NHS
Nottingham and Nottinghamshire

Integrated Care Board Meeting Agenda (Open Session)

Thursday 09 November 2023 09:00 – 12:00

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	-	-	09:00
2.	Confirmation of quoracy	Kathy McLean	-	-	-
3.	Declaration and management of interests	Kathy McLean	Information	✓	-
4.	Minutes from the meeting held on: 14 September 2023	Kathy McLean	Decision	✓	-
5.	Action log and matters arising from the meeting held on: 14 September 2023	Kathy McLean	Discussion	✓	-
	Leadership				
6.	Chair's Report	Kathy McLean	Information	✓	09:05
7.	Chief Executive's Report	Amanda Sullivan	Decision/ Information	✓	09:10
	Health inequalities and outcomes				
8.	Primary Care Strategy and System-level Primary Care Access Improvement Plan	Dave Briggs	Decision/ Discussion	✓	09:30
9.	Digital, Data and Technology Strategy	Dave Briggs	Decision	✓	10:00
10.	Water Fluoridation	Jonathan Gribbin	Decision	✓	10:15

	Assurance and system oversight				
11.	Board Assurance Framework	Lucy Branson	Assurance	✓	10:30
12.	Committee Highlight Reports: • Strategic Planning and Integration Committee • Quality and People Committee • Finance and Performance Committee • Audit and Risk Committee • East Midlands Joint Committee	Jon Towler/ Marios Adamou/ Stephen Jackson/ Caroline Maley/ Amanda Sullivan	Assurance	✓	10:45
13.	Quality and Workforce Report	Rosa Waddingham	Assurance	✓	11:00
14.	Finance Report	Stuart Poynor	Assurance	✓	11:15
15.	System Agency Control and Spend	Stuart Poynor/ Rosa Waddingham	Assurance	✓	11:25
16.	Service Delivery Report	Stuart Poynor	Assurance	✓	11:40
	Information items *The following items are for information and will not be individually presented. Questions will be taken by exception.*				
17.	Integrated Performance Report	-	Information	✓	-
18.	Board Work Programme 2023/24	-	Information	✓	-
	Closing items				
19.	Risks identified during the course of the meeting	Kathy McLean	Discussion	-	11:55
20.	Questions from the public relating to items on the agenda	Kathy McLean	-	-	-
21.	Any other business	Kathy McLean	-	-	-
22.	Meeting close	-	-	-	12:00

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: 11 January 2024 at 09:00 (Civic Centre)

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/11/2023
Paper Title:	**Declaration and management of interests**
Paper Reference:	ICB 23 054
Report Author:	Jo Simmonds, Head of Corporate Governance
Report Sponsor:	Lucy Branson, Associate Director of Governance
Presenter:	Kathy McLean, Chair

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

Summary:

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

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

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

Recommendation(s):

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

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

Appendices:
Appendix A: Extract from the ICB's Register of Declared Interests for members of the Board. 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 - providng eductional and advisory services	Director	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
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. (this company is dormant)	Director	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
BRIGGS, David	Medical Director	British Medical Association	Member		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Director of Integration	Mid Nottinghamshire and Greater Nottingham Lift Co (public sector)	Director	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Director of Integration	Valley Road Surgery	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Director of Integration	Nottingham Schools Trust	Chair and Trustee			✓		01/07/2022	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	This interest will be kept under review and specific actions determined as required.
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.
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	This interest will be kept under review and specific actions determined as required.

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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 - therefore this interest will be kept under review and specific actions determined as required.
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.
JACKSON, Stephen	Non-Executive Director	Nottingham City Transport	Wife 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	Wife is a Non Executive Director				✓	01/11/2023	Present	This interest will be kept under review and specific actions determined as required.
LIM, Dr Kelvin	Primary Care Partner Member	Primary Integrated Community Service (PICS) - provider of local health services in the Nottinghamshire area	Director (NB - Dr Lim has resigned from this post but will remain working for PICS until October 2023).	✓				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	Shareholder	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
LIM, Dr Kelvin	Primary Care Partner Member	Church Walk Medical Services	Shareholder	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
LIM, Dr Kelvin	Primary Care Partner Member	Eastwood Primary Care Centre	GP Partner	✓				01/07/2022	30/06/2023	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to General 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.
LIM, Dr Kelvin	Primary Care Partner Member	Alike Ltd (GP private practice)	Business owner (business inactive for several years and is currently being liquidated)	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MAJID, Ifti	Mental Health Partner Member	Nottinghamshire Healthcare NHS Foundation Trust	Chief Executive	✓				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: 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.

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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	This interest will be kept under review and specific actions determined as required.
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.
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	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	Barts Health NHS Trust (London)	Non-Executive Director	✓				01/07/2022	Present	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	Present	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.
MCLEAN, Kathy	ICB Chair	The Public Service Consultants Ltd (Public Sector Consultancy)	Senior Clinical Advisor	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	NHS England/Improvement	Lay Advisor	✓				01/07/2022	Present	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.
MCLEAN, Kathy	ICB Chair	Oxehealth Ltd (vision-based patient monitoring and management)	Member of the advisory board	✓				*Tbc*	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 Oxehealth Ltd.
POYNOR, Stuart	Director of Finance	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
ROBINSON, Paul	NHS Trust and NHS Foundation Trust Partner Member	Sherwood Forest Hospitals NHS Foundation Trust	Chief Executive	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.

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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.
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.
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 (also registered as a limited company) bringing together people to create, improve and care for green spaces.	Fellow director and trustee is a senior manager at Mental Health Concern and Insight IAPT				✓	01/12/2022	Present	This interest will be kept under review and specific actions determined as required.
UNDERWOOD, Catherine	Local Authority Partner Member	Nottingham City Council	Corporate Director of People	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
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.
WADDINGHAM, Rosa	Director of Nursing	Care Quality Commission (CQC)	Specialist Advisor (temporary appointment supporting the ICS inspections pilot)	✓				09/10/2023	13/10/2023	This interest will be kept under review and specific actions determined as required.
WADDINGHAM, Rosa	Director of Nursing	NHS Professionals (An NHS staff bank, owned by the Department of Health and Social Care)	Members of the Advisory Board	✓				01/09/2023	Present	This interest will be kept under review and specific actions determined as required.
WADDINGHAM, Rosa	Director of Nursing	Florence Nightingale Foundation (FNF) (A charity supporting Nurses and 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.
WILLIAMS, Melanie	Local Authority Partner Member	Nottinghamshire County Council	Corporate Director for Adult Social Care and Health	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
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.
The following individuals will be in attendance at the meeting but are not part of the Board's membership:										
KING, Daniel	VCSE Alliance Chair	Nottingham Trent University	Employee	✓				06/09/2023	Present	This interest will be kept under review and specific actions determined as required.
GRIBBIN, Jonathan	Director of Public Health, Nottinghamshire County Council	Cornerstone Chuch	Director			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
HUBBER, Lucy	Director of Public Health, Nottingham City Council	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
HUNT, Philippa	Chief People Officer	NHS Staff Council	ICB Representative	✓				01/09/2023	Present	This interest will be kept under review and specific actions determined as required.

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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.

Appendix B

NHS
Nottingham and Nottinghamshire

Managing Conflicts of Interest at Meetings

1. A conflict of interest is defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.
2. An individual does not need to exploit their position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur. In fact, a perception of wrongdoing, impaired judgement, or undue influence can be as detrimental as any of them actually occurring. It is important to manage these perceived conflicts in order to maintain public trust.
3. Conflicts of interest include:
    - Financial interests: where an individual may get direct financial benefits from the consequences of a commissioning decision.
    - Non-financial professional interests: where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their reputation or status or promoting their professional career.
    - Non-financial personal interests: where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
    - Indirect interests: where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision.
    - Loyalty interests: where decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship they have, rather than through an objective process.

    The above categories are not exhaustive, and each situation must be considered on a case-by-case basis.
4. In advance of any formal meeting, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.
5. At the beginning of each formal meeting, members and others attending the meeting will be required to declare any interests that relate specifically to a

particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

6. The Chair of the meeting (or person presiding over the meeting) will determine how declared interests should be managed, which is likely to involve one the following actions:

    - Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to decision-making arrangements.
    - Allowing the individual to participate in the discussion, but not the decision-making process.
    - Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to decision-making arrangements.
    - Excluding the conflicted individual and securing technical or local expertise from an alternative, unconflicted source.

Integrated Care Board (Open Session)
Unratified minutes of the meeting held on
14/09/2023 09:00-12:00
Chappell Room, Civic Centre, Arnot Hill Park

Members present:	
Dr Kathy McLean	Chair
Professor Marios Adamou	Non-Executive Director
Lucy Dadge	Director of Integration
Stephen Jackson	Non-Executive Director
Dr Kelvin Lim	Primary Care Partner Member
Ifti Majid	NHS Trust/Foundation Trust Partner Member
Caroline Maley	Non-Executive Director
Stuart Poynor	Director of Finance
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:	
Dr Thilan Bartholomeuz	Clinical Lead, Mid Nottinghamshire Place Based Partnership (for item ICB 23 037)
Lucy Branson	Associate Director of Governance
Louise Casey Simpson	Deputy Chief Executive, Newark and Sherwood Community and Voluntary Service (for item ICB 23 037)
Dr Janine Elson	Deputy Medical Director (on behalf of Dr Dave Briggs)
Adam Hill	Chair, Mid Nottinghamshire Place Based Partnership and Chief Executive Officer, Mansfield District Council (for item ICB 23 037)
Philippa Hunt	Chief People Officer
Professor Daniel King	Voluntary, Community and Social Enterprise Alliance Chair
Jack Rodber	Chief Analyst (for item ICB 23 038)
Sue Wass	Corporate Governance Officer (minutes)
Apologies:	
Dr Dave Briggs	Medical Director
Paul Robinson	NHS Trust/Foundation Trust Partner Member

Cumulative Record of Members' Attendance (2023/24)

Name	Possible	Actual	Name	Possible	Actual
Kathy McLean	3	3	Stuart Poynor	3	2
Marios Adamou	3	3	Paul Robinson	3	2
Dave Briggs	3	2	Amanda Sullivan	3	3

Name	Possible	Actual	Name	Possible	Actual
Lucy Dadge	3	3	Jon Towler	3	2
Stephen Jackson	3	3	Catherine Underwood	3	3
Kelvin Lim	3	3	Rosa Waddingham	3	2
Ifti Majid	3	1	Melanie Williams	3	2
Caroline Maley	3	3			

Introductory items

ICB 23 030 Welcome, introductions and apologies

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

A particular welcome was extended to Professor Daniel King, Chair of the Voluntary, Community and Social Enterprise (VCSE) Alliance, who would be advising the Board moving forward, providing a perspective from the VCSE sector; and to Dr Janine Elson, who was deputising for Dr Dave Briggs.

ICB 23 031 Confirmation of quoracy

The meeting was confirmed as quorate.

ICB 23 032 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 23 033 Minutes from the meeting held on: 13 July 2023

With the inclusion of the following amendment to paragraph k) at item ICB 23 022, the minutes were agreed as an accurate record of the discussions.

'Regarding the SEND Partnership Improvement Board, it was noted that *although the Board's remit was for the County only, actions* ~~its remit~~ would be across both the Nottinghamshire County and Nottingham City local authority footprints to ensure that good practice and learning was disseminated across the entire ICS footprint.'

ICB 23 034 Action log and matters arising from the meeting held on: 13 July 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 23 035 Chair's Report

Before presenting her report, Kathy McLean reflected on two national news items that had implications for the local healthcare system. Firstly, following the trial of the nurse found guilty of multiple neonatal deaths, it was important for every organisation to reflect on its arrangements for 'speaking up' and take action to ensure that patient safety was the paramount concern for staff, both at the ICB and its partner organisations. Secondly, noting the recent issue regarding the use of reinforced autoclaved aerated concrete in public buildings, there was work underway to examine whether any NHS buildings in the Nottinghamshire area were affected.

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

a) The healthcare system was currently operating in an extraordinarily challenging environment in which continuing industrial action was resulting in growing waiting lists for routine operations and leading to financial pressures ahead of a winter season with rising cases of Covid infections. Whilst immediate pressures were significant, it was important to also keep focus on the aims of the Integrated Care Strategy, and the recent Place Based Partnerships event had been an inspiring reminder of how the system was delivering on the aims of the strategy.

b) During the summer, work had been undertaken to re-fresh the Nottingham and Nottinghamshire Integrated Care System (ICS) Partnership Agreement, which set out the system's values and behaviours as partners. This would be presented to the Integrated Care Partnership at its meeting on 6 October 2023, and any further comments ahead of this would be welcomed.

The following points were made in discussion:

c) Regarding the national introduction of the Patient Safety Incident Response Framework, members queried its implications and how, as a Board, members should understand and engage with it. Noting that this was a framework that had been in development for some time, although non the less timely in light of recent events, it was noted that every NHS Trust would be required to introduce the framework. It would ensure that learning from incidents was disseminated and actioned in a more systematic way. The Quality and People Committee had been provided with an in-depth review of the

Framework and it was agreed that an overview should be provided to the Board.

d) The Chief Executive noted that it was important for all organisations to foster a culture where staff felt able to raise concerns and the ICB was currently reviewing its approach.

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

Action: Rosa Waddingham to brief the Board on the implications of the Patient Safety Incident Response Framework.

ICB 23 036 Chief Executive's Report

Amanda Sullivan presented the item and highlighted the following points:

a) Colleagues were thanked for their continuing hard work in the current challenging climate.

b) The ICB had received the outcome of NHS England's first annual assessment of its performance. For this first year, it was a narrative report, which noted good progress in the ICB's strong collaborative approach and recovery of services following the pandemic; but noted challenges in the ICB's financial position and on specific areas, such as the roll out of technology-enabled care, and metrics regarding urgent and emergency care.

c) In line with a national statutory requirement to ensure a focus and commitment to key vulnerable groups, the ICB had identified lead members of its Board with explicit responsibilities. Lucy Dadge, the ICB's Director of Integration, was the executive lead for children and young people and Rosa Waddingham, the ICB's Director of Nursing, was the executive lead for children and young people with special educational needs and disabilities, safeguarding, learning disability and autism, and down syndrome.

d) In addition, the role of the ICB's Accountable Emergency Officer had recently been strengthened in line with latest guidance. The ICB's Accountable Emergency Officer was Lucy Dadge.

e) A recently published report by the Care Quality Commission had rated maternity services at Nottingham University Hospitals Trust as 'requires improvement', which was a positive progression. However, there was more work to do and the ICB, through the Local Maternity and Neonatal System, would continue to provide support to ensure continued improvement. The ICB would also co-operate fully with the recently announced Police investigation.

f) The implementation of recent national guidance to strengthen Fit and Proper Person Test Framework was underway, which would assess the appropriateness of an individual to effectively discharge their duties in the capacity of a Board member.

g) Preparations for winter continued and the roll out of the vaccination programme had been brought forward to address risks posed by a new Covid variant.

h) Welcome new developments were noted, with the creation of the Nottingham University Hospitals NHS Trust assessment ward for the elderly, the announcement of a Community Diagnostic Centre for Nottingham City and the extension of services at local pharmacies.

i) A listening exercise was currently being undertaken regarding the opening hours for the Urgent Treatment Centre at Newark Hospital, which would conclude at the end of October.

