of care.

f) We can reach those who may not be engaged through current mechanisms.

Challenges for HWNN

11. There are challenges for HWNN:

    a) HWNN has no legal powers to penalise providers or impose any sanctions upon them. This can lead to recommendations drifting or not being acted upon at all.

    b) The size of the patch and diversity of communities means that it can be more difficult to engage in more rural areas.

    c) It can be difficult to manage multiple partners with competing priorities and demands.

    d) The role and remit of HWNN is not fully understood by all.

    e) The ever-changing health and care landscape means HWNN has to be responsive, but this can impact the ability to respond at pace.

    f) There is a need to be public facing and transparent, leading to several requests for interviews and statements from the media, which can put a strain on resources.

12. As HWNN continues to operate in a challenging climate of cuts and reduction of services, our own current funding situation continues to be precarious. There is a risk that delivery of the Healthwatch role may not be delivered effectively under current funding arrangements.

13. Funding from the Local Authorities has reduced by 25% over the last six years, without allowing for inflation, and is not likely to increase in future years. The HWNN business model requires commissioned work to be undertaken, the surplus of which is used to support independent enquiries and scrutiny. HWNN will continue to welcome bespoke commissioned work from the ICB and from across partners within the ICS.

14. The Health and Care Act (2022) brings additional responsibilities for HWNN:

    a) Involvement in the development of the Integrated Care Strategy.

    b) Circulation of relevant reports and recommendations, including annual reports to the ICB.

    c) Involvement in the preparation and revision of Joint Forward Plans, as a statutory member of the Health and Wellbeing Board.

15. These additional responsibilities require HWNN representation at a range of meetings (nine at system-level and seven at Place-level) which places pressure on capacity.

Opportunities for HWNN and the ICB

16. HWNN would like to utilise the structures of the ICB to:

    a) Hold the system to account for the changes that are needed as a result of our work and seeks the ICB's support in ensuring our recommendations are implemented in a timely way and that there are clear measurable actions in the form of action-plans.

    b) Help to track, measure, and celebrate change and impact as a result of patient and public feedback.

    c) Promote the HWNN Community Engagement Framework by attending the Roadshows and encouraging partners to use the opportunity for connection, collaboration, and gathering of intelligence and insights.

    d) Explore how the role of HWNN can be maximised in the wider system, with an aim to be seen as a more equal partner.

    e) Better understand how the ICB are assured that they are delivering against their principle of listening to patient voice.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	14/03/2024
Paper Title:	**Nottingham and Nottinghamshire Integrated Care Strategy: Annual Refresh**
Paper Reference:	ICB 23 099
Report Author:	Joanna Cooper, Assistant Director of Strategy Sarah Fleming, Programme Director for System Development
Executive Lead:	Lucy Dadge, Director of Integration
Presenter:	Lucy Dadge, Director of Integration

Paper Type:							
For Assurance:		For Decision:		For Discussion:	✓	For Information:	

Summary:

The Integrated Care Partnership (ICP) approved Nottingham and Nottinghamshire's Integrated Care Strategy on 13 March 2023. Subsequent work has focussed on ensuring collective ownership and understanding the approach to oversee delivery of the Strategy, recognising the role of the local Health and Wellbeing Boards in monitoring delivery of their respective Joint Local Health and Wellbeing Strategies, and the role of NHS organisations in monitoring the requirements of the NHS Joint Forward Plan.

At its 6 October meeting, the ICP agreed to commence a light touch review of the Integrated Care Strategy at the end of the first year of delivery. The ICP will consider the review and refreshed strategy on 22 March 2024.

This paper provides Board with an overview of the approach to delivery during the first year of the strategy, the review and refresh the strategy being undertaken by March 2024, and work that will be undertaken during 2024/25 to progress our ambitions.

Recommendation(s):

The Board is asked to **discuss** and support the refresh of the Integrated Care Strategy for Nottingham and Nottinghamshire.

How does this paper support	**the ICB's core aims to:**
Improve outcomes in population health and healthcare	The Integrated Care Strategy is fundamental to 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.

Report Previously Received By:
Reports have been provided to the Integrated Care Partnership.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Nottingham and Nottinghamshire Integrated Care Strategy: Annual Refresh

Background

1. The Integrated Care Partnership (ICP) approved Nottingham and Nottinghamshire's Integrated Care Strategy on 13 March 2023. The Strategy is published on the Integrated Care System website[1].

2. At its 6 October meeting, the ICP agreed to commence a light touch review of the Integrated Care Strategy at the end of the first year of delivery. The ICP will consider the review at its 22 March 2024 meeting.

Delivering the Integrated Care Strategy

3. The Integrated Care Strategy is being delivered by the Nottingham City and Nottinghamshire County Health and Wellbeing Boards through the implementation of their Joint Local Health and Wellbeing Strategies, and by NHS partners through delivery of the NHS Joint Forward Plan.

4. For Nottingham City, the Health and Wellbeing Board has established arrangements for the delivery of its Health and Wellbeing Strategy[2] to be coordinated through the Nottingham City Place Based Partnership, with the Health and Wellbeing Board retaining its oversight role.

5. The Place Based Partnership has well developed programme plans for smoking and tobacco control; eating and moving for good health; and addressing severe multiple disadvantage priorities.

6. For Nottinghamshire County, the Health and Wellbeing Board continues to receive reports to support the evidence base and implementation of the Nottinghamshire Joint Health and Wellbeing Strategy.[3]

7. A monthly Joint Health and Wellbeing Strategy Steering Group has been established as an 'engine room' to support joined up delivery across the three Place Based Partnerships (Bassetlaw, Mid-Nottinghamshire, and South Nottinghamshire), and other partner organisations. The Health and Wellbeing Board also now utilises a Joint Health and Wellbeing Strategy outcomes dashboard to inform its work and this approach will continue to evolve over the next year.

[1] https://healthandcarenotts.co.uk/wp-content/uploads/2021/05/Integrated-Care-Strategy-2023_27.pdf
[2] https://www.nottinghamcity.gov.uk/media/gd0fxokf/nottingham-city-joint-health-and-wellbeing-strategy-2022-25.pdf
[3] https://www.nottinghamshire.gov.uk/media/4350014/nottinghamshirejointhealthwellbeingstrategy2022-2026.pdf

8. A review of the Nottinghamshire Health and Wellbeing Board commenced in December 2023 to consider how the Board could deliver its responsibilities most effectively in the current health and care context.

9. On 13 July 2023, the ICB's Board approved the initial NHS Joint Forward Plan for Nottingham and Nottinghamshire.[4] The Joint Forward Plan for the local NHS sets out the five-year response to the Integrated Care Strategy, as well as how the NHS Mandate will be delivered.

10. As part of its development, the Joint Forward Plan was considered by the Nottingham City and Nottinghamshire County Health and Wellbeing Boards, and both confirmed that the plan will contribute to the delivery of their Health and Wellbeing Strategies. This approach is being repeated as part of the refresh of the Joint Forward Plan for 2024/25.

11. The Joint Forward Plan Delivery Group had an initial meeting on 5 March 2024 to ensure there is appropriate oversight of all elements of the Plan, whilst not replicating the responsibilities of individual Programme Boards. The JFP Delivery Group brings together programme leads to consider interdependencies between programmes of work and to provide a mechanism for ongoing assurance throughout the year on delivery of the JFP.

Review and Refresh of the Integrated Care Strategy

12. The ICP agreed in October 2023 to a light touch review of the Integrated Care Strategy at the end of its initial year, including a review of progress with the 14 key deliverables. Statutory guidance on the preparation of integrated care strategies was published on 1 February 2024 which will be reflected in the refreshed Strategy[5].

13. The ICP will review and reconfirm the Integrated Care Strategy at its 22 March 2024 meeting.

14. The NHS Joint Forward Plan (JFP) is also being updated for March 2024, reflecting the national guidance[6].

15. The refreshed strategy has considered the impact of the strategy for health and care in Nottingham and Nottinghamshire, and the risk to delivery in light of the current operational and financial context.

16. Key proposed changes to the strategy include:

    a) Increased focus on children and young people.

    b) Increased focus on frailty.

[4] https://healthandcarenotts.co.uk/wp-content/uploads/2021/05/J15562-Joint-Forward-Plan_v6-090823.pdf
[5] Guidance on the preparation of integrated care strategies - GOV.UK (www.gov.uk)
[6] NHS England » Guidance on updating the joint forward plan for 2024/25

c) Updates to the 14 priorities, with a proposed prioritisation.

17. The value of the Integrated Care Strategy continues to be in setting direction for the health and care system. It is recommended that the ICP continues to focus on the three guiding principles of the strategy: prevention, equity, and integration, and understanding how partners collectively adhere and contribute to these principles.

Key actions for 2024/25

18. Partners are establishing an approach to ensure regular development and oversight of delivery of the Integrated Care Strategy. The opportunity for a Strategy Oversight Group to consider delivery, risks, and issues collectively across partners organisations, and to ensure ongoing development of the Strategy throughout the year, is being progressed.
19. The Oversight Group will ensure there is a line of sight to the ICP for delivery, recognising the roles of the Health and Wellbeing Boards and NHS partners in ensuring delivery through the Joint Local Health and Wellbeing Strategies and the NHS Joint Forward Plan respectively.
20. This approach will enable the ICP to take assurance that work is progressing to deliver the Strategy including a focus on the three principles of prevention, equity, and integration. The Group would also make connections between the Joint Local Health and Wellbeing Strategies and the NHS Joint Forward Plan.
21. Further work will be undertaken in 2024/25 to further describe and define the principles of prevention, equity, and integration, providing a framework in which the principles can be embedded throughout partner organisations.
22. Consideration will also be given as to how we will know that we are achieving our ambitions for these principles.
23. Whilst recognising that outcomes are monitored through delivery of the Joint Health and Wellbeing Strategies and the Joint Forward Plan, the System Analytics and Intelligence Unit has developed a Population Health Management dashboard to review delivery and understand impact on the Integrated Care System Outcomes Framework.
24. Further work will be undertaken in Quarter One 2024/25 to clearly articulate the link between the priorities of the Integrated Care Strategy and the Integrated Care System Outcomes Framework.
25. Work is continuing on a Target Operating Model for the Integrated Care System, which will describe how the Strategy will be delivered through neighbourhood, place, and system working.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	14/03/2024
Paper Title:	**Progressing an integrated approach to population health management (PHM) outcomes monitoring**
Paper Reference:	ICB 23 100
Report Author:	Maria Principe, Director System Analytics and Intelligence Unit
Executive Lead:	Dr Dave Briggs, Medical Director
Presenter:	Maria Principe, Director System Analytics and Intelligence Unit

Paper Type:							
For Assurance:		For Decision:		For Discussion:	✓	For Information:	

Summary:

The Strategic Analytical Intelligence Unit (SAIU) has led an initiative to develop a comprehensive dashboard and framework dedicated to monitoring the health outcomes of the population, marking a pivotal move forward in the Population Health Management (PHM) Outcomes Monitoring endeavours. This progress report highlights the significance of being able to track health outcomes within the system, offering a tangible method to evaluate the effectiveness of health and care services delivered to communities. By analysing a wide range of indicators, including patient satisfaction, mortality, readmission, and complication rates, the initiative aims to identify areas needing improvement, base decisions on solid evidence, and optimise resource utilisation to better meet the diverse needs of the population.

The project's foundation was the ICS Outcomes Framework developed in 2019, which provided a detailed set of indicators for measuring local public service effectiveness and enhancing community quality of life. With the evolution of the national strategic and policy context, including the broader role of the NHS in supporting social and economic development, the SAIU collaborated with experts to define interventions and metrics for outcome monitoring. The phased approach concluded with the successful launch of the PHM Outcomes Dashboard, now accessible on the system SharePoint portal. This tool is crucial for assessing health indicators such as life expectancy, premature mortality, and healthy life expectancy, and for addressing inequalities in health outcomes, experiences, and access. The ongoing effort aims to refine these dashboards further, aligning with strategic goals to reduce avoidable deaths and improve the system's overall health outcomes.

Recommendation(s):

The Board is asked to **discuss**:

- The achievement made in delivering an outcome monitoring framework.
- The current baseline of our population's outcomes, recognising this as our starting point in outcome monitoring.
- The 'golden thread' approach, from patient intervention to population outcome.
- The identified next steps.

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	The integrated approach to Population Health Management (PHM) emphasises key health metrics like reducing avoidable mortality and increasing life expectancy. With the strategic dashboard on SharePoint, stakeholders can make data-driven decisions swiftly. This initiative, supported by strong stakeholder engagement and continuous evaluation, aims to enhance both population health outcomes and the overall quality of healthcare services, ensuring a comprehensive and fair health system.
Tackle inequalities in outcomes, experience, and access	The paper highlights the need to address health inequalities in outcomes, experiences, and access. Using an integrated Population Health Management approach, it advocates for tracking critical metrics via a SharePoint dashboard. With robust stakeholder engagement and data-driven strategies, the goal is to ensure consistent, high-quality care and equitable health outcomes for all.
Enhance productivity and value for money	The paper presents an integrated Population Health Management approach as a means to optimise healthcare outcomes. By utilising a data-driven SharePoint dashboard and fostering stakeholder engagement, it suggests that healthcare systems can achieve greater productivity and ensure better value for investment, ultimately delivering more effective and cost-efficient care.
Help the NHS support broader social and economic development	As above.

Appendices:
None.

Board Assurance Framework:
Not applicable.

Report Previously Received By:
Previous updates have been presented to the Board during 2023/24.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Progressing an integrated approach to population health management (PHM) outcomes monitoring

Introduction

1. Working closely with key stakeholders, the Strategic Analytical Intelligence Unit (SAIU) has led a comprehensive initiative to develop a dashboard and framework for monitoring population health outcomes. This progress report marks a significant step in the evolution of our population health management (PHM) outcomes monitoring efforts. The ability to track outcomes within our system is essential, as it offers a concrete way to assess the effectiveness of the health and care services provided to our communities. These outcomes cover a broad spectrum of indicators, such as patient satisfaction, and clinical benchmarks like mortality, readmission, and complication rates. By evaluating these metrics, we can pinpoint areas in need of improvement, base decisions on solid evidence, and optimise the use of our resources to better serve the varied needs of our population.

Background

2. The starting point of the Nottingham and Nottinghamshire outcomes dashboard was the ICS Outcomes Framework, developed in 2019, providing a comprehensive set of indicators to measure the effectiveness of local public services and enhance the quality of life for our community:

    a) Enhance Population Health and Healthcare Outcomes

    - Life Expectancy at Birth
    - Premature Mortality under 75s
    - Healthy Life Expectancy

    b) Address Inequalities in Outcomes, Experiences, and Access

    - Long-Term Conditions (LTC) Emergency Admissions

    c) Improve Productivity and Ensure Value for Money

    - Decrease in age-related emergency admissions

3. Since the ICS Outcomes Framework was published, the national strategic and policy context has evolved to have four ICS aims (the three above, with the addition of the broader role of the NHS in supporting social and economic development). The system vision and aims are articulated in the Integrated Care Strategy published in March 2023.

Context

4. In March 2023, the SAIU agreed to collaborate with subject matter experts and programme leads to define the necessary interventions and metrics for monitoring our system's outcomes. The following phased approach was agreed by the ICB's Board:

    - Phase 1 (August 2023): Scoping and partially producing a dashboard covering high-level outcomes.
    - Phase 2 (November 2023): Finalising metrics for interventions with programme leads.
    - Phase 3 (January 2024): Identifying and integrating data sources into GPRCC.
    - Phase 4 (March 2024): Finalising and launching the PHM Outcomes Dashboard.

5. Phase 4 is now complete, and the outcomes dashboard is now available on the system SharePoint portal for all stakeholders to access.

Current position – Aim 1

6. *Life Expectancy at Birth* – Life expectancy at birth is closely linked to socio-economic conditions, being higher in wealthier areas and lower in the most deprived regions. Utilising 2023 data (population and deaths), the average life expectancy in Rushcliffe South Neighbourhood (84.1 years, all genders) is significantly greater than in several Primary Care Networks (PCNs) within Nottingham City and Mid Nottinghamshire Primary and Community Care Partnerships (PBPs), where figures range from 78.3 to 80.9 years.

7. The ICB average life expectancy is lower for men (79.5 years) compared to women (83.0 years). For women, life expectancy varies from 80.1 years in the Clifton and Meadows PCN to 86.3 years in the Rushcliffe Central PCN Neighbourhood (with Unity practice serving as the university practice). For men, life expectancy spans from 75.5 years in the Nottingham City East PCN to 83.7 years in the Rushcliffe South PCN Neighbourhood.

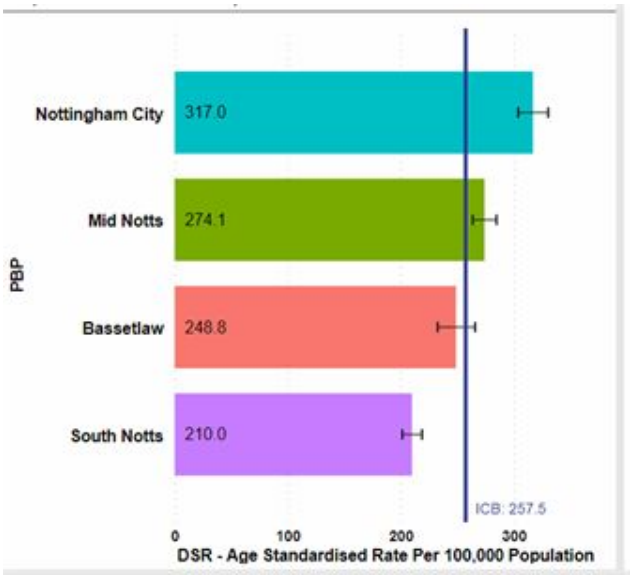
8. *Premature Mortality under 75s* – Premature mortality refers to deaths occurring prematurely, that is, in individuals younger than 75 years, from conditions that are considered preventable or treatable. The leading causes of premature mortality within our system include:

    a) Cancers
    b) Cardiovascular diseases (CVD)
    c) Respiratory diseases
    d) Alcohol and drug-related conditions

9. Figure 1 presents the average rates of premature mortality across the Nottingham and Nottinghamshire system. This is our baseline. Figure 2 illustrates a clear association between avoidable deaths and socioeconomic deprivation: the most deprived areas within the system report the highest age-adjusted mortality rates.

Figure 1

Figure 2 Age Adjusted Standardised Rates – Premature Mortality



10. *Healthy Life Expectancy (HLE)* – is a public health metric that estimates the average number of years a person can expect to live in a state of good health, taking into account the years lived with illness or disability. It is derived by assessing life expectancy alongside the prevalence of health conditions and disabilities across a population. In the context of data presentation, the column on the left typically represents the average total life expectancy from birth, indicating how long, on average, a person is expected to live. Conversely, the

column on the right details the average life expectancy lived in wellness, before being diagnosed with one of the predetermined health conditions or disabilities.

11. For example, analysing the data for an average woman in Bassetlaw, the column on the left would show her total average life expectancy to be 82.3 years. This figure represents the sum of all years she is expected to live from birth. The column on the right, on the other hand, would indicate that she can expect to live 35.9 years in good health before potentially being diagnosed with one of the listed long-term conditions (LTCs). This delineation highlights that, despite the total life expectancy of 82.3 years, more than half of her life, specifically over 46 years, might be lived managing one or more of these LTCs, impacting her overall quality of life during those years.

Figure 2b – Health Life Expectancy

Population	Sex	Life expectancy at birth	Illness free life expectancy at birth
Bassetlaw ICP	Female	82.3	35.9
Bassetlaw ICP	Male	77.8	38.9
Mid Notts ICP	Female	81.0	36.1
Mid Notts ICP	Male	77.5	39.6
Nottingham City ICP	Female	79.3	38.3
Nottingham City ICP	Male	75.6	42.3
South Notts ICP	Female	83.3	38.3
South Notts ICP	Male	79.5	41.8
ICB population	Female	81.6	37.6
ICB population	Male	77.8	41.2

Current position – Aim 2

12. *Long-Term Conditions Emergency Admissions* – the principal causes for emergency admissions requiring at least one overnight stay (one or more bed-days) are:

    a) Diseases of the Respiratory System

    b) Diseases of the Circulatory System

    c) Injuries and Poisonings

    d) Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified

    e) Diseases of the Digestive System

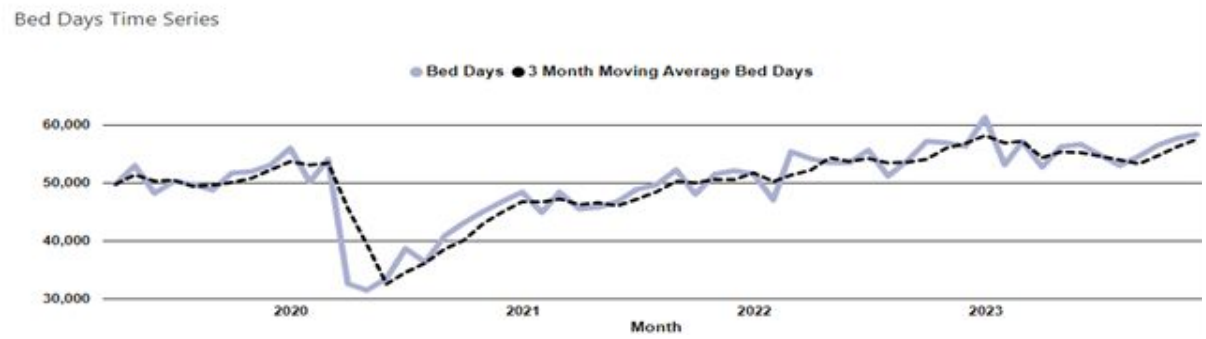
13. The table below illustrates the distribution of these LTCs across our system, which again demonstrate a strong correlation with deprivation, weighted more towards the city.

14. Emergency admissions (Figure 3) have experienced fluctuations across different months and years, but since 2020, they have stabilised. However, the Length of Stay (LoS) (Figure 4) has witnessed an average increase of 1.5 days, a trend observed by both local and national healthcare providers. This increase

is primarily attributed to the growing frailty within this patient cohort. Notably, while the main focus is on those medically described as frail, it is observed that within the city, individuals become frail at a significantly younger age. Consequently, many do not meet the conventional medical definition of frailty, which typically applies to those over the age of 65. Emergency admissions are closely linked to socioeconomic deprivation and age, with the highest age-adjusted admission rates found in the most deprived areas within the Integrated Care System (ICS). Nottingham City PBP and Mid-Nottinghamshire PBP report the highest overall emergency admission rates, markedly surpassing those in Bassetlaw and South Nottinghamshire PBPs.

Figure 3

Figure 4



Current position – Aim 3

15. *Decrease in age related emergency admissions* – emergency admissions represent a critical challenge for our healthcare system, impacting cost-effectiveness, patient experiences, and the overall health of our population. Analysis of demographic data reveals a notable disparity in emergency admission rates, with individuals over the age of 65 (Figure 5) experiencing a significantly higher rate of admissions compared to those under 65 (Figure 6). This trend underscores the need for targeted interventions to manage and support the older population more effectively.

Figure 5

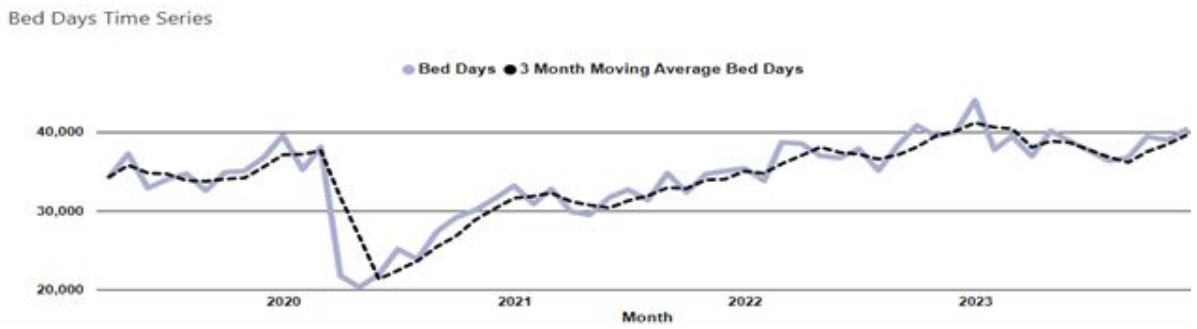
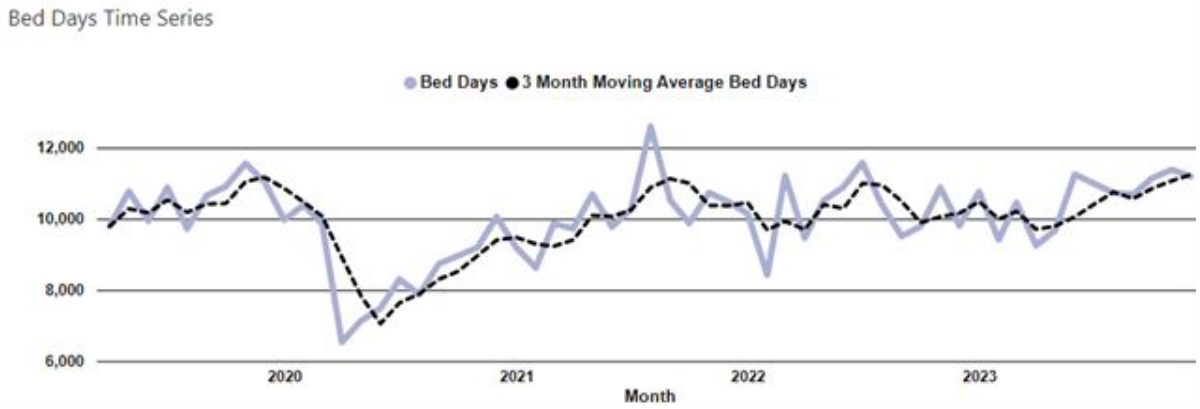
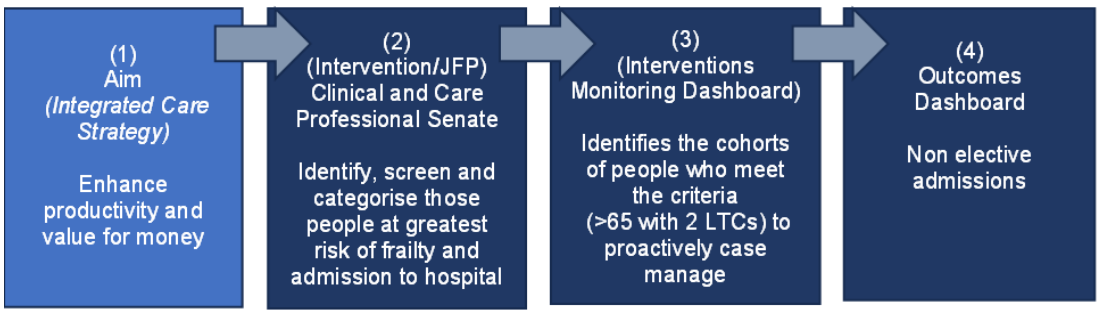


Figure 6



The golden thread – from strategy to outcomes

16. The above sections have illustrated our approach to monitoring outcomes at a population level. The following section will show how we aim to implement the integrated care strategy, in conjunction with the joint forward plan. To achieve this effectively, we have devised steps that support not only outcome monitoring but also ensure intelligence-led intervention delivery. The following provides a practical example:



a) Section 1 – Integrated Care Strategy sets the aims.

b) Section 2 – The JFP identifies the NHSs response.

c) Section 3 – The clinical and care senate identifies interventions to deliver the JFP plan.

d) Section 4 – the Outcomes dashboard monitors the impact on the population.

17. It is acknowledged that the impact on our population may take some time to see, therefore the interventions dashboard (Figure 7), is available to monitor the almost immediate delivery of the JFP interventions (daily basis), reflecting the Trend (Figure 8). Place teams are able to use these dashboards to target care to where it is needed most, which in turn feeds the outcomes dashboard.

Figure 7

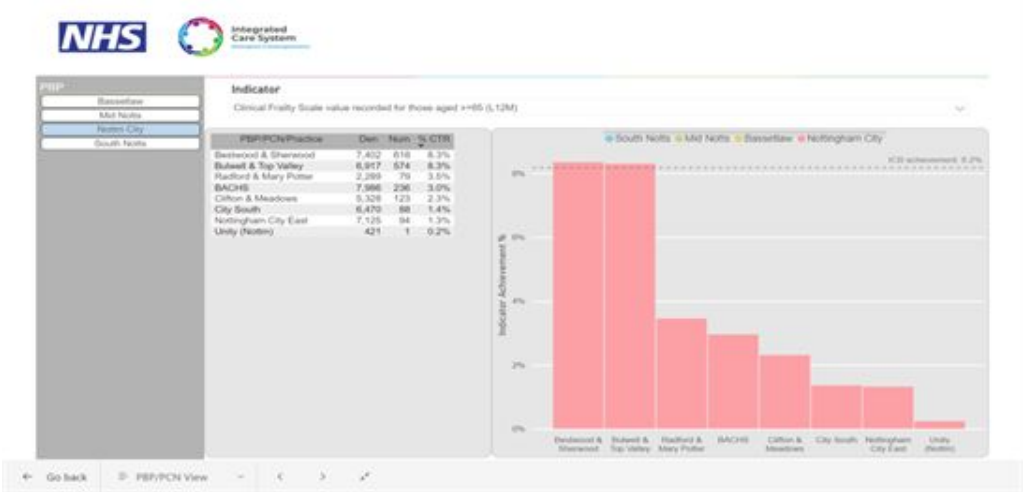
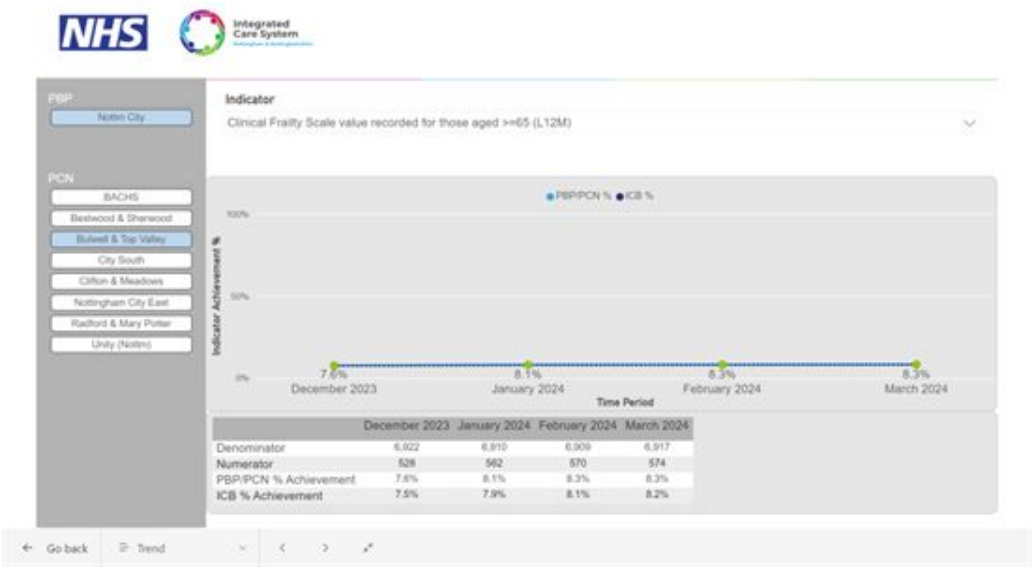


Figure 8



Next steps

18. The aim of the population outcomes dashboard is to effectively monitor the health outcomes of our population. The dashboards, now accessible on the SharePoint portal and operational. Further development is needed to complete them fully, including detailing interventions, working with programme and strategic leads within the JFP and integrated care strategy to understand, identify and provide a technical solution to monitoring metrics.

19. Moving forward, our focus will shift towards defining our outcome ambitions, setting a clear direction for our future efforts. For example, in aiming to reduce avoidable deaths, we must establish our specific percentage or numerical goals, now that we are able to identify our baseline. In discussions with stakeholders across the system, there is a clear consensus on the principles that should guide our ambition setting:

    a) Simplicity and Realism: Our goals should be clear-cut and achievable, moving away from the complex approaches of the past.

    b) Meaning and Consensus in Ambition: It is essential to understand that the significance of our ambitions extends beyond the objectives themselves; it is about the collective agreement and the meaningful conversations they inspire within our system. This ensures our actions are not just target-driven but are about harmonising our efforts towards a common understanding and purpose.

    c) Realistic Timetables and Objectives: Our ambitions must include explicit and achievable timelines, enabling us to be strategic and methodical in our approach and to monitor our progress effectively.

    d) Managing Expectations: Our goals are designed to be realistic within the current context, highlighting the importance of collaborative efforts towards shared objectives.

20. A small group led by Dr Stephen Wormall and including public health and population health analytical leads are working to identify and agree a proposal to come to the Board within the summer that defines our ambitions, based on the principles above.

Challenges to note

21. In our pursuit of excellence within the integrated care strategy, joint forward plan, and the outcomes framework developed in 2019, a pivotal lesson has emerged: the importance of setting ambitions that are not only bold but also monitorable. While it is vital that we do not allow data to constrain our aspirations, it is equally crucial that we establish strategic aims and ambitions with a clear direction that can be effectively tracked and assessed. This challenge has been a recurring theme in our efforts, underscoring the need for

a balanced approach that embraces ambitious goals while ensuring they remain within the realm of measurability. As we move forward, this insight will serve as a guiding principle, ensuring our ambitions are both visionary and grounded in a framework that allows for meaningful monitoring and evaluation.

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	14/03/2024
Paper Title:	**Quality Report**
Paper Reference:	ICB 23 101
Report Author:	Diane-Kareen Charles, Deputy Chief Nurse and Director of Quality Nicola Ryan, Deputy Chief Nurse Operations and Delivery Philippa Hunt, Chief People Officer
Executive Lead:	Rosa Waddingham, Director of Nursing
Presenter:	Rosa Waddingham, Director of Nursing

Paper Type:							
For Assurance:	✓	For Decision:		For Discussion:		For Information:	

Summary:

The report includes progress and exception reports for areas of concern covering quality and workforce, including the following areas of enhanced oversight:

- **Learning Disability and Autism:** There was a significant increase in adult inpatient admissions in October 2023. Actions to support recovery appear to show an improved position, with fewer admissions since November 2023 and discharges continuing to take place as planned. However, expediting discharges remains an area of focus to meet the year-end target.

- **Nottinghamshire Healthcare NHS Foundation Trust:** Care Quality Commission reports on acute wards for adults of working age and psychiatric intensive care units and wards for older people with mental health problems, have been published with an inadequate overall for both areas, a decreased rating from previous inspections in March 2022. An external review by the Care Quality Commission under Section 48 of the Health and Social Care Act 2008, has been commissioned, with lines of enquiry to be confirmed. Formal oversight and assurance arrangements are in place jointly with NHS England.

- **Nottingham University Hospitals NHS Trust:** Whilst there have been improvements in the oversight areas of leadership and maternity; significant financial challenges remain. There is continued pressure in the Urgent and Emergency Care (UEC) pathway. However considerable assurance in continued sustained improvements is being made in maternity services.

- **Urgent and Emergency Care:** Pressures in the system remain an area of concern with ambulance handover delays and associated harms. The ICB Quality Team remain actively engaged in quality improvement activities with Nottingham University Hospitals Trust.

Recommendation(s):

The Board is asked to **receive** the report for assurance regarding the progress against quality 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	Provides an overview of current performance in relation to finance across ICB quality domains.
Help the NHS support broader social and economic development	Provides an overview of current performance in relation to workforce across ICB quality domains.