The following points were made in discussion:

j) Members welcomed the timeliness of the strengthened Fit and Proper Person Test requirements and Freedom to Speak Up guidance in light of recent events.

k) Regarding the feedback from NHS England in its Annual Assessment regarding technology-enabled care, members queried the ICB's progress in this area of work and whether the issue was with the roll out of virtual wards, or a wider issue. It was noted that there had been a delay in progressing virtual wards due to complications in cross-organisational accessibility agreements; however, there were other challenges, for example, with encouraging all GP practices to take up the latest technology. It was agreed that a further briefing would be provided to the Board on progress in this area of work.

l) Noting the long lead in time for developments such as the Community Diagnostic Centres to become operational, members queried whether such announcements were potentially raising public expectations and queried how capacity was being created in the short term. It was noted that temporary additional capacity had been added and a report covering this was due to be presented to the Strategic Planning and Integration Committee at its October 2023 meeting.

The Board **received** the item for information.

Actions: Dave Briggs to provide the Board with a briefing on progress regarding technology-enabled care.

Health inequalities and outcomes

ICB 23 037 Mid-Nottinghamshire Place-Based Partnership

The Chair welcomed Dr Thilan Bartholomeuz, Adam Hill and Louise Casey Simpson, who were in attendance to provide an update on the work of the Mid-Nottinghamshire Place Based Partnership (PBP).

Dr Bartholomeuz and Adam Hill presented the item and highlighted the following points:

a) The Partnership comprised a wide range of partners from local statutory and voluntary, community and social enterprise organisations. It was a strong, mature, and proactive partnership, with its foundation in the Mid Nottinghamshire Alliance, a forerunner to place based partnerships, which had developed the Mid-Nottinghamshire end of life and musculoskeletal (MSK) programmes.

b) The area's key health challenges were highlighted, which included having an indices of multiple deprivation score 2.9% higher than England's average.

c) Following comprehensive engagement, the PBP had refreshed its vision in its 2023/24 Plan and the report detailed its ambitions and priorities.

d) The Partnership had identified four key work programmes: End of Life Together services; MSK Together service; Integrated Model for Care Homes; and Focus on our Communities. The report provided an update on the achievements of these programmes to date.

e) The Partnership worked closely with Bassetlaw PBP and South Nottinghamshire PBP, and all would work together on the approach to the development of integrated neighbourhood teams following the successful outcome of bids to the Health Inequalities and Innovation Fund.

f) The recent PBP event had been a useful vehicle for sharing best practice and for showcasing how resources could be best utilised at the local level.

g) The presentation ended with a citizen story, which gave an insight into the work of the Butterfly Project, part of the End of Life Together Programme. This was a two-year programme in partnership with the voluntary sector.

The following points were made in discussion:

h) Members queried how the Butterfly Project would be funded going forward. It was noted that other sources of funding would need to be

sourced if funding from the End of Life Together Programme was not available at the end of its current funding cycle. Members noted that although the project provided a demonstrably valuable service, there was a need to ensure that measurable outcomes were captured to validate future funding and the ICB's System Analytics and Intelligence Unit would be able to provide guidance on this.

i) Members queried how the aims of the Integrated Care Strategy were translated at a place level. It was noted that all programmes were designed in the context of the Strategy.

j) The Chair welcomed the PBP's request to work closer with the ICB and noted that now all four PBPs had presented to the Board, the benefits of partnership working had been well evidenced and it was time to reflect on future plans.

The Board **noted** the Mid-Nottinghamshire PBP Report, having discussed the priorities and progress of the PBP to date.

At this point Dr Thilan Bartholomeuz, Adam Hill and Louise Casey Simpson left the meeting and Jack Rodber joined the meeting.

ICB 23 038 Population Health Management (PHM) Outcomes Framework

Jack Rodber was in attendance to present the item, and highlighted the following points:

a) Further to the report presented at the Board's May 2023 meeting, the paper provided an update on the agreed approach taken to develop the system's outcomes framework in a way that aligned with the Population Health Management (PHM) approach.

b) Phase one of the approach, which focused on metrics definition and dashboard integration, had been completed by the agreed deadline. Working in collaboration with colleagues from public health and subject matter experts, metrics required for monitoring system performance relating to avoidable/premature mortality, life expectancy, emergency admissions and prevalence of long-term conditions had been added.

c) A demonstration was given of the dashboard, which reflected high-level strategic outcomes, and was now accessible via the SharePoint portal.

d) Phase two of the approach was underway, which would finalise the metrics to be used for specific outcomes, and work continued to be on track to complete all four phases by the deadline of March 2024,

when the PHM Outcomes Framework would be available to all partners.

The following points were made in discussion:

e) Members welcomed the report, noting the need for all partners to use the framework as the 'single version of the truth' once the project was completed.

f) The framework's importance in enabling the shift to more proactive care and allocation of resource was emphasised, which would enable targeted, evidence-based interventions to address health inequalities.

g) Members noted that future iterations would require the separation of data relating to children and young people and another potential area to explore would be to capture how patients felt about their own health.

h) The importance of having an engagement plan for partners was discussed, particularly on how to use the data correctly and appropriately.

i) Members requested that the next update include case studies of how the framework would be used routinely.

The Board **noted** the report, having reviewed progress to date in developing the PHM Outcomes Framework.

At this point, Jack Rodber left the meeting.

Assurance and system oversight

ICB 23 039 Highlight Report from the Strategic Planning and Integration Committee

Jon Towler presented the item and highlighted the following points from the Committee's meetings held on 3 August and 7 September 2023:

a) The process for awarding funding from the Health Inequalities and Innovation Fund had concluded and the Committee had approved spend for nine projects, totalling £2.5 million in year. Work was underway to agree the approach to be taken for the next round of funding, taking into account lessons learned from this year's process.

b) There had been a useful discussion on proposed governance arrangements for overseeing the implementation of the Joint Forward Plan, which would be used to steer the Board's discussion on the issue at the October development session.

c) An update report on the approach taken across the East Midlands to reviewing fertility policies had been welcomed; however, the Committee considered that the ICB needed to align its policies as a matter of urgency in the short term and asked for this work to be accelerated and a report brought to the next meeting.

d) An update on the Provider Selection Regime, and on plans for those contracts due to expire before September 2024, had been received.

The following points were made in discussion:

e) Noting that the Provider Selection Regime was expected to become law by the end of the calendar year, it was agreed that the Board should receive a report on its implications.

f) Members emphasised the need for arrangements for the oversight of the Joint Forward Plan to give clarity regarding which parts of the system were delivering on which key areas and that there needed to be a plan to ensure any approach was embedded with partners, which was agreed.

The Board **noted** the report.

Action: Lucy Dadge to provide a report on the Provider Selection Regime to a future Board meeting.

ICB 23 040 Highlight Report from the East Midlands Joint Committees

Amanda Sullivan presented the item and highlighted the following points:

a) The report provided an overview of the meetings held by the Joint Committees on 20 June 2023.

The following points were made in discussion:

b) Members sought to understand how they took assurance from the report, with particular reference to dental investment plans. Members discussed whether future reporting mechanisms could be enhanced to provide greater assurance on the business of these Joint Committees and on the delivery groups that sat underneath, and it was agreed this would be taken forward with East Midlands colleagues.

The Board **noted** the report.

Action: Amanda Sullivan to request more detailed assurance reports from the East Midlands Joint Committees, including information on dental investment plans.

ICB 23 041 Highlight Report from the Quality and People Committee

Marios Adamou presented the item and highlighted the following points from the meeting held on 19 July 2023:

a) The system quality scorecard continued to indicate the challenges surrounding the delivery of several programmes, with particular attention on the Learning Disabilities and Autism, Infection Prevention and Control, the Vaccination Programme and the implementation of the Patient Safety Incident Response Framework.

b) A report was discussed regarding high levels of agency staff usage and the Committee agreed that the priority needed to be an examination of the drivers of continued high usage and any potential impact on patient safety and quality of services.

The following points were made in discussion:

c) Discussing concerns around agency staff usage, members noted that agency staff usage was also being overseen by the Finance and Performance Committee and queried whether the issue should be overseen by one committee. It was confirmed that the Finance and Performance Committee would monitor financial considerations and the Quality and People Committee to continue to oversee quality implications. However, it was agreed to clarify the detail of reporting to ensure there were no areas of duplication or gaps.

The Board **noted** the report.

ICB 23 042 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) Nottingham University Hospitals NHS Trust was currently on a National Quality Board rating of ‘intensive surveillance’. The system-wide Improvement Oversight and Assurance Group had noted that good progress was being made, particularly on the implementation of

the Maternity Improvement Plan and addressing cultural issues within the Trust.

c) Nottinghamshire Healthcare NHS Foundation Trust was currently on a National Quality Board rating of 'enhanced surveillance', which was mainly in relation to the specialised commissioned services at Rampton secure hospital.

d) There was a risk of the ICB not meeting the year-end target for learning disability and autism adult inpatients; however, the ICB continued to perform strongly in preventing admissions.

e) The local Improvement Programme, established following the inspection into Nottinghamshire County Special Educational Needs and Disabilities services, was demonstrating improved performance across a range of indicators.

f) Rising breaches in targets for Healthcare Acquired Infections were noted as a national issue. Nevertheless, a deep dive investigation was planned for September to ascertain whether any additional preventative steps could be taken locally.

g) Regarding workforce indicators, there had been a growth in substantive staff numbers, which was a positive step; however, as discussed by the Quality and People Committee, there had not yet been any corresponding decrease in agency staff numbers.

The following points were made in discussion:

h) Discussing agency staff usage, members sought to understand the challenges to reducing the numbers of agency staff, and whether any learning could be taken from other systems. It was noted that this was a complex issue. Even though the number of substantive posts was rising, issues such as patient safety and risk needed to be considered, as well as established custom and practice in trusts utilising agency staff.

i) Members queried whether the ICS Agency Reduction Group had got a clear understanding of the issues, expressing concern that this was also an issue of productivity. It was noted that the Group was currently examining the controls in place in all NHS partner organisations. It was agreed that the Director of Finance would provide a report to the Board on the actions being taken to reduce agency staff usage to provide greater assurance to the Board that the issues were well understood and that actions were being progressed.

The Board **noted** the report.

Action: Stuart Poynor to provide a report into actions being taken to reduce agency staff usage to a future Board Meeting. The report should also clarify the respective roles of the Finance and Performance Committee and Quality and People Committee in overseeing actions regarding agency staff reduction.

ICB 23 043 Nottingham and Nottinghamshire ICS People Plan: Strategic Delivery Update

Rosa Waddingham and Philippa Hunt presented the item and highlighted the following points:

a) The report provided an update on the process used to develop the delivery plans for the ICS People and Culture Workstream.

b) Four priorities had been identified for the next six months: developing a people and culture function, a focus on workforce through the 'scaling people services' vanguard, supporting inclusion and a great experience for staff, and reduction of agency usage.

c) The ICB's People and Culture function was now almost complete, and membership of the People and Culture Steering Group had been refreshed, with its focus being on the creation of a 'one workforce' approach.

d) Nottinghamshire's bid to become a vanguard for the 'scaling people services' programme had been successful, and this was an excellent opportunity to support the 'one workforce' approach.

The following points were made in discussion:

e) Members noted the progress made, but now wanted to better understand the impact of the work in terms of measurable benefits.

f) Members queried whether all parts of the system were actively supporting this area of work and queried whether the Provider Collaborative would be better placed to drive forward this area of work.

The Board **noted** the report, having discussed progress to date in delivering the ICS People Plan.

Action: Rosa Waddingham to present the measurable benefits of delivering the four identified priority areas from the ICS People Plan as part of future reports to the Quality and People Committee.

ICB 23 044 Highlight Report from the Finance and Performance Committee

Stephen Jackson presented the item and highlighted the following points from the meeting held on 26 July 2023:

a) The financial reports discussed provided limited assurance. Although there was a considerable amount of work being undertaken to mitigate overspend and provide further analysis, the financial environment in which the ICB and its Trust Partners operated continued to be very challenging.

b) Members of the Committee had discussed the role of various system groups in overseeing improvement plans in relation to performance and an action was given to enable the Committee to further understand the role of system groups.

c) Assurance was taken on the progress to date of system work to achieve carbon net zero by 2024.

The Board **noted** the report.

ICB 23 045 Finance and Service Delivery Report

Stuart Poynor presented the item and highlighted the following points:

a) At the end of month four, a deficit position was showing on the system financial plan, which had not improved during month five, with a variance to plan of £27.6 million. The main drivers of the deficit were the ongoing industrial action, inflation, prescribing and continuing healthcare budgetary pressures, and planned actions not delivering the anticipated efficiencies.

b) On 9 August 2023, every ICB in the Midlands region had received a letter from NHS England asking them to provide assurance on the control mechanisms in place across all Trusts to ensure all mandatory measures were being applied. This would be circulated to members for information.

c) Discharge pressures continued to impact the front door of emergency departments, as reported through the increasing number of people waiting over 12 hours in Accident and Emergency, and increased delays in handover from ambulances into emergency departments.

d) The ICS was performing relatively well regarding elective care performance; however, the industrial action had increased waiting lists.

The following points were made in discussion:

e) When discussing the system financial controls self-assessment, it was noted that the Internal Audit function would be used to provide independent assurance on the self-assessments.

f) Noting that the reported system forecast remained a break-even position against the submitted plan, members challenged whether that would be achievable given the deteriorating position. It was noted that there were some areas outside of local control, such as the impact of the industrial action and inflation. For the areas within the system's control, key areas of focus were on confirming realistic forecasts for efficiency plans and collation of each organisation's progress on them; and ensuring plans for urgent and emergency care were on track to improve flow.

The Board **noted** the report, having discussed the system's progress against operational and financial plans and targets.

Action: Stuart Poynor to circulate the letter from NHS England regarding the validation of system financial controls.

At this point Catherine Underwood left the meeting.

ICB 23 046 Risk Management Policy

Lucy Branson presented the item and highlighted the following points:

a) The report presented the updated Risk Management Policy for approval, which included the ICB's revised approach to risk appetite.

b) The ICB's risk appetite statement was initially agreed by the Board at its inaugural meeting in July 2022. At this time, it was acknowledged that risk management arrangements would continue to evolve and develop, and it was recognised that a full review of the ICB's approach to risk appetite would be needed.

c) The narrative risk appetite statement had now been strengthened with the addition of a risk appetite matrix, which outlined five risk appetite levels and corresponding risk tolerance scores.

d) Work continued with system colleagues, including colleagues from local authority partners, on a shared understanding of system risk management and appetite.

The following points were made in discussion:

e) The Chair noted that risk appetite should also be discussed at the ICS Reference Group.

The Board **approved** the Risk Management Policy, noting the work undertaken to develop and strengthen the ICB's risk appetite statement.

ICB 23 047 Remuneration Committee Highlight Report

This item was not discussed.

The Board **noted** the report.

Information items

ICB 23 048 Integrated Performance Report

This item was received for information.

Closing items

ICB 23 049 Risks identified during the course of the meeting

No new risks were highlighted.

ICB 23 050 Questions from the public relating to items on the agenda

No questions had been received.

ICB 23 051 Any other business

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

Date and time of next Board meeting held in public: 09 November 2023 at 9:00 (Civic Centre)

NHS
Nottingham and Nottinghamshire

ACTION LOG from the Integrated Care Board meeting held on 14/09/2023

Status	Meeting Date	Agenda Item	Action	Lead	Date to be Completed	Comment
Closed	13/07/2023	ICB 23 024: Joint Forward Plan	To confirm delivery and oversight arrangements for the NHS Joint Forward Plan.	Lucy Dadge	12/10/2023	Delivery arrangements have been mapped and a Strategic Transformation Group is being established with system-wide executive oversight responsibility. The ICB's Strategic Planning and Integration Committee will hold the associated assurance responsibility, with strategic updates scheduled for the Board in each of the four NHS focus areas from January 2024 onwards.
Open – On track	14/09/2023	ICB 23 035: Chair's Report	To brief the Board on the implications of the Patient Safety Incident Response Framework.	Rosa Waddingham	14/12/2023	Not yet due – scheduled for the Board's development session in December 2023.
Closed	14/09/2023	ICB 23 036: Chief Executive's Report	To provide the Board with a briefing on progress regarding technology-enabled care.	Dave Briggs	12/10/2023	Provided as part of the Board's development session in October 2023.

Status	Meeting Date	Agenda Item	Action	Lead	Date to be Completed	Comment
Open – On track	14/09/2023	ICB 23 039: Highlight Report from the SPI Committee	To provide a report on the Provider Selection Regime to a future Board meeting.	Lucy Dadge	11/01/2024	Not yet due – scheduled for the Board's meeting in January 2024. This will follow scrutiny of implementation arrangements and approval of the ICB's updated procurement policy by the Strategic Planning and Integration Committee in November and December 2023.
Open – On track	14/09/2023	ICB 23 040: Highlight Report from the East Midlands Joint Committees	To request more detailed assurance reports from the East Midlands Joint Committees, including information on dental investment plans.	Amanda Sullivan	11/01/2024	Not yet due – currently being discussed with East Midlands colleagues.
Closed	14/09/2023	ICB 23 042: Quality and Workforce Report	To provide a report into actions being taken to reduce agency staff usage to a future Board Meeting. The report should also clarify the respective roles of the Finance and Performance Committee and Quality and People Committee in overseeing actions regarding agency staff reduction	Stuart Poynor	09/11/2023	See agenda item 15.

Status	Meeting Date	Agenda Item	Action	Lead	Date to be Completed	Comment
Open – On track	14/09/2023	ICB 23 043: ICS People Plan: Strategic Delivery Update	To present the measurable benefits of delivering the four identified priority areas from the ICS People Plan as part of future reports to the Quality and People Committee.	Rosa Waddingham	11/01/2024	Not yet due – scheduled for the Quality and People Committee meeting in November 2023.
Closed	14/09/2023	ICB 23 045: Finance and Service Delivery Report	To circulate the letter from NHS England regarding the validation of system financial controls.	Stuart Poynor	09/11/2023	Letter circulated to Board members on 22 September 2023.

Key:

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

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/11/2023
Paper Title:	**Chair's Report**
Paper Reference:	ICB 23 057
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 the 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:

A: Draft ICS Partnership Agreement

Board Assurance Framework:

Not applicable for this report.

Report Previously Received By:

Not applicable for this report.

Are there any conflicts of interest requiring management?

No.

Is this item confidential?

No.

Chair’s Report

Introduction

1. Since the last Board meeting, we have managed through another wave of industrial action and whilst there are currently no further dates scheduled, we should continue to be alert to the impact that the ongoing strikes are having on waiting lists and also on the staff who are covering the absences. I know that we will all be keen that the Government and the Trades Unions reach an agreement as soon as possible.
2. We are also now well into the busy winter period and I am pleased that the Strategic Planning and Integration Committee has received a comprehensive update on the system’s plan for winter and I know that all organisations are well on with implementing these plans.
3. This is the busy awards season for health and care organisations. Below I celebrate our first Health and Care Awards but I also want to say how pleased I was to be at the Nottingham University Hospitals NHS Trust awards last month, the latest of the organisational awards ceremonies that I have been able to attend over the last few months.
4. Our local teams who are delivering great work are also receiving national recognition, including the Nottingham University Hospitals NHS Trust Cancer Pre-habilitation service, which I have had a privilege of meeting with, at the Patient Experience Network National Awards and Nottinghamshire Healthcare NHS Foundation Trust’s Early Intervention Speech and Language Team at the Nursery World Awards.
5. Finally in terms of introductory matters, I have asked that in the future, both my report to the Board and that of the Chief Executive are shared with organisations within the Integrated Care System so that relevant Boards and leadership teams can see the information directly.

Developing our system

6. On 6 October 2023 we held the latest of our Integrated Care Partnership meetings. The Integrated Care Partnership is the joint committee between the ICB and the County and City Councils. I chair it, supported by my vice-chairs, the Health and Wellbeing Board Chairs from Nottinghamshire County Council and Nottingham City Council. It was a really full agenda with strong participation from multiple partners across a wide range of topics – this shows the growing maturity and development of our system and sets us up well for the future challenges.

7. The Integrated Care Partnership received and endorsed a revised Partnership Agreement for the system, as discussed here in our September meeting. The Agreement will now be signed by partners from all across the system, on a very inclusive basis, signalling the broad base of our collaborative working arrangements. The final Partnership Agreement can be seen at Appendix A to this report and I intend to sign it, along with the Chief Executive, on behalf of the ICB.

8. We also received and discussed a very impressive and comprehensive report of insights about our population. Developed with input from organisations from across the system, the report gives the Integrated Care Partnership a huge amount of information and data to help shape the ongoing implementation of the Integrated Care Strategy and, for NHS partners, the Joint Forward Plan. We think of the Integrated Care Partnership as the “guiding mind” of the system and this report really is fantastic fuel for that mind as we move forward.

9. It was also incredibly useful for the Integrated Care Partnership to hear two linked items – one about how the Integrated Care Strategy’s implementation is progressing and our work to develop a Population Health Management Outcomes Framework approach to all of our work. Through remaining resolutely focussed on the priorities set out in our Strategy and measuring their impact in a systematic way then we are best placed to make the maximum impact for our population. I was hugely reassured by both these updates.

10. Finally, we also discussed and agreed a joint approach to Fluoridation for our area and our agenda today has an item on that.

11. In September, I was delighted to welcome to our system Steve Russell, Chief Delivery Officer, NHS England and Ruth Colburn-Jackson, Director of Systems Support, NHS England to our system. We took these senior NHS England colleagues to meet with the team working with residents with severe and multiple deprivation in Nottingham City and also to the Targeted Lung Health Check programme. We also hosted a roundtable discussion with leaders from across the system. A strong theme throughout the day was the impressive and leading work that our system is doing through the System Analytics and Intelligence Unit to use data to target our efforts. The feedback from Steve and Ruth was extremely positive, praising our integrated way of working and the power of targeted data, as well as our focus on inequalities and prevention. My thanks to everyone to helped to support this visit.

12. On 24 October we held our first Health and Care Awards for the system, in conjunction with the Nottinghamshire Lieutenancy. Sir John Peace and I were delighted to host the awards in the Great Hall on the University of Nottingham campus and welcome 150 guests to celebrate the great work across our system. We selected seven winners of awards in categories in line with the aims and principles of our Integrated Care Strategy. The winners are:

a) **Health inequalities award:** Targeted Lung Health Check project team, NHS Nottingham and Nottinghamshire.

b) **Social value award:** Family Mentor Service, Small Steps Big Changes.

c) **Equity award:** The Black and minority ethnic wig project, Nottingham University Hospitals Trust.

d) **Value for money award:** Promoting Independence Service, Bassetlaw Action Centre.

e) **Lord-Lieutenant's partnership award:** Veteran Care Through Custody, Nottinghamshire Healthcare Trust.

f) **Best outcome award:** One version of the truth data, Nottinghamshire County Council and NHS.

g) **Prevention award:** Bassetlaw Food Insecurity Network, Bassetlaw Community and Voluntary Service.

13. One entry, Veteran Care Through Custody, has been crowned the overall winner thanks to its innovative partnership approach and the incredible impact the project has had on five hundred veterans living locally.

14. Over the last couple of months I am pleased to have again been out and about visiting various services and transformation programmes. I was particularly struck by the excellent joint NHS, local authority and voluntary, community and social enterprise sector work being delivered out of the Cotgrave Hub and thank the team for hosting me on that visit.

15. I have also been involved in several conversations and development groups looking at: health and devolution, race health inequality, gender equality and sexual safety and much else.

16. On the latter point colleagues may be interested to read my blog for the NHS Confederation: https://www.nhsconfed.org/articles/time-stand-and-be-counted.

Looking forward

17. Pending the progression of the Levelling Up and Regeneration Bill through its final stages of Parliamentary approval, we will have a new Combined Authority and directly elected Mayor for Nottingham, Nottinghamshire, Derby and Derbyshire from next May. I co-chaired a national working group on devolution and health, which will produce a report over the next few months, and I am keen that locally we make the weather on this initiative in terms of leveraging the changes through devolution that can positively impact the wider determinants of health.

18. I have started to meet with the confirmed candidates for the mayoral election and will continue to do so as they are announced and colleagues within the

ICB, in partnership with NHS Derby and Derbyshire ICB are starting to map out the opportunities that this new political construct might represent for us.

19. Next week we are welcoming Matthew Taylor, Chief Executive of NHS Confederation to our system. I am looking forward to showing him some of our innovative clinical practice and showcasing the great work we are doing on data, analytics and population health management.

20. As I said at the start of this report, we will shortly be in the thick of winter and all that represents in terms of increased demand and stress-testing of our resilience. This is the last of my Board updates until the new year so I want to thank the Board and all members of the ICB's staff and wider health and care colleagues for their hard work this year. Whether you celebrate Christmas or not, the break in December is a time for family, friends and relaxation and I hope that you get a suitable amount of time for all three of those things. We will have a lot to focus on in 2024 so please take a rest where you can and perhaps reflect on the year that is almost behind us and the one that is ahead.

Nottingham and Nottinghamshire Integrated Care System (ICS)

Partnership Agreement

We, the collective leaders of Nottingham and Nottinghamshire ICS, have agreed to establish a 'Partnership Agreement' to demonstrate our commitment to work effectively together for the benefit of all our communities and residents.

Our priority is to support, care for and be compassionate to local people. The role of our ICS is to enable health and care professionals, local authority colleagues, those that work in the voluntary, community and social enterprise (VCSE) sector and in social care to collaborate. This means working across organisational boundaries to maximise the use of our energies and resources. It also means taking decisions as close to our population as possible and working together to listen to each other and implement joint plans.

We do not underestimate the challenges ahead as our ICS looks to implement our shared Integrated Care Strategy but through our Partnership Agreement we commit to work together with the shared purpose of:

"Every person enjoying their best possible health and wellbeing"

This will require us to think as widely as possible – considering all the factors which make a difference to health such as housing, education, employment and much more.

We have agreed three main principles and confirmed four aims within our Integrated Care Strategy that will guide our ways of working together:

Principles

- **Prevention** is better than cure;
- **Equity** in everything;
- **Integration** by default.

Aims

- **Improve outcomes** in population health and healthcare;
- **Tackle inequalities** in outcomes, experiences and access;
- Enhance **productivity and value for money**;
- Support broader **social and economic development.**

These principles will be underpinned by the following 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 these principles and aims.

Finally, we will work with, and put the needs of, our population at the heart of the ICS: All system partners are committed to consistently listening to, and collectively acting on, the experience and aspirations of local people and communities.






#TogetherWeAreNotts

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/11/2023
Paper Title:	**Chief Executive's Report**
Paper Reference:	ICB 23 058
Report Author:	Amanda Sullivan, Chief Executive
Report Sponsor:	Amanda Sullivan, Chief Executive
Presenter:	Amanda Sullivan, Chief Executive

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

Summary:

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

Recommendation(s):

The Board is asked to:

- **Receive** this item for information.
- **Approve** the ICB's values and behaviours statement

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

Appendices:

Appendix A – ICB values and behaviours statement.

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

Quarterly System Review Meeting with NHS England

1. On 13 October 2023, alongside system colleagues, we met with NHS England's Regional Executive Team to discuss key achievements and challenges for us as a system.
2. During the meeting, NHS England acknowledged some of the positive progress that has been made over the past year, including good performance across a number of mental health and cancer standards. In addition, the recent improvement in Nottingham University Hospitals NHS Trust's Care Quality Commission (CQC) ratings for well led and maternity services was noted, along with the ICB's strong performance against continuing healthcare standard indicators and metrics for Personalised Care.
3. In terms of system development, our positive partnership work across the system was noted, including the work of our Integrated Care Partnership and our System Analytics and Intelligence Unit (SAIU) to measure progress on the health outcomes contained within our Integrated Care Strategy. Our increased focus on developing our Place-Based Partnerships and Provider Collaborative was also welcomed.
4. Several areas were highlighted that require improvement. Most notably: our performance against the 4-hour accident and emergency waiting time standard; the deteriorating position on ambulance handover performance; challenges in delivering elective recovery for long waiting patients; our increased use of out of area placements for mental health inpatient care; an increase in inpatient admissions for people with a learning disability and/or autism; and our challenging financial position. These areas of more challenged performance were discussed in greater detail and we will continue to work closely with NHS England colleagues, as we implement the actions we are taking as a system to address them.