Appendices:

None.

Board Assurance Framework:

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

- 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.
- 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.
- Risk 6: Quality Improvement – Failure to maintain and improve the quality of services.
- Risk 7: People and Culture – Failure to ensure appropriate capacity and capability within the local workforce.
- Risk 9: Safeguarding – Failure to safeguard children and vulnerable adults in accordance with legislative and statutory frameworks and guidance.

Report Previously Received By:

The content of this report has been reviewed by the Quality and People Committee.

Are there any conflicts of interest requiring management?

No.

Is this item confidential?

No.

Quality Report

Executive summary

1. In line with the ICS Escalation Framework (contained in the Nottingham and Nottinghamshire ICB Operating Framework) areas of quality and safety are classified as ‘Escalated’, ‘Enhanced’, ‘Further Information Required’ or ‘Routine’.
2. There are no areas of Escalated risk (serious, specific risk to delivery or quality identified, including where there is a need to act rapidly to protect patients or staff).
3. Areas of Enhanced oversight where delivery or quality concerns have been identified are learning disability and autism, urgent and emergency care (UEC) pathway, maternity, providers subject to National Quality Board intensive or enhanced surveillance, special educational needs and disabilities, looked after children, children and young people, and vaccinations.
4. Further information is included in areas where additional support and actions are underway, including patient safety, infection prevention and control (IPC) and care homes and home care.
5. The workforce capacity and availability are key aspects to enabling service delivery. Substantive workforce remains significantly over plan for the system and in all three providers a focus on agency expenditure ensures an understanding of the cost pressures.

Learning Disability and Autism (LDA)

Risk

6. Focus remains on adult inpatient performance with monthly NHS England system performance meetings in place and a local system inpatient summit.
7. Our current adult inpatient number stands at 47. This is a decrease of two since the end of December 2024 and seven above our trajectory to reach 37 inpatients by March 2024.
8. There are delays in stepping down secure inpatients (to medium, low or community provision) with 17 individuals who have been in a secure setting for over five years.
9. Inappropriate admissions are due to a lack of appropriate community placements and long delays in unplanned care bed stays.
10. Implementation of Oliver McGowan mandatory training pilot across the system continues, but potential risks to the delivery of this training are identified, particularly across social care.

Mitigation

11. Three priority areas have been identified around inpatient performance and these have been incorporated into existing workstream areas to avoid duplication and improve efficiency:

    a) Clinical oversight in relation to identifying pathways for patients with Autistic Spectrum Disorder who are cared for in mental health beds. This is led by the ICB Deputy Medical Director in partnership with colleagues at NHT. Oversight is through the LDA Board.

    b) Availability of suitable provision and providers within the community. A task and finish group in partnership with local authorities with support from the National Development Team for Inclusion is in place. Service users in nursing placements are being reviewed to identify opportunities to use less restrictive environments where appropriate. An interim report has been shared with the LDA Board. The finalised report will be brought back in March 2024.

    c) Strengthen admission avoidance and discharge transformation pathways by incorporating the Dynamic Support Risk Register. This includes an initial diagnostic exercise to avoid admission, especially for people with autism. The LDA and Mental Health commissioning teams are working together to ensure services are supported to implement reasonable adjustments.

12. Inpatient numbers have been reduced as at the end of January 2024. There were no admissions in January 2024 and all planned discharges are going ahead. The Dynamic Support Risk Register process has helped to avoid admissions from the community, as well as identify those patients that are not progressing through the 12-point plan. These patients follow an agreed lack of progress escalation policy, scrutinised at oversight meetings.

13. An options appraisal was developed by the local authority to increase unplanned care beds for the system. At the same time, they will develop an interim outreach model that is around delivering care and not reliant on actual physical beds.

14. The Oliver McGowan mandatory training pilot will allow rapid learning and the development of an operational delivery plan, building the system infrastructure to enable this training to become business as usual through 2025 - 2026. During quarter four 2023/2024 the pilot approach continues with acknowledgement that compliance may be affected by operational challenges. Plans are underway to extend the pilot if required to mitigate against any slippage.

Assurance

15. The LDA programme remains under enhanced oversight in recognition of the significant challenges to delivery, externally managed performance meetings and the impact on the care and experience for service users.

Nottinghamshire Healthcare NHS Foundation Trust (NHT)

16. Based on National Quality Board guidance, NHT is subject to enhanced surveillance.

17. External scrutiny of NHT was escalated during January 2024 with the announcement of a special review under Section 48 of the Health and Social Care Act 2008.

18. The review will be led by the Care Quality Commission (CQC) and expects to publish its findings by 31 March 2024. The four areas of investigation are:
    a) An assessment of the improvements made at Rampton Hospital.
    b) A review of the quality and safety of community mental health services, crisis services, and early intervention in psychosis service.
    c) A review of records relating to the care and treatment of Valdo Calocane including care provided in non-trust providers, such as primary care and independent hospitals.

19. There will be a concurrent internal investigation by the Trust and an independent mental health homicide review conducted by NHS England. A recently announced national investigation will take place into mental health care, carried out by Health Services Safety Investigation Body.

20. A formal Improvement Oversight and Assurance Group with joint chairing arrangements between the ICB and NHS England will oversee the required improvements in the Trust. ICB officers are working to support Trust colleagues and shape a trust wide improvement plan.

Nottingham University Hospitals NHS Trust (NUH)

21. Based on National Quality Board guidance, NUH is subject to intensive surveillance.

22. The operational pressures in the Emergency Department (ED) remain persistently high with patients regularly receiving care in spaces such as corridors, the middle of the majors unit or on wards including end of bay areas.

23. Mitigating the prevention of harm due to overcrowding and delays remains one of the key priorities for the leadership, operational and clinical teams in the organisation.

24. One Never Event was reported for wrong site surgery in January 2024. The incident was deemed to be ‘no harm’ to patient, however learning and actions are now in place.
25. At the January 2024 Improvement Oversight and Assurance Group, there was recognition of the improvements in well led and Maternity, with a recommendation for exit from the recovery support programme. However, due to the current financial challenges, they are to remain on intensive surveillance.
26. Assurance remains limited - whilst engagement is positive and improvements evident, significant support systems are still required with ICB, NHS England and CQC partners as active participants.
27. The quality oversight focus is now on moving improvement activities and plans into ‘business as usual,’ and supporting this transition as a foundation for the future. NUH colleagues are committed to this approach and engaged with system activities including System Quality Group; Patient Safety Incident Response Framework implementation; and the Local Maternity and Neonatal System (LMNS).

Nottingham CityCare (Community Interest Company)

28. A strategic transformation and improvement plan is in place based on the output of the external review of community services, which concluded in November 2023. The ICB team will oversee the delivery of improvements against this plan.
29. The Director of Nursing is now substantively appointed and has further plans in place to strengthen the senior leadership team.
30. Enhanced surveillance continues for now and regular meetings are in place.

Urgent and emergency care

31. The Urgent and Emergency Care (UEC) Board retains oversight of performance, quality, and safety across the pathway with representation from key system partners.
32. The highest scoring system risk for this pathway is ‘*Potential for harm across non-elective pathway (further exacerbated by industrial action)*’ (ORR006), which scores 20. A new risk has been added which focuses more closely on emergent concerns of ‘*Failing to meet new response times for category two ambulance response due to demand*,’ (ORR099), which scores 12.
33. The specific concern around ambulance handover delays at NUH has been reviewed in order to improve performance through priority action planning and working collaboratively to improve the current ambulance handover position.

34. An executive level oversight group has been established on a weekly basis attended by NUH, ICB and the East Midlands Ambulance Service (EMAS) to ensure that we continually review the situation, considering emerging pressures and respond quickly as a system. A number of changes are being implemented week by week throughout February and early March 2024 to improve performance and mitigate safety and quality risks.

Maternity

35. Both trusts have submitted their maternity incentive scheme year five declarations, and associated action plans. Governance, assurance, planning and escalation of concerns have been notably streamlined during this reporting period, which will provide a strong foundation for the launch of year six standards.

36. The Local Maternity and Neonatal Service (LMNS) incident review panel will transition in line with Patient Safety Incident Response Framework learning and improvement.

37. The LMNS Executive Partnership Board has concerns about the limitations of the maternity dashboard capabilities and analyst capacity. The risks arising from this, mitigations, and plans in place to resolve are the subject of a deep dive report which will be tabled at the next ICB Quality and People Committee in March 2024.

38. As a system, the LMNS is committed to addressing inequalities through a strategic Maternity Equity Plan. This approach supports the delivery of improvements required and is founded on a co-production model to include bespoke developments for local service users.

39. Using a share of national funds for improving equity and diversity, NUH appointed a community engagement matron. Key priorities were agreed for the inclusivity task force (interpreting services; cultural competency training; engagement with local Black and minority ethnic community groups; workforce diversity; antenatal forums in different languages). Progress is reported through the Trust to prevent silo working.

Special Educational Needs and Disabilities (SEND) Nottinghamshire County Local Area Partnership

40. The Nottinghamshire County local area SEND partnership following the reset of the Improvement Programme, have approved six key areas of focus.

41. The interim stocktake from the Department for Education has been undertaken and findings showed progress has been made. A further deep dive on improvement progress is planned for 19 March 2024.

42. A new SEND strategy is under development with six planned SEND Strategy Engagement Events, to take place in March 2024. All feedback from consultation will contribute to the development of the Nottinghamshire's SEND Outcomes Based Strategy, which is due to be published in June 2024.

Looked after children

43. As of January 2024, there were a total of 1,614 Looked after children under the care of city and county local authorities.

44. Initial Health Assessment recovery and improvement work over the last 12 months has shown improved ownership and collaboration by local authorities and health providers with the ICB to improve the timeliness of health assessments.

45. NUH Quarter Three data shows that the total number of Initial Health Assessments completed continues to remain between 84% - 88%, a significant improvement from 50% in Quarter Two.

46. Review Health Assessment recovery and improvement work Quarter Three 2024/25 data shows that the Children in Care Nursing Service have sustained their performance for the Review Health Assessment statutory timeframe and delivery but are not meeting the 90% compliance target.

Children and young people

47. Numbers of Children and Young People (CYP) presenting with complex behavioural, mental health and autism related needs continue to increase with no clear route for provision or pathways for care.

48. Current challenges and delays in discharge from tier four mental health inpatient settings, breakdown of residential placements and presentation at acute hospitals with no route for discharge or appropriate support to meet their needs continue to create delays in the system and impact on transfers of care and discharges from health settings.

49. The CYP 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, the following strategic objectives were identified, and progress can be seen in the respective sections of the report:

    a) To work in partnership to ensure that all CYP 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 need.

d) Future plans include the establishment of an ICS CYP Board which will integrate work from across the Childrens transformation areas and multiple partnership workstreams. This will build on the partnership and learning of the CYP summit and will be led by the ICB Executive Lead for Children.

Vaccinations

50. Covid – the programme closed 31 January 2024. The current lead provider for Covid vaccinations has served notice on its provision (after this season); people with newly diagnosed clinical vulnerabilities will have their vaccinations provided out of season by another provider.

51. Flu – vaccination rates are 49.8% overall, with some data quality issues identified. Front line staff uptake is a priority.

52. 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). The Nottingham and Nottinghamshire Measles elimination subgroup met in January 2024 and has established four task and finish groups: 0-19 year olds, 20-25 year olds (including students), Frontline Health and Social Care workers, Outbreak response.

Further information

Patient Safety

53. Positive progress with Patient Safety Incident Response Framework implementation continues, with all partners now working with Patient Safety Incident Response Framework terminology and approaches. Risks remain for NHT in light of section 48 announcement which may impact on capacity and focus during quarter four.

54. The ICS Patient Safety Strategy development was launched in January 2024 with more focused workplan reporting to be agreed during February 2024.

55. Planning has commenced for refresh of the ICS Patient Safety Specialists network.

Infection Prevention and Control (IPC)

56. There is limited change to the overall position since the last report. Healthcare Associate Infections (HCAI) reduction targets remain challenging locally and

regionally; assurance around improvement is also limited due to the complex factors involved, however improvement activity continues.

Care Homes and Home Care

57. There are currently 14 Care Home suspensions in place across the system. One in the City and 13 in the County. Three out of the 14 suspensions are in place for nursing homes (all older adult service) and the remaining 11 suspensions are in place for residential homes (three older adult services and eight younger adult services). There are currently two home care suspensions in place across the system. Both suspensions are providers deliver care in the County.

58. There are 355 care homes across Nottingham and Nottinghamshire with the following CQC ratings, 27 Outstanding, 245 Good, 68 Requires Improvement, Three Inadequate and 12 No Rating. There are 252 Home Care services across Nottingham and Nottinghamshire with the following CQC ratings, 15 Outstanding, 136 Good, 31 Requires Improvement, One Inadequate and 69 No Rating.

Workforce: capacity and capability

59. The workforce position of the NHS providers shows a drop in the total workforce of 85.1 Whole Time Equivalent (WTE), driven by a reduced growth in substantive, increased use of bank, and a maintained reduction in agency usage and spend.

60. Vacancies continue to reduce because of the action taken within NHS providers, now at 8.5% but there are still anomalies on the interpretation and reporting in the Provider Workforce Returns that are being reviewed to ensure there is a true correlation to recruitment/retention strategies.

61. Turnover: Reductions are seen in the staff turnover of NHS providers and ahead of the plan trajectory, now at 10.9%. A review of the methodology for calculating this metric is in progress to ensure it can be a true correlation to retention strategies, particularly given the growth in substantive.

62. Sickness Absence: Lower levels of sickness absence levels have been seen across the NHS providers, now at 4.98%. Expected increases over the winter months have not been seen in December 2023, with NHT contributing a significant reduction of sickness by 3%. The highest categories for sick leave, however, refer to mental health and musculoskeletal linked to fatigue and burnout.

63. Appraisals: Recovery post covid of returning to routine appraisals supporting career and personal development that inform on capability and assist in the

retention of our workforce has been evidenced, but not consistently, across the NHS providers. None are meeting the target of 95% but are in a range of 81% - 88% achieved.

64. Mandatory Training: Recovery post covid of returning to compliance on all mandatory training requirements has been seen in all NHS providers with only SFHFT achieving the target of 90%. An approach to make mandatory training consistent across the NHS providers within staff passports has been developed and approved in trusts which will make the training portable when staff move organisations and reduces the duplication of having to repeat training.

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	14/03/2024
Paper Title:	**Finance Report**
Paper Reference:	ICB 23 102
Report Author:	Marcus Pratt, Programme Director for System Finance 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 ten.

ICB position

- Revenue finance – £14.9 million deficit position year to date. £6.8 million deficit forecast. The forecast £6.8 million deficit is line with the re-forecast agreed with NHS England.
- 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 – £119.4 million deficit position (including £13.1m relating to industrial action in December and January).
- Capital finance – capital expenditure is currently underspent by £21.5 million when compared to the system capital envelope.
- Forecast – A forecast target of £92.9 million deficit has been agreed with NHS England underpinned by a set of recovery plans.
- Nottinghamshire Healthcare NHS Foundation Trust (NHT) has declared at month ten that they will be unable to deliver against their target forecast leading to a miss of £12.5 million.
- In aggregate, the reported forecast at month ten is £118.4 million, which is the agreed £92.9 million forecast position, plus £12.5m at NHT, plus £13 million of industrial action impact in December and January.
- The system continues to strive to achieve the revised forecast target and is looking at all opportunities for improvement.
- Efficiency and productivity plans are being actively managed, but year to date and forecast delivery is heavily reliant on non-recurrent solutions.
- The System Financial Recovery Group continues to meet weekly to oversee delivery of the financial position.

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
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): • 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 £14.9 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 (£18.5 million), alongside costs and activity pressures in continuing health care (£14.2 million) and section 117 aftercare (£5.9 million).
2. Those pressures are partially offset by the delivery of year-to-date efficiencies of £54.0 million, £26.8 million ahead of plan, together with other favourable budget variances, e.g., dental at £12.1 million, resulting in the net £14.9 million deficit.
3. As previously reported, weekly ICB Financial Recovery Panels 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 continue to take place which are identifying in year solutions to maximise potential efficiency savings and to enable the revised forecast deficit.
5. Weekly finance directorate meetings are also continuing, focussing on the remaining part of the current financial year, with the aim of identifying further 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 £119.4 million deficit at month ten, which is £103.3 million adverse to plan. The in-month position comprises a £6.6 million deficit, which is £10.2 million adverse to plan.
8. All four organisations across the ICS are reporting a year-to-date deficit position - £69.5 million deficit in Nottingham University Hospitals NHS Trust, £11.7

million in Sherwood Forest Hospitals NHS Foundation Trust and £23.3 million at NHT, alongside the reported ICB £14.9 million deficit.

9. Key elements of the drivers of the month ten 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 – £56 million.

    b) Planned actions not delivered including mental health subcontracted beds and urgent and emergency care escalation beds, efficiencies, Elective Recovery Fund shortfall – £10.1 million.

    c) Unfunded workforce and pay increases arising from increasing run rates compared to 2022/23 – £37.2 million.

10. Additional income has been provided to all NHS systems in month eight to support some of the external pressures experienced including the impact of industrial action to the end of November 2023. These funds have been reflected in year to date and forecast financial position.

11. Alongside this additional funding the system has agreed a forecast outturn with NHS England of a £92.9m deficit plus the expected impact of industrial action.

12. NHT has declared at month ten that they will be unable to deliver against their forecast target leading to a miss of £12.5m within the system.

13. The month ten financial position also includes the impact of further industrial action in December 2023 and January 2024 for which no further funding has yet been received from NHS England. The total assessment of the impact of this across the three providers is £13.1 million which forms part of the year to date and forecast deficit positions.

14. In aggregate, the reported forecast at month ten is £118.4m, which is the agreed forecast position plus £12.5 million miss at NHT plus £13 million of industrial action impact in December and January. High levels of delivery risk remain within this forecast.

15. The system remains committed to delivering the best possible financial position and continues to strive to deliver the £92.9 million deficit target. All system partners persist in looking for opportunities to mitigate the current reported forecast deficit.

16. A recovery plan has been developed to meet the forecast position with agreed monthly trajectories, which are being overseen by the System Financial Recovery Group. The trajectory for months nine and ten is a £5.6 million deficit. In-month performance is £5.2 million deficit before the impact of industrial

action. In month surpluses are required throughout quarter four to meet the forecast position.

17. The system Financial Recovery Group, comprising system Chief Executives and Finance Directors, meets weekly to oversee this work ensuring pace and focus.

Capital Finance:

18. The system has been allocated a capital envelope of £100.6 million in 2023/24 for capital expenditure across the three provider organisations.

19. The system has now been allocated a further £5.3 million of additional capital envelope to support the impact of IFRS16 with external bodies taking the total capital envelope to £105.9 million.

20. To date that envelope, including the impact of IFRS16, is underspent by £21.5 million. Plans are in place to recover the shortfall, and through pro-active management, ensuring that capital funds are appropriately utilised.

21. The reported forecast shows an over-commitment against the envelope of £7.5 million which is allowable and relates to internal capitalised leases within the Department of Health and Social Care Group.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	14/03/2024
Paper Title:	**Service Delivery Report**
Paper Reference:	ICB 23 103
Report Author:	Sarah Bray, Associate Director of Performance and Assurance Rob Taylor, Deputy Director of Performance and Assurance
Executive Lead:	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 describes the key drivers behind performance and actions being taken to address areas of concern in all service delivery performance areas.

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

- Urgent Care – 4 Hour and 12 Hour waits
- Urgent Care – Ambulance Handover Delays
- Planned Care - Elective and Diagnostic waits
- Planned Care - Cancer 62 Day Backlog
- Mental Health – Inappropriate Out of Area Placements
- Mental Health – Talking Therapies
- Community – Waiting Lists

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:

None.

Board Assurance Framework:
This paper provides assurance in relation to the management of the following ICB strategic risk(s): Risk 1: Health Inequalities and Outcomes – Failure to adequately address health inequalities and improve health outcomes for the population of Nottingham and Nottinghamshire. 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. 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. Junior doctors took take strike action from 24 to 28 February. This was the tenth round of strike action and significantly reduced the admitted and outpatient elective capacity and place additional pressure on the urgent care system. Providers protected urgent care and cancer services where possible.
2. During January and February, emergency services in Nottinghamshire have been operating under sustained pressure and industrial action heightened the pressure on those services. The number of patients waiting to leave hospital remains high, which constrains effective hospital flow and impacts utilisation by patients requiring acute care.
3. Weekly indicative data suggests an improving position for the volume of Pathway one discharges, which increased to levels that were marginally below the planned volume.
4. Emergency Department crowding predominantly driven by constrained flow out of the department remains a particular concern for Nottingham University Hospitals Trust (NUH). The high occupancy of the Queens Medical Centre ‘majors’ unit has impacted ambulance handover performance, where performance deteriorated further in December and into January. These issues significantly impact timely access to urgent and emergency care services and result in a high number of 12-hour length of stay patients in the Emergency Department.
5. The industrial action and high occupancy within the hospitals has led to the reductions in those patients waiting extended lengths for their treatment not being at the level planned for the year. Reductions are continuing to be made however, with clear plans for longest waiting specialties, and individual patient communication to explore alternative provider provision for those waiting the longest.
6. Demand for inpatient mental health beds continues to be high, with services reporting increased acuity of patients presenting for support. For any patients admitted to an out of area bed (inappropriate or appropriate) there is an out of area case manager who works to repatriate the patients. Nationally there are limited beds available. Nottinghamshire Healthcare NHS Foundation Trust (NHT) 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 was developed during December, with an ambition to deliver efficiencies and service change to support a zero out of area patient position by the end of March 2024. This will be challenging given the increased demand after new year.

7. The table below provides a summary of the key metrics for the system:

Key Performance Metric Summary

The table below provides a summary of the key performance indicators for Urgent Care, Planned Care, Mental Health, Primary Care and Community Services. The table includes the latest monthly position against the plan as well as the plan for March 2024. The plan for March 2024 is included to enable current performance to be viewed alongside the year end ambition.

Statistical Process Control (SPC) is an analytical technique that plots data over time. It enables variation that occurs naturally (Common Cause Variation) to be separated from variation that is statistically significant and therefore not due to random chance (Special Cause Variation). The metrics below have been plotted in SPC charts, with the output summarised into the Statistical Process Control column. Special Cause statements indicate where there has been significant movement over the last six data points and provide an indication of whether the trend is improving or deteriorating. Common cause variation indicates no material movement away from the mean level.

Programme Area	Key Metric	Metric Basis	Latest data period	Plan	Actual	Variance	Statistical Process Control	Plan March 2024	Paragraph Reference
Urgent Care	Total A&E Attendances	Provider	Jan-24	33,955	33,366	-589	Common Cause Variation	35,181	13
Urgent Care	A&E 4hr % Performance (All types)	Provider	Jan-24	67.0%	60.8%	-6.3%	Common Cause Variation	76.1%	14
Urgent Care	A&E 12 Hour Waits	Provider	Jan-24	0	1,144	1,144	Common Cause Variation	0	14
Urgent Care	Hospital Handover Delays >60 minutes	Provider	Jan-24	0	2,242	2,242	Special Cause Concerning High	0	11
Urgent Care	Ambulance Total Hours Lost	Provider	Jan-24	0	7,323	7,323	Special Cause Concerning High	0	10
Urgent Care	No. Patients utilising Virtual Ward	Population	Jan-24	195	195	0	Special Cause Improving High	253	9
Urgent Care	Number of MSFT > 24 Hours	Provider	Jan-24	138	267	129	Common Cause Variation	136	15
Urgent Care	Length of Stay > 21 days	Provider	Jan-24	415	467	52	Common Cause Variation	395	-
Planned Care	104 Week Waiters	Provider	Dec-23	0	1	1	Common Cause Variation	0	17
Planned Care	78 Week Waiters	Provider	Dec-23	0	51	51	Special Cause Improving Low	0	19
Planned Care	65 Week Waiters	Provider	Dec-23	991	1,088	97	Special Cause Improving Low	596	18
Planned Care	62 Day Backlog	Provider	Jan-24	408	526	118	Special Cause Concerning High	335	20
Planned Care	Cancer 28 Day Faster Diagnosis	Provider	Dec-23	77.1%	79.0%	1.9%	Common Cause Variation	77.6%	-
Planned Care	Op Plan Diagnostics 6-week Performance	Provider	Dec-23	28.3%	35.2%	6.9%	Common Cause Variation	22.9%	23
Mental Health	Inappropriate Out of Area Bed Days	Population	Nov-23	0	870	870	Special Cause Concerning High	0	30

Urgent care

8. Virtual Ward capacity increased in January to 195 beds to achieve the revised operational plan of 195 beds. The system trajectory was developed across providers and includes a stretch forecast of 253 beds at year end against a 243 plan. 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 81.7% in December to 99% in January.

9. Discharge pressures continue to impact the front door emergency department as reported through the high levels of people waiting over 12 hours in Accident and Emergency and high volumes of delays in handover from ambulances into the Emergency Department. In January, there were 7,323 hours lost through ambulances waiting to handover patients to hospitals in Nottinghamshire, which significantly limits the capacity of East Midlands Ambulance Service (EMAS) to respond to calls within a timely manner. This is a material increase from 4,238 hours lost in December. Provider Improvement Plans have been developed. Actions include implementation of the Continuous Flow Model from Queens Medical Centre assessment areas based on ambulance turnaround time triggers; phase 2 of co-located Same Day Emergency Care; clinician to review the Emergency Operations Centre call stack for Nottingham and Nottinghamshire patients to support all possible alternative pathways; and Emergency Department to identify a clinician each day to oversee ambulance delays. Plans and performance are monitored at the Ambulance Turnaround Group, with oversight at the Urgent Emergency Care Delivery Board.

10. There is significant regional and national scrutiny for the ambulance handover delays at NUH. 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 the Emergency Department.

11. Accident and Emergency 4-hour performance for the system overall remains a significant area of concern for the 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. Current plans include a trajectory to 76% at March 2024, however current performance and wider system conditions indicate that reducing waits for patients and achieving the four-hour national standard will be very challenging. NHS England has instigated daily reporting into 4-hour breaches until the end of March, to drive delivery of the 76% performance.

12. Emergency Department demand was below planned levels in January for the system by 589 attendances or 1.73% but flow through the department remains constrained, particularly at NUH. However, differential impact has been seen across the system. The high level of Emergency Department demand at Sherwood Forest Hospitals Foundation Trust (SFH) has led to an increase in

waiting times for patients and a reduction in the four-hour wait performance in January 2024.

13. At system level, performance against the 4-hour target was below planned levels in January at 60.8% against a plan of 67%. There is significant variation in waiting times within the system and there continues to be a high volume of patients exceeding a 12 hour wait from decision to admit to being admitted into an available bed. There were 1,144 waits above 12 hours in January, which was a similar number to that reported for December (1,185).

14. Within the system, there remains a high volume of patients that have been declared medically safe for transfer. The January position was 267 patients against a plan of 138 patients. This is being addressed through the system work on improving hospital discharges and patient flow, with significant progress having been made on the accuracy of discharge and reasons for delay across the system. The implementation of care transfer hubs now operating 6-days a week.

15. Within the Nottinghamshire System it is recognised that home care capacity is a significant constraint, with other system capacity often used to help decongest the acute provider; this is often out of alignment with the 'home first' principles. At system-level there is a System Discharge Board in place to enable focus on addressing these issues, with a focus on pathways two and three right-sizing bedded capacity for the medium term.

Planned care

16. At NUH there was one patient waiting over 104 weeks at the end of February, due to a previous incorrectly applied clock stop. This patient was offered treatment in February but declined and a date has now been agreed in March. This represents 'local patient choice'. Root Cause Analysis has been undertaken and NHS England have been informed.

17. As part of the planning process, providers modelled that there was expected to be 596 patients waiting 65 weeks or more by the end of March 2024, excluding any impact of Industrial action. The latest forecast at the end of February shows that there are expected to be 616 at the end of March 2024. An additional 53 patients have been added to the forecast due to the impact of industrial action. Both providers are planning to eliminate waits of 65 weeks or more by September 2024 at the latest, which is in line with the NHS England planning requirement.

18. The confirmed end of January position for 78-week waits was 50 patients, of which 13 breaches were due to insufficient capacity, 36 were due to complexity and one patient exercised their choice to be treated at a later date. The February forecast remains subject to validation, however provisional data shows that there were 31 patients waiting beyond 78 weeks across the two

providers at the end of the month. Note that the pre-industrial action forecast was 12, which shows that 19 long waiting patients have had their treatment delayed until March.

19. The backlog of cancer patients waiting 62 days or more remains significantly above the planned level. The position at the end of January 2024 was a backlog volume of 526 patients for SFH and NUH, against a plan of 408.

20. The latest weekly ICB data for the cancer backlog volume for week ending 25/02/24 was 461 patients against the revised plan of 371 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. As with elective patients, cancer patients are currently being treated in order of clinical priority, rather than based on the length of their wait. An audit is taking place with Lincolnshire colleagues to examine their long waiting transfers to NUH and identify themes and opportunities for action.

21. As a result of the high and increasing backlog volume, the system has been escalated from being un-tiered to ‘Tier 2’ monitoring by NHS England. Formal meetings began on 22nd January with NHS England, which include more detailed lines of enquiry from the NHS England regional team. The system provides detail around the actions being taken at tumour site level to reduce the backlog volume. Delivery of actions and their impact on the backlog is captured and reported for key tumour sites at both providers.

22. The total volume of patients waiting for diagnostics and those waiting more than six weeks are continuing to reduce. However, the backlog remains above planned levels at 8,152 against a plan of 7,438 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.

23. The community diagnostic centres will be key to delivering long term sustainable reductions in waiting times for patients. ‘Accelerated’ activity has started onsite in Mansfield with NOUS, echo, and phlebotomy modalities. ‘Accelerated’ MRI mobile capacity is in place at the Nottingham site, which is planned to deliver 7,500 additional MRI scans in 2024/25. There is an opening date scheduled for April 2025 for the complete community diagnostic centre, which is planned to deliver around 101,000 tests in 2025/26 across ten modalities.

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

Mental health

25. As a programme, mental health continues to perform relatively well, with improvements being made across many service areas, and achievements being acknowledged by NHS England for dementia diagnosis.

26. Areas which 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 Children and Young People Eating Disorders.

27. 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, have reported significant improvements since April 2023. The waiting time for a talking therapy first appointment has reduced and now achieves the required standard and improvements are being made with 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 appointment and the increased number of venues will enable more face-to-face options. Local data will continue to be utilised to identify and address performance issues and agree actions to improve capacity and service delivery to reach the access target at the end of Quarter Four.

28. Children and Young People Eating Disorders 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 increased capacity to achieve the waiting time standards, which included a service offer to support children and young people presenting with Avoidant Restrictive Food Intake Disorder.

29. The volume of out of area placements remains at a high level, with 32 patients (870 bed days) being placed outside of the local area, 27 in acute beds and five in Psychiatric Intensive Care Units, during September. For any patients admitted to an out of area bed (inappropriate or appropriate) there is an out of area case manager who works to repatriate the patients. Nationally there are limited beds available, and the position has worsened into Quarter Four. A recovery action plan has been put in place and four key workstreams have been established to eliminate out of area placements. Some of these actions include:

    a) Workstream 1 – Home First

- Ensuring Crisis Teams are delivering to Intensive Home Treatment and in-reach to wards 24/7 to national core fidelity/best practice standards. A review has been undertaken in Quarter Three and actions to address any areas not to standard are being agreed in Quarter Four.

b) Workstream 2 – Multi Disciplinary Team response

- The Personality Disorder Virtual Hub has been refocused and operationalised in January 2024 to include 'in-reach' activities. This will be evaluated in Quarter Four
- A patient centred digital tracker and electronic waiting list has been developed and is being tested as part of the Optimal Care Programme Learning Events in February and March

c) Workstream 3 – Proactive Transfer to Community Services

- A review of all bed management and escalation meetings is currently underway and will be evaluated for impact. A system wide MaDE event is being planned for mid-March 24, supported by ICS Discharge Lead.

d) Workstream 4 – System Oversight and Strategy

- Develop a strategic plan to localise and realign mental health inpatient services over a 3-year period, draft by end of March 2024 and final version by end of June 2024. National guidance being reviewed alongside national webinars. Senior level oversight group established.

Primary care

30. The volume of GP Appointments in December was 2.2% above the planned level. The percentage of appointments held face to face has reduced marginally from 69.5% in November to 68.4% in December. 78.5% of appointments were offered within two weeks in December 2023, which is an improved position from 77.5% reported for November.

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

Community

32. There has been a further reduction in the adult community waiting list from November to December of 242 patients to 8,740 patients. This is driven by a reduction of 598 patients at CityCare and an increase of 356 patients at NHT.

33. Across both community providers, the largest waiting list is for the Musculo skeletal service, which has 2,235 patients waiting. There are 35 adult patients and seven 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 long terms conditions with 19 patients. These are addressed through the contract meetings with the providers. NT routinely review all patients waiting over 52 weeks to identify the cause and any learning opportunities. However, waits of this length remain a concern to the ICB.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	14/03/2024
Paper Title:	**Committee Highlight Reports**
Paper Reference:	ICB 23 104
Report Author:	Committee Secretariat
Executive Lead:	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 January 2024. 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: Highlight Report from the Remuneration Committee

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

Appendix A: Strategic Planning and Integration Committee Highlight Report

Meeting Dates:	**16 January 2024 (extraordinary meeting), 1 February 2024, 7 March 2024**
Committee Chair:	**Jon Towler, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance
1. Maternity and Neonatal Services Transformation Programme	The Committee received an update on how the Nottingham and Nottinghamshire Maternity and Neonatal Transformation Programme was implementing the National Maternity Strategy within the local system. The key programme areas that contributed to the national ambition to improve outcomes to halve the number of stillbirths, neonatal deaths, maternal deaths, and brain injuries by 2025, and reduce the number of Serious Incidents were noted. The key challenges to delivery were discussed and included the need to develop a meaningful dataset for maternity with rich health inequalities information and the requirement to identify new and recurrent funding to continue to make improvements. An outcome of discussions was for a high-level maternity and neonatal programme dashboard to be developed to highlight progress against the national ambitions.	**Partial Assurance**
2. Implementation of the Primary Care Strategy	The Committee received a progress update on the implementation of the Primary Care Strategy. Plans on a page, supported by a detailed implementation plan, had been developed for the General Practice Chapter with an initial focus on four priority areas. Early engagement to support the development of the Community Pharmacy chapter of the Primary Care Strategy had commenced; a detailed timeline for this work would be agreed in February 2024. The risks to delivery of the strategy were discussed and included Primary Care workforce resilience, funding available to support primary care development, and	**Partial Assurance**

Item	Summary	Level of assurance
	capacity to support the implementation of the operational changes required to deliver the transformation. Further updates will be scheduled for review by the Committee during 2024/25.	
3. Working with People and Communities	Members received a progress update on the activities that had taken place over the past six months to implement the System's approach to 'Working with People and Communities' through citizen intelligence and coproduction. The update provided examples of place-level activities, along with the outcomes that had been delivered in response to feedback received. To better demonstrate the approach to and impact of coproduction activities, members requested the inclusion of patient stories within future transformation programme updates.	**Adequate Assurance**

Other considerations:

Decisions made:
The Committee: a) Approved the updated ICB Procurement and Provider Selection Policy. A new Section had been added to the updated Policy to cover the key parts of the Provider Selection Regime (PSR) legislation and guidance. To support the implementation of the PSR requirements, members also: i. Approved the proposed amendments to the ICB's Standing Financial Instructions (following delegation to do so by the ICB Board in January 2024). ii. Approved the updated terms of reference for the Service Change Review Group. b) Approved the Personal Health Budgets and Integrated Personal Budgets Policy, the Continuing Healthcare and Joint Packages of Care (Adults) Commissioning Policy and the Children and Young People's Continuing Care Commissioning Policy. c) Approved the proposed award of a range of contracts under the PSR. Associated Transparency Notices will be published on the ICB's website.

d) Endorsed a letter of support for the Outline Business Case for the construction of a multi-storey car park as a key enabling work for the Tomorrow's NUH capital development.