ICB values and behaviours

5. To support the establishment and development of the ICB, the Staff Engagement Group has led on developing a set of values for the organisation. The work to develop these values included reviewing the values of partner organisations across the system and mapping the potential values against the refreshed ICS Partnership Agreement. The proposed ICB values and behaviours were considered by the Board at its development session in October and can be found at Appendix A.
6. The Staff Engagement Group has also established a working group to develop the promotion of the values and define behaviours. The next stage of the Living

the Values roadmap is embedding the values. This will involve a targeted communication campaign to ensure that our values and behaviours are recognised by all staff, accessible by all staff, and demonstrated by all staff.

7. The Board is asked to **approve** the ICB's values and behaviours statement.

Sexual safety in healthcare – organisational charter

8. The ICB has signed NHS England's organisational charter for sexual safety in healthcare, which can be found here: https://www.england.nhs.uk/publication/sexual-safety-in-healthcare-organisational-charter/. As a signatory to this charter, the ICB is committed to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace. Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

9. The ICB is committed to the following principles and actions:

   a) We will actively work to eradicate sexual harassment and abuse in the workplace.

   b) We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.

   c) We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.

   d) We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.

   e) We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.

   f) We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.

   g) We will ensure appropriate, specific, and clear training is in place.

   h) We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.

   i) We will take all reports seriously and appropriate and timely action will be taken in all cases.

   j) We will capture and share data on prevalence and staff experience transparently.

10. The ICB's Human Resources Executive Steering Group will oversee the development of an action plan to achieve the ten commitments by July 2024, and this work will be assured by the Remuneration Committee.

Critical incident declared

11. The system continues to operate under significant pressure. A critical incident was declared at Nottingham University Hospitals NHS Trust on 31 October 2023, with demand on services causing very long waits for patients to be seen in the Emergency Department causing overcrowding. Announcing a critical incident requires actions from all partners to be taken to ensure safe services. The critical incident has now been stepped down; however, the Trust is asking members of the public to continue to use NHS services wisely to ensure those patients with the greatest need can access care and support.

Industrial action

12. Industrial action continues, with three further periods of industrial action being undertaken: by consultants on 19 to 20 September; junior doctors on 20 to 23 September; and both consultants and junior doctors from 2 to 5 October. Since strikes began, the cumulative total of acute inpatient and outpatient appointments rescheduled is now 1,133,093 nationally.

13. Although no further action has been announced to date, the legacy continues to have an impact and elective, or planned services will continue to be affected. The safety of patients and staff remains the top priority and measures continue to be in place to ensure the safety and welfare of patients and staff.

National Rehabilitation Centre

14. Working in partnership with Nottingham University Hospitals NHS Trust, the former NHS Nottingham and Nottinghamshire Clinical Commissioning Group developed a business case for a National Rehabilitation Centre to be based at Stanford Hall near Loughborough, already home to the Defence Medical Rehabilitation Centre, which opened in 2018. In September, HM Treasury gave final approval for the £105 million project and construction can now commence.

15. Combining patient care delivered by staff from Nottingham University Hospitals NHS Trust, with research, innovation and training via an academic partnership led by the University of Nottingham and Loughborough University, the centre's objective is to act as a national hub to transform how people recover and regain fitness and function following serious injury or illness, and to widen access to rehabilitation beds. Construction of the centre aims to be completed by the end of 2024.

Additional funding to promote diversity in research

16. The Nottingham and Nottinghamshire Integrated Care System has been awarded just under £100,000 to help increase diversity in research participation through the development of new or existing research networks and activity.

17. The funding will help to map existing engagement initiatives to provide a clear overview of current activities; build community capacity through existing networks, such as community champions; and establish a Knowledge Exchange Hub that outlines key principles to guide community engagement. The ultimate objective is to support the development of improved infrastructure to enable research engagement and mutual understanding to empower more equitable and balanced research experiences.

Dr Hugh Porter retirement

18. Dr Hugh Porter, who has been a Nottingham City GP for 30 years, has recently retired. Dr Porter has been hugely influential in the management of local health and care services and most recently was the Clinical Director for the Nottingham City Place Based Partnership.

19. Under his vision and leadership, colleagues were able to form and develop the Nottingham City General Practice Alliance, a GP Federation of 42 City practices to act as a provider at-scale. Dr Porter sat on the Nottingham City Health and Wellbeing Board since 2013 and became Vice-Chair in 2018. He was instrumental to the inclusion of providers on that Board, encouraging greater partnership working.

20. Dr Husein Mawji has taken over from Dr Porter as Clinical Director at Nottingham City Place Based Partnership. Dr Mawji's understanding of the local health and care landscape and his commitment to collaboration make him the ideal choice for the partnership's initiatives.

Announcement of new Convenor for South Nottinghamshire Place Based Partnership

21. Following a recent internal recruitment process, Paddy Tipping has been appointed to the role of Convenor of the South Nottinghamshire Place Based Partnership.

22. Paddy has been a Non-Executive Director of Nottinghamshire Healthcare NHS Foundation Trust since February 2022. He is a qualified social and community worker who was previously employed by local authorities in Nottinghamshire and by the Childrens' Society. His work focused on early intervention and prevention. He was the MP for Sherwood from 1992 to 2010 and a minister in

the Blair government. He served as Deputy Leader of the House of Commons and was the Chair of the Energy Select Committee. Paddy was also the first Police and Crime Commissioner for Nottingham between 2012 and 2021. He also now Chairs the Nottinghamshire Community Foundation and is heavily involved in a number of environmental organisations.

23. Paddy will begin his role as Convenor in November 2023 and we would like to thank Paul Devlin for his support and leadership in the role since August 2022.

Progress on improving services for children with special needs and disabilities

24. Increasing the capacity of the Educational Psychology Service is part of Nottinghamshire County Council's priorities to address ongoing demand and follows recommendations from this year's local area special educational needs and disabilities (SEND) inspection.

25. New investment, worth more than £300,000 over three years, includes a recruitment drive and a new approach to employing trainees as part of a 'grow your own' programme to recruit educational psychologists straight from training. These changes will represent an increase in the Council's Educational Psychology Service, as part of the Council's efforts to improve the experience of children and young people and reduce waiting times for assessments.

26. Nottingham City Council has agreed a new strategy to increase the number of specialist school places for children with extra needs. More than 2,000 children and young people receive special educational needs support in the city; however, the current provision is at capacity. The first phase will see the creation of 110 additional places.

Health and Wellbeing Board updates

27. The Nottinghamshire County Health and Wellbeing Board met on 13 September 2023. The meeting focused on the Better Care Fund planning requirements for 2023-25 and Family Hub developments. 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 27 September 2023. The meeting received a report on acute trust and local authority collaborative working on population health, a report on Nottingham's housing strategy and a pharmaceutical needs assessment. 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

Provider Selection Regime

29. On 19 October 2023, the Department of Health and Social Care introduced into Parliament an item of draft legislation, 'The Health Care Services (Provider Selection Regime) Regulations 2023'. Subject to parliamentary scrutiny and approval, the Department intends for it to come into force on 1 January 2024.

30. NHS England has published draft statutory guidance, setting out what relevant authorities, including ICBs, NHS trusts and foundation trusts and local authorities, must do to comply with, and support the implementation of, the new regulations ahead of expected approval.

31. The Provider Selection Regime (PSR) will be a new set of rules for the procurement of health care services, which have been co-developed with colleagues across the NHS and local government by NHS England and the Department of Health and Social Care. It was developed in response to feedback from system leaders on barriers to integration created by current procurement rules. The regime is designed to remove those barriers and help facilitate greater collaboration within the NHS and between the NHS and its partners, as part of wider measures to enable more integrated care and ultimately better care for patients. Further information can be found here: https://www.england.nhs.uk/commissioning/how-commissioning-is-changing/nhs-provider-selection-regime/.

32. The ICB's Strategic Planning and Integration Committee has been overseeing preparations for meeting the requirements of the new procurement regime and a more detailed briefing session for the Board is scheduled for January 2024.

Joint guiding principles for integrated care systems – learning disability and autism

33. Representatives from NHS England, the Local Government Association and the Association of the Directors of Adult Social Services have been working together to develop a set of guiding principles for NHS and local authority partners in integrated care systems. These principles set out the expectations that partners at a local level should work together, with people with a learning disability and autistic people, to improve the lives and outcomes of individuals. It is intended that these principles encourage a partnership approach, across health, local government, and wider partners, within local systems.

34. The suggested principles and good practice within the report will be mapped against the Integrated Care Strategy and Joint Forward Plan to ensure local arrangements align with the guiding principles.

35. The full report can be found here: https://www.england.nhs.uk/long-read/learning-disability-and-autism-joint-guiding-principles-2/

Care Quality Commission's State of Care Report 2022/23

36. The Care Quality Commission (CQC) has recently released its annual assessment of health and social care in England. The Commission states that: *"In addition to the ongoing problem of 'gridlocked' care highlighted in last year's State of Care [report], the cost of living crisis is biting harder for the public, staff, and providers – and workforce pressures have escalated."*

37. The report notes that local authority budgets have failed to keep pace with rising costs, meaning people who live in the most deprived areas may not be able to get the care they need. Workforce pressures have intensified with ongoing industrial action leading to longer waits for treatment, with those that can afford it increasingly turning to private healthcare, increasing the risk of a two-tier health care system. Whilst the NHS Long Term Plan was welcomed, the report argues that without a corresponding social care workforce strategy, implementation of the Long Term Plan would be challenging.

38. Looking ahead the report describes the CQC's new function to provide an independent assessment of how well local systems function to integrate services, noting that many of the current challenges are to some degree caused by lack of joined up planning, investment and delivery. The full report can be found here: https://www.cqc.org.uk/publications/major-report/state-care/2022-2023.

39. NHS England's National Medical Director, Professor Stephen Powis, has responded to the report, acknowledging the unprecedented combination of pressures, but highlighting the good progress made on recovery plans. The response can be found here: https://www.england.nhs.uk/2023/10/nhs-england-responds-to-cqc-state-of-care-report/.

40. We will further consider the CQC's developing approach to assessing Integrated Care Sessions at the Board's development session in December.

Department of Health and Social Care Consultation: Creating a Smoke Free Generation

41. The Department of Health and Social Care has recently launched a consultation on the proposed actions the UK Government will take on tackling smoking and youth vaping. The consultation asks questions on proposed action to protect future generations from the harms of smoking by creating the first smokefree generation. It also asks about proposals to crack down on youth vaping and ensure the law is enforced.

42. If enacted, the policy would follow an approach similar to that used in New Zealand and restrict the sale of tobacco to anyone born on or after 1 January 2009. The policy on vaping would attempt to strike the right balance between

protecting children and supporting adult smokers to stop. Smoking is the single most preventable cause of ill health, disability and death in the UK and this legislation has the potential to make a significant positive impact on the prevention agenda. The consultation closes on 6 December 2023 and can be accessed here: https://consultations.dhsc.gov.uk/en/65201ed1f3410a69990d3081.

NHS Nottingham and Nottinghamshire ICB
Values and Behaviours

NHS
Nottingham and Nottinghamshire

We are open and honest

ICB Organisational behaviours

We will create an environment where people feel safe and empowered to be open and honest.

Individual behaviours

I will

I will use accessible, clear, and honest communication.

I will listen and acknowledge other viewpoints and be willing to share information, ideas and provide supportive feedback.

I will offer constructive feedback to support ICB values being demonstrated.

I will not

I will not withhold information, or feedback, or make it inaccessible with jargon or complicated language.

We are compassionate and respectful

ICB Organisational behaviours

We will build relationships by listening, respecting differences of opinion, and always seeking to understand.

Individual behaviours

I will

I will treat others fairly and listen carefully.

I will be mindful of how I communicate and its effect on others.

I will proactively support others and promote their health and well-being.

I will not

I will not make assumptions, blame other people, only get one perspective, or discriminate against people.

We work collaboratively

ICB Organisational behaviours

We will encourage joint working and partnership with shared goals and a reduction in barriers.

Individual behaviours

I will

I will work with other people and involve them in plans and decision making.

I will acknowledge and celebrate the contributions of other people.

I will encourage integrated working across the health and care system.

I will not

I will not restrict my expertise and advice to my own team, be inflexible or unhelpful.

We are empowered to be innovative

ICB Organisational behaviours

We will empower people to embrace creativity through experience, expertise and finding new solutions.

Individual behaviours

I will

I will embrace new ideas and share my creativity, expertise, and experience.

I will be open to change and learning new skills.

I will work with people in different organisations to find the best way forward

I will not

I will not be unsupportive or block ideas; or unwilling to change or challenge the way we do things.

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/11/2023
Paper Title:	**Primary Care Strategy and System-level Primary Care Access Improvement Plan**
Paper Reference:	ICB 23 059
Report Author:	Sarah Fleming, Programme Director for System Development
Report Sponsor:	Dave Briggs, Medical Director
Presenter:	Dave Briggs, Medical Director

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

Summary:

The ICB has established a Primary Care Strategy Delivery Group to oversee the implementation of the Primary Care Strategy. The initial focus is on Primary Medical Services (General Practice) with further chapters of the Strategy to be developed for the other Primary Care contractor groups i.e. community pharmacy, dentistry and optometry within the next 12 to18 months.

The Delivery Group has confirmed an initial focus on four of the ten components in the General Practice chapter of the strategy:

1. Improving access to primary care services.
2. Improving communication, enabling information technology, shared records and estate.
3. Supporting Primary Care Networks (PCNs) and establishing integrated care teams.
4. Developing the workforce and leadership model.

Implementation plans have been developed for each of these components and metrics are being identified to ensure progress can be monitored against all aspects of the strategy.

NHS England requires all ICBs to present a system-level access improvement plan to an open session of their Board in October or November 2023, setting out the actions being taken across the four key national commitments published in the 'Delivery plan for recovering access to primary care' on 9 May 2023:

1. Empowering patients to manage their own health.
2. Implementing modern general practice access.
3. Building capacity.
4. Cutting bureaucracy.

The NHS Nottingham and Nottinghamshire ICB plan describes the actions being taken, progress to date and how the plan will be monitored. A progress report will be presented to the Board on 14 March 2024.