Matters of interest:

The Committee also:

a) Received and discussed an update on the delegation of the first tranche of Specialised Services from 1 April 2024 and the delegation of further delegated services by 1 April 2025, the transfer of associated specialised services staff by 1 April 2025 and the delegation of Cancer Alliance staff by 1 April 2024. Delegation and collaboration agreements were being developed for ICB Chief Executive and Board approval before the end of March 2024.

b) Discussed the strategic commissioning intentions for mental health locked rehabilitation services.

c) Received and discussed an update on the development and delivery of Urgent Treatment Centres (UTCs) in the Nottingham and Nottinghamshire Integrated Care System following the publication of revised national guidance on UTCs. A milestone plan had been developed to progress the development of a co-located UTC on the Queens Medical Centre (QMC) site at NUH. At the end of February 2024, progress was on track to achieve all the planned milestones.

d) Noted the new powers for ministerial intervention in NHS reconfiguration proposals that came into force on 31 January 2024 and the new duties for the ICB to Notify the Secretary of State of relevant reconfiguration proposals and to cooperate with the Secretary of State and the Independent Reconfiguration Panel.

e) Received and discussed a progress update following the delegation of pharmacy, optical and dental primary care services (PODs) on 1 April 2023, along with information around the governance and risk sharing arrangements. Members noted the recent annual self-declaration that had been completed for PODs and primary medical services, which rated the ICB as fully compliant.

e) Received and discussed the approach to the refresh of the Joint Forward Plan for 2024/25 and the developing delivery and oversight arrangements, endorsing the draft Joint Forward Plan ahead of submission to the ICB Board on 28 March 2024.

f) Received comprehensive updates on the risks relating to the Committee's remit; there was one high and eight medium operational risks. Discussions would take place to ensure visibility of the risks reported through the joint arrangements for delegated services.

g) Received the log of all investment, disinvestment, and contract awards (healthcare services) made during the year (2023/24), and where applicable, the provider selection process chosen following the introduction of the new PSR.

Appendix B: Quality and People Committee Highlight Report

Meeting Dates:	**17 January 2024 and 21 February 2024**
Committee Chair:	**Marios Adamou, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance
1. System Quality Oversight Report	Members received the System Quality Oversight report at both meetings; agreeing on each occasion that limited assurance was provided due to the number of areas under enhanced surveillance and the National Oversight Framework (NOF) level ratings of Nottinghamshire Healthcare NHS Foundation Trust (NHT) and Nottingham University Hospitals NHS Trust (NUH). Members were also concerned on the lack of progress in improving performance on the completion of initial health assessments for looked after children and issues raised in the reports relating to Nottingham CityCare. It was requested that more detailed reports on each be provided at the Committee's meeting in March. Members emphasised that some aspects of the reports did demonstrate adequate assurance.	**Limited Assurance**
2. Nottinghamshire SEND Partnership Improvement Programme – Progress Update	Members received their second update on progress with implementation of a joint improvement plan following the Ofsted/CQC local area Special Educational Needs and Disabilities (SEND) inspection that took place in January/February 2023. The report highlighted positive movement in implementing the action plan, highlighting a pathway to improvement in all areas. It was accepted that there remained a lot to do, and this was being accelerated by the development of benchmarking metrics and an outcomes framework. Key areas of discussion focused on clarity about 'what good looks like' and the extent to which performance in completing Education Health and Care Plans (EHCPs) to a high standard in a timely way was key to improvement.	**Adequate Assurance**

Item	Summary	Level of assurance
	Members agreed that due to the significant progress made to date, the report provided adequate assurance.	
3. Nottinghamshire Medicines Safety Officers (MSO) Network – Annual Report 2022/2023 and the Safe Management of Controlled Drugs Annual Report – 2022/2023	The reports showed performance against the priority areas of focus for 2022/23 and the presentation was complemented with the 2023/24 workplan. The ensuing discussion confirmed that the MSO Network had good engagement with community pharmacy and provided more detail around the challenges caused by national and local shortages of medicines. Members welcomed the reports, agreeing that they clearly demonstrated the effectiveness of arrangements in place across the system. It was agreed that in addition to the annual reports, periodic assurance reports should be included in the Committee's 2024/25 work programme.	**Full assurance**
4. Primary Medical Services Quality Report	Members agreed that the report provided evidence that the organisation had good processes in place to monitor quality in primary care medical services (PMS), in line with the duties assigned to the ICB via the Delegation Agreement between the ICB and NHS England. In particular, members discussed the ICB's Primary Care Quality Assurance and Improvement Framework; suggesting that the high number of practices rated 'amber' (82 out of 120) showed that further refinement of the model was needed to identify where support should be prioritised. It was noted that the implementation of the Patient Safety Incident Response Framework (PSIRF) in general practice would provide further insight and assurance.	**Adequate assurance**
5. Integrated Care System People Plan stocktake	The report summarised delivery of the Plan during 2023/24, applying a RAG rating level across each of the ten people functions (five were rated as green, four amber and one red). Whilst information was provided in relation to this, members agreed that the report did not provide sufficient detail to describe whether the first-year deliverables had been achieved and the subsequent impacts where they had. Similarly, it did not provide clarity regarding year two priorities, expected outcomes, measurements of success and	**Limited Assurance**

Item	Summary	Level of assurance
	timelines for delivery. As such, the application of the RAG ratings used was challenged. During discussion, it was also noted that the achievement of plans for 2024/25 was at risk due to the non-recurrent funding of members of the people team.	

Other considerations:

Decisions made:
No items were presented for decision in January or February 2024
Information Items and Matters of interest:
The Committee also: a) Had an extended agenda item on NHT at its meeting in February 2024, which focussed on areas of deterioration, key risks and ICB insights from a quality and safety, clinical leadership, and a mental health commissioning perspective. In particular, members were concerned at the number of issues relating to leadership, communication and transparency detailed within the report and the depth of issues that needed addressing. It was noted that the Trust expressed a strong willingness to be transparent and make improvements. Members advised that a common understanding of how the ICB can support the Trust (including from other key partners such as NHS England and the CQC) would be crucial going forward. The system assurance and oversight arrangements were discussed at length, which would support the provision of further updates and assurance to the Committee. b) Reviewed identified risks relating to its areas of responsibility. It was noted that the current risks related to NHT would be reviewed and replaced with new risks reflecting the current position.

Appendix C: Finance and Performance Committee Highlight Report

Meeting Dates:	**31 January 2024 and 28 February 2024**
Committee Chair:	**Stephen Jackson, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance
1. System Finance Report and Recovery Plan (M9 and 10)	Members were advised that since the H2 plan had been agreed, Nottinghamshire Healthcare NHS Foundation Trust (NHT) had reported that they would not achieve their element of the reset plan. Discussion at both meetings focussed on the drivers of the adverse system position, with members querying the reasons behind continued agency usage. At the February meeting, members further considered the actions needed during 2024/25.	**Limited assurance**
2. ICB Finance Report and Recovery Plan (M9 and 10)	Members noted that the revised deficit target of £6.8 million would be challenging to deliver as there were several assumptions and proposed solutions in the plan that were at risk of non-delivery. The ICB continued to report full achievement of the reset plan. Due the level of risk embedded in plans; the assurance level remained at limited.	**Limited assurance**
3. ICB Service Delivery Performance Report	Members received reports in January and February describing areas of risk and improvement. Whilst there were key areas of concern highlighted in the report, it was noted that were several of areas of improvement. Members were advised that seasonal pressures and industrial action continued to challenge to urgent and emergency care services and that the system had moved into a tier two oversight arrangement with NHS England (NHSE) due to an increase in the 62-day Cancer backlog. The overall limited assurance rating took into account partial assurance with regard to areas of sustained improvement and inadequate assurance in respect of some areas of performance, particularly at NUH and NHT.	**Limited assurance**

Item	Summary	Level of assurance
4. 2023/24 Demand and Capacity Performance	Reporting against the demand and capacity model has become a regular report to the Committee during the year. In January members noted that the impact of influenza had not materialised as expected but industrial action had impacted on performance. A number of issues (e.g., flooding, and industrial action) had occurred during January that led to a critical incident being declared in Nottingham. It was noted in February that there were a significant number of patients 'medically safe for transfer' occupying beds, so although there was reasonable confidence in the planning model, the need to fundamentally reduce length of stays remained.	**Partial assurance**
5. Joint Capital Resource use plan	The system would be required to spend £45.3 million of the capital allocation in the last three months of the year to utilise the full capital allocation. In addition to this, local providers had successfully bid for and received funding for several national programme funded schemes. There was projected slippage in a number of these schemes, which may require funding from the 2024/25 system envelope. Members were concerned about the level of capital allocation at risk of being lost to the system and agreed to highlight the matter to the Board.	**Partial assurance**
6. Thematic Health Inequalities review, Maternal and Infant Mortality	Members received a paper that included comparison data related to perinatal morbidity and mortality from a national and system perspective. 55 infant deaths and 45 neo-natal deaths were recorded during the last five years. The position in Nottingham and Nottinghamshire reflected the national picture, although there were some areas of concern. Neonatal mortality rates in Nottingham City were significantly higher than the England average. In Nottingham and Nottinghamshire 71% of infant deaths occurred in the most deprived 50% of the population. Members highlighted the absence of local data and asked that future reports include more about the impact of actions alongside monitoring and tracking information. It was confirmed that the LMNS dashboard was being reviewed to include health inequalities metrics.	**Rating not applied**

Item	Summary	Level of assurance
7. Health Inequalities Exception report – Restoration of Services - Elective Recovery	NHSE operational planning guidance includes a focus on delivery against five strategic health inequality priorities, including restoring NHS services inclusively. To restore NHS services inclusively, work has been underway to disaggregate waiting lists by ethnicity and deprivation and to include in reporting on health inequalities. Members understood that disparities exist in relation to access, experience, and outcomes, however, to gain a fuller understanding, it would be necessary to analyse the data at a specialty and provider level.	**Partial assurance**
8. Digital Notts: ICS Digital transformation programme update and performance report	Members received an update on the digital transformation programme and were satisfied that it provided adequate assurance. This view was reached after reviewing progress against the five strategic digital priorities.	**Adequate assurance**

Other considerations:

Decisions made:
No decision papers were presented in January and February 2024.
Matters of interest:
a) Members were advised of the timeline for 2024/25 Operational and Financial planning. High level plans were submitted on 27 February 2024, with members updated on 28 February. The next submission would be required on 21 March 2024, followed by a final submission on 02 May 2024. b) The operational risk report was presented in January and February 2024, focussing in particular on the high risks highlighted in the reports.

Appendix D: Audit and Risk Committee Highlight Report

Meeting Dates:	**7 February 2024**
Committee Chair:	**Caroline Maley, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance
1. Board Assurance Framework Targeted Assurance Report – Integration Directorate	Members had an in-depth discussion with the Director of Integration 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 the control environment had continued to develop with the establishment of a robust oversight and accountability structure; nevertheless, the Committee recognised that despite continued effort, the two risks relating to system resilience and transformation were rated as high and remained some way from their target scores.	**Partial Assurance**
2. Standards of Business Conduct	The Committee was advised of the arrangements across the ICB to ensure the management of conflicts of interest (including the receipt of gifts and hospitality). Members noted that a recent internal audit review had provided 'substantial' assurance in this area and the Committee was assured that robust processes aligned to the national guidance were in place.	**Full Assurance**
3. Annual Local Fraud Risk Assessment	Members received a report on the outcome of the annual fraud risk assessment. This was a process driven by the requirements set out by the NHS Counter Fraud Authority. It provided a list of the ICB's potential fraud risks, their ratings, potential impact, and the controls and mitigations in place to prevent each potential risk from materialising. The outcome of this piece of work would in turn help to inform the ICB's annual Counter Fraud Plan for 2024/25.	**Rating not applied**

Other considerations:

Decisions made:
No decision papers were presented in February 2024.
Matters of interest:
a) Members received a briefing on arrangements for the production of the ICB's Annual Report and Accounts for 2023/24, noting additional requirements in the narrative to align with NHS England's annual assessment of ICBs. b) Two Internal Audit Reports had been issued since the last meeting financial ledger and reporting and conflicts of interest, both of which had received a rating of substantial assurance. c) The External Audit Plan for 2023/24 had been presented for noting.

Appendix D: Remuneration Committee Highlight Report

Meeting Dates:	**26 February 2024**
Committee Chair:	**Jon Towler, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance
1. Workforce Report	Members received updates on several workforce related areas that were routinely overseen by the Executive Human Resources Steering Group. Discussing the ICB's annual staff survey results, members were disappointed in the downward trend across a number of areas. It was noted that the ICB's Staff Engagement Group would play a key role in developing an action plan in response to this; however, members stressed that significant leadership attention was needed to address the identified issues. Members welcomed the organisation's initiative to submit Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data to NHS England, even though this was not a national requirement of ICBs. With regard to the recent ICB staff away day, members suggested that further activities be planned but to ensure greater engagement with the ICB's Board.	**Adequate Assurance**

Other considerations:

Decisions made:
Several remuneration decisions were made in line with the Committee's remit.
Matters of interest:
The Committee undertook an assessment of its effectiveness, which was part of a rolling programme of ICB committee effectiveness. As a result, the meeting frequency would increase to quarterly for 2024/25 and consideration would be given to include the role of nominations and appointments in the Committee's terms of reference.

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
ORR166 (NEW)	As a result of increased ambulance handover times at our acute trusts and the associated delayed ambulance arrival in the community, there is a risk of potential harm to citizens who are waiting for an ambulance, leading to further deterioration.	**High** 20 (I4 x L5)	Quality and People 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. 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
ORR061 (NEW)	If demand outstrips the system's capacity to promptly treat cancer, people may wait longer for treatment, which may lead to poor patient outcomes and experience.	**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

Risk Ref.	Risk Description	Current Score	Responsible 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
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
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)	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	**High** 20 (I4 x L5)	Finance and Performance Committee

Risk Ref.	Risk Description	Current Score	Responsible Committee
	position (UDL). The UDL may also be impacted by non-delivery of required 'cash releasing' productivity, efficiency, and transformation plans.		
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
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

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	14/03/2024
Paper Title:	**Emergency Preparedness, Resilience and Response Annual Report**
Paper Reference:	ICB 23 105
Report Author:	Paige King, Head of EPRR
Executive Lead:	Lucy Dadge, Director of Integration and Accountable Emergency Officer
Presenter:	Lucy Dadge, Director of Integration and Accountable Emergency Officer

Paper Type:							
For Assurance:	✓	For Decision:		For Discussion:		For Information:	

Summary:

This annual report provides assurance on the ICB Emergency Preparedness, Resilience and Response (EPRR) activities undertaken to be adequately prepared to respond to major and/or business continuity incidents.

It outlines the following:

- The ICB's compliance against the NHS England Core Standards process for 2023/24 alongside any residual risk and mitigations/action plans.
- Training and exercising compliance (requirement to provide information to the Board in line with Core Standard 3).
- Key areas within the EPRR work programme.

Recommendation(s):

The Board is asked to **note** the ICB's current level of compliance (partial) and target level of compliance (substantial) for next year with regards to the EPRR core standards.

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	The paper outlines the activities undertaken to ensure the ICB as system leader can deliver an effective response to a range of incidents to maintain delivery of patient care and support those affected by any incidents
Tackle inequalities in outcomes, experience, and access	In all aspects of planning for and responding to incidents, the ICB must ensure that the needs of all members of the community are considered, and inequalities of outcomes, experience and access prevented
Enhance productivity and value for money	The ICB EPRR activities seek to promote adoption of best practice and collaboration between partners to prevent duplication of effort and conflict of activities in planning and responding to incidents
Help the NHS support broader social and economic development	The ICB EPRR activities support activities to increase the resilience of the NHS and wider community to incidents

Appendices:
Appendix A: ICB Self-Assessment against the 2023/24 EPRR Core Standards

Board Assurance Framework:
This paper provides assurance in relation to the management of the following ICB strategic risk(s): • Risk 14: Emergency Preparedness, Resilience and Response – Failure to be adequately prepared to respond to major and/or business continuity incidents.

Report Previously Received By:
Presented at the January 2024 meeting of the Audit and Risk Committee.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Emergency Preparedness, Resilience and Response Annual Report

Background

1. NHS Nottingham and Nottinghamshire ICB needs to be prepared to respond to, and recover from emergencies, as defined by the Civil Contingencies Act 2004, Health and Social Care Act 2022 and associated guidance and frameworks.
2. Integrated Care Boards are a Category 1 Responder under the requirements of the Civil Contingencies Act 2004 (CCA).
3. NHS organisations are also expected to comply to associated legislation and guidance in addition to the Civil Contingencies Act 2004 this includes:
    a) Health and Social Care Act 2022
    b) NHS EPRR Core Standards (annual assurance process)
    c) EPRR Framework 2022
    d) ISO 22301 (Business Continuity), the ICB remains committed to ensuring alignment with ISO 22301
    e) Associated EPRR Guidance (i.e., Mass Casualty CONOPS)
4. In the NHS, this programme of work is collectively referred to as Emergency Planning, Response and Recovery (EPRR). The ICB has a legal and regulatory responsibility to ensure EPRR is in place for both the ICB and to support system wide EPRR processes to ensure that it can respond effectively to a range of incidents.
5. This paper seeks to assure the Board of EPRR activities in line with legislation and NHS England Core Standards.

Annual assessment against EPRR Core Standards

6. The NHS EPRR Core Standards outline the minimum emergency planning standards that NHS organisations must meet, and covers nine domains including governance, duty to maintain plans, duty to risk assess, command and control, training and exercising, response, warning and informing, cooperation and business continuity.
7. A national assurance process, EPRR Core Standards is carried out annually with NHS England. The ICB as well as system providers must provide a self-assessment against the core standards.
8. This report outlines the ICB compliance with the EPRR Core standards.
9. In addition to the process for the ICB, the ICB and NHS England work jointly on reviewing the self-assessments of providers in our system. The outcomes from

the self-assessment are presented to the Local Health Resilience Partnership who confirm the overall system rating.

10. Actions are incorporated in the EPRR work programme and completion of this has been reviewed by NHS England throughout 23/24. The Audit and Risk Committee receive regular updates against progress.

ICB compliance against the EPRR Core Standards

11. Core Standards have been approved by NHS England and Nottingham and Nottinghamshire ICB has attained a status of 'Partially Compliant', this is achieved by an 83% compliance against the Core Standards (previously 77% in 2022/23). The ICB did not have any areas rated as non-compliant. Appendix A outlines the outcome of the assessment.

12. Whilst this is a good achievement for the ICB there are several areas that still require further work to get to the target of 'Substantial' (90%) compliance we have set for 2024/25.

13. Within the ICB's compliance, there were no areas of non-compliance and nine areas of partial compliance which are described below alongside any risks and mitigations:

    a) *Collaborative planning* – There was no active consultation process to respond or seek review of Policies / Plans. This has been resolved through a formalised consultation process throughout the system.

    b) *New and emerging pandemics* – The current Local Resilience Forum Pandemic Plan is out of date which presents a risk in our ability to incorporate lessons identified from the pandemic into a future response. There will be an Operational Framework to support the plan and ensure there is a scalable response to any new and emerging pandemics. The plan and any associated Standard Operating Procedures are due in May 2024.

    c) *Countermeasures* – All system providers, including the ICB, have a Countermeasures plan. However, there is a not a system wide plan, which poses a risk to the coordination and scalability of a response. The system-wide plan will be completed by April 2024.

    d) *Staff awareness and training* – There is room for improvement in terms of awareness within the ICB with regards to planning and response to incidents, which may cause confusion or duplication in efforts during a response. All new joiners from April 2024 will receive training on EPRR / on-call function within ICB as part of their induction.

e) *Arrangements for multi-area response* – There is further detail to be agreed with South Yorkshire ICB on how to support each other through mutual aid requests. A Memorandum of Understanding will be completed by the end of March 2024 to enhance joint working regionally.

f) *Scope and objectives for Business Continuity Management System (BCMS)* – each system provider has their own BCMS, which leads to a lack of ICB oversight on reporting. A shared tool will be agreed with system providers to jointly understand risks in July 2024. The EPRR Policy will also be updated to include processes and delivery of BCMS.

g) *Monitoring and evaluation of Business Continuity Management System (BCMS)* – Further detail required on key performance indicators and deliverables, which have been updated within the EPRR Policy.

h) *Assurance of Commissioned Providers within the Business Continuity Management System (BCMS)* – Further detail is required on how the ICB assesses suppliers' ability to continue their services during disruption through assurance of their Business Continuity Plan. This could lead to services from suppliers being disrupted for longer as they do not have a clear recovery plan. A clear procurement process to meet BCMS criteria will be implemented and the EPRR Policy will be updated to reflect how assurance will be gained by December 2024.

Work programme

14. The work programme for 23/24 is defined by the actions from the core standards and ICB responsibilities and any requirements as per the Local Health Resilience Partnership, which has the strategic oversight for the health system in relation to EPRR.

15. To provide assurance to the Board, the key areas within the work programme for 24/25 include:

    a) Increase collaboration and consultation of plans across the health system in line with learnings from core standards assessment.

    b) Further development of ICB Business Continuity Management System with consideration to responding as a system through a coordinated response.

    c) Incorporating system pressures into the annual exercise plan. Exercises undertaken and planned include critical incident and incident response plan flooding, industrial action, cyber-attack, power outage, communications cascade.

    d) Update plans based on risk to the system including pandemic, cyber and business continuity.

e) Full review of the on-call offering within ICB to ensure sufficient training and engagement for responding to operational escalations and incidents.

Training and exercising compliance

16. Core Standard 3 within the EPRR Core Standards outlines that the ICB must report on training and exercising to the Board annually.

17. The ICB has a rolling training programme (see ICB training record at Appendix B) aligned to the National Occupational Standards for EPRR. There is also an exercise programme (see ICB exercise record at Appendix C) of live, table-top, command post and communication exercises to test arrangement and compliance of the ICB in relation to emergencies. The exercises are designed to test and develop our plans and must include the following:

    a) Communication exercises – minimum frequency – every six months

    b) Table-top exercise – minimum frequency – every 12 months

    c) Live play exercise – minimum frequency – every three years

    d) Command post exercise – minimum frequency - every three years

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Appendix A: ICB Self-Assessment against the 2023/24 EPRR Core Standards

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
1	**Governance**	**Senior Leadership**	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director within their individual organisation, and have the appropriate authority, resources, and budget to direct the EPRR portfolio.	Fully compliant
2	**Governance**	**EPRR Policy Statement**	The organisation has an overarching EPRR policy or statement of intent. This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes.	Fully compliant
3	**Governance**	**EPRR board reports**	The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually. The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements	Fully compliant
4	**Governance**	**EPRR work programme**	The organisation has an annual EPRR work programme, informed by: • current guidance and good practice • lessons identified from incidents and exercises • identified risks • outcomes of any assurance and audit processes The work programme should be regularly reported upon and shared with partners where appropriate.	Fully compliant
5	**Governance**	**EPRR Resource**	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource to ensure it can fully discharge its EPRR duties.	Fully compliant

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
6	**Governance**	**Continuous improvement**	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the review and embed into EPRR arrangements.	Fully compliant
7	**Duty to risk assess**	**Risk assessment**	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider all relevant risk registers including community and national risk registers.	Fully compliant
8	**Duty to risk assess**	**Risk Management**	The organisation has a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks internally and externally	Fully compliant
9	**Duty to maintain plans**	**Collaborative planning**	Plans and arrangements have been developed in collaboration with relevant stakeholders including emergency services and health partners to enhance joint working arrangements and to ensure the whole patient pathway is considered.	Partially compliant
10	**Duty to maintain plans**	**Incident Response**	In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.	Fully compliant
11	**Duty to maintain plans**	**Adverse Weather**	In line with current guidance and legislation, the organisation has effective arrangements in place for adverse weather events.	Fully compliant
12	**Duty to maintain plans**	**Infectious disease**	In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases.	Fully compliant
13	**Duty to maintain plans**	**New and emerging pandemics**	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic	Partially compliant
14	**Duty to maintain plans**	**Countermeasures**	In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment	Partially compliant

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
15	**Duty to maintain plans**	**Mass Casualty**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.	Fully compliant
16	**Duty to maintain plans**	**Evacuation and shelter**	In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff, and visitors.	Fully compliant
20	**Command and control**	**On-call mechanism**	The organisation has resilient and dedicated mechanisms and structures to enable 24/7 receipt and action of incident notifications, internal or external. This should provide the facility to respond to or escalate notifications to an executive level.	Fully compliant
21	**Command and control**	**Trained on-call staff**	Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions	Fully compliant
22	**Training and exercising**	**EPRR Training**	The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.	Fully compliant
23	**Training and exercising**	**EPRR exercising and testing programme**	In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely* test incident response arrangements, (*no undue risk to exercise players or participants, or those patients in your care)	Fully compliant
24	**Training and exercising**	**Responder training**	The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards. Individual responders and key decision makers should be supported to maintain a continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role	Fully compliant
25	**Training and exercising**	**Staff Awareness & Training**	There are mechanisms in place to ensure staff are aware of their role in an incident and where to find plans relevant to their area of work or department.	Partially compliant

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
26	**Response**	**Incident Co-ordination Centre (ICC)**	The organisation has in place suitable and sufficient arrangements to effectively coordinate the response to an incident in line with national guidance. ICC arrangements need to be flexible and scalable to cope with a range of incidents and hours of operation required. An ICC must have dedicated business continuity arrangements in place and must be resilient to loss of utilities, including telecommunications, and to external hazards. ICC equipment should be tested in line with national guidance or after a major infrastructure change to ensure functionality and in a state of organisational readiness. Arrangements should be supported with access to documentation for its activation and operation	Fully compliant
27	**Response**	**Access to planning arrangements**	Version controlled current response documents are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.	Fully compliant
28	**Response**	**Management of business continuity incidents**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Fully compliant
29	**Response**	**Decision Logging**	To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure: 1. Key response staff are aware of the need for creating their own personal records and decision logs to the required standards and storing them in accordance with the organisations' records management policy. 2. has 24-hour access to a trained loggist(s) to ensure support to the decision maker	Fully compliant
30	**Response**	**Situation Reports**	The organisation has processes in place for receiving, completing, authorising, and submitting situation reports (SitReps) and briefings during the response to incidents including bespoke or incident dependent formats.	Fully compliant
33	**Warning and informing**	**Warning and informing**	The organisation aligns communications planning and activity with the organisation's EPRR planning and activity.	Fully compliant

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
34	**Warning and informing**	**Incident Communication Plan**	The organisation has a plan in place for communicating during an incident which can be enacted.	Fully compliant
35	**Warning and informing**	**Communication with partners and stakeholders**	The organisation has arrangements in place to communicate with patients, staff, partner organisations, stakeholders, and the public before, during and after a major incident, critical incident, or business continuity incident.	Fully compliant
36	**Warning and informing**	**Media strategy**	The organisation has arrangements in place to enable rapid and structured communication via the media and social media	Fully compliant
37	**Cooperation**	**LHRP Engagement**	The Accountable Emergency Officer, or a director level representative with delegated authority (to authorise plans and commit resources on behalf of their organisation) attends Local Health Resilience Partnership meetings.	Fully compliant
38	**Cooperation**	**LRF / BRF Engagement**	The organisation participates in, contributes to, or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	Fully compliant
39	**Cooperation**	**Mutual aid arrangements**	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating, and maintaining mutual aid resources. These arrangements may include staff, equipment, services, and supplies. In line with current NHS guidance, these arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.	Fully compliant
40	**Cooperation**	**Arrangements for multi area response**	The organisation has arrangements in place to prepare for and respond to incidents which affect two or more Local Health Resilience Partnership areas or Local Resilience Forum (LRF) areas.	Partially compliant
42	**Cooperation**	**LHRP Secretariat**	The organisation has arrangements in place to ensure that the Local Health Resilience Partnership meets at least once every 6 months.	Fully compliant

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
43	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information pertinent to the response with stakeholders and partners, during incidents.	Fully compliant
44	Business Continuity	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) that aligns to the ISO standard 22301.	Fully compliant
45	Business Continuity	Business Continuity Management Systems (BCMS) scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented. A definition of the scope of the programme ensures a clear understanding of which areas of the organisation are in and out of scope of the BC programme.	Partially compliant
46	Business Continuity	Business Impact Analysis/Assessment (BIA)	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).	Fully compliant
47	Business Continuity	Business Continuity Plans (BCP)	The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover, and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure	Fully compliant
48	Business Continuity	Testing and Exercising	The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.	Fully compliant
49	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Fully compliant

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
50	**Business Continuity**	**BCMS monitoring and evaluation**	The organisation's BCMS is monitored, measured, and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Partially compliant
51	**Business Continuity**	**BC audit**	The organisation has a process for internal audit, and outcomes are included in the report to the board. The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.	Fully compliant
52	**Business Continuity**	**BCMS continuous improvement process**	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Fully compliant
53	**Business Continuity**	**Assurance of commissioned providers / suppliers BCPs**	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements align and are interoperable with their own.	Partially compliant

Appendix B: Training Record

Training course	Date	% ICB attendance from Silver and Gold on-call
Incident Management	Nov 2022, June 2023	84%
NHS England Principles of Health Command	October 2023	100%

Appendix C: Exercise Record

Exercises to date	Date	Summary and actions
Communications exercise	May and November 2023	100% call response
Business Continuity tabletop	June 2023	EPRR team to explore a system approach to Business Continuity Management system and review existing BIAs within ICB
Incident Response Plan tabletop	July 2023	Incident Response Plan too complex and not easy to use – EPRR team to undertake a full review of the Incident Response Plan and On-Call Handbook.

Nottingham and Nottinghamshire

Nottingham & Nottinghamshire Integrated Care Board

Integrated Performance Report

Reporting Month: December 2023 / January 2024

Board Month: March 2024

Integrated Performance Report 2023/24 – Report Contents

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 77) 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 78 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 and Mental Health patients being placed in out of area beds. At the end of month ten, the NHS System reported a £119.4 million deficit position, which is £103.3 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 – 73.