Recommendation(s):

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

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	Sustainable Primary Care is essential to improving outcomes for the population, as the first point of contact for many people requiring health care and support, as well as preventing illness and escalation of need.
Tackle inequalities in outcomes, experience and access	General Practice is key to tackling inequalities, through an in depth understanding of local need and awareness of the local support available. In delivering the plan, a focus on current inequities in access will need to be identified and managed.
Enhance productivity and value for money	Delivering optimal access to General Practice supports productivity across the system by ensuring people can access care in a timely way based on their needs.
Help the NHS support broader social and economic development	General Practice is embedded within communities, understanding local need. Working as part of Integrated Neighbourhood Teams enables General Practice to support that need, building social capital within local areas.

Appendices:

Appendix A: System Level Primary Care Access Improvement Plan.

Board Assurance Framework:

- 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) – Failure to work effectively across the system to ensure current levels of demand are met across primary, community and secondary care.
- Risk 3: Transformation (for Making Tomorrow Better) – Failure to work effectively across the system to reform and improve services to ensure best possible health outcomes within available resources.
- Risk 5: Quality Improvement – Failure to maintain and improve the quality of services.(For 2022/23, this specifically includes the need to improve the quality of maternity services across the system).
- Risk 6: Quality Improvement – Failure to maintain and improve the quality of services.
- Risk 7: People and Culture – Failure to ensure sufficient capacity and capability within the local workforce.
- Risk 8: Financial Sustainability – Failure to establish a shared culture of financial stewardship to ensure financial sustainability across the system.

Report Previously Received By:

Regular updates have been received by the Strategic Planning and Integration Committee throughout the year.

Are there any conflicts of interest requiring management?

No.

Is this item confidential?

No.

Primary Care Strategy and System-level Primary Care Access Improvement Plan

Background and policy context

1. A Primary Care Strategy was approved by the Board in November 2022 with an initial focus on Primary Medical Services (General Practice). This provides the framework in which General Practice transformation is being developed and implemented.
2. NHS England published its 'Delivery plan for recovering access to primary care' on 9 May 2023, recognising the capacity challenges being experienced by Primary Care, the impact this has on patient experience and recommending measures to address the challenges.
3. The Primary Care Access Recovery Plan builds on recent policy areas including the Fuller Stocktake Report (Next steps for integrating primary care 2022) and recent national contractual changes to the Primary Medical Services (PMS) and Network Contract Directed Enhanced Service (DES).
4. ICBs are required to publish a system-level Primary Care Access Improvement Plan in line with national expectations on delivery.

Implementation of the Primary Care Strategy

5. A Primary Care Strategy Delivery Group was established in July 2023 to oversee implementation of the Primary Care Strategy. The initial focus of the Strategy is on General Practice recognising the current challenges and national requirements relating to improving access.
6. The Primary Care Strategy Delivery Group meets monthly and is chaired by the Chief Executive of the ICB with representation including Primary Care Network clinical directors; the Local Medical Council; transformation leads for workforce, estates and digital; and ICB leads for primary care commissioning, contacting and quality.
7. The Group has agreed four initial priority areas, as follows:
    a) Improving access to primary care services.
    b) Improving communication, enabling information technology, shared records, estate and green primary care.
    c) Supporting Primary Care Networks and establishing integrated care teams.
    d) Developing the workforce and leadership model.

8. Implementation plans have been developed for each of these four areas with milestones for delivery.
9. A number of the priority areas align with the system-level Primary Care Access Improvement Plan included in this report and the local implementation plan reflects this.
10. Plans have been developed in collaboration with the four Place Based Partnerships who are delivering key aspects of the strategy, such as implementing neighbourhood working as part of the Community Transformation programme.
11. A key area of success has been in developing the Additional Roles and Reimbursement Scheme which has seen Primary Care Networks in Nottingham and Nottinghamshire recruit an additional 593.76 whole time equivalent staff. These posts include a range of clinical and non-clinical roles including clinical pharmacists, digital and transformation leads and mental health practitioners.
12. The implementation plans will continue to evolve in line with national policy and local delivery, responding to learning on actions achieving the greatest impact.
13. Detailed metrics to monitor delivery against all the priority areas are being developed in the next two months. The initial focus is to identify the metrics that will monitor progress within the system level access recovery plan.
14. Risks related to delivery are monitored monthly through the Primary Care Strategy Delivery Group aligned to the ICB risk register.
15. The primary care strategy will develop to have four chapters:
    a) General Practice
    b) Community Pharmacy
    c) Dentistry
    d) Optometry
16. It is intended that strategy development for the remaining chapters will be undertaken in the next 12 to 18 months, with an initial focus on Community Pharmacy.
17. Early engagement to support development of the community pharmacy chapter has commenced with a series of visits by the ICB’s Medical Director, Deputy Medical Directors for Primary Care and the Community Pharmacy and Clinical Assurance Lead. This will also support delivery of Primary Care Access Recovery Plan, which recognises the contribution of community pharmacy.
18. It is anticipated that the Primary Care Strategy Delivery Group will evolve to oversee all aspects of primary care transformation.

19. Regular updates are presented to the Strategic Planning and Integration Committee and the detailed implementation plans will be reviewed in February 2024.

System Level Primary Care Access Improvement Plan

20. NHS England requires all ICBs to develop a system-level access improvement plan that sets out how the ICB will implement the Primary Care Access Recovery Plan, with a requirement for the plan to be presented at an open session of the ICB's Board.

21. The national delivery plan includes four components for improving access:

    a) **Empowering patients:** by rolling out tools people can use to manage their own health and investing in the expansion of services offered by community pharmacy.

    b) **Implementing "Modern General Practice Access"** so that patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment or online response.

    c) **Building capacity** to enable practices to offer more appointments from more staff.

    d) **Cutting bureaucracy** to give practice teams more time to focus on patients' clinical needs.

22. The Nottingham and Nottinghamshire plan has been developed with the relevant leads for primary care delivery to ensure that all NHS England expectations have been met and provides a summary of the transformation priorities that are in place to improve access.

23. NHS England has offered support, not a formal assurance process, in the development of the plan. The feedback has been reviewed and reflected in the plan presented as part of this paper.

24. Successful delivery of the plan is predicated on delivery across a number of areas including:

    a) Digital solutions such as the NHS App and cloud-based telephony.

    b) Successful roll out of community pharmacy services and integration with General Practice.

    c) Improving the primary-secondary care interface to improve patients' experience of transitions of care and to ensure that GPs are not asked to undertake tasks that should be done elsewhere.

25. Actions and timescales for delivery have been identified for each component of the plan so that there are clear points for measurement of delivery.

26. The funding streams available to support implementation of the plan are detailed. Proposals for the use of this funding are reviewed as part of the ICB's mechanisms for approving investment. Spend is reviewed on a monthly basis.
27. The plan supports delivery of components of the Primary Care Strategy and has also acted as a catalyst for progressing the development of the Community Pharmacy chapter, recognising the contribution of the sector to empower patients to manage their own health and to free up capacity to provide more appointments.
28. Progress on the delivery of the plan will be monitored by the Primary Care Strategy Delivery Group and assured through the Strategic Planning and Integration Committee.
29. An update on delivery of the plan will be presented to the Board on 14 March 2024.
30. The plan is shown in Appendix A.

Integrated Care System
Nottingham & Nottinghamshire

Appendix A

System Level Primary Care Access Improvement Plan

November 2023

Contents

Introduction

The National Delivery Plan for Recovering Access to Primary Care was published on 9th May 2023, recognising the pressure that General Practice was under. Nationally there has been 20-40% more contacts with General Practice and 12% more appointments since before the pandemic.

The Delivery Plan set out two central ambitions:

To tackle the 8am rush and reduce the number of people struggling to contact their practice.
Patients should no longer be asked to call back another day to book an appointment.

For patients to know on the day they contact their practice how their request will be managed.

a) If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
b) If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
c) Where appropriate, patients will be signposted to self-care or other local services (e.g., community pharmacy or self-referral services).

There are four key areas of delivery in 2023/24:

1. **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice
2. **Implement Modern General Practice Access** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
3. **Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
4. **Cut bureaucracy** and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

This system plan sets out the work being undertaken across Nottingham and Nottinghamshire to meet these ambitions. Our plan will continue to evolve as we monitor the impact of our actions and continue to work with General Practice and our population.

1. Our Vision and Improvement Approach

Our vision for a strong and effective Integrated Care System (ICS) can only be achieved with strong and effective Primary Care, which is the linchpin of any health and care system. The steady personal commitment in primary care saves lives, improves health outcomes and the experience of care, reduces inequalities and moderates costs. Every day primary care clinicians provide care, which is first contact, continuous, comprehensive, co-ordinated, collaborative and cost effective.

Patients are changing both in the complexity of their conditions and in their expectations, and this means that if primary care is going to continue to provide its essential contribution to the health and care system, it must evolve and innovate.

There are four pillars of the primary care system in England: general practice, community pharmacy, optometry and dental. This report is focused on access to general practice recognising the role that community pharmacy provides in supporting access. Using Community Pharmacy services where appropriate can free up GP appointments for those with more complex needs or needs that can be met only in the surgery.

Integrated Care System
Nottingham & Nottinghamshire

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Nottingham and Nottinghamshire Primary Care Strategy

Nottingham and Nottinghamshire has developed a Primary Care Strategy which:

- Sets the direction for General Practice, establishing a 5-year strategic intent that is both aspirational and measurable
- Creates ambition not about marginal adjustment but about system transformation
- Ensures a fairer more equitable distribution of resources which reflects differential need
- Presents a positive view of the future which is not falsely upbeat but based on facts
- Restores general practice as the best place to work in the world.

Our vision is that Primary care will remain the bedrock of the NHS - it is central to transforming people's health and wellbeing outcomes and people's experience of health and care services when they need them.

We are developing a new approach which requires practices to work with each other and with other care services in a local area. The Integrated Care Board (ICB) is supporting the development of more services in the community, closer to where people live and investments will be equitable and reflect prioritised needs. The ICB will also support primary care working 'at scale' so that primary care is resilient and has the capacity and resources to deliver more services.

Primary care will take on more of a system leadership role: working with and influencing across health, care, the voluntary sector and other partners. Partnership working will be the key approach through which all services operate.

Our strategy recognises that to truly deliver world class primary care, we need to balance the need to provide same day urgent care, against recognising the increasing complexity of people's lives, their health and care needs and the expectations they have of the health and care system.

2. Feedback from Citizens and Patients

Feedback from citizens in being received through on-going conversation and we have bought together comments, responses and reflections from various programmes and forums to help shape this plan.

This includes a survey undertaken by Healthwatch Nottingham and Nottingham as well as feedback from our Local Design Teams that focus on community transformation at a neighbourhood/Primary Care Network (PCN) level.

Healthwatch survey on primary care

Healthwatch Nottingham and Nottinghamshire published a survey in November 2022, carried out to find out about people's experiences of access to primary care services. The survey also explored whether people look for information and advice elsewhere, prior to contacting their GP practice, in order to understand how aware people are of alternative options for meeting their healthcare needs.

68% of people reported getting what they wanted from their most recent contact with the GP practice

However, many people reported they had to wait a long time on the phone and/or waited a long time for an appointment

82% of people did not contact any other services before contacting the GP practice

Of those who did contact other services 23% contacted the pharmacy

When asked **what worked well when using the GP Practice** responses included:

- Staff skills and attitude
- Good service/quality of service
- Telephone services (appointments and booking)
- Face to face appointments
- Quick response

The survey provided key recommendations which are being taken forward in our plan and summarised below.

- The system for booking appointments at their GP practices is not working for many people. **We recommend** that GP practices consider a range of options to improve booking systems including increasing capacity in answering phone calls, booking appointments in advance and using online appointment booking.

- One reason for the difficulty in getting an appointment is the shortage of GPs. Different roles of healthcare professionals are available in GP practices but many people are not aware of them or how to access them. W**e recommend** increasing the public's awareness of the range of healthcare professionals, and the various services provided by GP practices and how these are accessed.

- **We recommend** that patients are given greater choice over the type of appointment they want, i.e. in person, telephone, or online appointments. Where choice is not possible, the reasons for this should be explained.

Full report: https://hwnn.co.uk/reports/question-of-the-month-reports/

Co-production for our Joint Forward Plan

Over 300 individuals were involved in developing our Joint Forward Plan with a range of activities between May and June 2023.

Feedback relating to General Practice included:

- There was acknowledgement of the issues that the system is currently facing specifically workforce challenges, access to and funding of GP and emergency services, dentistry and the VCSE sector
- Primary care was identified as one of the areas to prioritise by the ICS Partners Assembly - some advocated for greater resources to be allocated to primary care to improve GP access increasing appointments available
- There needs to be clear improvement of communication between primary and secondary care with the patient at the centre of decisions
- A number of points were raised around the need of improving access to GP appointments to reduce pressure on emergency services and hospital appointments. There is also a need for patients to receive a face to face appointment as well as telephone appointments
- Comments were also received around different approaches around healthcare where the GP could consider several symptoms at one appointment to gather a full picture and ensure conditions are not missed.

Training GPs to look at the patient holistically

Co-production within our Local Design Teams

The ICS Community Transformation programme brings together communities, voluntary sector organisations, Councils, and the NHS including General Practice to co-design support and services for local people, working together as a Local Design Team. Each Local Design Team identifies priorities based on local need, with community conversations identifying the priorities and solutions. Feedback from the Carers Roadshows has also been shared with the ICB. The feedback relating to General Practice access is shown below:

Bulwell and Top Valley

- Most people were aware of NHS services outside of their GP surgery e.g. 111 and the walk-in centre and most people stated they would use these services if needed.
- Majority of people stated they use the NHS website, App and their GP website.
- Around 50% of people stated they found difficulty when access online services and found this to be a barrier
- People 65 years+ mainly stated they did not use online services and felt disengaged with NHS services due to this.

Carers roadshows

- Better access to GP appointments and more GPs
- Knowing what services are available and who does what
- More information available in community settings
- Easy access to leaflets trough community centres and libraries and doctors, events at GP surgeries
- GPs recognised as source of information
- Links on NHS app useful

Mansfield

- Difficult to get through to services by telephone, lack of face to face consultations, long wait lists for treatment, staff shortages
- People like information about local services through GP practices – trusted source of information

Newark

- Being able to access a GP appt and not having to wait on phone
- GP websites too busy – not very easy to navigate
- Lack of transport to get to hospital/GP appointments

3. Addressing Health Inequalities

In order to monitor progress with addressing health inequalities in primary care, we are using the Health Equity Assessment Tool (HEAT) developed by Public Health England.

HEAT provides an approach to:

- systematically address health inequalities and equity-related to a programme of work or service
- identify what action can be taken to reduce health inequalities and promote equality and inclusion.

There are several major benefits to using HEAT, including that it:

- Provides a clear and straightforward format for professionals across the health and wider system landscape to assess health inequalities in relation to their work or service
- Supports professionals to determine concrete actions to tackle these inequalities
- Can be adapted for use across a range of different work programmes and services and can be easily imbedded into existing systems and processes, for example, as part of business planning, the commissioning cycle, service review or COVID-19 recovery planning
- Encourages the user to review their work 6 to 12 months after the initial assessment, enabling consideration of lessons identified and areas for continued focus (for example, service improvements).

Support to practices in areas of deprivation and disproportionally affected by health inequalities

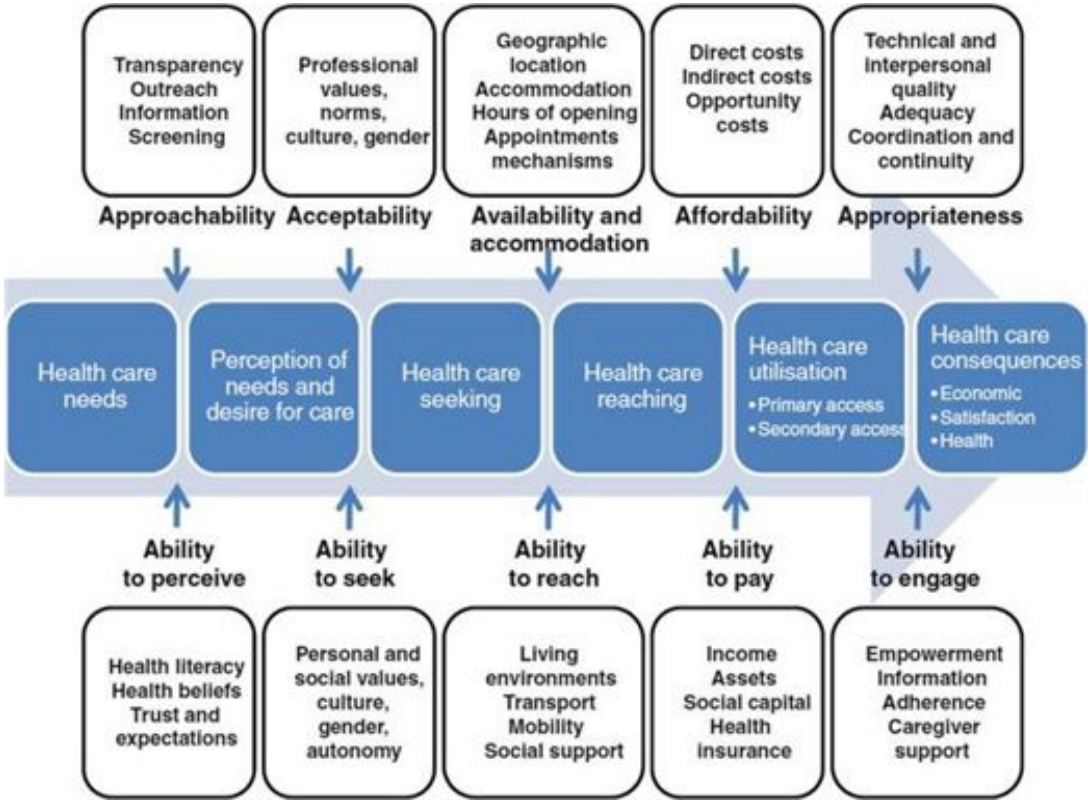
A “one size fits all” approach to health and social care services has led to groups being under-represented in our services or not receiving the right help they need at the right time, leading to worsening health outcomes.
In order to tackle this we will systematically identify and eliminate inequities resulting from differences in health and in overall living conditions. Once these inequities are identified, we can establish what each of our communities need and target our resources differently and more effectively to reach different groups of people, helping to reduce barriers to access and encouraging positive outcomes.

It is set out in the ICS Health Inequalities Plan that equity is a core principle of reducing health inequalities. This will require doing things in a new or different way to support the local population, such as the way in which resources are allocated. Consideration of need and the additional barriers faced by GPs in more deprived areas should be considered when allocated resources. Examples of this have already been demonstrated by the ICS via the Diabetes equity payment and additional funding allocated for the BP@Home scheme.

Health Inequalities

Our Integrated Care Strategy recognises the need to create equity (fairness in approach) for the people of Nottingham and Nottinghamshire. We aim to support people in greater need (those living in the 20% most deprived areas, in vulnerable or inclusion groups, those experiencing severe multiple disadvantage, and special educational needs and disabilities).

Ensuring equitable access to services is a complex interplay of factors. We are developing an approach to considering all aspects impacting on access using Levesque's Framework which provides a way to assess the complex and dynamic process of access in health systems and in populations.



Levesque's Conceptual Framework of Access to Health (2013)

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4. Capacity and Access Improvement Plans

The GP contract changes for 2023/2024 introduced a requirement for each PCN to develop a Capacity and Access Improvement Plan (CAIP). These CAIPs set out how PCNs and their member practices drive improvements in three specific areas.

1. Patient experience of contact
2. Ease of access and demand management, and
3. Accuracy of recording in the GP Appointments Data (GPAD) Dashboard.

The ICB produced a local template for submission of the CAIPs together with locally produced guidance and initial data to support the completion of the template. This was socialised through a number of channels including Clinical Director and PCN leads meetings, and with the Local Medical Council (LMC).

23 PCN Capacity & Access Improvement Plans

- All PCNs submitted plans.
- Plans provide PCN baseline.
- All plans featured positive steps to grow patient feedback as well as having plans in place to act upon the feedback.

19 Access Improvement Plans

- 19 PCNs submitted Access Improvement Plans.
- The Access Improvement Plan is a more wide-reaching plan to indicate how improvements will be delivered at practice level within the PCN.

All plans have been accepted by the ICB.

It is expected that these plans will be iterative and there will be opportunities throughout the year to support further development and implementation.

Approach to developing Practice and PCN actions

Complete 31st March 2024

1. Improved Patient experience of Contact

2. Improved ease of access & demand management

3. Improved accuracy of recording appointments

ICB to review achievements against the locally agreed criteria to enable receipt of the 30% CAIP funding.
ICBs will make an assessment based on the local improvement across the three key areas detailed in the guidance. A local assessment process has been developed in consultation with PCN, Clinicians, LMC and partners.

PCNs to review their plans and current positions as at 31st March 2024

All plans were reviewed by a panel including primary care commissioners, the ICB independent GP lead, transformation leads and the Primary Care Digital leads. Feedback to all PCNs were provided along with recommendations to strengthen their plans, dedicated technical support and direction to the National Development Programmes.
70% of the funding associated with these plans have been paid to the PCNs, allowing PCNs to focus on making improvements to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need.

1. Patient experience of Contact
- Review data trends against five National Patient Survey questions
- Identify & review Friends & Family participation

2. Ease of access & demand management
- Cloud base telephony review
- Review online consultation access

3. Accuracy of recording appointments
- Review GP Appointment Data

All PCNs were asked to review three specific areas as part of their plans and confirm baseline positions.

Summary of Practice/PCN/ICB actions

Development themes highlighted in the plans are:

- Practices / PCNs are aware of the requirements and are working to deliver actions for improvement where not already in place
- Maximisation of **digital systems** to empower patients to use them and free up telephone access
- A robust communication plan with **targeted communications** to support citizens where English is not their first language or where they are not able to access digital technology
- Communication and education for practices / PCNs regarding maximising **digital technology** and its application
- Ongoing support and development for **practice / PCN leadership** to ensure consistent implementation of improvement actions and build further maturity of PCN
- Development of a strategy to ensure all practices meet the **Cloud Based Telephony** requirement
- A requirement to enable practices to understand how to access the support available when transitioning to a **modern general practice** model.

The ICB continues to collate information enabling the team to track and monitor progress:

- Migration of Analogue to cloud-based services
- Online consultations
- Inline appointments
- GPAD data
- Patient experience through feedback, Friends & Family.

Summary of Practice/PCN/ICB actions (cont.)

Actions	Implementation date
Co-development between practices / PCNs and the ICB of a **local improvement programme**	Completed
Nottingham and Nottinghamshire ICB 30% CAIP Assessment process signed off	Completed
PCNs complete template to review progress of plans, review against CAIP 30% assessment criteria	31st March 2024
Continuous advertisement of the National Development Programmes	Ongoing
Communications with Patient on how to access services, Additional Roles and Care Navigation Process. Communications to reflect patient demographics.	Ongoing
Monitor Patient feedback through feedback channels, Friends & Family etc	Ongoing
Monitor metrics to support development including online consultations usage, GPAD etc – see metrics	Ongoing

5. Empowering patients

Enabling people to manage their own health allows people to make decisions about their health and wellbeing. Our plan addresses the three key actions identified to support patients:

- Improving information and NHS App functionality
- Increasing self-directed care where clinically appropriate
- Expanding community pharmacy services.

NHS App and access to records

NHS App

53% of patients in the ICB are registered for the NHS app. The NHS App is the digital front door for accessing healthcare services in Nottingham and Nottinghamshire. The ICB is supporting practices to increase take up and leverage core functions to empower patients by:

- Supporting practices through **regular comms, training and engagement** events
- Employing **Digital Inclusion Co-ordinators** within PCNs to raise awareness of NHS app functionality; supporting patients and practice staff to register and utilise digital health tools through it. A focus area for Digital Inclusion Co-ordinators is encouraging the uptake of ordering digital repeat prescriptions and online consultations through the app
- Ensuring practices are aware of the requirement to **advertise the NHS app** on their website
- Ensuring practices use an **online consultation solution** that uses the NHS app as the front door.

Prospective Records Access

The ICB is working with Primary Care to make sure that each practice has a plan for their patients to receive prospective record access.

As of 1st October 2023, 31% of Practices have prospective records access switched on for their patients, with a target of 95% switched on by the end of the calendar year.

Actions	Implementation date
Increase the uptake of practice usage of the NHS App	31st March 2024
Increase online consultations, booking appointments and direct messaging via the NHS App	31st March 2024
Communications with patients about the NHS App and its use	Ongoing
95% of practices have prospective records access switches on for patients	31st December 2023

Self-directed care

The aim is to expand direct access and self-referral where GP involvement is not clinically necessary. This empowers patients to take control of their healthcare, streamlines access to services and reduces unnecessary burden on GP appointments.

By September 2023, all areas are asked to put in place:

- **Direct referral pathways** from community optometrists to ophthalmology services for all urgent and elective eye consultations.
- **Self-referral routes** to falls response services, musculoskeletal services, audiology-including hearing aid provision, weight management services, community podiatry, wheelchair services and community equipment services.

- 5 out of the 7 pathways for implementing self-referral already have self-referral pathways in place.
- For the remaining 2 pathways (Audiology and Wheelchairs services) discussions are progressing to implement self-referral.
- For those that already have self-referral in place, the opportunity is being taken to improve pathways, such as introduction of online tools e.g. Ask SARA within community equipment services.

Increasing self-referral activity by March 2024:

- The baseline average for the services in scope (excluding Weight Management) for Nottingham and Nottinghamshire ICB is 282 self-referrals per month between April-October 2022.
- To achieve the target of a 50% increase by March 2024, a target of 422 self-referrals per month has been set.

Theme	Actions
Increase providers/pathways offering self-referral	Collaborative working with providers to introduce self-referral pathways.
Improve data quality and reporting	Work between ICB and provider data teams to ensure all self-referral activity is accurately recorded.
Provider/service line initiatives	Self-referral promotion specific to the pathway, e.g. raising awareness via related community groups.
Universal (system-wide) promotion of self-referral offer.	Development of a system portal/landing page for all self-referral offers. Raising awareness / initiatives within primary care – e.g. building into triage processes. Social media campaigns.

Community Pharmacy

Community pharmacy is arguably most well-known as a dispenser and retailer of medicines, but its role is much broader-delivering a host of clinical services.

Within Nottingham and Nottinghamshire, we have **213 Community Pharmacies** providing a range of services including:

- **Essential services:** services that all community pharmacies must provide including the dispensing of medicines and medical appliances, the disposal of unwanted or spare medicines, advising patients on self-care, providing advice on healthy living and providing medicines support following a hospital discharge if assessed to be required.
- **Advanced services:** these are optional services that pharmacies can choose to provide including flu vaccination, the New Medicine Service (which aims to help patients understand and make best use of specific newly prescribed medicine), and the recently developed Community Pharmacist Consultation Service (which allows certain other parts of the health system to refer patients to community pharmacy for some urgent care needs like emergency medicines supply and as well as for some minor illness needs).
- **Enhanced services**: these are optional services such as the extended care service which allows treatment of conditions such as Urinary Tract Infection in women aged 16-64 years.

Developing local relationships and ways of working

Recent visits by the ICB Medical Director and Associate Medical Directors with our Community Pharmacy colleagues have identified opportunities to:

1. Support and enhance relationships between Community Pharmacy & General Practice
2. Increase Community Pharmacy provision of clinical services
3. Communicate services available to patients by Community Pharmacy
4. Work with technical colleagues to support digital innovation
5. Work with national and regional teams to develop Independent Prescribing
6. Target services particularly in areas of health deprivation.

The ICB has funded a Community Pharmacy Integration Ambassador to work across Community Pharmacy and General Practice to support the development of relationships and Community Pharmacy involvement within Integrated Neighbourhood Teams.

Community Pharmacy service offers

Service Delivered	Number of Pharmacies providing Service (%)
Community Pharmacy Consultation Service Formal pathway that enables GP Practices to refer patients with a minor illness for a same day consultation with an NHS community pharmacist. **6253 Patients seen since the start of the service June 2022**	209 (98.1%)
Extended Care Allows people to visit a local pharmacy instead of their GP for advice and treatment for minor illnesses. Tier 1: UTI (females age 16-64 years); Acute bacterial conjunctivitis (children under 2 years) Tier 2 skin services including impetigo, infected insect bites, infected eczema Tier 3: Otitis media – middle ear infection (Children aged 3 months – 16 years)	79 (37%)
Blood Pressure Check Supports risk identification and prevention of cardiovascular disease (CVD). The service: • identifies people over the age of 40 who have previously not been diagnosed with hypertension (high blood pressure) and refers those with suspected hypertension for appropriate management. • promotes healthy behaviours to service users. • undertakes ad hoc clinic and ambulatory blood pressure measurements at request of general practice.	156 (73.2%)
Oral Contraceptive Check Initially the service will involve providing ongoing management of routine oral contraception that was initiated in general practice or a sexual health clinic.	45 (21.1%)
Common Conditions Service is expected to launched early 2024. The ICB will work with Community Pharmacy providers to drive engagement and participation	Ambition: 50% of pharmacies within 6 months of launch.