NHS Nottingham and Nottinghamshire

1. ICB Scorecard by ICS 4 Aims – Reporting Period December 2023/January 2024

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	Jan-24	3790	3904	✓	-	-
	LD&A Inpatients - ICB	Jan-24	12	16	✗	-	-
	LD&A Inpatients - NHS England	Jan-24	28	31	✗	-	-
	LD&A Inpatients - CYP (NHSE)	Jan-24	3	1	✓	-	-
	No. Personal Health Budgets	Q2 23/24	2175	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	Dec-23	0	1	✗	-	-
	CDI	Dec-23	23	27	✗	-	-
	Ecoli BSI	Dec-23	73	79	✗	-	-
	Klebseilla BSI	Dec-23	21	15	✓	-	-
	Pseudomonas BSI	Dec-23	7	8	✗	-	-
	% Over 65s Flu Vaccinations	Jan-24	-	49.8%	-	-	-
	Planned Care						
	Extended Waits > 78 weeks	Dec-23	0	53	✗		
	Urgent Care						
	12 hour delays from arrival in ED	Jan-24	0	1144	✗		
	Handover delays > 60 minutes	Dec-23	0	1578	✗		
	Length of Stay > 21 days	Jan-24	415	467	✗		

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	Jan-24	-16.1	-119.4		✗ ####	✗ 118.4
	Efficiency Target	Jan-24	138.2	141.7		✓ 3.5	✗ -17.8
	ERF Income	Jan-24	88.5	76.8		✗ 11.7	✗ -7.5
	Agency Spend	Jan-24	-55.3	-67.8		✗ 12.5	✗ -13.9
	MHIS	Jan-24	-	173.4		-	✓ 0.0
	Capital Spend (Plan)	Jan-24	92.3	70.8		✓ 21.5	✗ 7.5

AIM-04	Support Broader Social and Economic Development						
ID	Key Performance Indicators	Date	Plan	Actual	In Monti	Variatio	Assura
	Provider Substantive Staffing	Jan-24	33,639	34,492	✗		
	Provider Bank Staff	Jan-24	1,713	1,993	✗		
	Provider Agency Staff	Jan-24	835	593	✓		
	Provider Staff Turnover	Jan-24	12.2%	10.7%	✓	-	-
	Provider Staff Sickness Absence	Jan-24	5.8%	5.7%	!	-	-
	Primary Care Workforce*	Dec-23	3687	3760	✓		

* 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	Assuranc	Plan	Actual	In Month	Variation	Assuranc
	Planned Care											
	Total Waiting lists	Dec-23	122519	145545	✗			106679	138735	✗		
	Patients Waiting >65 weeks	Dec-23	869	1086	✗			991	1088	✗		
	Referral to Treatment Pathway +18 weeks	Dec-23	-	59993	-	-	-	-	58977	-	-	-
	Elective Value Weighted Activity	To be included in future reports										
	Outpatient Follow-up Reductions	Dec-23	50929	55515	✗			61804	53428	✓		
	Diagnostics +6 weeks Wait	Dec-23	5772	7302	✗			7438	8152	✗		
	Cancer 2 week waits	Dec-23	-	-	-			93%	78%	✗		
	Cancer 31 Day First Treatment	Dec-23	96%	86%	✗			96%	86%	✗		
	Cancer 62 Day Performance (85%)	Dec-23	85%	61%	✗			85%	61%	✗		
	Cancer 62 Day Backlog	Jan-24	-	-	-	-	-	408	526	✗		
	Cancer Faster Diagnosis	Dec-23	77%	79%	✓			77%	79%	✓		
	Urgent Care											
	Ambulance Cat 1 Response (mean)	Jan-24	00:07:00	00:08:42	✗			-	-	-	-	-
	Ambulance Cat 2 Response (mean)	Jan-24	00:18:00	00:48:07	✗			-	-	-	-	-
	ED 4 hour waits	Jan-24	-	-	-	-	-	67.0%	60.8%	✗	-	-
	% Beds Occupied with no criteria to reside	Jan-24	-	-	-	-	-	239	369	✗	-	-
	% Bed Occupancy	Jan-24	-	-	-	-	-	92.2%	94.6%	✗	-	-
	Community											
	Community Waits - Adult	Dec-23	7934	8740	✗			-	-	-	-	-
	Community Waits - CYP	Dec-23	1867	2108	✗			-	-	-	-	-
	Primary Care											
	GP Appointments	Dec-23	544924	556923	✓			-	-	-	-	-
	GP Appointments < 14 days (85%)	Dec-23	85%	79%	✗			-	-	-	-	-
	% Units of Dental Activity	To be included in future reports						-	-	-	-	-
	NHS App	Jan-24	60%	54%	✗			-	-	-	-	-
	Mental Health											
	Talking Therapies Access	Dec-23	8286	7190	✗			-	-	-	-	-
	Talking Therapies Recovery Rate	Dec-23	50%	51%	✓			-	-	-	-	-
	Dementia Diagnosis Rates	Dec-23	67%	71%	✓			-	-	-	-	-
	Perinatal Access	Dec-23	1298	1280	✗			-	-	-	-	-
	Individual Placement Support Access	Dec-23	846	993	✓			-	-	-	-	-
	EIP < 2 weeks referral	Nov-23	60%	83%	✓			-	-	-	-	-
	CYP Access	Dec-23	16300	18975	✓			-	-	-	-	-
	Out of Area Placements	Nov-23	0	870	✗			-	-	-	-	-
	SMI Physical Health Checks	Jan-24	7029	5241	✗			-	-	-	-	-
	SMI Access to Community Services	Dec-23	16000	14350	✗			-	-	-	-	-

Quality Scorecard

Quality Scorecard – January 2024	Latest Period	Plan	Actual	Variance	Exception Report
Learning Disability & Autism					
LD&A Inpatients Rate Adults – ICB	Jan 24	12	16	4	Section 01
LD&A Inpatients Rate Adults – NHSE	Jan 24	28	31	3	
LD&A Inpatients Rate CYP – NHSE	Jan 24	3	1	2	
LD&A Annual Health Checks	Jan 24	3790	3904	114	
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 ICB					
MRSA	Dec 23	0	1	-1	Section 08
C-Diff	Dec 23	23	27	-4	
Ecoli BSI	Dec 23	73	79	-6	
Klebseilla BSI	Dec 23	21	15	+6	
Pseudomonas BSI	Dec 23	7	8	-1	

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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	Jan-24	22444	24895	✗ 2451		
111 Calls Answered - ICB Population	Jan-24	-	31262	-		

Pre-Hospital - Alternatives to ED

Name	Latest Period	Plan	Actual	Variance	V	A
Urgent Care Response (UCR) - ICB Population	Dec-23	286	976	✓ 690		
UCR Response % - ICB Population	Dec-23	70.0%	97.4%	✓ 27.4%		

Front Door - Flow Volumes

Name	Latest Period	Plan	Actual	Variance	V	A
Ambulance Conveyances to ED (Vol)	Jan-24	7513	7358	✓ -155		
Ambulance Conveyances to ED (%)	Jan-24	53.3%	45.0%	✓ -8.3%		
Total A&E Attendances - ICB Population	Jan-24	-	39072	-		

In-Hospital Flow

Name	Latest Period	Plan	Actual	Variance	V	A
Total NEL admissions - ICB Population	Dec-23	-	11173	-		
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	-	-	-	-		
Length of Stay > 21 days	-	-	-	-		
Pthy 0 - Discharges Home	Jan-24	7514	11266	✓ 3752		
Pthy 1 - Disch home w/ hlth and/or social care	Jan-24	1212	1041	✗ -171		
No. Patients utilising Virtual Ward	Jan-24	195	195	✓ 0		

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	Jan-24	33955	33366	✓ -589		

In-Hospital Flow

Name	Latest Period	Plan	Actual	Variance	V	A
Total NEL admissions - ICB Provider	Dec-23	12685	11554	✓ -1131		
NEL Conversion Rate from ED Atds - %	Dec-23	-	34.9%	-		
SDEC % of Total Admissions - ICB Provider	Dec-23	33.0%	34.0%	✓ 1.0%		
% Bed Occupancy - ICB Provider	Jan-24	92.2%	94.6%	✗ 2.4%		

Flow out of Hospital

Name	Latest Period	Plan	Actual	Variance	V	A
Number of MSFT > 24 Hours	Jan-24	138	267	✗ 129		
No Criteria to Reside	Jan-24	239	369	✗ 130		
Length of Stay > 21 days	Jan-24	415	467	✗ 52		
Pthy 0 - Discharges Home	-	-	-	-		
Pthy 1 - Disch home w/ hlth and/or social care	-	-	-	-		
No. Patients utilising Virtual Ward	Jan-24	-	179	-		

3a. Service Delivery Scorecard - Urgent 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)	Jan-24	00:07:00	00:08:42	00:01:42		
Ambulance (mean) resp time Cat 2 (Notts)	Jan-24	00:18:00	00:48:07	00:30:07		
% Cat 2 waits below 40 minutes (Notts)	Jan-24	90.0%	43.8%	-46.2%		
Ambulance resp time Cat 3 - 90th Centile *	Jan-24	02:00:00	07:12:17	05:12:17		
Ambulance resp time Cat 4 - 90th Centile *	Jan-24	03:00:00	09:17:04	06:17:04		

Acute Performance Compliance

Name	Latest Period	Plan	Actual	Variance	V	A
Hospital Handover Delays > 30 Minutes	Jan-24	-	4068	-		
Hospital Handover Delays > 60 minutes	Jan-24	-	2416	-		
Ambulance Total Hours Lost	Jan-24	-	7796	-		
A&E 4hr % Perf (All)	-	-	-	-		
12 Hour Breaches ED	Jan-24	-	1144	-		
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	Jan-24	-	3642	-		
Hospital Handover Delays > 60 minutes	Jan-24	0	2242	2242		
Ambulance Total Hours Lost	Jan-24	-	7323	-		
A&E 4hr % Perf (All)	Jan-24	67.0%	60.8%	-6.3%		
12 Hour Breaches ED	Jan-24	0	1144	1144		
12 Hour Breaches as % ED Atds	Jan-24	2.0%	3.4%	1.4%		

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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	Dec-23	122519	145545	✗ 23026		
Incomplete RTT pathways >52 Wks	Dec-23	3950	5031	✗ 1081		
Incomplete RTT pathways >65 Wks	Dec-23	869	1086	✗ 217		
Incomplete RTT pathways >78 Wks	Dec-23	0	53	✗ 53		

Elective Recovery - Activity

Name	Latest Period	Plan	Actual	Variance	V	A
Total Referrals	Dec-23	-	21394	-		
Total Ordinary Electives	Dec-23	1821	2009	✓ 188		
Total Daycases	Dec-23	11333	12826	✓ 1493		
Total Outpatients 1st (Spec Acute)	Dec-23	23859	24779	✓ 920		
Total Outpatients FUp (Spec Acute)	Dec-23	50929	55515	✓ 4586		
Total Diagnostic Activity (Key 15)	Dec-23	-	38562	-		

Elective Recovery - Productivity & Transformation

Name	Latest Period	Plan	Actual	Variance	V	A
Total Outpatients - Virtual(%)	Dec-23	25.0%	18.7%	✗ -6.3%		
Patient Initiated Fups (%)	-	-	-	-		
Advice and Guidance (% of 1st OP)	Dec-23	28	26	✗ -2		
Completed Adm RTT Pathways	Dec-23	5272	4431	✗ -841		
Completed Non-Adm RTT Pathways	Dec-23	23130	21573	✗ -1557		

Provider

Elective Recovery - Total Waiting List & Long Waits

Name	Latest Period	Plan	Actual	Variance	V	A
Total Waiting List Size	Dec-23	106679	138735	✗ 32056		
Incomplete RTT pathways >52 Wks	Dec-23	973	5056	✗ 4083		
Incomplete RTT pathways >65 Wks	Dec-23	991	1088	✗ 97		
Incomplete RTT pathways >78 Wks	Dec-23	0	51	✗ 51		

Elective Recovery - Activity

Name	Latest Period	Plan	Actual	Variance	V	A
Total Referrals	Dec-23	-	19123	-		
Total Ordinary Electives	Dec-23	2360	1995	✗ -365		
Total Daycases	Dec-23	11750	12105	✓ 355		
Total Outpatients 1st (Spec Acute)	Dec-23	24796	22774	✗ -2022		
Total Outpatients FUp (Spec Acute)	Dec-23	61804	53428	✗ -8376		
Total Diagnostic Activity (Key 15)	-	-	-	-		

Elective Recovery - Productivity & Transformation

Name	Latest Period	Plan	Actual	Variance	V	A
Total Outpatients - Virtual(%)	Dec-23	25.0%	19.2%	✗ -5.8%		
Patient Initiated Fups (%)	Dec-23	5.0%	4.7%	✗ -0.3%		
Advice and Guidance (% of 1st OP)	Dec-23	-	18	-		
Completed Adm RTT Pathways	Dec-23	5983	3828	✗ -2155		
Completed Non-Adm RTT Pathways	Dec-23	21706	19584	✗ -2122		

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	Dec-23	33905	34750	✓ 845		
Diagnostic Waiting List	Dec-23	24611	23024	✓ -1587		
Diagnostic Backlog	Dec-23	5772	7302	✗ 1530		
Diagnostics +6 Wks	Dec-23	23.5%	31.7%	✗ 8.3%		

Provider

Name	Latest Period	Plan	Actual	Variance	V	A
Total Diagnostic Activity	Dec-23	30664	30991	✓ 327		
Diagnostic Waiting List	Dec-23	26294	23138	✓ -3156		
Diagnostic Backlog	Dec-23	7438	8152	✗ 714		
Diagnostics +6 Wks	Dec-23	28.3%	35.2%	✗ 6.9%		

Cancer Recovery

Population

Name	Latest Period	Plan	Actual	Variance	V	A
Cancer 2ww %	-	-	-	-		
Cancer - Faster Diag Std 28 Days	Dec-23	77.0%	79.0%	✓ 2.0%		
Cancer - No. 1st Definitive Treatments	Dec-23	-	678	-		
Cancer - No.receiving 1st Trt <31 days %	Dec-23	96.0%	86.1%	✗ -9.9%		
Cancer - No. patients waiting <62 days %	Dec-23	85.0%	60.6%	✗ -24.4%		
Cancer - 62 day backlog	-	-	-	-		

Provider

Name	Latest Period	Plan	Actual	Variance	V	A
Cancer 2ww %	Dec-23	93.0%	77.6%	✗ -15.4%		
Cancer - Faster Diag Std 28 Days	Dec-23	77.1%	79.0%	✓ 1.9%		
Cancer - No. 1st Definitive Treatments	Dec-23	-	826	-		
Cancer - No.receiving 1st Trt <31 days %	Dec-23	96.0%	86.1%	✗ -9.9%		
Cancer - No. patients waiting <62 days %	Dec-23	85.0%	60.6%	✗ -24.4%		
Cancer - 62 day backlog	Jan-24	408	526	✗ 118		

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3c. Service Delivery - Mental Health Scorecard

Population

Mental Health - Talking Therapies (Previously IAPT)

Name	Latest Period	Plan	Actual	Variance	V	A
Talking Therapies - Referrals	Dec-23	-	2650	-		
Talking Therapies- 1st Treatment <6 Weeks	Dec-23	75.0%	96.2%	✓ 21.2%		
Talking Therapies- 1st Treatment <18 Weeks	Dec-23	95.0%	100.0%	✓ 5.0%		
Talking Therapies - Entering Treatment (3mth)	Dec-23	8286	7190	✗ -1096		
Talking Therapies- >90 Days 1st & 2nd Treatment	Dec-23	10.0%	37.8%	✗ 27.8%		
Talking Therapies- Recovery Rate (3mth Rolling)	Dec-23	50.0%	51.4%	✓ 1.4%		

Mental Health - Adult Mental Health

Name	Latest Period	Plan	Actual	Variance	V	A
Adult MH IP Discharges - % Fup 72 hours	Nov-23	80.0%	67.0%	✗ -13.0%		
Inappropriate OAP Bed days	Nov-23	0	870	✗ 870		
Rate per 100,000 Older Adult MH LOS > 90 Days	Nov-23	8	9	✗ 1		
SMI Health Checks	Jan-24	7029	5241	✗ -1788		
Access SMI +2 Contacts Community MH Services	Dec-23	16000	14350	✗ -1650		
Dementia Diagnosis	Dec-23	66.7%	70.7%	✓ 4.0%		

Mental Health - Access

Name	Latest Period	Plan	Actual	Variance	V	A
Perinatal Access % (12 month rolling)	Dec-23	10.0%	9.9%	✗ -0.1%		
Perinatal Access - Volume	Dec-23	1298	1280	✗ -18		
Individual Placement Support	Dec-23	846	993	✓ 147		
Early Intervention in Psychosis (EIP)	Nov-23	60.0%	83.0%	✓ 23.0%		

Mental Health - Children & Young People

Name	Latest Period	Plan	Actual	Variance	V	A
CYP - New Referrals	Dec-23	-	1655	-		
CYP Eating Disorders - Routine Ref Perf (Qtr)	Dec-23	95.0%	88.0%	✗ -7.0%		
CYP Eating Disorders - Urgent Ref Perf (Qtr)	Nov-23	95.0%	100.0%	✓ 5.0%		
CYP Access (1+ Contact) (12 Mth Rolling)	Dec-23	16300	18975	✓ 2675		

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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	Dec-23	544924	556923	✓ 11999		
% Face to Face Appointments	Dec-23	-	68.4%	-		
% Same Day Appointments	Dec-23	-	44.6%	-		
% Pts able to book within 2 Weeks	Dec-23	85.0%	78.5%	✗ -6.5%		
Number of NHS App Registrations	Jan-24	60.0%	53.8%	✗ -6.2%		
Community Waiting List (0-17 years)	Dec-23	1867	2108	✗ 241		
Community Waiting List (18+ years)	Dec-23	7934	8740	✗ 806		

4. Finance Scorecard

Indicator Measure	22/23 Actual	YTD Variance £m's Plan	Actuals	Variance	YE FOT Variance £m's Plan/ Ceiling/ Envelope	FOT	Variance	RAG YTD	FOT
Financial Sustainability (Variance from b/e)	-13.9	-16.1	-119.4	**-103.3**	0.0	-118.4	**-118.4**		
Pay Spend		-1,456.0	-1,534.8	**-78.7**	-1,735.7	-1,830.5	**-94.8**		
Agency Spend vs Plan	-87.1	-55.3	-67.8	**-12.5**	-62.9	-76.8	**-13.9**		
Normalised Ave. Monthly Pay Run Rate	-143.1	-145.6	-153.5	**-7.9**	-144.6	-152.5	**-7.9**		
Financial Efficiency Vs Plan	102.8	138.2	141.7	**3.5**	192.7	174.9	**-17.8**		
Recurrent Efficiencies	44.8	111.5	54.7	**-56.7**	147.6	82.2	**-65.4**		
Achievement of MHIS	190.7		173.4		208.3	208.3	**0.0**		
Agency Spend Vs Ceiling	-87.1		-67.8		-68.7	-76.8	**-8.1**		
Agency Spend - off framework usage	10%	0%	4%	**-4%**					
Agency Spend - price cap compliance rate	56%	100%	53%	**-47%**					
Agency - non-medical admin & estates/total agency		0%	12%	**-12%**					
WTE (Provider)	33,799	33,584	34,415	**-831**					
Implied Acute Productivity (M8 2023/34)	-16%		-19%		-5%				
Capital Spend Vs System Envelope (inc IFRS16)	85.2	92.3	70.8	**21.5**	105.9	113.4	**-7.5**		
Elective Recovery Fund Performance (exc A&G)		88.5	76.8	**-11.7**	104.0	96.5	**-7.5**		

- The system is experiencing a £119.4m deficit to the end of month 10, which is £103.3m adverse to plan.
- The YTD deficit includes the impact of £13.1m relating to the industrial action (IA) in December 2023 & January 2024.
- The adverse variance is seen in all 4 NHS partner organisations, with NUH being the largest component (£65.7m).
- Month 10 has seen a £6.6m in-month deficit (which includes the IA impact in December & January of £8.3m) leaving a residual £1.7m surplus before IA impact.
- The FOT deficit position is £118.4m which is made up of the NHSE agreed deficit position of £92.9m, an increase in the FOT position at NHT of £12.5m (from M9 £9.5m to £22m) and the impact of the IA in Dec/Jan of £13.1m (increase from M9 of £0.6m at NUH).
- Efficiency delivery is £3.4m favourable to plan with £141.7m delivered to month 10. The forecast is a £17.8m shortfall in efficiency delivery due to the high level of efficiencies planned in the final quarter & schemes not fully delivering.
- Recurrent efficiencies are £56.7m 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	Exception Report
Workforce	Total WTE Substantive Workforce	Jan-24	33639.1	34492.2	853.1	Section 9
	Bank Staff	Jan-24	1713	1993.3	280.3	
	Agency Staff	Jan-24	834.6	593.1	-241.5	
	12 Month Rolling Average Sickness Absence %	Jan-24	5.8%	5.72%	-	
	12 Month Rolling Average Staff Turnover %	Jan-24	12.2%	10.7%	-	
	12 Month Rolling Average Staff Appraisals%	Jan-24	95.0%	82.0%	-	
	12 Month RollingAverage Mandatory Training %	Jan-24	90.0%	85.0%	-	
	Total WTE Primary Care Workforce *	Dec-23	3687	3760	73	

* Quarterly target figures requested in the Operational Plan Submission

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Quality Integrated Performance Report

January 2024

Enhanced Oversight

01 - Exception Report Learning Disability & Autism

02 - Exception Report Maternity

03 - Exception Report Special Educational Needs and Disabilities

04 - Exception Report Looked After Children

05 - Exception Report Children & Young People

06 - Exception Report Vaccinations

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 Patient Safety

08 - Exception Report Infection Prevention & Control

Quality Scorecard

Quality Scorecard – January 2024	Latest Period	Plan	Actual	Variance	Exception Report
Learning Disability & Autism					
LD&A Inpatients Rate Adults – ICB	Jan 24	12	16	4	Section 01
LD&A Inpatients Rate Adults – NHSE	Jan 24	28	31	3	
LD&A Inpatients Rate CYP – NHSE	Jan 24	3	1	2	
LD&A Annual Health Checks	Jan 24	3790	3904	114	
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 ICB					
MRSA	Dec 23	0	1	-1	Section 08
C-Diff	Dec 23	23	27	-4	
Ecoli BSI	Dec 23	73	79	-6	
Klebseilla BSI	Dec 23	21	15	+6	
Pseudomonas BSI	Dec 23	7	8	-1	

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Enhanced Oversight

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

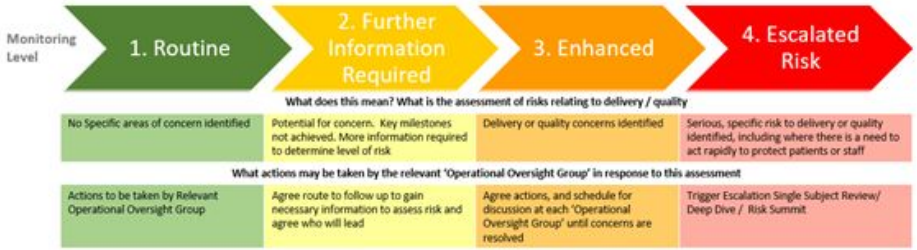
Delivery or quality concerns identified

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 Maternity
- 03 - Exception Report Special Educational Needs and Disabilities
- 04 - Exception Report Looked After Children
- 05 - Exception Report Children & Young People
- 06 - Vaccinations



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

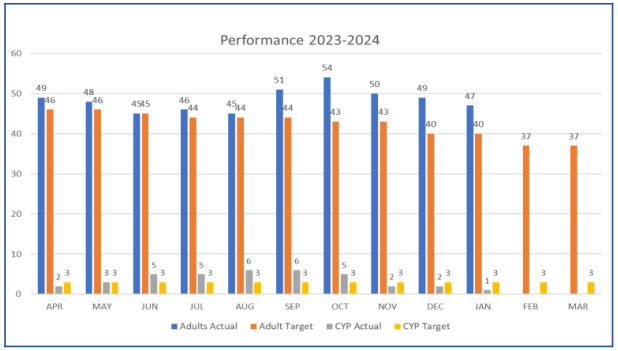
01. Exception Report Learning Disability & Autism

Reporting Period:
01 January 24 – 31 January 24

NHS
Nottingham and Nottinghamshire

Learning Disability and Autism (LD&A)

Learning Disability and Autism (LD&A) Inpatient

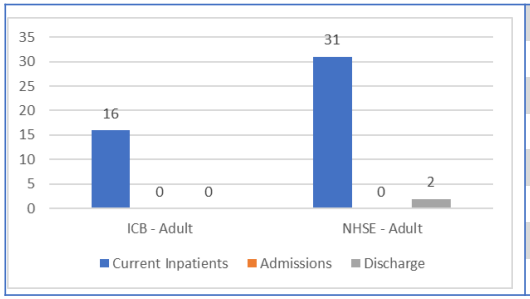


Data Cut-Off Date: 31/01/2024

Explanatory Note/Insight Analysis and Assurance:
Adult Inpatient Trajectories:
Our current adult inpatient number stands at **47** (which is 7 below the position we started on at the end of March 2023). This is a decrease of 2 since the end of December and **puts us 7 above our trajectory.** This is due to 1 discharge from LSU into the community and 1 transfer back to prison from a mental health secure bed. There have been no admissions for the month of January. There have been no prison transfers and no autism late diagnoses within the mental health inpatient pathway notifications for January 2024.

Children & Young People Inpatient Trajectories: We have a total of **1 CYP** in an inpatient setting, which is **2 below trajectory** as there has been a discharge in January. There have been no CYP admissions for the month of January.

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

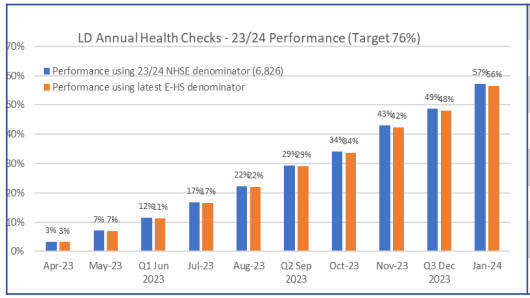


Jan -24
47
Admissions
0
Discharges
2
SPC Variation
-

Data Cut-Off Date: 31/01/2024

Explanatory Note/Insight Analysis and Assurance – During January 2024 there have been two discharges and zero admissions

Learning Disability Annual Health Checks



Jan-24
3904
% NHSE denom.
57%
% EHS denom.
56%
SPC Variation
-

Data Cut-Off Date: 01/02/2024

Explanatory Note/Insight Analysis and Assurance: As at 1st February 2024, there have been 3904 health checks completed in 2023/24 across the ICS, putting performance against this year's denominator set by NHSE at the start of the year (based on the previous all age QOF GP LD register) at 57% and 56% against the GP LD register on E-Healthscope (14 years and over). AHCs are now ahead of trajectory after falling slightly behind last month.

01. Exception Report Learning Disability & Autism

Reporting Period:
01 January 24 – 31 January 24

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 ensure senior oversight of quality & performance

Current Position

A monthly Summit meeting has been put into place with system Chief Executives and senior directors to address oversight and assurance of arrangements and ensure there are sufficient oversight assurance and plans in place following the significant increase in adult inpatient admissions. A series of actions to support recovery have been agreed including the rapid development of a clinically led diagnosis pathway group and a refresh of the Learning Disability & Autism (LDA) Executive Partnership Board membership. As part of the NHSE support offer, the National Development Team for Inclusion (NDTi) have undertaken a support review to focus on inpatient performance. Key findings were shared with the LDA Executive Partnership Board 30 January 2024 with the full report being presented to Operational Delivery Group on 27 February 2024. An action plan, addressing recommendations will be developed.

NHSE have advised that a follow up visit on inpatient performance from Minister Caulfield will occur at some point in the future.

The Monthly System Adult Inpatient Performance Meeting took place on 20 December 2023 with NHS England region, which focused on discharge pipeline and projected inpatient targets for March 2024.

Inpatient performance

Adult Inpatients: Our current adult inpatient number stands at **47** (which is 7 below the position we started on at the end of March 2023). This is a decrease of 2 since the end of December and **puts us 7 above our trajectory.** This is due to 1 discharge from LSU into the community and 1 transfer back to prison from a mental health secure bed. There have been no admissions for the month of January. There have been no prison transfers and no autism late diagnoses within the mental health inpatient pathway notifications for January 2024.

Children & Young People Inpatients: We have a total of **1 CYP** in an inpatient setting, which is **2 below trajectory** as there has been a discharge in January. There have been no CYP admissions for the month of January.

Actions Being Taken & Next Steps

Monthly Summit meetings are in place with system leadership across health and social care to support pace of change

Admission avoidance through Dynamic Support Register (DSR) to continue to manage admission avoidance with a significant number of individuals both adults and CYP, currently being supported via community multidisciplinary teams in conjunction with social care and education support systems.

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. An improvement action plan has been developed and is monitored monthly through the neurodevelopmental assessment steering group, with oversight from the Operational Delivery Group and the Learning Disabilities and Autism Executive Partnership Board.

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

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

Reporting Period:
01 January 24 – 31 January 24

NHS
Nottingham and Nottinghamshire

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

System Quality Group Oversight – Enhanced

Rationale for oversight level: There have been delays to lead trainer recruitment.
There is recognised risk to delivery of training to relevant staff because of operational pressures, the restrictions on the number of staff who can attend each training session, and the infrastructure required to include health and social care organisations from across the system, all of which have different learning management systems, staff training priorities and organisational pressures of their own.

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 around 3% of staff
  - 10% requiring Tier 2 – the pilot will deliver training to around 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 to evaluate and revise recruitment methods, support needed and the cost of the roll-out.
- Two lead trainers have been recruited, to start 01 February 2024. Lead “train the trainer” training is only available from NHSE in mid-March 2024. Tier 1 “train the trainer” training is available in February and March 2024 but experts by lived experience still need to be recruited as co-trainers. Delays in the recruitment of lead trainers has put the scope of the pilot at risk. It is likely that we will not be in a position to develop the infrastructure to deliver Tier 2 training this financial year.

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
- Roll out of delivery may slip due to trainer capacity and ability of staff to attend training, due to operational pressures, strikes and financial pressures on frontline services.
- There is a risk that any training sessions being delivered as part of the pilot may not be filled to capacity due to pressures on staff in provider services, which impacts on resource available for future roll-out
- CQC regulated providers are seeking to comply with legislation (and their contracts) by providing training for their staff. Limited training capacity will impact on their ability to comply

Actions Being Taken & Next Steps

- The Oliver McGowan programme team are exploring all options for delivery, including purchasing sessions from external providers, while system infrastructure to deliver the training ourselves is being developed.
- 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.
- Discussions have been held to update NHSE on our position and discussions will be held with CQC to understand likely impact on inspection outcomes.

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 April 2024 at the earliest. Primary care staff training will need to complete this training. Discussions with the Local Medical Council (LMC) are planned.
- 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 Memorandum Of Understanding MOU, will not be met for 2023/24. NHSE are aware and are in agreement with pilot plans.

02. Exception Report Maternity

Reporting Period:
01 January 24 – 31 January 24

NHS Nottingham and Nottinghamshire

Local Maternity & Neonatal System (LMNS)

Maternity Incentive Scheme Year 5

Safety Action	Safety action requirements	NUH Requirement met?	SFH Requirement met?
1	Are you using the National Perinatal Mortality Review Tool to review and		
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?		
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?		
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?		
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?		
6	Can you demonstrate that you are on track to fully implement all elements of the Saving Babies' Lives Care Bundle Version Three?		
7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users		
8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?		
9	Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?		
10	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023?		

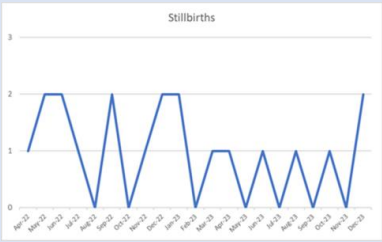
SFHFT have declared 100% compliance with all ten safety actions, based on the reporting timeframes and the technical guidance. The evidence bundle for each element is maintained on a shared Futures NHS platform and has been reviewed and validated through LMNS governance structures.

NUHT have declared compliance with five of the ten safety actions, based on the reporting timeframes and the technical guidance. Relevant evidence has been reviewed through LMNS governance structures and shared where applicable (including associated action plans for elements not met) via the Perinatal Quality Surveillance workstream.

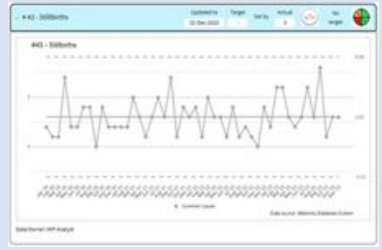
After two recent incidents involving the homebirth service at NUHT, the decision has been made to temporarily suspend the service for one month, then re-review. The decision was made with support from NHSE colleagues, and all appropriate actions, as per RCM Guidance, have been completed following the suspension.

Q3 data has been provided directly from the Trust analysts and represents data from Oct-Dec 2023.

- There were 3 stillbirths at SFHFT in Q3, although December 2023 appears to show a spike, the numbers are small and therefore overall rates are average for the trust.
- There were no neonatal deaths in Q3 at SFHFT



There were 7 stillbirths at NUHT in Q3, which represents 3.65% of all births, this shows an improvement compared to the 3 months previous.
There were 6 neonatal deaths in Q3 at NUHT which shows an increase on the 3 months previous.



Following evaluation of SFHFT Phoenix Teams financial incentive scheme to encourage pregnant people to set a quit-smoking date, an academic article has been published by the European Journal of Marketing. The article findings showed that the incentive scheme and appropriate support from clinicians have been shown to encourage pregnant people to set a quit date. The tobacco dependency practitioners helped remove barriers, such as the perception of the stigmatisation of smoking when pregnant. The practitioners also helped pregnant people make informed decisions to support successful behaviour change. The impact of the scheme resulted in improved infant health indicators.

SFHFT took the decision to suspend the use of aromatherapy last year, after a gap analysis identified issues in the service, have since updated the guideline and undertaken a program of training by a Midwife who has completed a Diploma in Aromatherapy.

The decision has therefore been made to reinstate the service, the aromatherapy oils offered are limited compared to previous and they are offering only at 'maternal request' as NICE guidance states. They have informed the regional chief midwife of this decision.

Content Author: Sarah Pemberton | **Exec Lead:** Rosa Waddingham | **System Oversight:** System Quality Group | **ICB Committee:** Quality & People Committee

02. Exception Report Maternity

Reporting Period:
01 January 24 – 31 January 24

NHS Nottingham and Nottinghamshire

Local Maternity & Neonatal System (LMNS)

System Quality Group Oversight – Enhanced

Rationale for oversight level: NUHT maternity remains under external scrutiny with active involvement with the Maternity Safety Support Programme. Improvements noted in governance, engagement and some clinical outcomes although not yet consistently embedded.

Current Position

LMNS Executive Partnership Board agreed to a revised governance structure for the programme work and the system RISK log is being updated to reflect where to focus best efforts for improvements.

Perinatal Pelvic Health Services – Clinical Leads in post at SFHFT & NUHT.
CardMedic Launch on track for February 2024.

Perinatal Quality Surveillance workstream
Both Trusts have submitted their Maternity Incentive Scheme year five declarations, including for NUHT associated action plans. Governance, assurance, planning and escalation of concerns have been notably streamlined during this reporting period, which will provide a strong foundation for the launch of year six standards.

The LMNS incident review panel will transition in line with Patient Safety Incident Response Framework (PSIRF) learning and improvement. All members of the well-established group are keen to retain the combined expertise and support and the approach and updated terms of reference are in development.

The LMNS Executive Partnership Board received limited assurance from the Dashboard subgroup around the dashboard capabilities and analyst capacity. The risks arising from this and mitigations / plans in place to resolve are the subject of a deep dive report which will be tabled at the next ICB Quality & People Committee in March 2024.

Actions Being Taken & Next Steps

- LMNS Oversight & Assurance Panel are mapping baselines measures, workstream activity and insight visits to the objectives in the three year delivery plan. The aim is to be prepared if/when NHSE ask how we are meeting their requirements.
- Role descriptors are being written for the new Maternity Neonatal Voices Partnership (MNVP) model – recruitment is hoped to go live in the next financial year.
- Processes and documentation to support the Independent Senior Advocate go live date are being finalised with guidance from NHSE.
- Perinatal Pelvic Health Services – Service planning and development through Q4 2023.

Risks & Escalations

- LMNS equity plans and funding allocations Equality, Quality & Impact Assessment (EQIA) has been reviewed and endorsed as part of wider ICB discussions around financial recovery.
- Maternity and neonatal health inequalities are discussed in separate papers for Finance & Performance Committee and Strategic Planning & Investment Committee at end of January 2024.
- Preterm Birth Clinics – Recruitment paused due to financial recovery activity. Aiming to recruit through Q4 to commence Q1 2024. Risk of further delays to development of NHSE mandated preterm birth clinics.
- Tongue Tie division at NUHT – Paediatrics no longer has capacity, therefore only 3 appointments will be available on a fortnightly basis. SFHFT continues to take some referrals, however the waiting list is increasing, which will impact breastfeeding for those families. MNVP is gathering feedback.

03. Exception Report Special Educational Needs and Disabilities

Reporting Period:
01 January 24 – 31 January 24

NHS
Nottingham and Nottinghamshire

Special Educational Needs & Disabilities (SEND)

System Quality Group Oversight – Enhanced

Rationale for oversight level:

- Limited resources and clear governance for SEND within ICB Children's Commissioning and transformation teams continue to impact on the ICS being able to make improvements in a timely manner, impacting on the quality of provision for SEND population health inequalities further. This may lead to poor patient experience, adverse clinical outcomes and/or safety issues for the children and young people with SEND, in Nottingham and Nottinghamshire.
- These risks are system wide and impact similarly on experiences for Children and Young People (CYP) with SEND in Nottingham City local area, in addition to the local authority's financial challenges.

Current Position

- A stocktake for Nottinghamshire county was presented to SEND Improvement Board 12 of January 2024, awaiting formal outcome from the Department for Education (DfE) leads, this was reported to have been received positively.
- Restructure of the SEND improvement programme has been implemented. A programme management model has been implemented to provide clear oversight and monitoring of activity being undertaken for improvements.
- A final RISE event has been planned to consolidate the work undertaken locally to have a system approach to the development of agreed SEND outcome measures framework and strategy.
- To respond to the one-year anniversary of the Nottinghamshire joint local area SEND inspections, six stakeholder engagement events (face-to-face) are to be hosted across the local area in March 2024. Aims are to provide an update on the local area partnership improvement progress, seek consultation on RISE outcome measures agreed to support development and publication of SEND Outcome Strategy.
- A call for a review of current arrangements to support meeting the needs of children with medical conditions and complex health needs in education settings and accessing transport services is required to address the persistent challenges and risks preventing children to be able to access their legal right to education. Whilst this is a small cohort of SEND population the risks place both the ICB and Local authorities in a vulnerable position, in relation to reputational damage and increasing financial implications. Papers have been presented to both local area Partnership Assurance Improvement Groups (PAIG) to seek approval and buy in from members to have a system approach to agreeing future integrated arrangements.
- An Interim Education Board (IEB) has been established to respond to significant concerns relating to Derrymount Special school post Ofsted inspection outcomes highlighting safeguarding concerns. The Designated Clinical Officer for SEND has been asked to be a board member until transfer to an Academy.
- Nottingham University Hospitals Trust (NUHT) have provided evidence that due to resource/capacity they are experiencing challenges to meeting Education, Health and Care (EHC) assessment statutory duties, awaiting further advice on mitigations to respond to these challenges. There are some challenges in obtaining evidence of performance from Sherwood Forest Hospital Foundation Trust (SFHFT) and Doncaster and Bassetlaw (DBHT) Hospitals. Limited data intelligence for performance and quality has been escalated to ICB commissioners, contracting and quality teams. Work on the data SEND dashboard will improve data quality. Ongoing amendments to contracts to encourage partners to provide this assurance/exceptions. Nottinghamshire Healthcare Foundation Trust (NHCFT) and CityCare partnership have agreed for this to be included and have started reporting as of Q3.
- Escalation of delays in SFHFT Community paediatric services, responding to or participating in providing responses to EHC Plan annual reviews, has been made to SFHFT SEND executive lead, awaiting a response to advise of challenges and mitigations being put in place to improve,
- **Tribunals 'Extended Appeals'** raised against health provision ICB accountable for within EHC Plans; 9 Open (**1 heard and awaiting deliberation for non-binding recommendations)**, 2 Stayed and 1 Closed.

Actions Being Taken & Next Steps

- Seeking external facilitator/Chairs to mediate strategic meeting amongst SEND system partnership to address challenges for children with medical conditions and complex health needs in education settings and accessing transport services. Funding has been agreed to be sourced from Nottinghamshire SEND leadership funding.
- Continue co-ordination and management of complaints being received from parent carers in relation to the limited progress of the improvements required to outcomes for children and young people with SEND
- Planning with RISE programme for final event to support development of SEND Strategy.
- Planning for the stakeholder engagement events to update system partners and parent carers in progress of improvements and consult on future involvement needs.
- ICB quality and commissioning leads have explored commissioning a quality benchmarking tool specific for SEND solutions. A decision was made not to progress with this unless this can offer a system integrated assurance tool and not ICB specific.
- Outcome leads for the Nottinghamshire SEND Improvement programme have collectively produced an Outcome Delivery Plan to provide assurance of improvement arrangements to the SEND Improvement Board.
- Performance and Quality reporting and assurance is being captured in Outcome 4 workstream for Nottinghamshire SEND improvement programme.
- Contributing to Quality planning task and finish group for short- and long-term quality schedule 4. To ensure that SEND is prioritised to enable partners to provide assurance when discharging their responsibilities. Additional meeting to be arranged to obtain the detail required. To include other vulnerable cohorts; LAC, Safeguarding, CYP.
- Follow up delays in progressing amendments to contracts for providers to be able to provide performance intelligence for statutory duties for EHC Plans.

Risks & Escalations

- Risks are highlighted on the Operational Risk Register ORR129 with actions and clear mitigations detailed.
- The Nottingham City SEND partnership leaders do not have strong strategic oversight of the agreed SEND priorities or actions being undertaken to bring about improvement. Significant risk of receiving a similar outcome to that of their neighbours in Nottinghamshire should they receive a joint local area SEND inspection on the new framework.

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

04. Exception Report Looked After Children

Reporting Period:
01 January 24 – 31 January 24

NHS Nottingham and Nottinghamshire

Looked After Children (LAC)

System Quality Group Oversight – Enhanced

Rationale for oversight level: There have been some improvements across the system for the statutory health assessments for looked after children (although there remains some specific significant delays) which could have an impact on children.

Current Position

IHA referrals received and IHA delivered Quarter 1 & 2

2023 - 2024						
	DBHT		SFHFT		NUHT	
Total No. (+ %)	Q1*	Q2*	Q1	Q2	Q1*	Q2*
Total IHA referrals received	15	23	59	47	121	140
Total IHAs completed *(correctly consented and minus exemptions)*	11 = 73%	6 = 23%	30= 60%	27 = 100%	102= 84.3%	124= 88%
IHA completed and sent within 20 days *(Statutory Measure)*	10 = 67%	6 = 23%	15 = 30%	<5 = 14%	<5= 4%	19= 13.6%

- DBHT- there has been a significant reduction in compliance for IHA statutory timeframe in quarter 2. It should be noted that DBHT have implemented the new KPI metrics. ICB commissioners will meet to explore any potential challenge or risk. This is expected to be an anomaly and will be monitored.
- SFHFT – there has been a reduction in compliance, future quarters will be fully staffed it is anticipated performance will recover by quarter 4.
- NUHT – there has been an improvement in compliance of IHA statutory health assessments in quarter 2. However, reported data from NUH evidences a current backlog of 70 IHAs across the ICS system due to be completed. NUH has developed a recovery plan and submitted on options appraisal on addressing the backlog to its Childrens Hospital Management Board in January 2024. ICB commissioners await outcome and will continue to work with providers and support recovery planning.

County and City RHAs delivered and delivered on time Quarter 1 & 2

NHT	2023 - 2024			
	County		City	
Numbers of RHA and %	Q1	Q2	Q1	Q2
6 monthly RHA delivered on time (TOTAL)	43 = 61%	27 = 63%	<5 =33%	<10 = 67%
Annual RHA delivered on time (TOTAL)	43 = 59%	54 = 63%	13 = 68%	21 = 51%
TOTAL RHAs delivered on time:	86 = 60%	81 = 63%	16 = 57%	28 = 56%
TOTAL RHAs DELIVERED:	110 = 76%	104 = 82%	19 = 68%	41 = 82%

Overall, RHA statutory timeframes have improved and waiting times have reduced. However, compliance (county 63%, city 56%) falls below the 90% compliance required.

Actions Being Taken & Next Steps

- Nottingham University Hospital Trust (NUHT) have completed an Options Appraisal to manage the backlog of 70 IHAs
- Nottingham Healthcare Foundation Trust (NHCFT) Service Specification updated and shared
- ICB commissioners and Designated Nurse have undertaken an options appraisal for the CiCN service to review how the new service specification is delivered to best meet the needs of children and young people.
- ICB to continue to work with Public Health commissioners on the review of the county 0-19 service.
- The ICB LAC KPIs have been shared with providers. DBTH and NUHT have implemented them in Q3. SFHFT and NHCFT are to implement the new metrics.

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 remain two Looked After Children (LAC) risks on the risk register to reflect this.

05. Exception Report Children and Young People

Reporting Period:
01 January 24 – 31 January 24

NHS Nottingham and Nottinghamshire

Children & Young People (CYP)

System Quality Group Oversight – Enhanced

Rationale for oversight level: Long term under investment in children's health and social care, the Covid-19 pandemic and its aftermath, and the enduring cost-of-living crisis have all combined to create a crisis that means children growing up with disadvantage are increasingly more likely to experience ill health (King's Fund 2024). N&N ICB and ICS have no clear routes for CYP Governance which risks significant gaps, potential duplication of services and unclear information sharing and decision-making routes.

Current Position

- Transition scoping work continues across the ICS with a view to an ICS wide Transition Group, including children's and adult services. An updated NICE Quality Standard was published in December 2023.
- ICB and ICS lack formal governance around CYP, other than Safeguarding, SEND and LAC. NUHT, SFHFT and DBTH all have CYP Boards but no escalation route within the ICS. The ICB has no CYP board or equivalent where risks, concerns or improvements can be shared or escalated and has become aware that the lack of clear communication routes is a risk.
- CYP Board remains a work in progress due to capacity in the CYP Commissioning Team
- Work is now progressing on understanding the quality assurance arrangements for the statutory health assessment commissioned by NHSE, for CYP in the secure welfare beds.
- Rainbows Hospice has shared an options paper for the provision of 24/7 regional PEOL specialist advice (a requirement from the national service specification) and continuation of the ODN which will require recurrent funding. Awaiting understanding from NHSE of funding requirement for PEOL provision from next year.
- The County Youth Justice Joint Inspection resulted in a "Good" outcome.
- Awaiting decision on the PEWS SPOT NHSE that has gone through the EQIA process
- MOU for jointly commissioned Communication Aids Panel has been drafted and will require an ICB signature
- A concern has been highlighted in Paediatric Audiology Services in DBTH and we are awaiting written detail from South Yorkshire ICB but have had verbal updates from them and NHSE.
- There continue to be CYP presenting with complex behavioural, mental health and autism related needs where there is no clear route for provision or pathways for care and they are cared for inappropriate settings. Challenges in progress and oversight of CYP services continue across the system and are discussed at the weekly system meeting.

Actions Being Taken & Next Steps

- HoCN to Benchmark the N&N position against the recent updated Transition NICE Quality Standard.
- ICB CYP Quality, Nursing, Commissioning and Contracting Team 'Touchpoint' meeting planned for February 2024.
- First CYP ICS Board meeting to be planned for April 2024.
- Designated Nurse for Children in Care is working with NHCFT around CHAT assessments.
- Awaiting direction from NHSE regarding funding requirements for PEOL provision from next year, no ICB funding has been identified so far.
- Partnership investment in Mental Health and Speech, Language and Communication services was identified as a need from the County Youth Justice inspection and is being discussed across the ICS, as it will also impact on the City.
- Awaiting outcome from EQIA for PEWS to share with providers to progress NHSE funded project
- Finalise Communication Aids MOU and identify who will sign
- ICB Quality, Nursing, Bassetlaw Place and Medical Director teams meeting February 2024 to plan next steps for audiology. Awaiting clinical expert review to identify the scope and scale of potential risk to CYP who have been discharged. Service mitigations are in place for current and future CYP following NHSE clinical visit.
- Partnership work to progress the N2 element of the D2N2 plans for residential settings and the workforce required to support the complex needs of CYP in inappropriate settings.

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 and a high risk to health and wellbeing and safeguarding for CYP who are managed in inappropriate settings
- CYP Audiology services in DBTH is an unclear risk as the scale is not yet known.

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

06. Exception Report Vaccinations

Reporting Period:
01 January 24 – 31 January 24

NHS Nottingham and Nottinghamshire

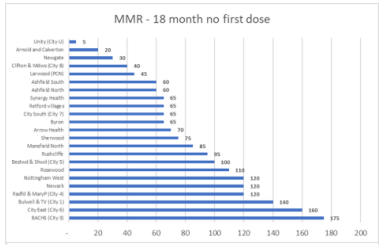
Vaccinations

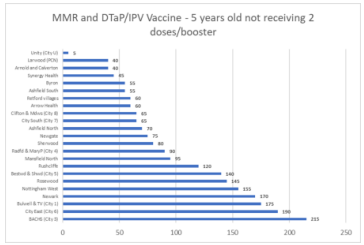
System Quality Group Oversight – Enhanced

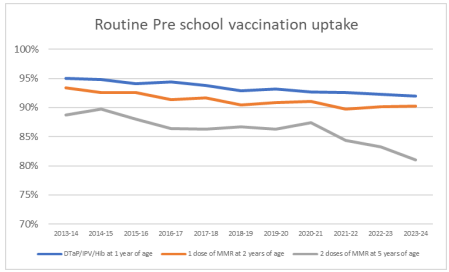
Rationale for oversight level: The numbers of measles cases in England are rising, with outbreaks in London and the West Midlands. MMR vaccination rates have been declining across Nottingham and Nottinghamshire over the last 10 years, current uptake of 2nd dose MMR at aged five is 81% (WHO elimination target 95%) and uptake in Nottingham City is particularly low. Vaccination rates need to increase to protect the population if a measles outbreak occurs. COVID vaccination programme closed on 31st January, seasonal flu closes 31st March 2024.

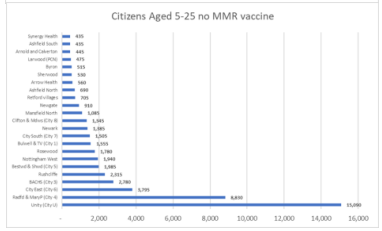
Current Position

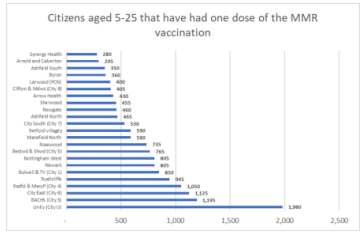
MMR Vaccinations – Current position











Achievements

- Measles elimination task and finish groups established covering:
  - 0-19 year olds – to increase uptake in this age group
  - 20-25 year olds – to increase uptake in this age group
  - Frontline Health and Social care workers – to validate vaccination status of staff and vaccinate if required to reduce impact of outbreak on workforce
  - Measles outbreak response – to ensure the system can respond rapidly and effectively to a measles outbreak
- Covid-19 vaccine uptake 54.4% (regional uptake 56%)
- 100% of care homes visited in AW23 covid-19 vaccination phase
- Flu vaccine uptake 49.8% (regional uptake 50.4%)
- Successful pilot of 2–3-year-old nursery flu pilot in City

Actions Being Taken & Next Steps

- Work ongoing with measles elimination task and finish groups to ensure that actions are completed at pace to ensure increased MMR vaccination rates.
- 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.
- Preparations for Spring 2024 covid-19 vaccination campaign

Risks & Escalations

- System capacity to deliver required number of MMR vaccinations at pace.
- The current lead provider for Covid-19 vaccinations has served notice on provision after the Autumn/Winter 2023 (AW23) Programme, potentially compromising vaccination of citizens in areas of Primary Care Network (PCN).
- ICB leadership and governance for vaccination and immunisation requires a further review to ensure responsibilities, ownership and reporting structures are clear.

NHS
Nottingham and Nottinghamshire

Further Information Required

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

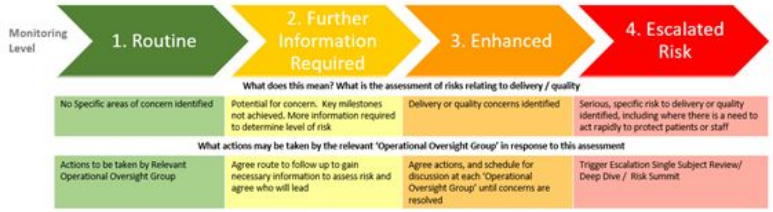
Delivery or quality concerns identified

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 Patient Safety
- 08 - Exception Report Infection Prevention & Control



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

07. Exception Report Patient Safety

Reporting Period:
01 January 24 – 31 January 24

NHS Nottingham and Nottinghamshire

Patient Safety – focus on PSIRF

System Quality Group Oversight – Further information required

Rationale for oversight level:

- Good progress with PSIRP sign off – see risk matrix by exception below. All partners have clear transition plans and structures in place which will support effective development of PSIRPs.
- ICS Patient Safety Strategy planning has started and workplan due for agreement in February 2024, to include relaunch of the ICS PSS Network.
- ICB Patient Safety Specialists undergoing Patient Safety Syllabus training levels 3 & 4.
- ICB Patient Safety Partners recruitment / identification ongoing with support of patient engagement lead.

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
NHT	9	Progress at pace since the start of January, dedicated resource in place and implementation plan shared with Quality Committee. PSIRP scheduled for Board sign off 28 March. Risk remains at 9 due to recently announced section 48 review which may impact on capacity and focus.
City Care	6	PSIRP signed off in November; however multiple personnel changes at senior levels have impacted on organisational awareness and executive ownership of PSIRF. Active ICB support and oversight in place.

Requirements for ICB Patient Safety Specialists (NHSE, Nov 2023)	
Lead on implementation of the NHS Patient Safety Strategy using insight, involvement and improvement	
Ensure all ICB staff are trained in Level 1 of the Patient Safety Syllabus	
Support implementation of the Patient Safety Strategy, LFPSE and medical examiners in primary care	
Establish system wide PSS network	

KEY
ON TRACK
NOT YET DUE
NOT STARTED
EMBEDDED

Risks & Escalations

- Note commencement of reporting on ICS Patient Safety Strategy and actions associated with ICB PSS.
- More detailed reporting proposed for March IPR after workplan agreed.
- Potential for operational and capacity challenges in PSIRF implementation at NHT.

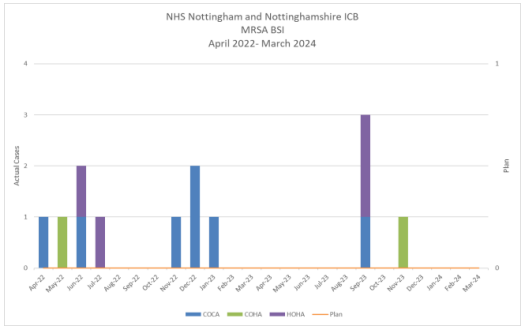
08. Exception Report Infection Prevention & Control

Reporting Period:
01 January 24 – 31 January 24

NHS Nottingham and Nottinghamshire

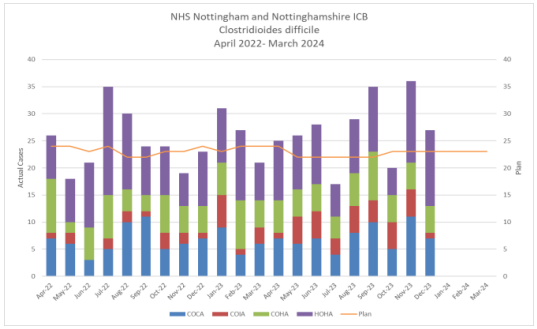
Infection Prevention and Control

HCAI Data 22-23 – MRSA Bloodstream Infections



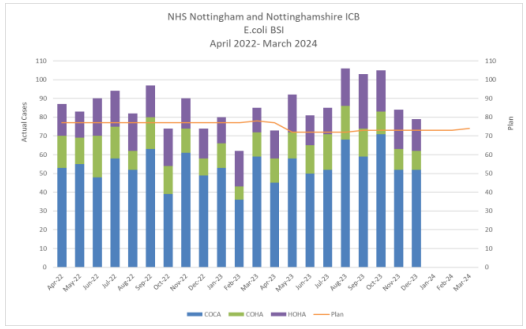
Data Cut-Off Date: 31/12/2023

HCAI Data 22-23 – C-Diff



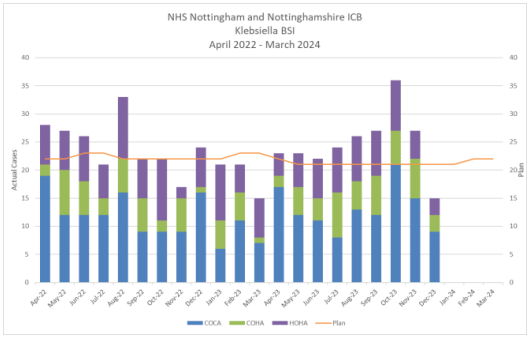
Data Cut-Off Date: 31/12/2023

HCAI Data 22-23 – E-coli Bloodstream Infections



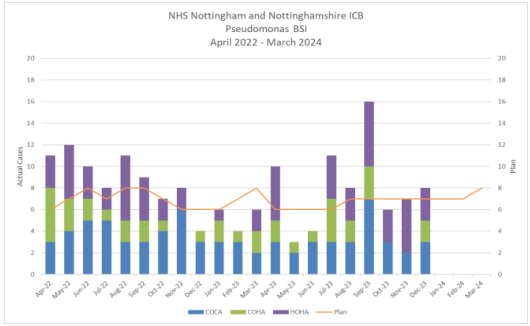
Data Cut-Off Date: 31/12/2023

HCAI Data 22-23 – Klebsiella Bloodstream Infections



Data Cut-Off Date: 31/12/2023

HCAI Data 22-23 – Pseudomonas Bloodstream Infections



Data Cut-Off Date: 31/12/2023

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

08. Exception Report Infection Prevention & Control

Reporting Period:
01 January 24 – 31 January 24

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. The sustained pressure on health and social care services continues to impact. Measures taken to improve 'flow' in secondary care increase the risk of HCAI acquisition. The increase in patient acuity, aging population, limited access to primary care appointments, increase in antimicrobial resistance (AMR) and antimicrobial prescribing, deprivation and poor self-care all increase the risk of acquiring HCAI.

Current Position

- Limited Change to overall position. HCAI reduction targets remain challenging locally and regionally. The daily use of unconventional bed spaces including triple 'boarding' on wards at times at Nottingham University Hospitals Trust (NUH) continues as part of 'flow' improvement measures, this increases risk of HCAI. Deep cleaning programmes are in place at NUH but the ability to clean high throughput areas is impacted by the constant pressure for beds.
- Sherwood Forest Hospitals Trust (SFHT) benefit from improved estate and access to side rooms this has enabled some progress with deep cleaning at the trust. The bed decontamination service is supporting with effective bed cleaning.
- Access to timely HCAI data mapped against population health and contributory factors such as deprivation has been sought from SAIU, UKHSA and Public Health this remains challenging with no data being available to inform HCAI reduction plans.

System position December 2023
***C.difficile* infections**
- ICB breached month plan 27/23 slight reduction since November
- 02Q breached year plan 31/18
- NUH breached month plan 12/9
- SFHT breached month plan 6/5

MRSA BSI - No cases
E.coli BSI
- ICB breached plan 79/73 cases –slight reduction since November
- SFHT breached month plan 9/7 Klebsiella BSI

Pseudomonas BSI
- ICB breached month plan 8/7
- SFHT breached month plan 2/1

Klebsiella BSI met month plan

Actions Being Taken & Next Steps

- Previous IPC reported actions continue
- Following an increase in circulating respiratory viruses universal masking has been re-introduced at SFHT/NUH with other organisations following a risk assessment process for use. Compliance with the new guidance remains variable.
- Community IPC updates have been provided via PLT events.
- A further request for HCAI data support has been made to UKHSA and Public Health following indication that SAIU currently lack capacity to support IPC .This data analysis is needed to establish new areas to target and to inform actions to support *E.coli* BSI reduction.
- A 360-assurance review of *C.difficile* infection was completed NUH, remedial actions are included in the Pentana tracking system. NUH completed follow up enhanced surveillance *E.Coli* BSI to compare current position against 2018 report. This highlighted an increase in patients with known risk factors, contributing delays in surgery and a decrease in cases deemed avoidable from 20% to 15%. Remedial actions include device related documentation.
- SFHT are completing and in-depth review of all *Pseudomonas* BSI cases as they are near to breaching year-end target.
- 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 is now in uses as a winter pressure respiratory ward, This impacts on deep cleaning at the City campus.
- SFHT are initiating a 'deep dive' into *C.difficile* cases following an increase in hospital-onset healthcare associated cases (HOHA).
- Secondary care services are observing for changing patient acuity and signs of the new 955 *C.difficile* ribotype which is associated with more severe disease. Guidance has been shared with primary care and care home managers – to date no cases have been identified locally.

Risks & Escalations

- No change to November reporting.
- Inability to fully progress 'deep clean programmes' in secondary care due to bed pressures, particularly NUH
- The challenge to meet HCAI targets, particularly Gram-negative bloodstream Infections (BSI).
- The increased risk of HCAI from continued use of unconventional bed spaces including placement of three additional patients on some healthcare of the elderly wards.
- Lack of HCAI and local population data analyst support

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Routine

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

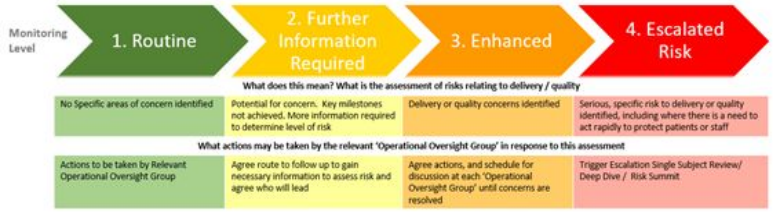
No Specific areas of concern identified

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



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

11. Exception Report Universal Personalised Care

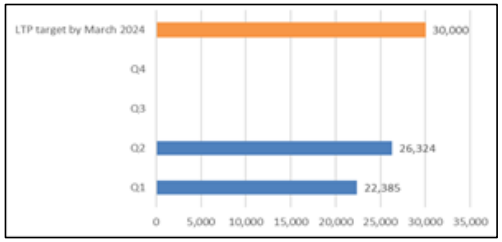
Reporting Period:
01 January 24 – 31 January 24

NHS Nottingham and Nottinghamshire

Universal Personalised Care

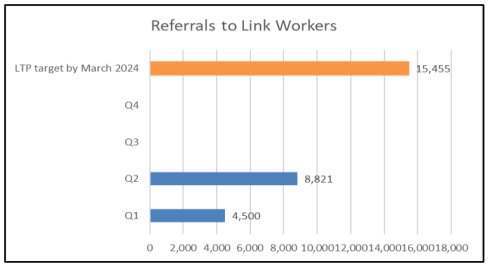
Personalised care and support planning

Total cumulative number of Personalised Care and Support Plans new and reviewed in year

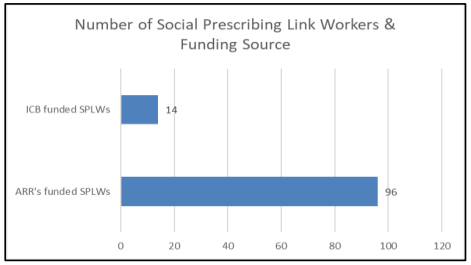


Social Prescribing

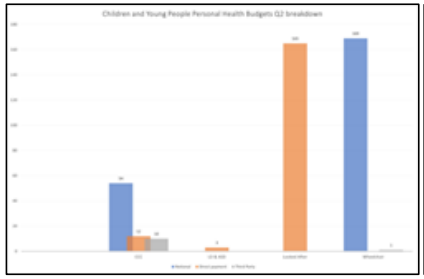
Total cumulative referrals into Social Prescribing Link Workers

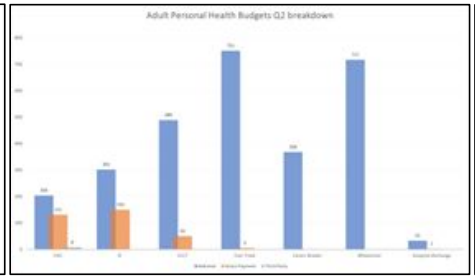


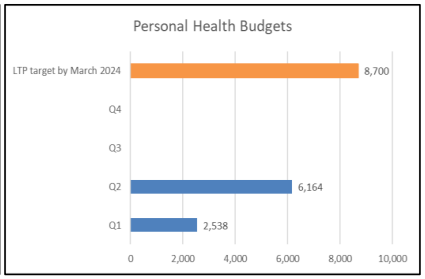
Total cumulative number of Social Prescribing Link Workers



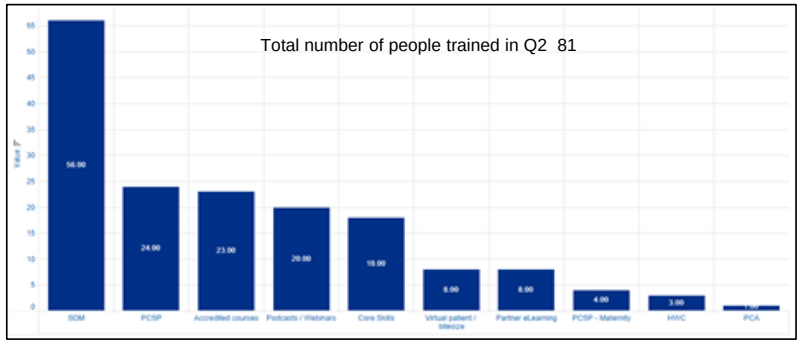
Personal health budgets

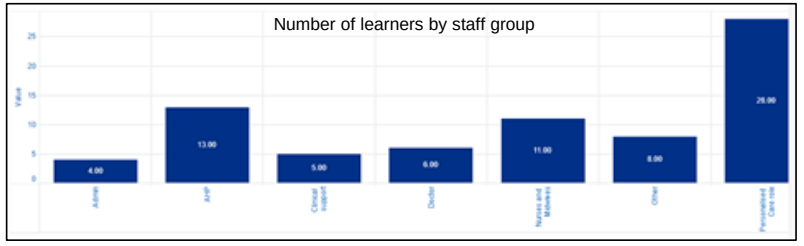






Personalised Care Institute Training





11. Exception Report Universal Personalised Care

Reporting Period:
01 January 24 – 31 January 24

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 February's 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 was paused temporarily whilst the audit committee reviews the scope. This has now recommenced but 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. A face-face development session 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.

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 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.

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

12. Exception Report Co-Production

Reporting Period:
01 January 24 – 31 January 24

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.

Current Position

Strategy requirement - Coproduction Network development: A large piece of work and one of the main continued focus for the team for the rest of the year is the implementation of the infrastructure required for the Network. Initial system scoping identified the following areas of focus:

- Calendar of involvement: Connect people with lived experience to coproduction activity
- Directory of Coproduction: aid in building connections through the system
- Coproduction Champions: peer support function for staff coproduction (strategy requirement)
- Facility to close coproduction loop: aid in sharing the reports from coproduction activity so people can see what coproduction activity has happened and so people can use that insight and data for future work if appropriate.
- The Coproduction Toolkit: the toolkit is now available for use. Initial user testing feedback has been positive. The content of the Toolkit will continue to grow and evolve to meet need. The content will also be influenced by system need conversations. Lived Experience content is the focus for Quarter 4.

Strategy Requirement - Support ICB staff to enable a coproduction approach within their work areas: Conversations and support/training or enablement advice was provided to six teams in January which included Small Steps Big Changes Race Health Inequalities Team, Rushcliffe Council Social Prescribing Team, Newark and Sherwood District Council, Nottingham and Nottinghamshire ICB Eating Disorders Local Enhanced Service, Adult Mental Health Commissioning, Nottinghamshire County Council Coproduction Team.

Strategy requirement – work with system: Coproduction Webinar with Small Steps Big Changes (SSBC) planning is underway for a webinar on coproduction to be given during Coproduction week 2024. The first meeting for this has taken place. The webinar will focus on the impact of working in a coproduced way. The webinar will include lived experience content.

Coproduction system resource, planning is underway between coproduction colleagues across the system to produce a resource about coproduction following coproduction week 2023. The resource will be complimentary to and included in the coproduction toolkit resource.
Coproduction and wider involvement Onboarding Requirements: The Coproduction Team continue to leading on work to determine Onboarding requirements for volunteers and people with lived experience who work with the ICB. System position and focus will inform the next steps of this and the draft document of recommendations and reflections is still under review.

Focused activity continues to support developing greater coproduction within the Nottinghamshire Partnership Special Educational Needs & Disabilities (SEND) improvement programme.

Strategy Requirement- The Strategic Coproduction Group: A review is taking place to determine the group's position now more has been established about system governance and system need around coproduction. The review is building on the conversation and development sessions held to progress the group with a focus on remit and requirement to meet system need and to establish clarification on the groups workplan approach.

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 2023/2024
- 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 January 24 – 31 January 24

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

- In Q4 bespoke training sessions across primary care services and in Q1 we will complete an audit of application of the MCA (2005) in Primary Care services. This has been delayed due to capacity within the team.
- The task and finish group with community health providers will take place in January 2024 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.
- Mid Point review of the Pilot Paralegal services for the Adult Safeguarding Court of Protection work to be carried out in January 2024.
- Participating in SAB development days and setting board strategic objectives for 24/25.

Childrens Safeguarding

- At the start of Q4 the safeguarding children's team have been involved in multiagency cross partnership audits in relation to mental health and child sexual exploitation. Any learning will be developed further by the team and across the ICS.
- Two child safeguarding rapid reviews have been completed 2 (a further one is currently been considered by the partnership). There have been no immediate learning for health partners from the reviews so far.
- MASH heath continue to be part of the multiagency redesign which has just commenced the next development plan of The Needs Led front door. Further work will commence with the health providers to integrate them more robustly into the work plan

Actions Being Taken & Next Steps

- Review into the funding of Statutory reviews by the ICB
- Discussions going ahead regionally as to how Safeguarding Level 4 &5 training is to be delivered now NHSE is not funding this.
- Supporting ICB and partners with the implementation of Royal College of Policing - Right care Right person Guidance
- Review the new Working Together to Safeguard Children 2023 and develop in conjunction with the partnership any key changes which will have an impact in the local areas.

Risks & Escalations

- Requests from partners for additional funds to carry out statutory reviews. Discussions are in progress with relevant partners and our finance teams have been made aware.

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 February 2024

NHS Nottingham and Nottinghamshire

February 2024		Assurance: Pass	Assurance: Hit & Miss	Assurance: Falling Below
Variation	Special Cause - Improvement	2Hr Urgent Care Response Vol & % (Pop) P0 - Discharges Home (Pop) Talking Therapies <6 weeks Dementia Diagnosis CYP Eating Disorders - Urgent CYP Access (1+ Contact)	Diagnostic Waiting List (Pop & Prov) Individual Placement Support	P1 - Discharges Home H&SC (Pop) Patients Using Virtual Wards (Pop) 65 Week Waits (Pop & Prov) 78 Week Waits (Pop & Prov) Diagnostic Backlog (Pop & Prov) Diagnostic 6 Weeks % (Pop) SMI Health Checks Adult SMI +2 Contacts Community Perinatal Access Volume & % CYP Eating Disorders - Routine NHS App Registrations Community Waiting Lists Aged 18 -
	Common Cause - Random	NEL Admissions (Prov) Talking Therapies < 18 weeks Early Intervention Psychosis	EMAS Calls (Pop) Amb Conveyance to A&E Vol & % (Pop) A&E Attendances (Prov) SDEC % of Total Admissions (Prov) % Bed Occupancy (Prov) Length of Stay >21 days (Prov) Ambulance Response Cat 2 (Pop) Ambulance Response Cat 3 (Pop) Ambulance Response Cat 4 (pop) 12 Hour Breaches % Ed Atts (Prov) Ordinary Electives (Pop & Prov) Daycases (Pop & Prov) Outpatient 1st (Pop & Prov) Outpatient Fups (Pop & Prov) PIFU (Prov) RTT Admitted (Pop & Prov) RTT Non-Admitted (Pop & Prov) Total Diagnostic Activity (Pop & Prov) Cancer FDS (Pop & Prov) Talking Therapies Entering Treatment Talking Therapies Recovery Rate Older Adult MH >90 day LOS Total Appointments	MSFT >24Hours (Prov) Ambulance Response Cat 1 (Pop) % Cat 2 waits below 40 minutes A&E 4hr % (Prov) 12 Hour Breaches Actual (Prov) 52 Week Waits (Pop & Prov) Diagnostic 6 Weeks % (Prov) Cancer 2ww % (Prov) Cancer 1st <31 days % (Pop & Prov) Cancer 62 Day % (Pop & Prov) % Patients able to book in 2wks (Pop)
	Special Cause - Concern	Advice & Guidance (Pop)	Hospital Handover Delays > 60 mins Cancer 62 Backlog (Prov) Adult MH - 72 Hour Follow Ups Community Waiting Lists Aged 0-17	No Criteria to Reside (Prov) Total Waiting List (Pop & Prov) Total Outpatients - Virtual (Pop & Prov) Talking Therapies <90 days 1st to 2nd Inappropriate OAP Bed Days

Items for escalation based on the indicators Falling short of the target and showing Special Cause for concern are as follows:

Urgent Care
- No Criteria to Reside (Prov) - Page 39

Waiting List
- Total Waiting List (Pop & Prov) - Page 43

Outpatients
- Total Outpatients - Virtual (Pop & Prov) - Page 45

Mental Health
- Talking Therapies <90 days 1st to 2nd Treatment - Page 49
- Inappropriate OAP Bed Days - Page 50

Areas which continue to improve *however are still unlikely to achieve the plan set in the near future*

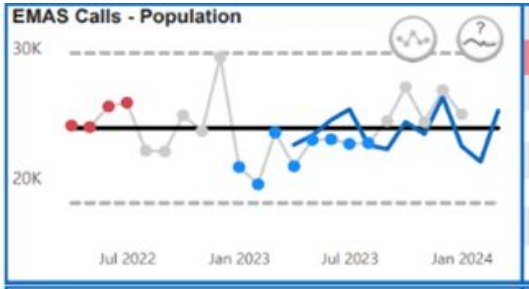
Areas which are not significantly changing or having periods of sustained improvement *AND which continue to fail to deliver to planned levels, e.g. MSFT >24 Hours. These areas may be deteriorating, however have not had a sustained reduction for 6 periods to trigger a special cause 'low' alert as yet, e.g. total waiting list*

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.