Community Pharmacy Actions

Actions	Implementation Date
Appointment of Primary Care Integration Ambassador to support relationships and wider integration within Integrated Neighbourhood Teams.	31st March 2024
Increase by 10% of the number of referrals into Community Pharmacy from General Practice	June 2024
Engage with Community Pharmacy to ensure an understand of the importance of the services and wider integration	July 2024
Communication to promote services provided by Community Pharmacy	Commenced and Ongoing
Integration of Community Pharmacy within Integrated Neighbourhood Teams	October 2024
Increase signup of the extended services by Community Pharmacy for the Blood Pressure and Contraception Service	October 2024
Workforce development and support through the Community Pharmacy Faculty	Commenced and ongoing
Continue to support and barrier that may arise in relation to additional services	Commenced and ongoing
Support the implementation of the Common Conditions Service	Late 2023/Early 2024
Review Population Health Data to support delivery to patients and increase in areas of health deprivation as part of the Core20plus5	31st March 2024
50% of pharmacies participating in the Common Conditions Services	31st July 2024

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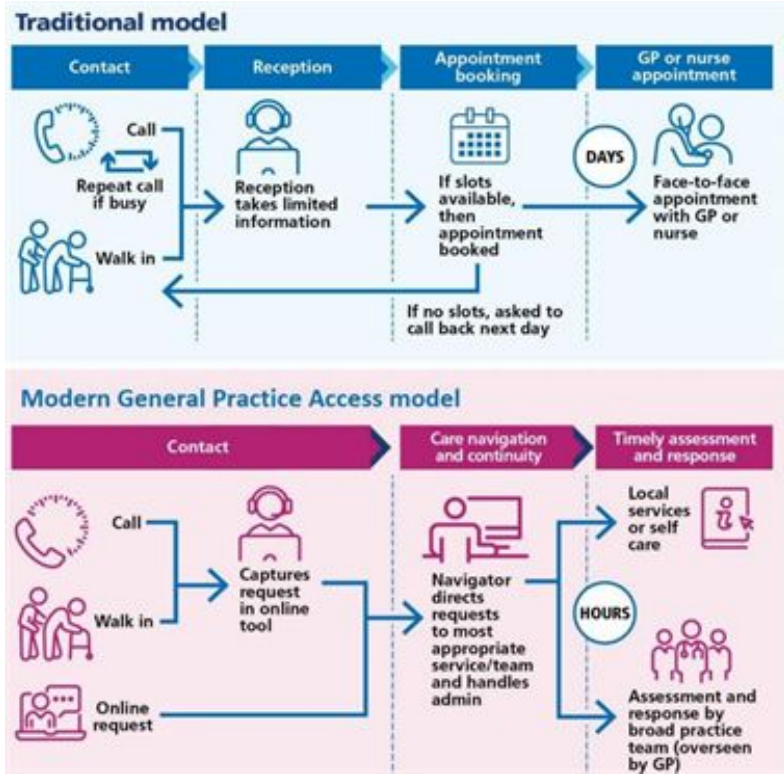
6. Implement Model General Practice Access

The modern general practice model is a way of organising work that enables practices to:

- see all patient need, by providing inclusive, straightforward online and telephone access
- understand all need through structured information gathering
- prioritise and allocate need safely and equitably (including continuity of care)
- make best use of other primary care services and the multi-professional team
- improve efficiency of their processes and reduce duplication.

Nationally a Modern General Practice Model approach has been identified with three components:

- Better digital telephony
- Simpler online requests
- Faster navigation, assessment and response.

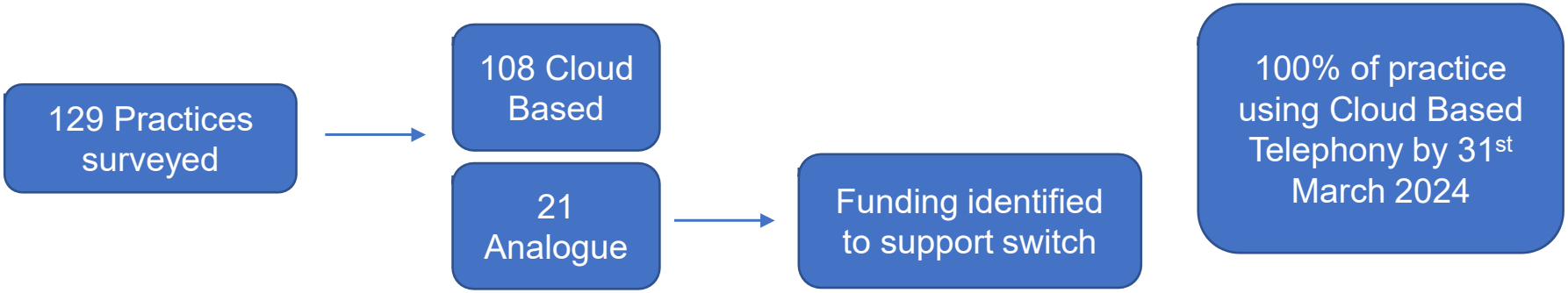


Digital tools: Cloud Based Telephony

Requirement: all practices to have Cloud Based Telephony by March 2024

Cloud Based Telephony systems provide functionality that supports patients to contact their practices in a timely way with reduced waiting. This includes functions such as call waiting which shows the number of calls being made and a call-back facility to reduce the amount of time patients need to spend on the phone.

The ICB has undertaken a survey with all 129 Practices to understand the current position.



Actions	Implementation Date
Survey of all Practices and their telephone systems	Completed
Identified practices with Analogue systems and funding confirmed	Completed
Support practices with the CBT Purchase Framework	Awaiting National Implementation
100% of Practices have CBT services	31st March 2024
Support practices with the monitoring and usage of CBT services to maximise efficiency	Ongoing

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Digital tools: practice websites

A review of practice websites has recently been undertaken. The feedback is a helpful start to understand the gaps and opportunities to support future investment in the development of practice websites.

The ICB has identified a budget to assist practices in updating their practice website, so that it meets the contractual and local requirements.

Challenges / Mitigations

- The practice could be delayed in developing their website due to workforce and practice pressures. The ICB will continue to engage with the practices on their website developments and practices will raise any challenges so that the ICB can support where appropriate.
- Patients could still experience challenges accessing information on new website. Practices are to engage with patients to understand any issues and the ICB will support where appropriate.

Functionality	% of practices with functionality
Clearly visible search function	70%
Translation button	77%
Accessibility Function	23%
Sign-up for GP online services	99%
Provide feedback or make a complaint	98%
New patient information	92%
New patient registrations	82%
Updating contact details	47%
Online consultations	13%
Ordering medication	95%
Booking and cancelling appointments	95%
Self-care and symptom checker	96%
NHS 111/Service near you	64%
NHS number finder	4%
Online consultation provider offered on website	14%
Link to NHS app	56%
Advertising the NHS app	62%

Actions	Implementation Date
Survey of all Practices and their website	Completed
Identified funding to support new website development in line with contractual and local requirements	Completed
80% of practices signed an MOU to support implementation between practices and ICB	Completed
All practices who have signed up to the MOU their website is updated and complete	31st March 2024

Digital tools: online consultation

Requirement: All practices must offer and promote to patients the ability to access and use an 'online consultation tool'.

The aim of online consultation tools is to provide increased choice and flexibility for patients in how they access care, and to also provide benefits to practices in managing and prioritising their workload.

A local assessment has identified that a small number of practices have tools that do not meet the national requirements and are working with NHS England to identify solutions as part of implementing the new national Framework that is being introduced in December.

Challenges / Mitigations

- Practices do not use the digital solutions to support patient's access. The ICB will monitor implementation and usage and support practices where they may be having difficulty.
- The patients do not wish to use the digital solutions available. It will be necessary for continuous promotion within the practice to support usage. Involve patient groups to support usage and learn from other practices who may have had similar challenges.
- Patient may not have the digital skills to support the use of the digital solutions available to them. Seek the knowledge from areas that have digital champions to understand how this can be supported.

Actions	Implementation Date
Continuous monitoring of all online consultation features	Ongoing
50% Increase usage of online functionality	31st July 2024
Communications with patients highlighting online consultation services	31st March 2024
Supporting the implementation and development of online consultation features	Ongoing

National General Practice Improvement Programme (GPIP)

The **National** General Practice Improvement Programmes (GPIP) provides tailored support for practices and PCNs to explore improvement opportunities including capacity and demand, access, patient experience and quality and safety".

Offers of support are tailored based on the level of support a practice requires. We plan to encourage practices to take part in the National Programmes in future phases through proactive engagement and learning from those that have implemented Modern General Practice locally.

Within Nottingham and Nottinghamshire, we have the following spaces available on the national programme:

National Programme	Number of places available	Number of Practices / PCNs signed up
Intermediate offer – Practices 3 months support	8 Practices	6 practices
Intermediate offer – PCN 12 half day sessions	8 PCNs	
Intensive offer – Practices 6 months support	16 Practices	3 Practices

The ICB is also developing a **local programme** with targeted sessions to focus on improvements. The development of this programme is being created based on:

- Support identified through the Capacity Access Plans and Improvement Plans
- Support Level Framework completion and identification of support
- Understanding of the National Development programme structure to ensure the local programme compliments the National programme.
- Co-production with member practices to ensure that the programme meets their needs and capacity to make change.
- The ICB are anticipating a Local Development Programme to commence February 2024.

National General Practice Improvement Programme

Support Level Framework

The Support Level Framework (SLF) is a tool to support organisations in understanding their development needs and where they are on the journey to embedding modern general practice – as there is no "one size fits all" approach to improvement. The tool supports practices to understand what they do well and opportunities for improvement.

The Practice SLF is completed via a facilitated conversation with members of the practice team with honest reflection encouraged. The findings are used alongside data to agree priorities for improvement and the development of an action plan.

The SLF is constructed of six domains:

1. Supporting Access
2. Quality and Safety
3. Leadership and Culture
4. Stakeholder Engagement
5. Workforce
6. Indicative Data

Practices that take part in the National Improvement Programme automatically complete the SLF.

4 Practices completed Support Level Framework

as at 23/10/23

- Learn from Practices having taken part and share experience
- Proactively advertise SLF programme
- Develop as part of the Local Development Programme

Aim
Increase uptake of SLF tool

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Care Navigation and Digital Leads Training

Care Navigation

Locally we have supported Care Navigation training for many years. The local training hub supports development of a range of skills including navigation principles, managing conflict and local pathways.

The national programme aims to train 6,500 general practice staff (one person from every practice in the country) in care navigation skills. On completion, individuals will be confident to communicate effectively with patients and to signpost to relevant team members or local services according to patient needs.

Care Navigation Communications to Patients

It is important that patients are aware of how Care Navigators manage their request when making contact with the practice. Patients will be asked specific questions to ensure that the Care Navigators direct them to the most appropriate service or person to support their needs. This is included within our wider system communication plans.

Digital & Transformation Leads Development Programme

Nottingham and Nottinghamshire has 11 Digital and Transformation Leads employed within PCNs. A twelve-month development programme is available supporting core skills to lead transformational change including a deeper understanding of primary care data, stakeholder engagement, improvement science and facilitation skills to support effective, continuous improvement.

The training has been advertised directly to the staff members and through their PCNs.

Challenges / Mitigations

Pressures of workforce availability impact on staff capacity to invest in development opportunities. The ICB will support practices by through peer learning and look at alternative ways to support development.

Taking staff out of the practices, especially during the winter months can be a challenge, therefore the ICB will look to support additional training sessions flexibility to meet attendees needs.

Local Training
69 staff members
National Training
34 staff members & 11 PCNs

- Continue to promote training with practices
- Share learning and best practice
- Ensure communications with patients are taking place

Aim: 100% of practices completed training

National General Practice Improvement Programme (cont.)

Actions	Implementation Date
National Development Programme - Continue to promote future development sessions with Practices	Ongoing
National Development Programme - Encourage peer learning from those Practices currently involved in programme – Clinical Directors meeting, Place based Partnership meetings, One Voice etc.	Ongoing
Local Development Programme – Co-produce the programme in line with local need	February 2024
Support Level Framework – Continue to promote the SLF	Ongoing
Support Level Framework – Encourage peer learning from practices having completed the SLF	Ongoing
Care Navigation Training – Local Programme continues to develop, and new programme dates offered for 2024/25	31st March 2024
Care Navigation Training – National Programme continue to promote training sessions including the advanced modules	31st March 2024
Care Navigation Training – review attendance at training and encourage practices who have not taken up either the local or national offer	31st March 2024
Digital & Transformation Leads Training – Promote future development programmes	Ongoing

7. Building Capacity

We need a skilled and healthy workforce to delivery high quality Primary Care services with the right capacity to support our population. There are opportunities to expand the workforce through new and additional roles that work as part of the Primary Care team.

The focus is on:

- Larger multidisciplinary teams
- More new doctors
- Retention and return of experienced GPs
- Estates.

The Nottingham & Nottinghamshire Primary Care Workforce Group brings together health and care organisations to ensure delivery of a sustainable primary medical services workforce as well as inform design and deliver approved solutions that meet the workforce transformation ambitions. A sustainable primary medical service workforce includes PCN additional roles. The group will look to add to its remit during 23-24 the wider primary care workforce of Community Pharmacists, Dentists and Optometrists.

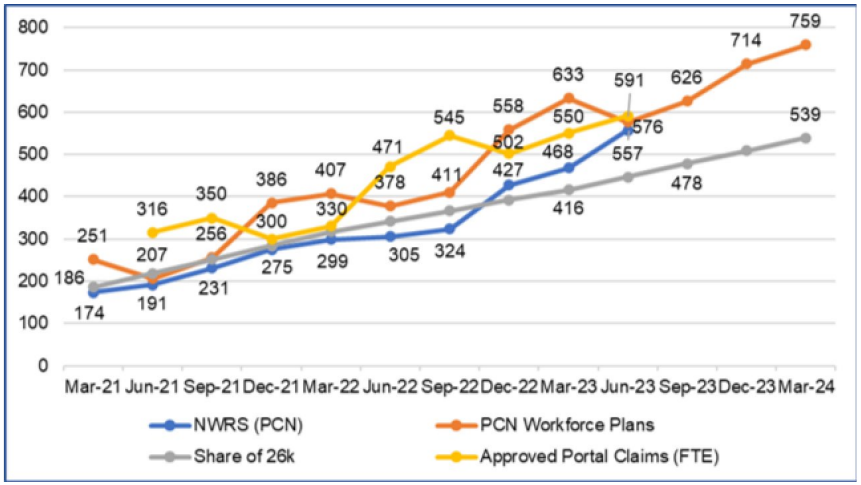
Additional Roles and Reimbursement Scheme

Nottingham and Nottinghamshire PCNs have recruited an additional **593.76 WTE** Additional Roles (July 23).