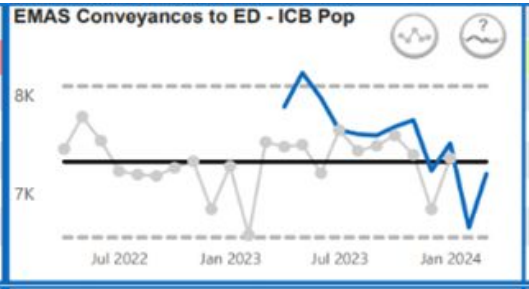
7.2 Service Delivery
Urgent Care Performance

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

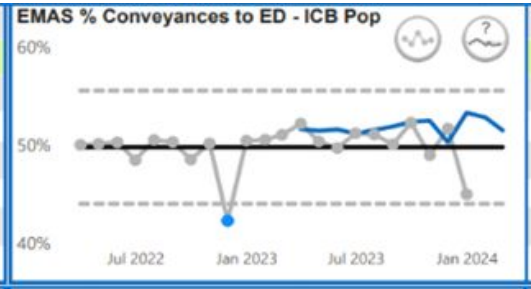
7.2a - Streamline Urgent Care – Exception Report: Pre-Hospital Flow



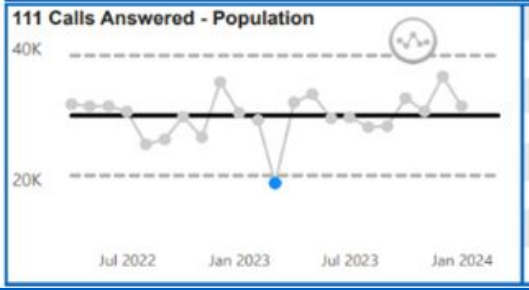
Jan-24
24895
Plan
22444
Assurance
Flip
SPC Variation
Common Cause



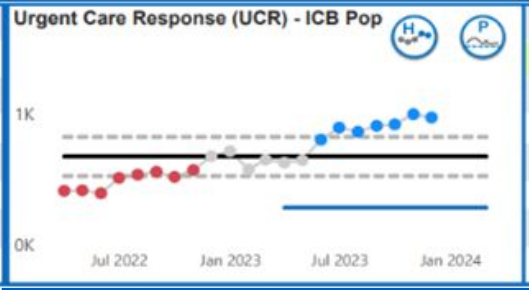
Jan-24
7358
Plan
7513
Assurance
Flip
SPC Variation
Common Cause



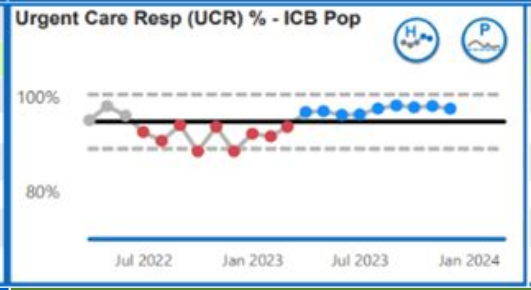
Jan-24
45.0%
Plan
53.3%
Assurance
Flip
SPC Variation
Common Cause



Jan-24
31262
Plan
-
Assurance
-
SPC Variation
Common Cause



Dec-23
976
Plan
286
Assurance
Pass
SPC Variation
Improving - High

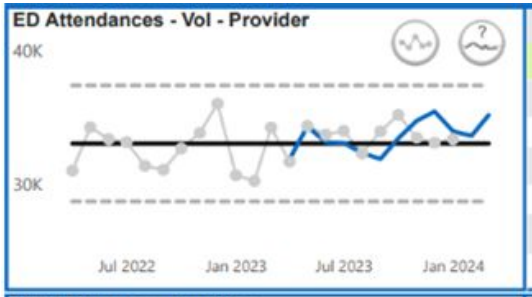


Dec-23
97.4%
Plan
70.0%
Assurance
Pass
SPC Variation
Improving - High

Summary	Actions	Oversight Level – Routine
EMAS – January 2023 saw incidents remain around the average for the year but above plan, with Hear & Treat (call closed without despatching an ambulance) at 19.5.0% (Jan 23=15%), See & Treat (treatment carried out at patient's location) at 29.3% (Jan 23=29.5%) and See & Convey (arrival at scene followed by ambulance conveyance to a healthcare facility) 51.2% (Jan 23=55.6%). **111** - In January 2023, 31,262 calls were answered by the 111 service for Nottingham and Nottinghamshire – a decrease of 4,523 from the previous month.	**2 Hour UCR** – UCR performance for the ICB remains well above the 70% standard for patients being seen within 2 hrs. Both of the main Community Providers within the ICB are consistently meeting the standard. Work has been undertaken to reconcile the different methods and sources of performance with National and Local Sources, these are now much more aligned. Communication takes place within the system to ensure that these services are utilised where clinically appropriate to reduce demand on ED where possible.	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.

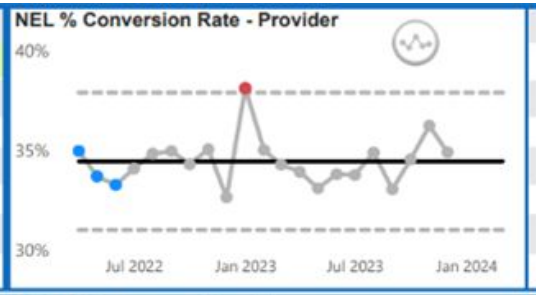
7.2b - Streamline Urgent Care – Exception Report : Front Door & In-Hospital Flow

NHS Nottingham and

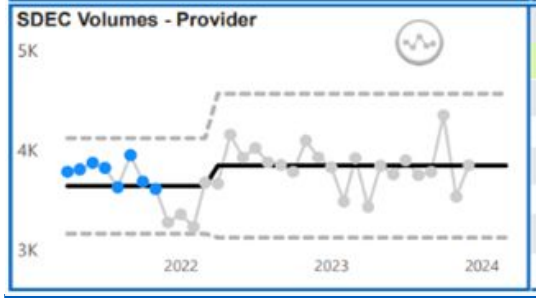


Jan-24
33366
Plan
33955
Assurance
Flip
SPC Variation
Common Cause

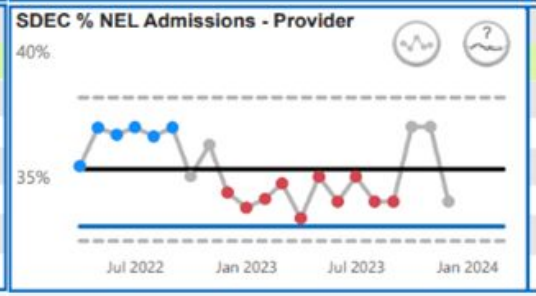
Dec-23
11554
Plan
12685
Assurance
Pass
SPC Variation
Common Cause



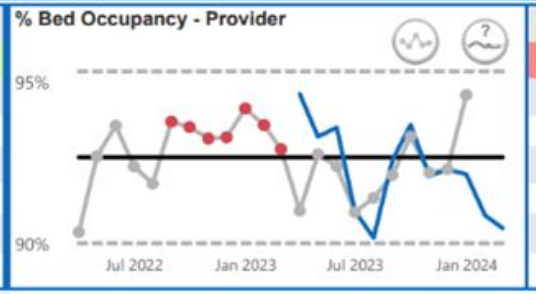
Dec-23
34.9%
Plan
-
Assurance
-
SPC Variation
Common Cause



Dec-23
3849
Plan
-
Assurance
-
SPC Variation
Common Cause



Dec-23
34.0%
Plan
33.0%
Assurance
Flip
SPC Variation
Common Cause



Jan-24
94.6%
Plan
92.2%
Assurance
Flip
SPC Variation
Common Cause

Summary

A&E and Non-elective activity plans (ICB Provider) – NUH 4hr A&E performance increased to 49.3% for January, with total A&E attendances (17,264) decreasing by 258 from the previous month and remaining below plan by 1,486. SFH 4hr performance increased from 64.9% in December to 65.8% in January, whilst the total attendances (16,102) increased by 534 patients. Attendances remain over plan by 897.

For December 2023 NEL Admissions were 9.33% or 1,131 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 December shows that 34% 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 numbers, despite this 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. NUH UEC Action plan in place and continues to be rolled out.

Same Day Emergency Care - The implementation of surgical SDEC at Kings Mill hospital and SFH have launched SDEC direct access into medical SDEC. NUH have continued Focus on extending SDEC scope for A floor – Phase 3 to go live 19th February and includes Acute medicine. Phase 3 will immediately increase volume/throughput on A Floor SDEC by 20-25 patients per day. This will enable NUH to track in total 35 to 40 patients per day through A Floor. Work is ongoing across the system to enable direct referrals from community clinicians to reduce numbers through the front door.

Oversight Level – Further Information Required

Many areas are performing better than plan, with ED attendances and NEL admissions being less than planned levels.

The exception is bed occupancy which is at significantly high levels through the winter period.

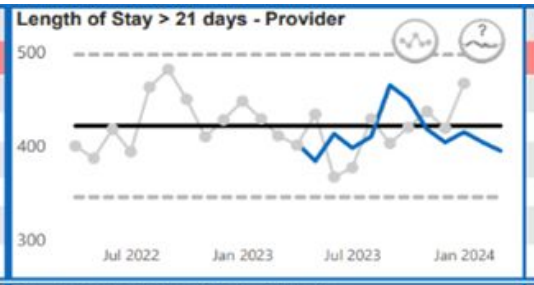
Further monitoring of ED attendances and operation of the NUH SDEC service at full capacity is required prior to reduction in the level of oversight for front door and in hospital flow.

7.2c - Streamline Urgent Care – Exception Report : Flow Out of Hospital

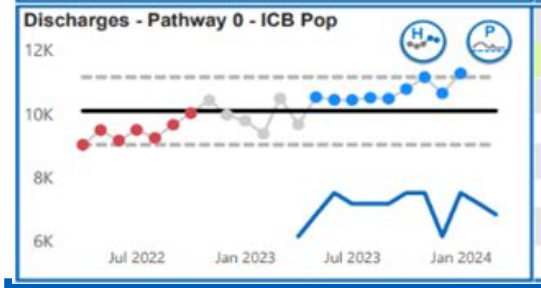
NHS Nottingham and Nottinghamshire

Jan-24
267
Plan
138
Assurance
Fail
SPC Variation
Common Cause

Jan-24
369
Plan
239
Assurance
Fail
SPC Variation
Concerning - High

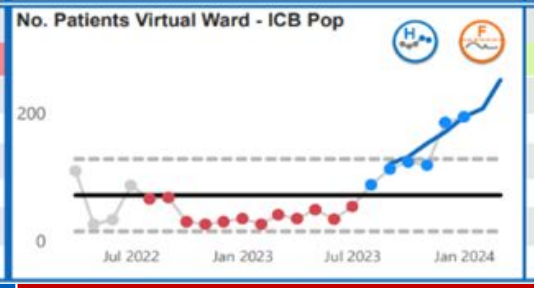


Jan-24
467
Plan
415
Assurance
Flip
SPC Variation
Common Cause



Jan-24
11266
Plan
7514
Assurance
Pass
SPC Variation
Improving - High

Jan-24
1041
Plan
1212
Assurance
Fail
SPC Variation
Improving - High



Jan-24
195
Plan
195
Assurance
Fail
SPC Variation
Improving - High

Summary

Patients Medically Safe to transfer - The number of MSFT patients in beds at NUH has seen a long-term reduction since April 2023 but remains significantly higher than planned levels. January saw a further increase to 169, from 164 in December. SFH saw also saw an increase in January, averaging 98 patients per day, up from 93 patients in December. Nottinghamshire provider total is 267 against plan of 138.

No Criteria to Reside - Patients that no longer meet the criteria to reside are above the planned level at 369 patients against a plan of 239 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 require no input from health or social care. Pathway 1 discharges have increased to around 260 per week against the 303 per week P1 trajectory.

Actions

MSFT – Continued focussed work to improve delayed discharges for MSFT patients and pre-MSFT. Data indicates that NUH MSFT performance against trajectory may be associated with internal systems and processes and actions are underway to resolve this and improve performance. SFH MSFT performance remains challenged but has seen improvement. Actions include investment in overnight and non-weight bearing support in the P1 pathway to support MSFT reductions. Utilisation of Adult Care Transformation & Innovation Fund (ACTIF) to alleviate winter / system pressures across NHS / social care. Used locally to support P1 pathway with recruitment of seven discharge coordinators to 31 March 2024.

Virtual Wards – For January, the ICS reported an increase in VW bed capacity, 195 against a plan of 195, and with an improved occupancy of 99% – December occupancy was reported at 81.7%. Engagement with Provider Collaborative to improve clinical engagement in Virtual Ward development continues.

Oversight Level – Escalated Risk

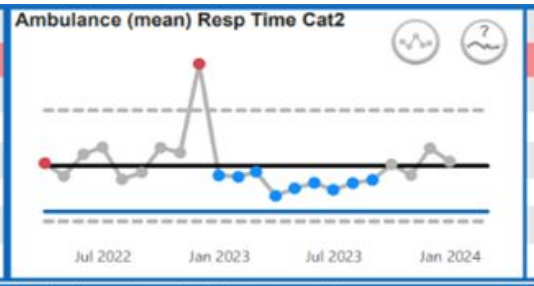
Discharges – There has been escalated pressure in the system due to the impact of industrial action and reduced staffing leading to challenges to respond to normal levels of demand. The potential for harm is heavily impacted on by the management of demand. The underlying cause of the delays are reported along the discharge pathway, which will enable an improved understanding of the actions that are required to deliver improvements. PA Consulting completed the 'end to end' review of flow through the hospital with a focus on discharge processes. This included a baseline review and identification of recommendations with a focus on processes on flow through the acute hospitals. A formal report with the outcome and recommendations has been received and the providers are supplying improvement plans to respond to the recommendations made.

Length of Stay, No Criteria to Reside and MSFT are the key areas of focus for improvement to facilitate flow through the hospitals – internal actions will address recommendations made through PA Consulting findings. Improvements will be monitored through the weekly NHSE UEC meetings which have commenced.

7.2d - Streamline Urgent Care – Exception Report : EMAS Performance Compliance (Notts Only)

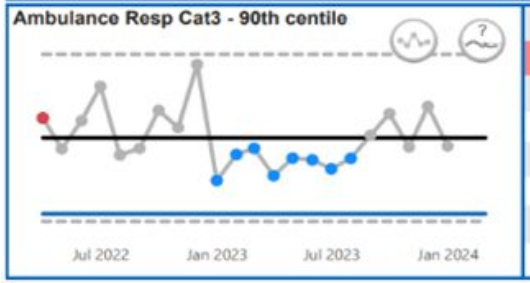
NHS Nottingham and Nottinghamshire

Jan-24
00:08:42
Plan
00:07:00
Assurance
Fail
SPC Variation
Common Cause

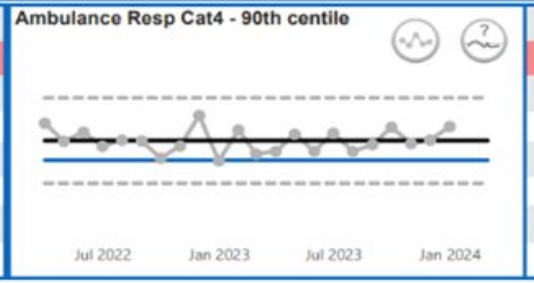


Jan-24
00:48:07
Plan
00:18:00
Assurance
Flip
SPC Variation
Common Cause

Jan-24
43.8%
Plan
90.0%
Assurance
Fail
SPC Variation
Common Cause



Jan-24
07:12:17
Plan
02:00:00
Assurance
Flip
SPC Variation
Common Cause



Jan-24
09:17:04
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). 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 has a failure alert, which signifies that achievement of the standard is unlikely without a significant intervention. 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 January was 48:07 mins against a target time of 18:00 mins. An improvement of 08:02 from December	Weekly 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. Weekly ATT meetings taking place at NUH.	All areas are underperforming against target, with the majority in a declining position since April. 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.

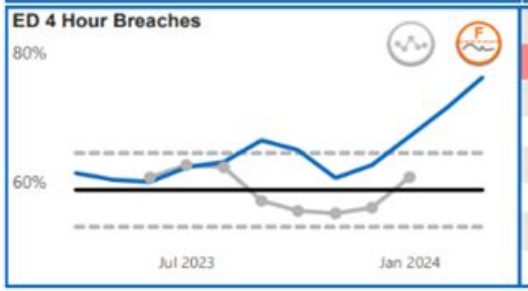
7.2e - Streamline Urgent Care – Exception Report : Acute Performance Compliance

NHS Nottingham and Nottinghamshire

Jan-24
3642
Plan
-
Assurance
-
SPC Variation
Concerning - High

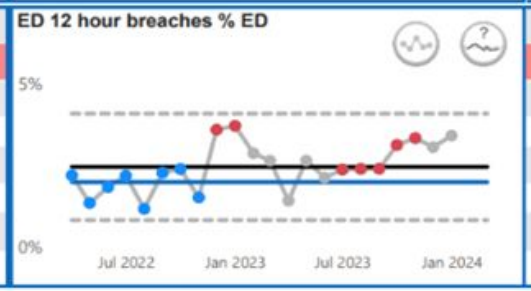
Jan-24
2242
Plan
0
Assurance
Flip
SPC Variation
Concerning - High

Jan-24
7796
Plan
-
Assurance
-
SPC Variation
Concerning - High



Jan-24
60.8%
Plan
67.0%
Assurance
Fail
SPC Variation
Common Cause

Jan-24
1144
Plan
0
Assurance
Fail
SPC Variation
Common Cause



Jan-24
3.4%
Plan
2.0%
Assurance
Flip
SPC Variation
Common Cause

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 2,242 delays in January, compared to 1,461 in December. SFH remained the same with 4 in January as well as December. NUH saw an increase of 777.

EMAS handover delays at SFH have increased in January (144) from December (109), however NUH remains high with an increase of 710, up to 3,498. Overall, the average pre handover time is at 58:09 mins in January 2024, increased from 28:42 mins seen in January 2023.

ED 4 Hour Waits – A&E 4hr performance for January was 60.8% for total provider against a plan of 67%. Composed of NUH performance of 49.3% (plan 64.6%) and SFH 65.8% (plan 70%).

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.

January performance remained below local and regional targets, as well as falling below previous years performance in all areas.

There is significant regional and national scrutiny for the ambulance handover delays at NUH. Ambulance turnaround plan for both NUH, SFH and Bassetlaw finalised and ICS Ambulance Turnaround Group continue to discuss and progress and actions to be reviewed in the new year. NUH also undertaking weekly ATT meetings.

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. A specific improvement plan has been created by providers and is monitored at the ICS Ambulance Turnaround Group.

ED 4 Hour Breaches – The position remains below planned levels in January. NUH have completed a new UEC action plan following input from the Planning team deep dive on 4-hour performance across the system.

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.

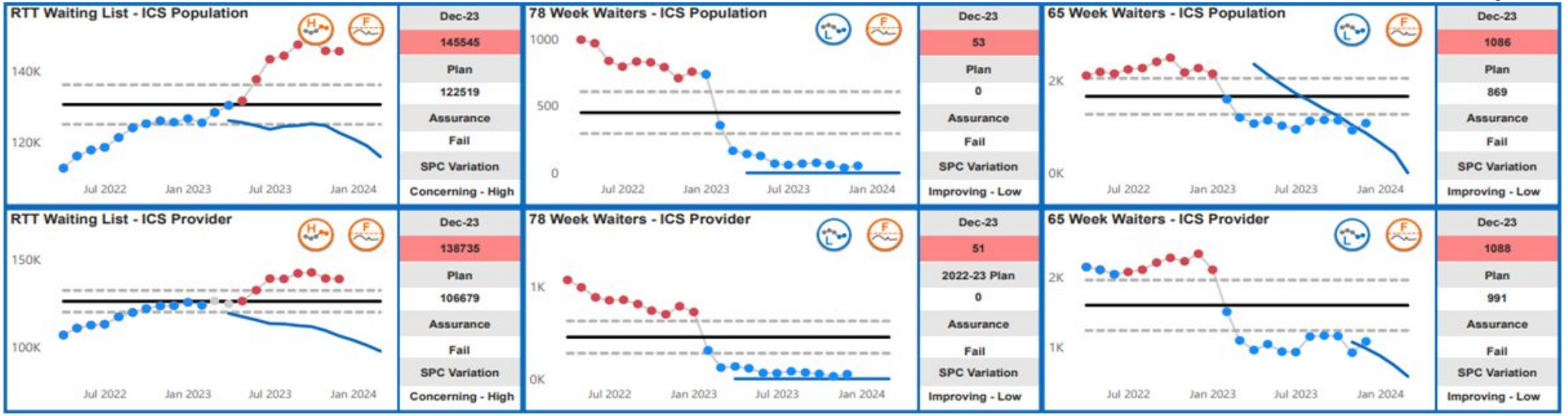
Weekly NHSE UEC 100-day Sprint review meetings aim to support the system to deliver further improvements in the final few months of 2024-25.

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



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 23,026 patients is required to return to the December 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 December was 53 against a plan of zero.

65 Week Waits (ICS Provider) - showing special cause low-improving variation as the position remains below the mean. In December, there were 1,086 patients waiting 65 weeks or more for the system. 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.

Oversight Level – Enhanced

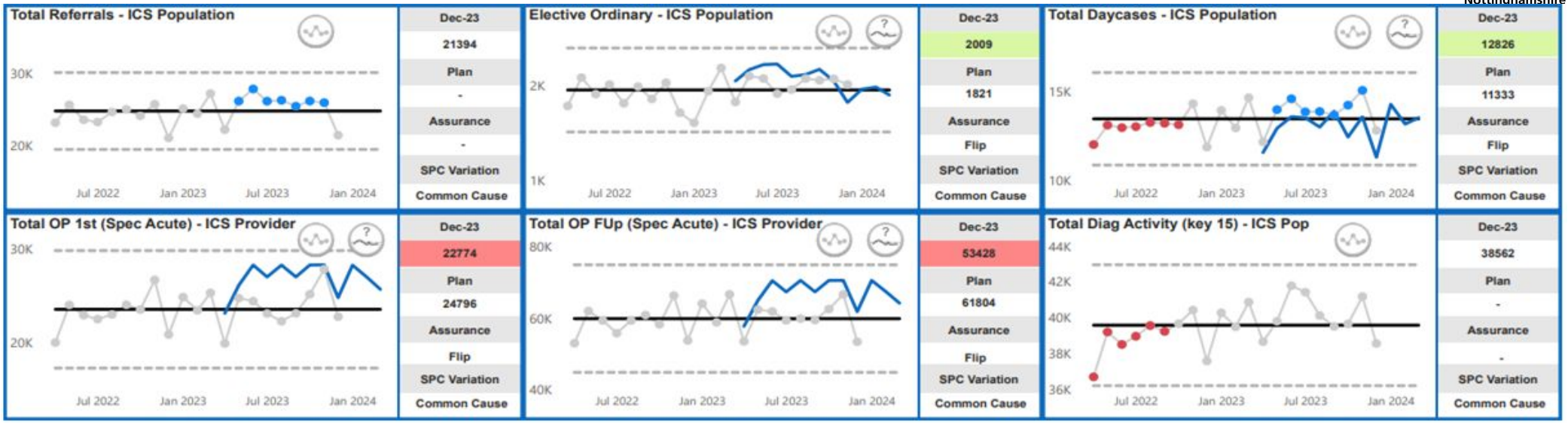
Internal Oversight of the 104-week, 78-week and 65-week position continues to take place daily by providers. Weekly meetings with the system and NHSE/I enable a granular discussion around specialty level risks and mitigations.

Provisional data shows that the system position for 78-week waiters is 46 patients at 25/02/2024 (33 at NUH, 13 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.

The industrial action planned for the end of February may pose a risk to the delivery of the zero target for 78 week waits by the end of March 2024. This is being worked through on a patient by patient basis by the providers.

7.3b - Recover Services and Address Backlogs – Exception Report Elective Activity

NHS Nottingham and Nottinghamshire



Summary	Actions	Oversight Level – Enhanced
These charts compare the December 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 Day Case charts are all showing Common Cause variation due to a reduction in performance below the mean (black line), this indicates fluctuating 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.	**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 4% to 5% of the acute provider workforce. This has resulted in increased utilisation of agency staff, which is above the planned level.	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 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

NHS Nottingham and Nottinghamshire

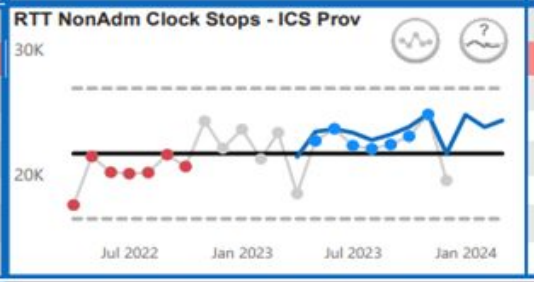
Dec-23
19.2%
Plan
25.0%
Assurance
Fail
SPC Variation
Concerning - Low

Dec-23
4.7%
Plan
5.0%
Assurance
Flip
SPC Variation
Common Cause

Dec-23
26
Plan
28
Assurance
Pass
SPC Variation
Concerning - Low

Dec-23
18.7%
Plan
25.0%
Assurance
Fail
SPC Variation
Concerning - Low

Dec-23
3828
Plan
5983
Assurance
Fail
SPC Variation
Common Cause



Dec-23
19584
Plan
21706
Assurance
Flip
SPC Variation
Common Cause

Summary

Outpatient Virtual: Concerning - Low variation, 'fail' target delivery as the performance has dropped below the mean. Latest position for the system is 19.2%, which is below the 25% national standard. Since Apr22, the position for the system has reduced from 24% to the current position.

PIFU – did not achieve the 5% plan in December with performance of 4.7%.
Advice & Guidance Target. Initial December 2023 data shows the ICS failed this standard, with performance at 26 against a plan of 28.

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 continue to be below plan in December.

Actions

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

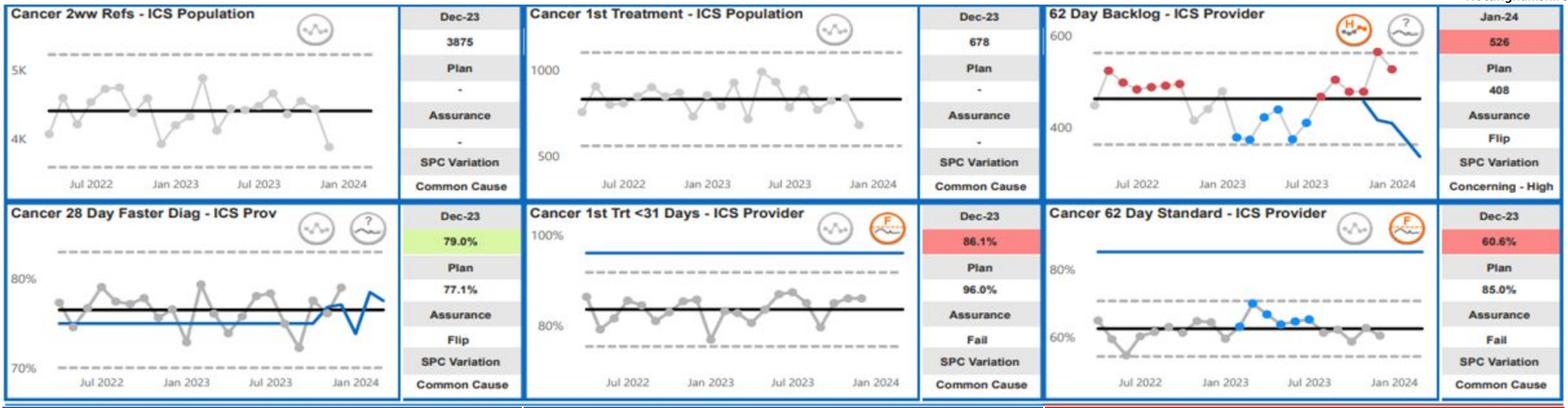
Outpatient Virtual attendance volumes at SFH remain significantly lower than the national standard. However, the trust are working to improve virtual utilisation in specialties with low benchmarks.

Utilisation of **Advice and Guidance** has fallen significantly below planned levels. 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

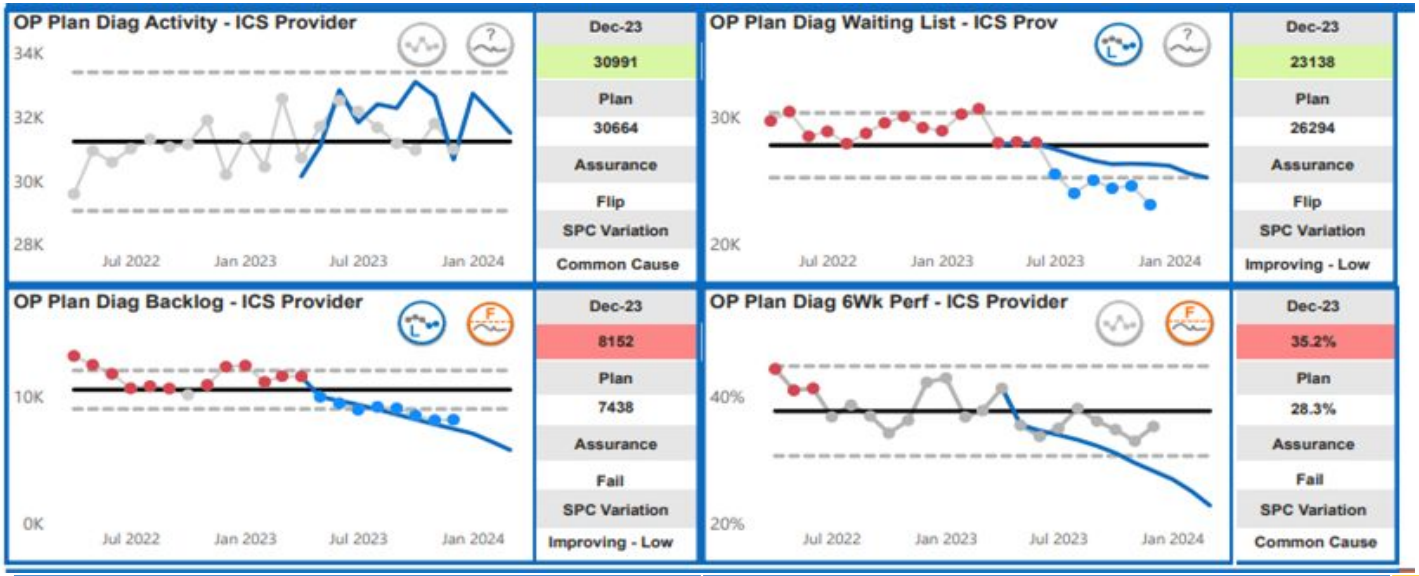
NHS Nottingham and Nottinghamshire



Summary	Actions	Oversight Level – Escalated Risk
2ww Referrals: Common Cause variation as the referrals are around the mean, with growth in demand being at c120% of pre-pandemic levels since April 2021. This is across all tumour sites and continues to lead to pressures on services and impacts all other measures. SFH achieved the standard in December for the first time since June 2023. NUH however did not meet the standard although performance did improve in December. **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 December, this is the third month in a row both Trusts have achieved and the 8th consecutive month that SFH have achieved the standard. **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. **62 Day Backlog: Concerning – high 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. NUH have been placed into Tier 2 monitoring as of the 15th January 2024 due to the high backlog volumes. 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. 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 25/02/2024 is 461 patients against a plan of 371 patients. NUH have 396 patients against a plan of 310 and SFH have 65 patients against a plan of 61. As at 25/02/2024 the proportion of patients waiting over 62 days at NUH is 12.84%, this is above the national position of 8.04%. 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. 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 due to the high demand and capacity challenges faced by the service.

7.3e - Recover Services and Address Backlogs – Exception Report: Diagnostics

NHS Nottingham and Nottinghamshire



ICS Provider	Waiting List	Backlog	%
MRI	4,477	1,549	34.6%
Computed Tomography	4,570	1,416	31.0%
Non-obstetric ultrasound	4,168	516	12.4%
Echocardiography	6,207	3,674	59.2%
Colonoscopy	867	137	15.8%
Flexi sigmoidoscopy	258	73	28.3%
Gastroscopy	1,280	462	36.1%
DEXA Scan	912	224	24.6%
Cystoscopy	399	101	25.3%
Total - Plan Modalities	**23,138**	**8,152**	**35.2%**
Audiology	2,273	1,168	51.4%
Neurophysiology	480	181	37.7%
Sleep studies	1,175	397	33.8%
Urodynamics	238	135	56.7%
Cardiology - Electrophysiology	0	0	
Barium Enema	0	0	
Total - All Modalities	**27,304**	**10,033**	**36.7%**

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 but have increased in month.
Diagnostic 6-week performance for plan modalities: December at 35.2% with the 6-week backlog increasing to 8,152 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 increased for the system to 1,549 patients at the end of December 2023.
Echocardiography: The data for December shows that Echo is performing at 59.2% for the system. However, significant pressures remain at SFH

Actions

NUH - 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 became operational for 7 days per week from 4th December as part of accelerated CDC activity delivery.

SFH - 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. Community Diagnostic Centre (CDC) . There is delivery of 50 additional cases per week from early January 2024 in Newark and a further 50 from Mansfield. Mutual aid from NUH continues and further weekend working is planned.

Oversight Level – Enhanced

The provider activity plan was not achieved in December (30,991 against a plan of 30,664).

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.

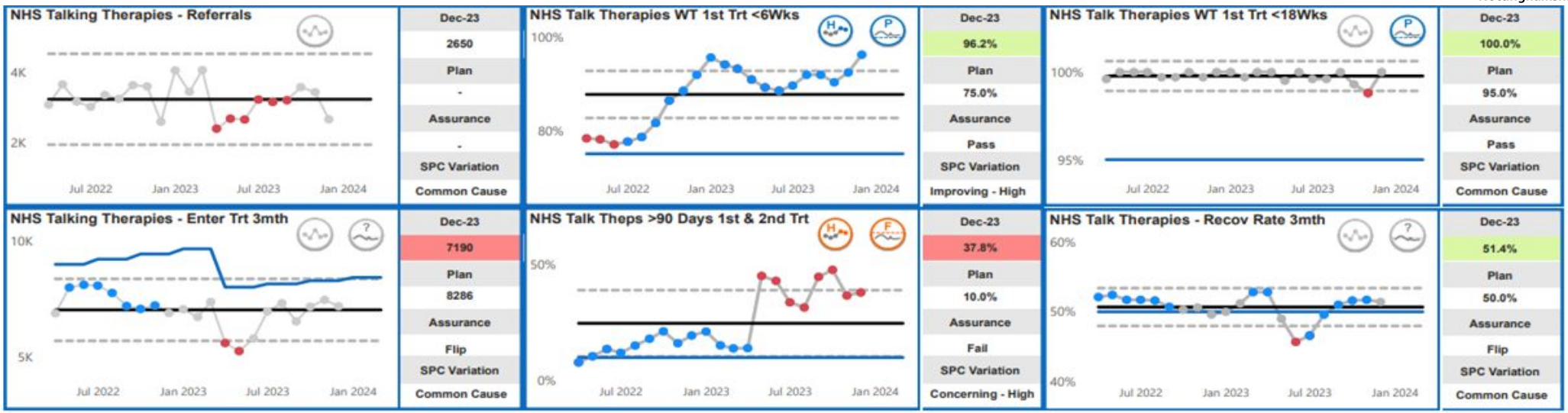
The variation in modality and provider positions is driving the Enhanced level of oversight. Specific focus is required in relation to SFHT ECHO position

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

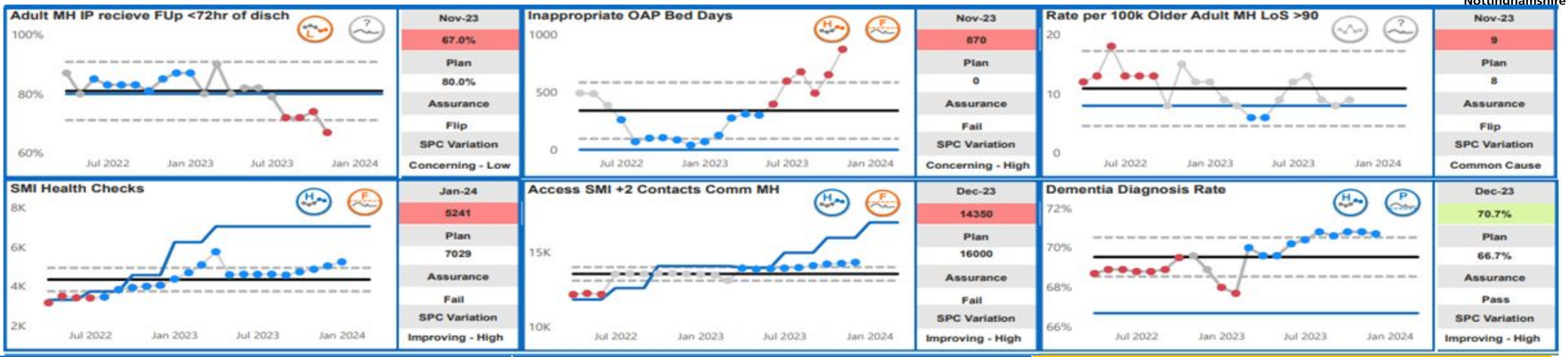
NHS Nottingham and Nottinghamshire



Summary	Actions	Oversight Level – Further Information Required
NHS Talking Therapies (formerly IAPT) referrals are below the mean but still showing common cause variation. **Treatment numbers** (3-month) rolling access performance remains under target, however numbers entering treatment has increased to 7,190 in December. The service continues to achieve and exceed the 6 week (96.2%) and 18 week (100%) 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 51.4% and has flip assurance and common cause variation.	Local data is being used to identify performance issues and agree improvement actions: **Increasing referrals** - Provider has implemented a marketing and engagement plan, activities for Q3 & 4 include: • Digital campaigns including social media, billboards, distribution of physical marketing materials and influencer marketing • Talking Therapies Conferences in February and March • Implementation of new pathways including a menopause pathway and a Physical Waiting Well pathways launched in January • Partnership working with other organisations such as employers, Active Notts, Care Homes and universities • A bus campaign in Q4 Collectively the comms and marketing actions are expected to increase referrals into the service by 1500 per month in Q4. **Recovery** – A new supervision framework, weekly staff drop-ins and recovery refresher training is supporting the 50% recovery target to be maintained.	• Monthly contract meetings in place to review delivery and performance • Monthly contract executive group in place • Recovery Action Plan is in place with recovery trajectories for waits between 1st and 2nd treatments to be on track by the end of Q4 and the access target delivered at the end of the year. This is reviewed monthly

7.4b - Recover Services and Address Backlogs – Exception Report: Mental Health - Adult Services

NHS Nottingham and Nottinghamshire



Summary

72 Hour Follow Ups - the performance is fallen below the required range for the fourth time in November.

OAPs - The number of inappropriate out of area OBDs reported in November 2023 has increased to 870 from 650 in October 2023 and the end of Q2 position is 1,680 OBDs against a trajectory of 0.

SMI Physical Health Checks -In 2023/24 the ICS target is 7029, the January 2024 performance remains below target, however it is an improved position compared to the same time last year.

Dementia –The ICB continues to exceed the national dementia diagnosis rate standard (70.7%) in December 2023. Performance remains above the regional average (61%).

Actions

OAPS - Four key workstreams have been established to eliminate out of area placements. These are:

- Home First
- MDT response
- Proactive Transfer to Community Services
- System Oversight and Strategy

SMI Physical Health Checks - An ICS recovery action plan is in place to support improvements in performance. Actions include:

- Primary Care Engagement
- Service Model
- City Focus (due to lowest performance and highest SMI population)
- Follow up interventions

Dementia - MAS teams continue to flex staffing, to ensure equitable waits across the system. The MAS service leads have also undertaken a demand and capacity review within all areas and are now assured they have the appropriate capacity within the model to reduce the waiting times without the need for the extra clinics. However, the recovery trajectory and extra clinics in Newark & Sherwood will be kept under review. There is a recovery action plan in place for MAS which includes a trajectory developed using the NHSE Core Model for Capacity and Demand. The recovery action plan will be kept under review.

Oversight Level – Enhanced

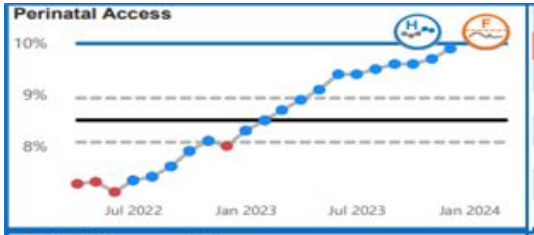
OAPS - A Recovery Action Plan is in place for eliminating out of area placements. A new system oversight/RAP delivery group will be established in Q4 to review all actions in the RAP and ensure best practice. Partnership meetings are also in place to identify actions that can be taken to alleviate system pressures.

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. A monthly PHSMI Steering Group is in place, alongside a quarterly Primary Care and Mental Health Interface meeting.

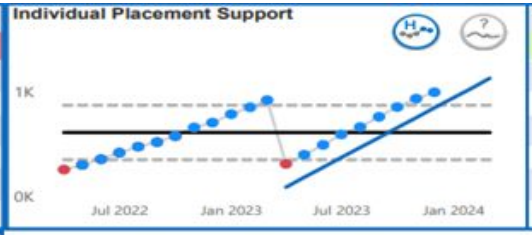
Dementia - The Older Person Mental Health Delivery group continues to meet monthly to monitor MAS performance, reporting up to the ICS Dementia Steering Group where required.

7.4c - Recover Services and Address Backlogs – Exception Report : Mental Health – Access

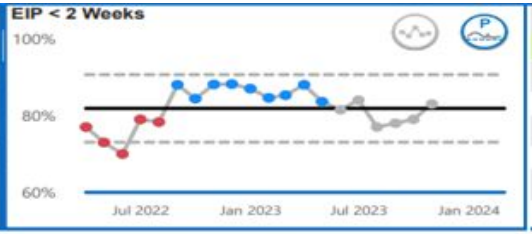
NHS Nottingham and Nottinghamshire



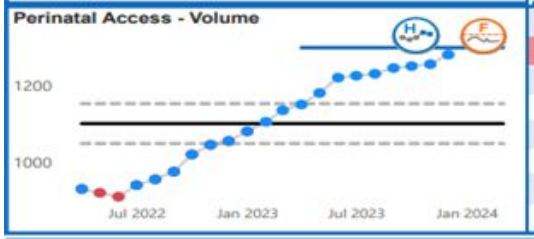
Dec-23
9.9%
Plan
10.0%
Assurance
Fail
SPC Variation
Improving - High



Dec-23
993
Plan
846
Assurance
Flip
SPC Variation
Improving - High



Nov-23
83.0%
Plan
60.0%
Assurance
Pass
SPC Variation
Common Cause



Dec-23
1280
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 993 people accessing IPS as of December 2023 against a target of 846.

EIP - The access standard has been consistently exceeded at an ICS level. Data for November 2023 shows an increase in performance with 83% of patients accessing EIP within 2 weeks, compared to 84% in July 2023.

Actions

Perinatal - To increase the number of women accessing the service the actions agreed are as follows

- Communications - Continuous ICS wide communications campaign, Telephone/initial contact prior to appointment, Text messaging system innovation, Training will be delivered to social care and 0-19 service team members by end of March 2024
- Equity of access - Alternative venues for service delivery within Nottingham City and the North of the County, Continuous targeted work within areas where there is underrepresentation, Enhanced engagement pathway, Improvements in data completeness relating to ethnicity

IPS - Performance is continually monitored to ensure achievement of target continues

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'. The NCAP audit is underway for 2024 with results expected in July 2024.

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.

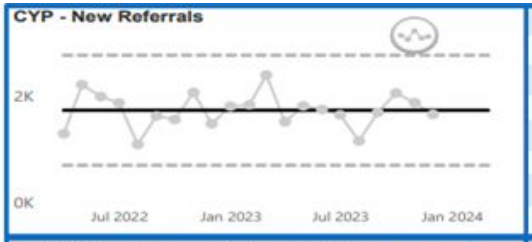
IPS - All four place-based IPS teams have completed fidelity reviews achieving 'good' status. Any action plan for further improvement will be reviewed at the IPS steering group on an ongoing basis.

The IPS steering group continues to meet bimonthly to monitor and address performance, issues, and risks. Providers are working with PCN teams and partner agencies to identify ways to further integrate and increase referral opportunities.

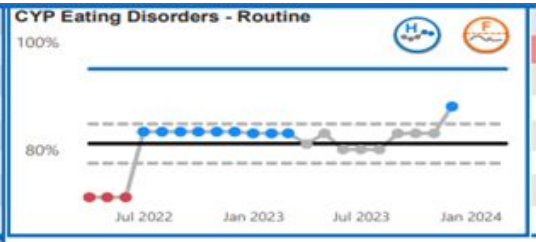
EIP - The EIP Steering Group continues to meet bi-monthly to review progress against agreed actions

7.4d - Recover Services and Address Backlogs – Exception Report : Mental Health – Children & Young People

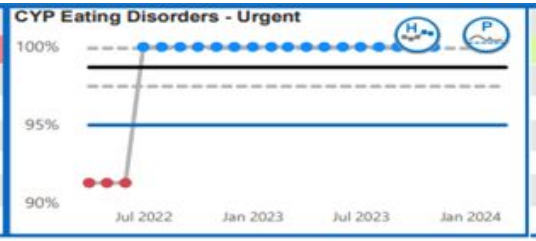
NHS Nottingham and Nottinghamshire



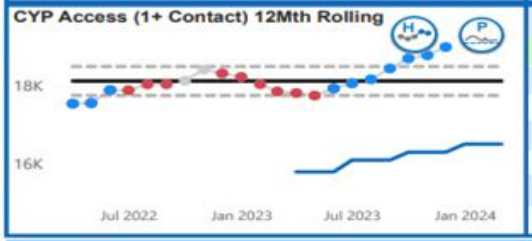
Dec-23
1655
Plan
-
Assurance
-
SPC Variation
Common Cause



Dec-23
88.0%
Plan
95.0%
Assurance
Fail
SPC Variation
Improving - High



Nov-23
100.0%
Plan
95.0%
Assurance
Pass
SPC Variation
Improving - High



Dec-23
18975
Plan
16300
Assurance
Pass
SPC Variation
Improving - High

Summary

CYP Referrals – have remained around the mean and are showing common cause variation.

CYP Access (1+ Contact) - The ICS is exceeding the access target of number of children and young people (CYP) receiving support (1-contact); 18,975 CYP were recorded as having at least 1 contact in the rolling 12 months ending December 2023 exceeding the annual plan of 16300.

CYP ED Routine (< 4 weeks) – Improving high variation due to performance being above the mean. It is not expected that the service will meet the required standard.

CYP ED Urgent (<1 week) – Improving - High variation due to the improvement in performance over the past 3 quarters. December 2023 data is not available due to low numbers.

Actions

CYP Access – None Required

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).

The service is working on several initiatives to eliminate the risk of service-related breaches including:

- Clinical space and service model - Reviewing space utilisation to expand access to clinical room availability; Continued protected time with Community CAMHs where joint assessments are required; The service is considering the possible formation of an all-age Eating Disorders Hub; The service has also completed their first round of Non-Violent Resistance (NVR) training specific to Eating Disorders
- Engagement - Patient Choice; The service will complete a “deep dive” into breaches attributable to patient choice; The service held a ‘listening event’ on Saturday 20th January 2024 in conjunction with the Adult ED service

Recovery trajectory for 2023/24 has been finalised which will see the delivery of the 95% target for routine referrals in Q4 2023/24.

Oversight Level – Further Information Required

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.
- Regular multi-agency transformation meetings are scheduled which support transformation plans and ensure partnership working.
- Work is now being undertaken to ensure all eligible services within Bassetlaw are contributing and submitting successfully to the MHSDS. They are expected to submit entries for Q4.

CYP Eating Disorder

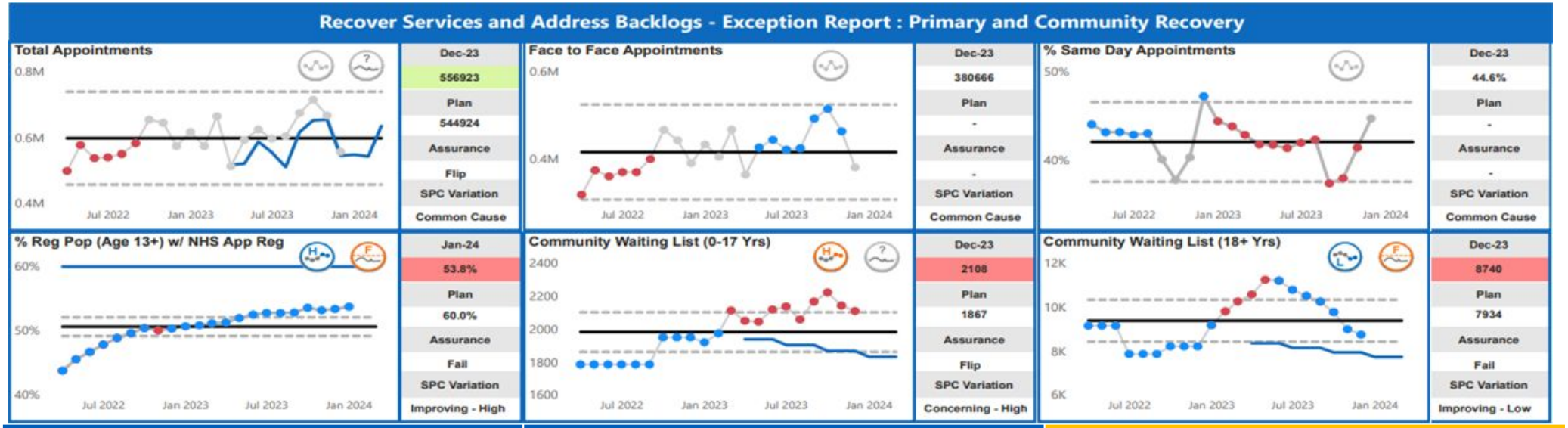
- Investment plans have been agreed. Assumptions about referral trends have been endorsed by the regional Clinical Network
- NHS England Clinical Network recognise slight reductions nationally but note presentations of disordered eating and ARFID are increasing.
- All-age transformation meetings continue, attended by system leads, which address any performance issues and agree required remedial actions. Actions are reviewed monthly
- 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

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 December were 2.2% above the planned level. The percentage of appointments held face to face has reduced from 69.5% in November to 68.4% in December, this is the third consecutive month that a reduction has been seen. 78.5% of appointments were offered within two weeks in December 2023, which is an improved position from 77.5% reported for November.

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 53.8% in January 2024.

Community Waiting Lists - The community waiting list for adults has reduced from the November position of 8,982 to 8,740 patients in December but remains 806 patients above plan.

The CYP waiting list has also reduced from the November position of 2,141 to 2,108 in December. However, it remains above planned levels.

Actions

Community Waits – 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. Long waiting patients are also routinely discussed.

Oversight Level – Enhanced

Trend analysis demonstrates that the waiting list volumes have been reducing for adults for a number of months but remain above planned levels. A reduction has been seen for the CYP cohort in the latest month. The oversight level will remain as enhanced until the waiting list volumes reduce further and are able to be sustained below planned levels.

Discussions regarding community waiting lists are undertaken directly with community providers through contract meetings, which include reviewing specific service improvement plans. Additional improvements for CYP waiting lists specifically in relation to children with Special Educational Needs are also addressed through the SEND Improvement Board.

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 Month 10 Financial Position - YTD

- **£119.4m** deficit at month 10. **£103.3m** adverse to plan. In-month adverse variance of **£10.2m.**
- The YTD deficit includes the impact of £13.1m relating to the industrial action (IA) in December 2023 & January 2024.
- Year to date, there is a £16.1m planned deficit due to efficiency schemes planned for later in the year.
- Month 10 has seen a £6.6m in-month deficit (which includes the IA impact in January of £8.3m) leaving a residual £1.7m surplus after IA impact.
- 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 - **£56m**
  - Planned actions not delivered including MH subcontracted beds & UEC escalation beds, efficiencies, ERF - **£10.1m**
  - Unfunded workforce and pay increases arising from Increasing run rates compared to 22/23 - **£37.2m**
  - NHT's efficiency in the table includes £4.8m 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.
- The FOT position is **£118.4m** at M10, which is made up of:-
  - the NHSE agreed deficit position of £92.9m.
  - an increase in the FOT position at NHT of £12.5m (from M9 £9.5m to above £22m).
  - the impact of the IA in Dec/Jan of £13.1m (increase from M9 of £0.6m at NUH).

Drivers of Variance £'m	NUH	SFH	NHT	ICB	Total
Prescribing/CHC pricing	0.0	0.0	0.0	-38.6	-38.6
Inflation & pay award pressures	0.0	-1.0	-4.4	-2.3	-7.7
Cost of Capital income reduction	0.0	0.0	0.0	0.0	0.0
Industrial Action - direct costs	-7.9	-0.9	-1.0	0.0	-9.7
Mental Health sub contracting beds – price	0.0	0.0	-7.8	0.0	-7.8
Loss of ERF income - stretch/performance	0.0	0.0	0.0	0.0	0.0
Escalation Beds	-3.8	-6.8	0.0	0.0	-10.6
Efficiency shortfall	-23.3	-2.0	-4.1	26.8	-2.6
Covid related spend not removed	-8.0	0.0	0.0	0.0	-8.0
CDC income in position ahead of plan	0.0	5.0	0.0	0.0	5.0
Other plan movements & NR actions	5.7	3.5	5.5	-0.8	13.9
Pay/agency run rate pressures above plan	-22.4	0.0	-9.8	0.0	-32.2
Premises (energy, PPM backlog etc.)	-6.0	1.0	0.0	0.0	-5.0
TOTAL	**-65.7**	**-1.2**	**-21.6**	**-14.9**	**-103.3**

Key

External Factors
Non-delivery of the 2023/24 plan
Unfunded Workforce & Pay increases

Month 10 Financial Position Year to date variance £'m	YTD Plan	YTD Actuals	YTD Variance	FOT
NUH	-3.8	-69.5	-65.7	-75.9
SFH	-10.6	-11.7	-1.2	-12.7
NHT	-1.7	-23.3	-21.6	-23.0
N&N ICB	0.0	-14.9	-14.9	-6.8
TOTAL	**-16.1**	**-119.4**	**-103.3**	**-118.4**

8.2 Nottingham University Hospitals NHS Trust – Month 10

Financial Performance

January: The Trust delivered a (£5.6m) deficit in month, (£8.3m) adverse to plan.

Year to date: The Trust has delivered a (£69.5m) deficit YTD, (£65.7m) adverse to plan.

Forecast: The Trust agreed a forecast deficit of £68.0m with regulators. This assumed there would be no additional impact of Industrial action. The planned strikes throughout December and January are expected to deteriorate the position by a further £7.9m. This increases the forecast position to £75.9m.

Key Drivers

The key drivers of the year-to-date £69.5m deficit financial position are:

- (£24.5m) Substantive pay run rate increase.
- (£23.3m) Efficiency shortfall.
- (£8.0m) Covid related spend not removed.
- (£3.8m) Independent sector activity above planned levels
- (£9.9m) Increase in supplies / drugs

Risk to delivery of the forecast

- Shortfall in planned Efficiency and FRP - £7m
- Winter - £2m
- CDC Funding - £3m
- NR Income Assumption - £3m
- TLHC - £1m
- Derbyshire ICB contract dispute – £1.3m
- PDC Impact of PFI IFRD changes – £0.5m

Productivity & Efficiency

- The Trust has delivered £40.4m of efficiencies to date. This is (£23.3m) short of the £63.7m target. The year end forecast per our draft financial recovery plan is £62.1m. This is (£22.0m) short of the £84.1m target.

Financial Controls

A financial recovery plan has been developed to support rapid action towards financial sustainability. The programme is supported by weekly Exec led Recovery Board. The Trust has completed an externally facilitated assessment of its grip and control measures.

8.3 Sherwood Forest Hospitals NHS Foundation Trust – Month 10

Financial Performance

- The Trust has reported for the period up to the end of January 2024 a deficit position of £11.8m on an ICS achievement basis, this is £1.3m adverse to the planned deficit position. The in-month position for January 2024 is £0.4m adverse to the planned deficit of £0.4m. The forecast outturn position at Month 10 is £12.7m deficit, which includes £8.5m underlying deficit plus £4.2m estimated Junior Doctor Industrial Action impact for Months 9 & 10. The underlying position is in line with the NHSE reforecast carried out in November 2023 and the YTD run rate improvement is in line with that exercise.

Key Drivers

- Overall Expenditure is showing an adverse variance to plan £10.7m. The adverse variance is mainly due to the mitigations in place as a result of extreme pressures in the system including initiation of the Full Capacity Plan in December 2023 (£6.8m).
- Overall income is showing a favourable variance to plan £9.5m;
    - Favourable YTD due to 10/12th CDC income £4.6m in our YTD position which was planned to be received in month 12.
    - Favourable CDC Accelerator £0.5m ahead of plan
    - Favourable Industrial action income of £2.0m
    - Hi Cost drugs & LVA Dental income and other contract planning adjs £2.5m ahead of plan
- The forecast outturn position at Month 10 is £12.7m deficit, which includes £8.5m underlying deficit plus £4.2m estimated Junior Doctor Industrial Action impact for Months 9 & 10.

Risk to delivery of the forecast

- Risks to the delivery of the forecast include the continuation of extreme operational pressure resulting in Opel 4 & full capacity plan which would result in a reduced ability to deliver the remaining FIP and activity in line with elective recovery. In addition, the risk of further Industrial Action in Months 11 – 12, above that already known, would result in additional financial pressure. There remains a system level contracting risk in relation to out of area patients. Income assumptions include £5.5m Community Diagnostic Centre income which as yet is does not have a payment schedule confirmed from NHSE.

Productivity & Efficiency

- The Trust has reported year to date achievement of £20.3m against its efficiency plan (£14.9m non recurrent). This is £2.0m adverse to the YTD plan. The forecast efficiency position is £2.0m adverse to the full year plan arising from the adverse impact of the strike. The efficiency delivery is a key metric in the Trusts Financial Recovery Plan and is monitored closely and actions put in place with the most senior backing to maximise their impact.

Financial Controls

- The Trust has developed a Financial Recovery Plan which includes 4 key areas of focus, which all have a Senior Leader responsible for the achievement of that workstream: Growth of Elective Activity, Maximisation of Financial Efficiencies, Reduction of premium cost surge capacity, Budgetary control and technical or non-recurrent opportunity. Alongside this focused approach is an enhanced governance arrangement which includes the formation of a Financial Recovery Cabinet, chaired by the Chief Executive and attended by all Executives and workstream leads. In addition, divisional finance governance structures have been strengthened to include Divisional Finance Committee meetings which will deal with budgetary control matters in the first instance.

8.4 Nottinghamshire Healthcare NHS Foundation Trust – Month 10

Financial Performance

- The year-to-date financial position is a deficit of (£23.3m) against a deficit plan of (£1.7m) which is (£21.6m) adverse to plan.
- In month the Trust reported a deficit of (£1.5m) which was of (£1.9m) adverse to a surplus plan of £0.5m. The reported forecast position is a (£23.0m) deficit.

Key Drivers

The drivers of the movement from the Trust's planned position are:

- Continued reliance on agency staffing – (£9.8m) adverse to plan resulting from high observations, increased medical staffing and acuity.
- Private Sector Beds – (£7.8m) of sub-contracted bed costs within mental health due to additional spot purchase acute and PICU beds and additional patient observations
- Inflationary Pressures – (£4.4m) above plan year to date mainly due to utilities and contract increases linked to RPI.
- Industrial action costs – (£0.9m) above funded levels.
- Delivery of efficiency plans and recovery plans – (£4.1m) adverse variance year to date which includes recovery plan delivery.
- Benefits in the position - £5.7m of non-recurrent mitigations

Risk to delivery of the forecast

Future industrial action in Feb 23 and/or Mar 23.

Productivity & Efficiency

At month 10 the Trust has a plan of £27.7m and has delivered £19.3m. The year end forecast position is (£11.9m) behind plan.

Financial Controls

A Financial Recovery Plan has been developed. Schemes have been identified and agreed across 7main themes

1. Agency – Schemes to reduce agency usage down to 3.7% of pay bill
2. Flow and Beds – Schemes to reduce the Trusts reliance on private sector bed capacity
3. Medical Staffing – Plans to eliminate the agency usage across junior doctor grades and a commitment to reduce agency usage across the consultant body in the longer term.
4. Medicine Management – Plans to maximise medicines optimisation across the Trust and reduce waste.
5. Non-Pay – Plans to reduce non-pay expenditure and discretionary spend across the Trust.
6. Procurement - Plans to reduce non-pay expenditure and discretionary spend across the Trust
7. Staffing – Workforce schemes to reduce headcount.

8.5 ICB Financial Performance – Month 10

Financial Performance

For month 10 the overall ICB expenditure forecast for the financial year a £6.8 million deficit, in line with last month and with the revised year end target agreed with NHS England (NHSEI). The year to date (ytd) position has improved by £1.0 million from last month and is a deficit position of £14.9 million over the breakeven ytd plan.

The revised deficit target of £6.8 million remains a significant challenge to deliver. Additional efficiencies of £21.8 million are required in month 11 & 12 to deliver the £6.8 million deficit target. £10.2 million of this £21.8 million has been identified and assessed as likely to deliver. This would deliver a deficit of £11.6 million over and above the £6.8 million, and a total deficit of £18.4 million. This represents the net risk position

Key Drivers & Risk to delivery of the forecast

Key drivers of the year to date and forecast overspends are prescribing costs (£21.8 million forecast outturn (fot) adverse variance) and continuing healthcare (CHC) and section 117 package costs (£23.3 million fot adverse variance). Pricing and inflation issues continue to be the main driver of the overspend in these areas. Community costs continue to be forecast over plan (£2.1 million) and Estates costs at £2.3 million.

Offsetting these overspending areas is a forecast underspend on the efficiency reserves of £24.8 million. The efficiency reserve budget is c£3.1 million, therefore £21.8 million is required in the year to go as per para 2 above

Productivity & Efficiency & Financial Controls

The efficiency programme of £56.0 million remains forecast to be delivered in full, albeit a large degree via non recurrent solutions.

The savings and efficiency governance process described previously is fully in operation. To recap, this process includes a strengthened structure in reviewing and delivering efficiency requirements across the organisation, including:

a. Financial Recovery Panels: Weekly meetings utilising one of the weekly executive team meetings each week with all executive team members present. This emphasises the importance to savings leads, ensures full awareness by the ICB executive, allows for quick decision making, and unblocking;

b. Financial Recovery Meetings: This cross directorate meetings has had its time increased to allow for a more in depth discussion in front of peers.

c. Increased Awareness to teams led by executive team members. This includes Staff briefings, attendance at team meetings;

d. Weekly Finance Meetings changed to focus on the ICB position. This is a key driver in identifying the non-recurrent year end efficiency solutions and delivering these options into the financial position

NHS
Nottingham and Nottinghamshire

9.0 People and Culture

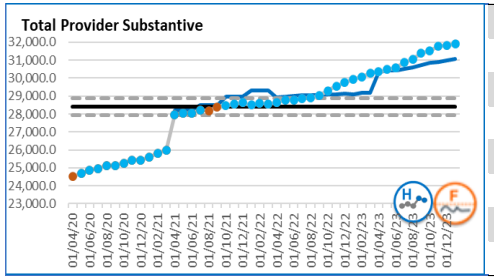
ICS Aims: All 4 (Outcomes, inequalities, productivity and social and economic development)

- 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

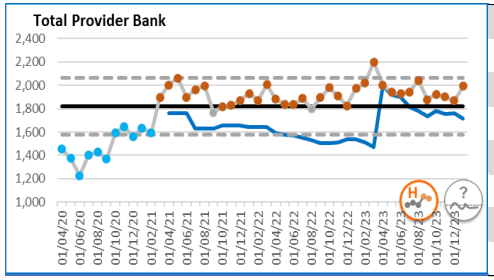
9.1 - Workforce – Exception Report Provider Workforce – Operational Plan v Actual

NHS Nottingham and Nottinghamshire

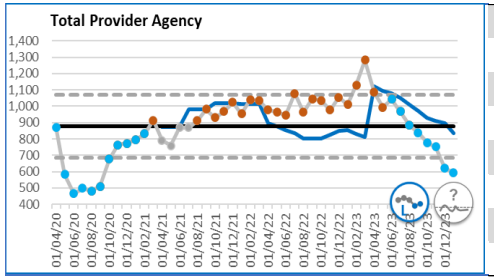
Total ICB Provider Workforce - Operational Plan v Actual 2023/24



Jan-24
31905.8
2023-24 Plan
31091.4
Assurance
Fail
SPC Variation
Improving - High



Jan-24
1993.3
2023-24 Plan
1713.0
Assurance
Flip
SPC Variation
Concerning - High



Jan-24
593.1
2023-24 Plan
834.6
Assurance
Flip
SPC Variation
Improving - Low

Trust Positions

	NUH				SFH				NHCT			
	Jan Planned WTE	Jan Actual WTE	Variance to Plan	Variance to Plan %	Jan Planned WTE	Jan Actual WTE	Variance to Plan	Variance to Plan %	Jan Planned WTE	Jan Actual WTE	Variance to Plan	Variance to Plan %
No. Substantive staff	17685.4	18145.1	459.8	2.60%	5048.8	5197.3	148.5	2.94%	8357.2	8563.3	206.1	2.47%
No. Bank Staff	659.8	928.7	268.8	40.74%	649.0	400.0	-248.9	-38.36%	404.2	664.6	260.4	64.41%
No. Agency Staff	448.4	271.2	-177.2	-39.52%	120.1	107.1	-13.0	-10.84%	266.1	214.9	-51.3	-19.27%
Total Workforce	**18793.6**	**19345.0**	**551.4**	**2.93%**	**5817.9**	**5704.5**	**-113.5**	**-1.95%**	**9027.6**	**9442.8**	**415.1**	**4.60%**

>3.5%
1.5%-3.5%
<1.5%

Actions

Impact of fnancial recovery actions within the Trusts continues to be evidenced in the month 10 position .

Trusts are submitting their trajectory for end of year wte positon. This is informing the 4 stages of the planning process to develop the workforce plan for 2024-25. A costed establshment will be determined by all trusts and will be reflected in the Operational plan 2024-25.

Total Provider Current position:

Total workforce is over plan by 814.3WTE, NUH by 551.4 WTE, NHCT by 415.1 with SFT under plan by 113.5 WTE.
Substantive staff – all providers are over recruited to plan. The system has grown April to January by 814.3WTE

Bank – all providers except SFT are over plan on bank, in total the system is 280.3 WTE over plan at MOnth 10.

Agency - significant progress has been made to reduce agency usage, off framework with focus on price cap overrides, in total the system is under plan by 241.5 WTE, maintaining the position over thlast two months.

P&C Group Limited Assurance - Further Information Required

Assurance remains limited given the significant over recruitment and impact this has had on system finances. Improvemet in month 9 needs to be sustained over Qtr 4 .

Substantive Staff

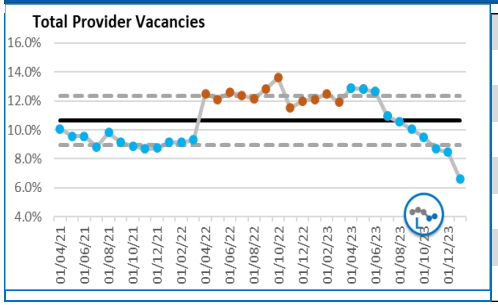
	April	Jan	Actual WTE Growth	WTE Variance to Plan	
System	30351	31905.8	1554.8	814.3	Recurrent Cost Pressure
NUH	17164	18145.1	981.1	459.8	Recurrent Cost Pressure
SFH	4931	5197.3	266.3	148.5	Recurrent Cost Pressure
NHCT	8257	8563.3	306.3	206.1	Recurrent Cost Pressure

Provider information taken from PWR's and is a count of WTE's.

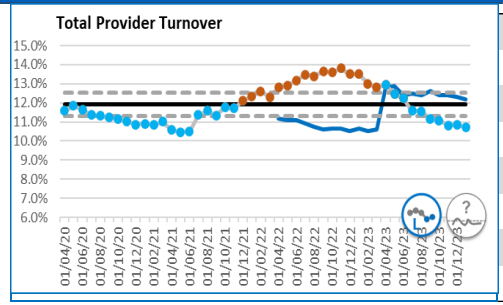
9.2 - Workforce – Exception Report Provider Workforce –Turnover & Sickness Reports

NHS Nottingham and Nottinghamshire

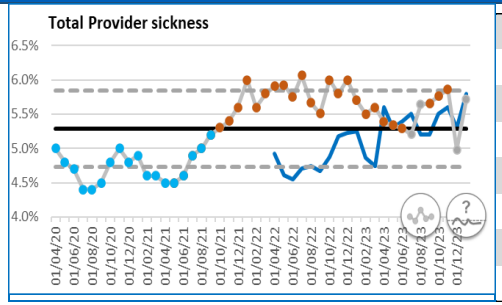
Workforce - Vacancies, Turnover & Sickness Absence



Jan-24
6.6%
2023-24 Plan
Assurance
SPC Variation
Improving - Low



Jan-24
10.7%
2022-23 Plan
12.2%
Assurance
Flip
SPC Variation
Improving - Low



Jan-24
5.72%
2022-23 Plan
5.80%
Assurance
Flip
SPC Variation
Common Cause

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 - variability remains inthe completion of the PWR returns. The reported position has reduced in month 10 of 2.9% to 6.6% > A large adjustment in teh reporting from NUH contributes to this changed position.

Month 10 continues to shgow reducing levels of turnove at 10.7%, 1.5% below plan. This may indicate improved staff retention; retention actions are focusing on high turnover staff groups and the refreshed retention toolkit has been implemented.

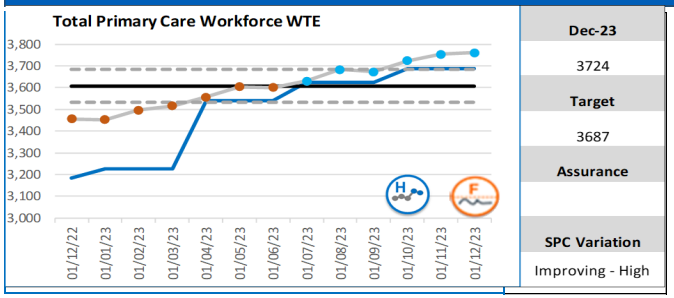
Sickness is higher than pre-covid, and traditionally increases during the winter months. Month10 is showing a return to planned levels of sickness as 5.72% with NHT returning to a higher sickness rate compared to that reported last month.

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.

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

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 Dec-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**	**3760**	**3687**	**73**	**3731**
GPs excluding GPs in Training Grade	574	571	587	576	11	570
GPs in Training Grade	226	254	264	263	1	256
Nurses	356	356	373	359	14	359
Direct Patient Care roles (ARRS funded)	546	596	639*	634	5	679
Direct Patient Care roles (not ARRS funded)	270	272	272	273	-1	277
Other – admin and non-clinical	1568	1574	1625	1582	43	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.
GP Retention a key national priority - Regional workshop 28th November 2023 informed a refesh of the current programme, with N&N already benchmarking well in terms of high level of joiners and lower level of leavers.
ARRS recruitment continues but uncertainty around the GP contract is influencing recruitment decisions .

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.

A workforce and leadership model is being developed as part of the implementation of the Primary Care Strategy, with updates shared at the PCSDG as well as the People & Culture Steering Group

Nottingham and Nottinghamshire Social Care

NHS Nottingham and Nottinghamshire

In the **local authority and independent sector:**

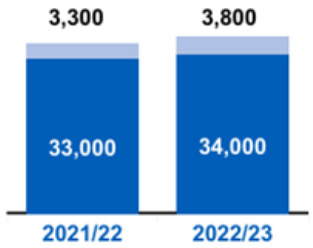
38,000 total posts

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.**

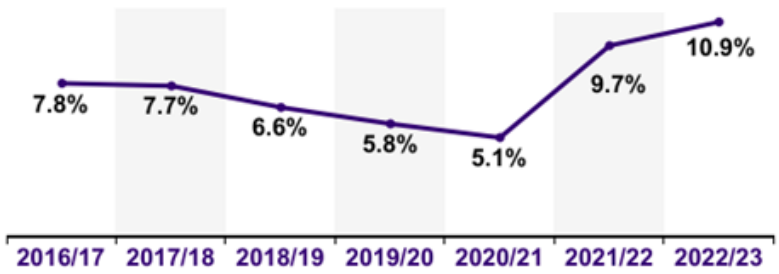
Average hourly pay for care workers

Local authority **£10.89**

Independent sector **£10.40**

Recruitment and retention

Vacancy rate



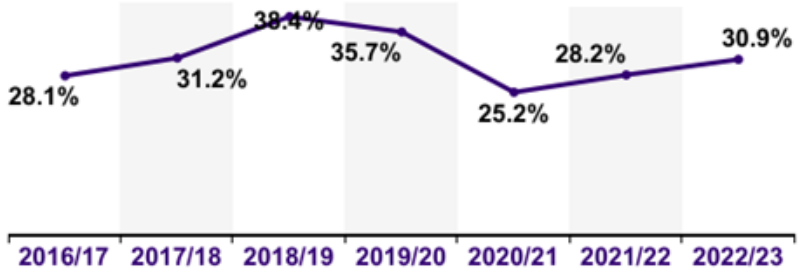
10.9%
vacancy rate
(or 3,800 vacant posts)
in 2022/23

57%
of **recruitment** is from **within adult social care**

30.9%
turnover rate
(or 9,600 leavers)
in 2022/23

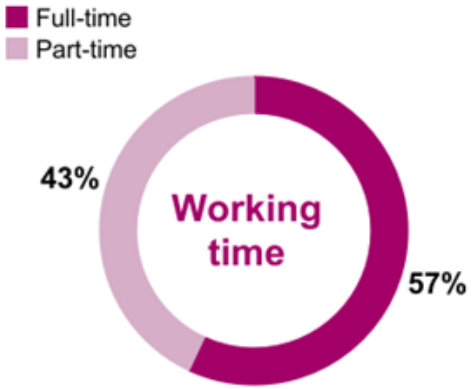
7.9
average **sickness days** taken in 2022/23

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

Employment overview



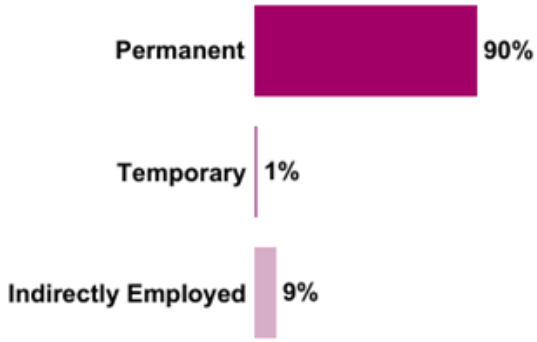
Full-time equivalent filled posts

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**).

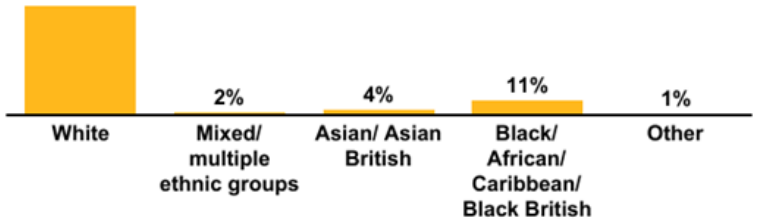
Demographics

Gender

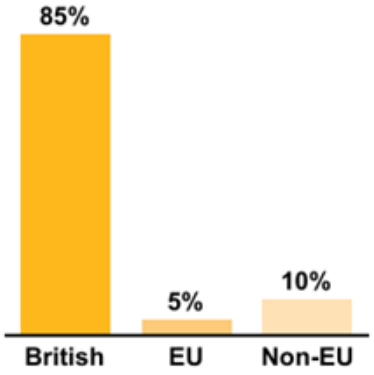
82% of the workforce were **female**

18% of the workforce were **male**

Ethnicity



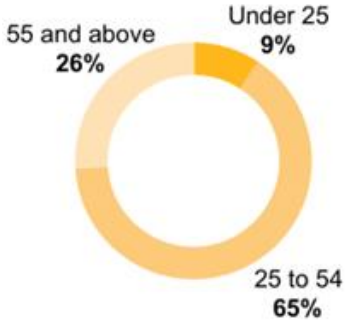
Nationality (2022/23)



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

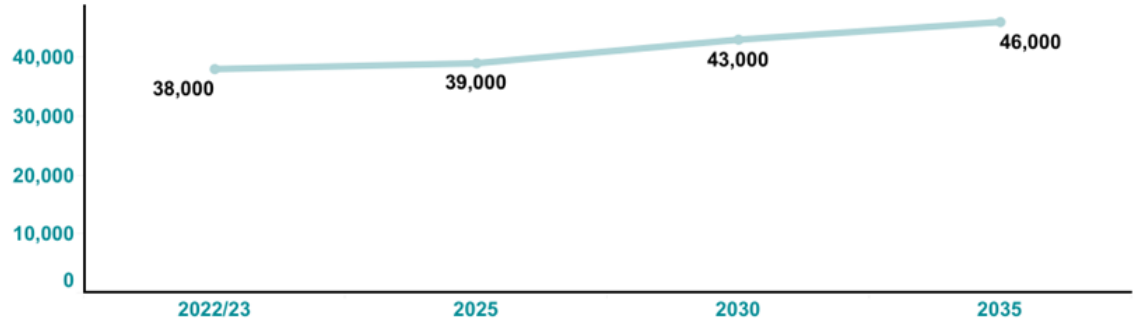
This model projects the size of the workforce if it grows proportionally to the number of people aged 65 and over in the population. This workforce includes adult social care total posts employed by local authorities and the independent sector only. Posts employed by direct payment recipients and those 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



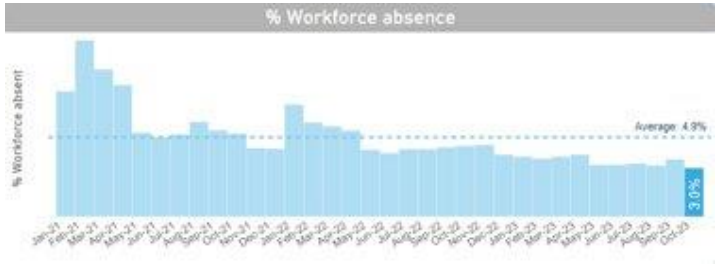
Data and visualisations taken from Skillsforcare website based on Adult Social Care Workforce Data Set (ASC-WDS) 22/23.
Next update Oct 24

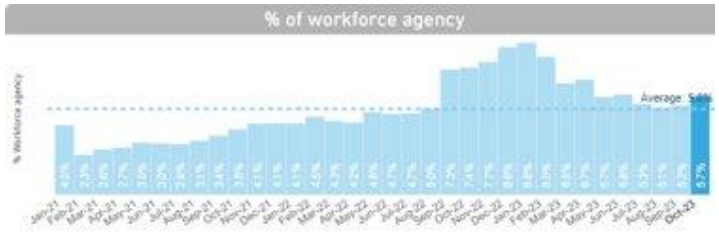
9.6 - Workforce – Exception Report Care Homes

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 and Innovation Investment Fund
- 10.2 - The 5 in the Core20+5 - Adults
- 10.3 - Alcohol Related Harm
- 10.4 – Elective Recovery & Health Inequalities
- 10.5 - Neighbourhood View

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, spend on the HIIF Schemes was restricted until April 2024. A rapid EQIA process is ongoing to assess the impact of any spend which may be halted this financial year. Schemes are mobilising and where relevant, refocusing in relatino to financial sustainability priorities. ROI will be demonstrated through implementation in 24/25.

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 • County Integrated Severe and Multiple Disadvantage Clinical Team	• Integrated Neighbourhood Teams – Bassetlaw • Integrated Neighbourhood Teams – Mid Notts • Integrated Neighbourhood Working – South Notts • Co-designed Community Hypertension Case Finding	• Family Mentor Programme • Childhood Vaccs and Imms in Nottingham City • Obesity in Children and Young People

24/25

The aims of the fund for 2024/25 align with 2023/24 and are as follows: a) To deliver to the ICS Strategy – four aims and three principles b) The ICS has made a commitment to tackling inequalities in outcomes, experience and access with equity as a core principle in delivering change and the fund supports this c) To support integration across health and care provision with the needs of local communities, recognising the role and opportunity of Place Based Partnerships d) Focussed at addressing inequity within the most deprived areas of Nottingham and Nottinghamshire and/or in inclusion health groups. e) To drive forward innovation f) To recognise the system financial challenges by demonstrating the impact on healthcare inequalities and subsequent return on investment. Smoking cessation services in Trusts will be top sliced from the 24/25 HIIF and the process and identification of schemes will be in line with financial planning. .

A. Clear Population Need and Identified Inequality
- Data informed and PHM approach to 1) identifying the Nottingham and/or Notts population cohort and met/unmet need 2) identifying disparities in access, experience and outcomes 3) defining interventions (applying evidence)
- Informed by Public Health resources to identify risk factors and levels of risk across population cohorts

B. Innovation and Impact
- Innovation that is evidenced based and has either been tested locally, or in another system, and the proposal is therefore to spread the scheme OR proposal is to newly test on a small scale with the view to spread – in both cases utilising 1 and 2 above
- The scheme must demonstrate an impact on healthcare inequalities and risk factors and therefore, demonstrable change in relation to disparities in access, experience and outcomes

C. ICS Strategy and Return on Investment
- Return on investment demonstrates impact on inequalities through the association with disparities and the identified need (met and unmet). As a result, it includes affordability through improved care and efficiencies, and only by exception, additionality of resources (what wasn't working and can be stopped)
- The proposal must relate to an existing priority in support of the ICS strategy

10.2 Tackling Health Inequalities – The 5 in the 'Core20Plus5' – Adults

NHS Nottingham and Nottinghamshire

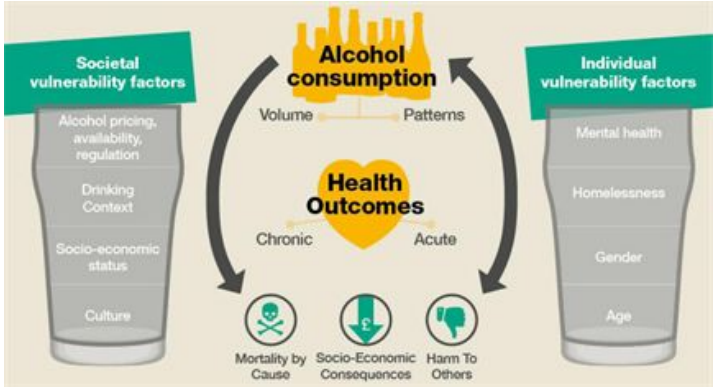
Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach identifies '5' clinical areas linked to premature mortality and therefore requiring accelerated improvement – 1. Maternity 2. Severe Mental Illness 3. Chronic Respiratory Disease 4. Early Cancer Diagnosis 5. Hypertension Case Finding. The below table provides an overview of performance to targets.

KPI	Latest month	Measure	Target	Assurance	Varriation	Mean	Lower process limit	Upper process limit
Annual health checks for 60% of those living with SMI	Feb 24	4950	7029	F	H	3786	1955	5617
Uptake of Covid and Flu Vaccine in people with COPD	Feb 24	72%	100%	F	H	54%	32%	76%
Reduction of emergency admissions in people with COPD	Feb 24	5%	0%	F	L	6%	3%	8%
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	Feb 24	76%	80%	F	H	74%	73%	74%
Optimal treatment of high risk CVD (QRISK > 20% currently on statins)	Feb 24	74%	80%	?	H	71%	58%	84%

1. SMI Healthchecks are higher than Feb 2023, around 400 extra checks completed.
2. Hypertension diagnosis continues to increase.
3. Slight reduction in Optimal Treatment of high risk CVD.

10.3 Impact of Alcohol Related Harm

Alcohol contributes to more than 60 diseases and health conditions and represents 10% of the burden of disease and death in the UK, placing it in the top three lifestyle risk factors with smoking and obesity. Alcohol contributes to the development of CVD and Cancer, two of the leading causes for the gap in life expectancy between the most and least deprived populations. Alcohol harm disproportionately impacts people from the most deprived deciles, despite similar levels of intake across all groups.



Impact of Alcohol Related Harm

•Across the ICS avoidable deaths in under 75 from alcohol related issues have risen since 2014 and reached a high of 220 in 2022.People living in deprived areas are more likely to experience an alcohol-related hospital admission or die of an alcohol-related cause.
•There are 164,855 people identified via ehealthscope drinking alcohol at harmful levels across the ICS, this is a 13% prevalence. This 10,270 patients were first diagnosed with suspected or confirmed high alcohol use in 2022/23. OHID estimates the prevalence of alcohol dependant users at 13,545 (2018/19).

Deprivation	Sex	Ethnicity
26% of ehealthscope identified patients are within Core20 Populations. This is higher than all other IMD quintiles (19% least deprived).	Males are more likely to drink at harmful levels than females.	89% of patients are from a White British ethnicity. All other ethnic minority categories are underrepresented in the data.

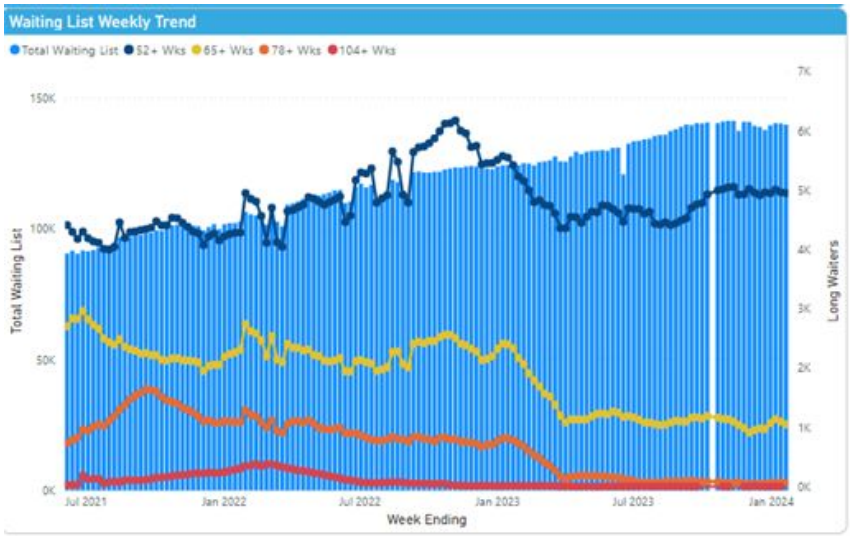
Unmet Need:
Data in this area is unreliable and likely underreported due to the social stigma attached.
As of April 2022 – May 2023: 2,301 people were in treatment for alcohol. In the City there is an unmet treatment need of 74% for alcohol dependent citizens aged 18+ (based on OHID prevalence). There is an unmet treatment need of 82% for alcohol-dependent adults who are living with children.

PLUS Populations:
Homeless Populations
People from ethnic minority groups
People in the criminal justice system
People from LGBT Communities

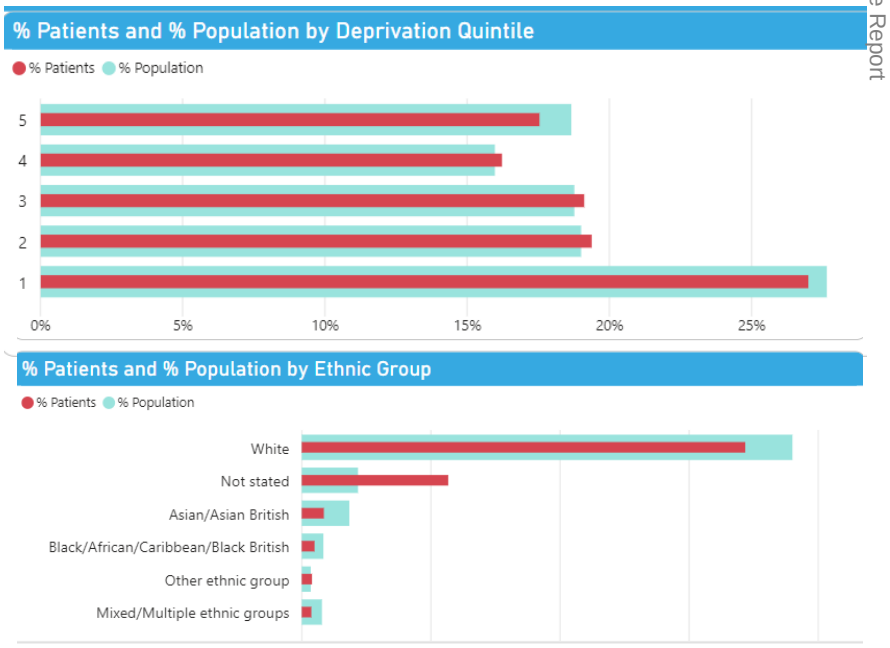
Impact across the 5 Clinical Areas

Maternity	Respiratory	SMI	Cancer	Hypertension
Drinking alcohol during pregnancy can affect the growth and development of the baby leading to Foetal Alcohol Spectrum Disorder (FASD). A higher percentage of people with FASD in the ICS are from Core20 populations. There is an expected underdiagnosis due to the social stigma attached to the condition.	High alcohol use can exacerbate COPD symptoms and lead to hospital admissions. 25% of patients with COPD drink at harmful levels. 23% of these patients had an emergency admission in the last 12 months compared to 21% of the general COPD population.	People with SMI are more likely to use alcohol. 35% of people on the SMI register have high usage reported. Usage reporting is a component of the SMI annual health check. 84% of patients on the SMI register have alcohol intake recorded in the last 12 months as part of the health check.	Alcohol causes 7 types of cancer, including Bowel and Breast Cancer, two of the most common types of cancer. Screening uptake for these two cancers for people who use alcohol are similar to the general population. Bowel Screening: 76% vs 74% in the general population. Breast: 65% vs 67% in the general population.	Alcohol is a risk factor for development of hypertension which if untreated can increase risk of CVD related illnesses.. Across the ICS there are 13,675 with reported high alcohol use with a high blood pressure reading yet no diagnosis in the last 2 years. 24% of these patients are from Core20 populations, the highest of the IMD quintiles.

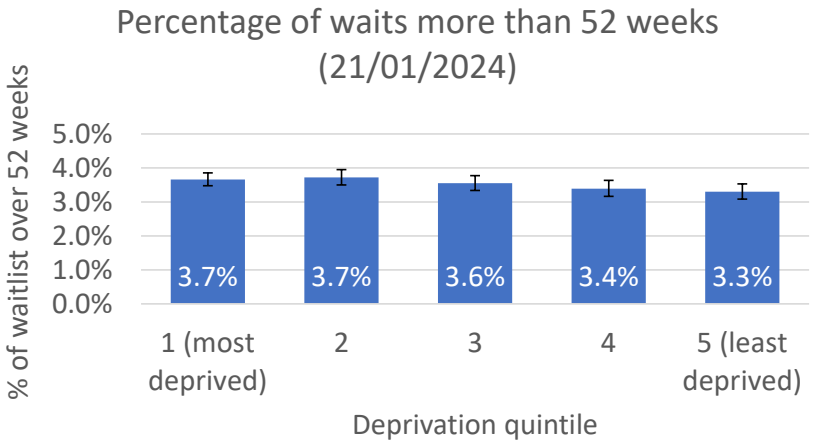
10.4 Elective Recovery & Health Inequalities

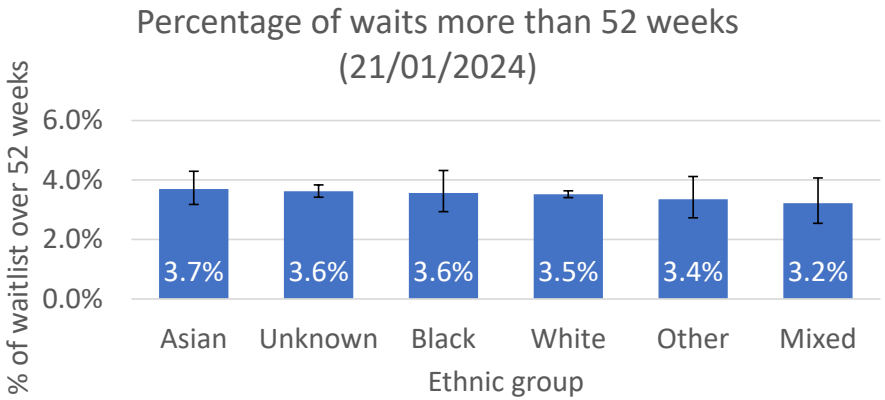


Waiting lists have increased steadily since 2021, largely due to the impact of the Covid-19 pandemic. Patients in the most deprived areas make up the largest proportion of the waiting list. Ethnicity is harder to measure due to the high proportion of "Not Stated" ethnic groups.



National data shows that people from ethnic minority groups and areas of higher deprivation are more likely to wait longer for treatment. However, local data does not show a statistically significant difference in long waiters between deprivation or ethnicity.





10.4 Elective Recovery and Health Inequalities

Elective care covers a broad range of non-urgent services, usually delivered in a hospital setting, from diagnostic tests and scans, to outpatient care, surgery and cancer treatment.

Waiting List Population

As of Jan 2024, there are 139,704 treatments on the waiting list for Nottingham and Nottinghamshire ICB. 3.5% of waits were over 52 weeks.
Approx 27% of the waiting list are from CORE20 Populations, compared to around 17% from the least deprived populations.
There is a higher representation of "not stated" ethnicities, this makes it difficult to get a true representation of disparities between ethnic groups on the waiting list.

Waiting Lists and Health Inequalities

The impact of waiting longer for treatment on individuals, their families and carers is wide ranging. Waiting longer for treatment can worsen existing conditions, impact recovery and impact quality of life by reducing independence or affecting the ability to attend work or school, all of which have an associated cost to the health and wider economic system and also worsen inequalities.
People from the most deprived areas and some ethnic minority groups are also more likely to have one or more long term conditions and develop these at a younger age than the least deprived areas . These groups may be disproportionately affected by the negative effects of a delayed operation.
Certain lifestyle factors such as smoking and obesity are also higher in more deprived populations which can affect a person's preparedness for elective care and may result in delays to treatment or procedures.

Key Actions & Initiatives

Shared Decision Making (SDM)

Shared decision making is promoted by the ICB with resources and training available. Steps are being taken across the system to embed personalised care approaches within elective care pathways across the trusts. SDM will help to improve communications with patients, improve referral pathway and reduce treatment regret.

Reducing DNAs

People in more deprived areas are more likely to DNA appointments. An artificial intelligence software has been utilised at NUH, to predict those who are most likely to DNA using patient demographics alongside other factors such as appointment timing. Communications are sent out additional contacts for patients allowing the option to keep or cancel their appointment.

Pre-Op Screening and Health Optimisation

Early screening, risk assessment and health optimisation aims to improve patient outcomes after elective procedures and utilise personalised care approaches. There are five key requirements to be in place in trusts by 31st March 2024.
A risk stratification process has been outlined, increasing support and intervention for those with more complex needs. Digital enablers are being used to support this.

Further Opportunities

- Clear targeting of SDM and personalised care approaches towards more deprived groups
- Ensuring mitigations for those at risk of digital exclusion
- Using a variety of clinical and social factors to assess priority and risk.

10.5 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.

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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 @20th February 2024

NHS Nottingham and [illegible]hire

Quality of care, access and outcomes

(35 out of 38 metrics populated @20.02.2024)

Lower Quartile Areas:

- A&E - % patients managed within 4 hours (ICB)
- Diag activity waiting times - % patients not seen within 6 wks (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)
- Inappropriate adult acute MH out of area bed days (ICB & NNICB)
- GP apps - % regular appointments within 14 days (NNICB & BICB)
- Clostridium difficile infection rate (BICB)

Higher Quartile Areas:

- Elective Activity - value weighted elective activity growth vs. target (ICB)
- Patients waiting more than 65wks to start consultant led treatment (ICB)
- Diag activity waiting times - % patients not seen within 6 wks (DM01 - Only MRI, CT, NOU, Echo, Colonoscopy, FlexiSig, Gastro) (BICB)
- Proportion of patients meeting the faster cancer diag standard (ICB)
- Number of CYP accessing MH services - % of pop (ICB)
- Inappropriate adult acute MH out of area bed days (BICB)
- Dementia diagnosis rate (ICB & BICB)
- Percentage of 2hr UCR refs where care was provided within 2hrs (ICB)
- Virtual ward - percentage capacity occupied (ICB)
- MRSA bacteraemia infection rate (ICB & NNICB)
- Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care (ICB & BICB)

Preventing ill-health and reducing inequalities

(7 out of 7 metrics populated @ 20.02.2024)

Lower Quartile Areas:

- Population vaccination coverage: MMR for two doses (5 year olds) (ICB)

Higher Quartile Areas:

- Cervical screening: % aged 25-64 attending within target period (BICB)

People

(14 out of 14 metrics populated @ 20.02.2024)

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 @ 20.02.2024)

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 @ 20.02.2024)

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 20th February 2024.

Content Author: Sarah Bray | Executive Lead: Amanda Sullivan | System Oversight: System Oversight Group | ICB Committee: Finance & Performance Committee

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Appendices

i – ICS Assurance Escalation Framework

ii - Key to Variation and Assurance Icons (SPC) iii - Glossary of Terms

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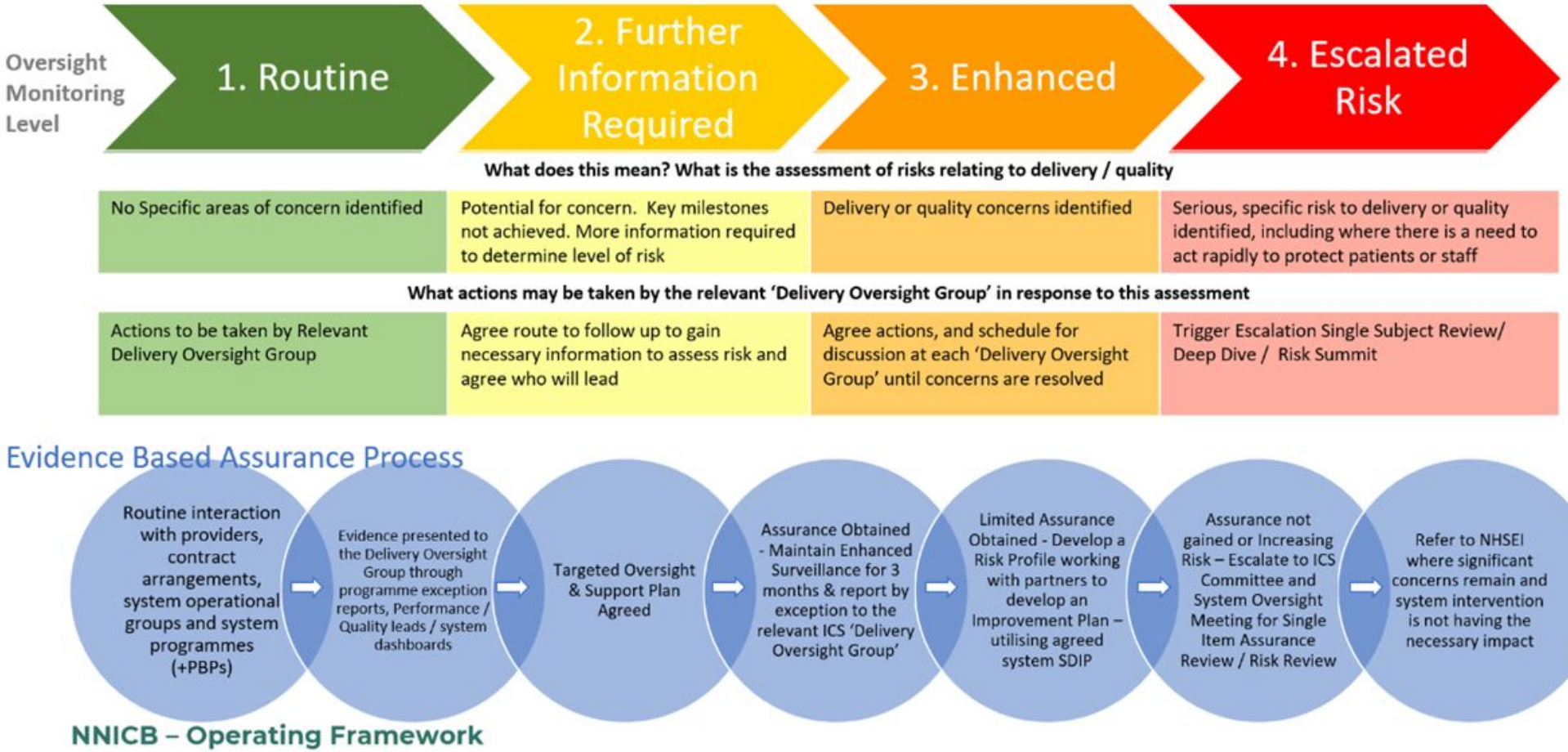
i – ICS Escalation Framework

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:



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)		
	L H	L H	?	P	F
Common Cause - no significant change 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

NHS
Nottingham and Nottinghamshire

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:	14/03/2024
Paper Title:	**2023/24 Board Annual Work Programme**
Paper Reference:	ICB 23 106
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.

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 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. *Item sponsor: Kathy McLean, Chair*	✓	✓	✓	✓	✓	✓	-
Chief Executive's Report 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. 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. As appropriate, the report may also include specific items requiring approval or for noting by Board members. On a quarterly basis, the reports will include the latest segmentation ratings under the NHS Outcomes Framework. *Item sponsor: Amanda Sullivan, Chief Executive*							
ICS Partnership Agreement To secure Board commitment to the refreshed ICS Partnership Agreement. *Item sponsor: Amanda Sullivan, Chief Executive*	-	-	✓	✓	-	-	-
Health inequalities and outcomes							
Joint Forward Plan 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. The Joint Forward Plan will be subject to an annual review and refresh, which will be presented in March 2024. *Item sponsor: Lucy Dadge, Director of Integration*	-	✓	-	-	-	-	✓
Joint Forward Plan – Delivery Updates 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: • Timely access and early diagnosis for cancer and elective care • Improving navigation and flow to reduce emergency pressures • Proactive management of long-term conditions and frailty • 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. *Note: focussed strategic updates on Mental Health Services and Children and Young People Services are also being scheduled for the 2024/25 work programme.* *Item sponsors: Lucy Dadge, Director of Integration and Dave Briggs, Medical Director*							
Delivery Plan for Recovering Access to Primary Care To present a system level primary care access recovery plan for approval and subsequent oversight of delivery. The November paper will also include an update on progress in delivering the ICB's Primary Care Strategy. *Item sponsor: Dave Briggs, Medical Director*	-	-	-	✓	-	-	-
People Plan To present a strategic update on the delivery of the ICS People Plan. *Item sponsor: Rosa Waddingham, Director of Nursing*	-	-	✓	-	-	-	-
Digital, Data and Technology Strategy To present a strategic update on the delivery of the ICS Digital, Data and Technology Strategy. *Item sponsor: Dave Briggs, Medical Director*	-	-	-	✓	-	-	-
Green Plan To present a strategic update on the delivery of the ICS Green Plan. *Item sponsor: Stuart Poynor, Director of Finance*	-	-	-	-	✓	-	-
Research Strategy To present an ICS Research Strategy for approval. *Item sponsor: Dave Briggs, Medical Director*	-	-	-	-	-	-	-
Infrastructure Strategy To present an ICS Infrastructure strategy for approval. *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 To present the ICB's annual budget for approval. *Item sponsor: Stuart Poynor, Director of Finance*	-	-	-	-	-	-	-
2024/25 Joint Capital Resource Use Plan To present the Joint Capital Resource Use Plan for approval (prepared with partner NHS trusts and NHS foundation trusts). *Item sponsor: Stuart Poynor, Director of Finance*	-	-	-	-	-	-	✓
Developing our Integrated Care System 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. *Note: Nottingham City Place-Based Partnership and Bassetlaw Placed-Based Partnership presented during 2022/23, in January and March 2023, respectively.*	 ✓ - -	 - ✓ -	 - - ✓	 - - -	 - - -	 - - -	 - - -
NHS England Delegations 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. *Note: The illustrated timeline for this work during 2023/24 is indicative and subject to change in line with NHS England requirements.* *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. *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 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. *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 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. Delivery of the 2023/24 Operational and Financial Plans will be monitored via the Performance Reports. *Item sponsors: Stuart Poynor, Director of Finance, Lucy Dadge, Director of Integration, Dave Briggs, Medical Director and Rosa Waddingham, Director of Nursing*	✓	✓	✓	✓	✓	✓	-
Commissioning Report 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 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. *Item sponsor: Rosa Waddingham, Director of Nursing*	✓	-	-	✓	-	-	-
Risk Management Policy To present the ICB's Risk Management Policy for approval, including a refreshed approach to the ICB's risk appetite following Board development discussions. *Item sponsor: Rosa Waddingham, Director of Nursing*	-	-	✓	-	-	-	-
Working with People and Communities 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. *Item sponsor: Amanda Sullivan, Chief Executive*	-	-	✓	-	-	-	-
Emergency Preparedness, Resilience and Response (EPRR) Annual Report 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. *Item sponsor: Lucy Dadge, Director of Integration*	-	-	-	-	-	✓	-
HealthWatch Report 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. *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. *Note: This report is shown for completeness and will be presented in May 2024.* *Item sponsor: Rosa Waddingham, Director of Nursing*							
Senior Information Risk Owner (SIRO) Annual Report 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. *Note: This report is shown for completeness and will be presented in May 2024.* *Item sponsor: Dave Briggs, Medical Director*	-	-	-	-	-	-	-
Research Annual Report To present an annual report on the ICB's arrangements for the promotion of research and use of research evidence. *Note: This report is shown for completeness and will be presented in 2024/25.* *Item sponsor: Dave Briggs, Medical Director*	-	-	-	-	-	-	-
VCSE Alliance Report To receive a report summarising the work of the VCSE Alliance. *Note: This report is shown for completeness and will be presented in May 2024.* *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 • Revised ICB Operating Model	✓	-	-	-	-	-
Note: 8 June session cancelled	-	-	-	-	-	-
• Governance and Partnership Self-Assessment • Revised ICB Operating Model • ICB Values • Digital Strategy	-	-	✓	-	-	-
• Preparing for CQC Inspections of Integrated Care Systems • 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 • Development of the Joint Forward Plan	✓	-	-	-
• ICS Partnership Agreement • Government Response to Hewitt Review	-	✓	-	-
• PHM Outcomes framework	-	-	✓	-
• 2024/25 planning process	-	-	-	✓