Of these 490.22WTE (July 23) are direct patient facing roles supporting care across the system.

The workforce plans for 22/23 indicate that a further 170WTE roles will be recruited to in 2023/24.

Nottingham and Nottinghamshire has successfully achieved its local share of the national ambition for 23/24 of 539 WTE.



To support this new workforce the system has developed a range of support from supervision development, mentorship, peer support, communities of practice, training and development.

Actions	Implementation Date
Ensure all PCNs have submitted their October Workforce plan and all are within budget	31st October 2023
Continue existing support offers for all ARRS staff	Ongoing

Estates

As the new model of General Practice develops it is recognised that the pace at which we create the right environment on workforce, estates and data, both at a national and system level, directly impacts on the speed at which the model can be delivered in every neighbourhood. We need to think creatively about primary care estates, considering:

- Developing primary care estates plans from the perspective of access, population health and health inequalities
- Making use of local authority, third sector and community assets, building on the approach to COVID-19 vaccination, including places of worship, community centres, and allotments
- Opportunities for co-locating primary care when developing secondary care estates plans
- Pragmatic, low-cost opportunities to repurpose existing space
- Opportunities for locating primary care onto the high street as part of local economic regeneration.

PCNs have been developing Estates Strategies which will inform the wider ICB Estates Strategy. The estates reviews, are central to creating coherence across services and sectors, and drive the transition to a modern, fit-for-purpose primary care estates offering – including future development of hubs to co-locate integrated neighbourhood teams, as well as linking into the wider rollout of community diagnostic hubs.

As part of the PCN Estates strategies we have considered a wide range of factors that influence estates including:

- Vision of the PCN
- Population Health needs and projected population increase
- Training and education of existing and future workforce
- New models of care and integrated neighbourhood working
- Planned housing and areas of rapid housing growth to ensure appropriate provision of general practices.

Actions	Implementation Date
Review system aggregated estate reports	31st December 2023

8. Cut bureaucracy

The Primary Care Access and Recovery Plan has a focus on reducing bureaucracy, with a view to reducing time spent in general practices on lower-value administrative work and work generated by issues at the primary-secondary care interface. Practices estimate they spend 10% to 20% of their time on this. There are opportunities to lower this by:

- Improving the primary-secondary care interface
- Building on the Bureaucracy Busting Concordat – developed by NHS England.

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Improving the primary-secondary care interface

Providers across primary care, community service, mental health and secondary care are working together to improve patients' experience of transitions of care between providers. Approaches include targeted interface meetings where issues are raised and improvement actions jointly identified, as well as logging any issues that GP practices experience that impact on patient care or pass on additional workload.

Nottingham City and South Place Based Partnership – Nottingham University Hospitals

Partners meet weekly to look at what they could do to support each other. Working in this way has developed a greater understanding of each other's pressures and a positive culture to enable transformational change.

Examples of work undertaken include a guide for all NUH staff of 5 things to support General Practice; and audit of 7000 hospital discharge prescriptions to review the asks of primary care; feedback from GPs on the inpatient discharge summary.

Ongoing work plan has 6 areas of focus

- Culture and Relationships
- Continuous Improvement
- Clinical Integration
- Digital Integration
- Training & Development
- Communications

Mid Nottinghamshire Place Based Partnership – Sherwood Forest Hospitals Trust

Informal meetings taking place led by the Clinical Lead within Mid Nottinghamshire Place Based Partnership.

Developments are underway to formalise the meeting with the development of a structured work programme

Mid Nottinghamshire have previously been very active within secondary care specialisms to support enhanced delivery care, for example cancer pathway development.

Bassetlaw Place Based Partnership – Doncaster & Bassetlaw Hospitals Trust

Weekly meeting takes place to support the delivery of care and enhance relationships between primary and secondary care.

A clinical reference group takes place bi-monthly with all the practices, the hospital, Nottinghamshire Healthcare Trust, East Midlands Ambulance Service and Bassetlaw Community Voluntary Service.

Improving the primary-secondary care interface (cont.)

EHealthscope Log

- The eHealthscope issues log enables anyone working in a GP practice to raise an issue in relation to an action, or lack of action, from another provider which has had an adverse impact on the practice or on their patients' experience of healthcare provision. issues posted range from poor discharge information being provided, to GP staff being asked to perform actions that should have been carried out by others, to delays in, or failure to provide a service
- The ICB meet with all NHS trusts on a monthly basis to pick up specific issues, look at trends, implement changes and learn from each other.
- A quarterly report is produced which includes the number of issues posted, themes and trends and which provider the issues are in relation to. Improvements made as a result of issues posted are shared. The report is disseminated to :
    - All Nottingham and Nottinghamshire practices
    - Local Medical Council
    - ICB Contracting, Quality and Locality Teams
    - ICB PMS Quality Group and PMS Support and Assurance Groups
    - Nottingham University Hospitals, Sherwood Forest Hospitals Trust, Doncaster and Bassetlaw Hospitals Trust Nottinghamshire Healthcare Trust, CityCare, NEMS and other providers where appropriate.

Actions	Implementation Date
Strengthen the existing Primary / Secondary Care interface meeting	Ongoing
Continue with existing eHealthscope reporting and regular review between ICB and local trusts	Ongoing
Encourage peer learning between all interface meetings	Ongoing

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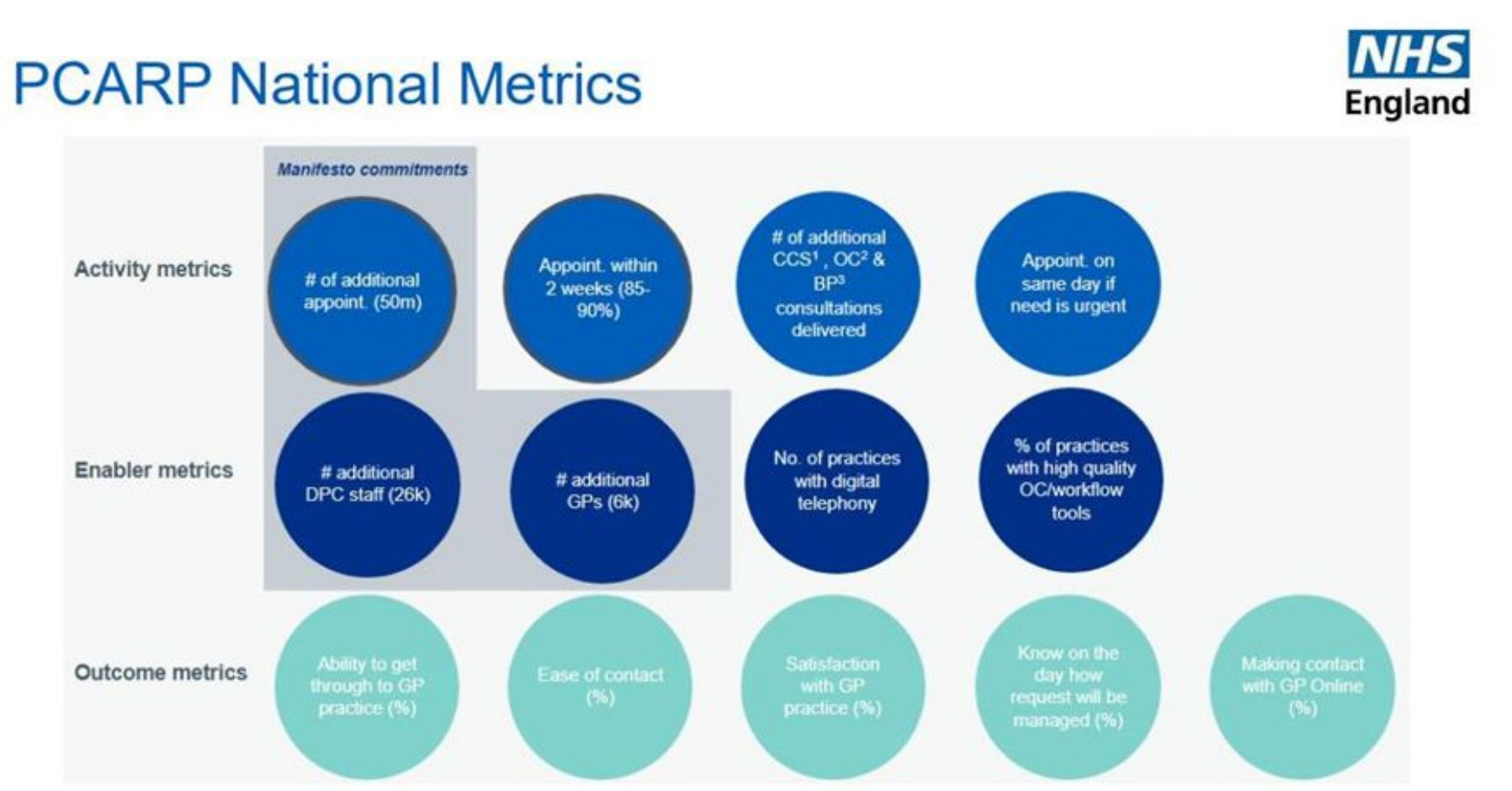
9. Assurance and Delivery

Metrics

Work is progressing to confirm local baselines and ambitions aligned to the national metrics shown below.



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Finance

The ICB's Primary Care and Finance teams are working closely together to ensure that the national funding streams are understood to maximise the outputs and to fully utilise the funding available.

This close working will enable payments to be made to PCNs/practices as soon as possible following agreement of the release of funding to ensure there is no impact on their ability to deliver on their plans.

Progress in utilisation of the national funding will be reported monthly to the Primary Care Strategy Delivery Group who will monitor progress in year.

Plans for the utilisation of System Development Fund (SDF) monies have been developed following consultation with PCNs, the LMC and the Primary Care Strategy Delivery Group. The plans have also been taken through the ICB's governance structure for approval. This level of scrutiny ensures that the plans have been constructed in line with the intended purposes for the funding, with value for money considered and in consideration and alignment with other primary care funding.

Capacity Access and Improvement Plans have been reviewed by members of both the Primary Medical Services Contracting Panel and the Primary Care Strategy Delivery Group.

Funding is available to support the implementation of the Primary Care Access Recovery Plan. The funding has been split into categories to provide assurance that it is supporting primary care and is being used for its intended purpose. Details are shown in the next slide.

Finance (cont.)

Funding	Description of spend
Transition cover and transformation support funding	Support practices to implement New Model of General Practice. Supports 50% of practices in 2023/2024 and 50% in 2024/2025. Funding provides capacity to smooth transition to new model e.g. sessional GPs, support from experienced peers or additional sessions from current practice staff. Expected to be used when practice is approaching point of going live with new model e.g. to clear appointment books.
Cloud based telephony	Dedicated funding to support the transfer of practices from analogue to cloud-based telephony provision.
Digital – PCARP & Enterprise Architecture (EA) IT	0.93p per weighted patient - The PCARP nominal allocation will cover both PCARP and EA IT solutions.
Capacity and access support payment - guaranteed element	Supports delivery of the PCN Capacity Access Plans
Capacity and access improvement - incentive payment	Paid to PCNs based on the achievement of Capacity Access Plan, aligned to the commissioner assessment criteria.
PCN Additional Roles & Reimbursement Scheme	PCN allocated budgets to employ the ARRS roles
System Development Funds	Aligned to support the delivery of the Local Development Programme

Actions	Implementation Date
Review of progress and spend at Primary Care Strategy Delivery Group	Monthly

Communications

A GP Access Communications Plan has been developed by the ICB with the following objectives:

- To share GP access priorities – Multi-Disciplinary Teams in GP practices, ARRS roles, the patient journey, GP access, choose the right service, be kind/anti-violence campaign and encouraging GPs to use their own social media
- To encourage the use of the NHS 111 first. The aim is to encourage patients needing urgent care to call 111 or use 111 online in the first instance, to avoid health settings including GP surgeries and ED from becoming overwhelmed
- Build on lessons learnt from the vaccination programme to ensure communications and engagement activity is tailored appropriately to deprived communities and in communities where English may not be the first spoken language and cascaded via the right methods
- Highlight the importance of choosing the right NHS service – NHS App, Pharmacy, Urgent Treatment Centres
- Help highlight the importance of registering with a GP to ensure vulnerable populations are registered with a GP with a target to increase registrations within these area of Nottingham and Nottinghamshire.

The ICB will use national campaign creative, collateral and messages to develop a multi-channel approach ensuring communication is focused, consistent and timely – supplied by NHSE and localised by ICB if needed.

All practices will be encouraged and supported to use their own social media to achieve widespread coverage of the communication messages.

Our communications objectives will be delivered through a number of targeted campaigns that are described on the following slides.

Our Communications Priorities to promote access

Multi-Disciplinary Teams (MDTs) and ARRS roles in GP practices

Aim: Raise awareness and educate patients on the different specialist roles within GP practices

- Feedback and intelligence has identified that patients are increasingly requesting to see a GP only and are not satisfied if they are seen by a different member of practice staff.
- Inform patients of MDTs and the different roles within GP practices, highlighting that a GP isn't always the best or most appropriate person to see you depending on what your medical concern is e.g. a physiotherapist may be more suitable
- Educate patients on the different roles and specialisms.
- Targeted work in areas where English may not be the first spoken language.

Patient journey: GP access and registering with a GP

Aim: Supporting patients with how they can get an appointment at their GP practice

- GP practices are working differently to help maximise the help that is available to patients and to help keep the most vulnerable patients safe. This means you may have a telephone or video appointment rather than a face-to-face appointment to ensure as many patients receive an appointment as possible.
- Raising awareness of the telephone first approach. You may be asked by a practice receptionist for some information about your symptoms or medical concern so your practice can make sure you get the right type of appointment with the right person.
- New contract changes in general practice mean that there is a strong focus on digital appointments rather than face to face appointments. There is also going to be a move towards cloud-based technology.
- Depending on what your medical concern is, you may be offered a telephone or video consultation. You will still be invited into your practice for a face-to-face appointment if this is the best way to manage your medical problem.
- If you have a health concern please don't delay – get in touch with your GP.
- Highlight how to register with a GP – work with partners to highlight messaging in key areas such as ED/UTC waiting rooms.

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Our Communications Priorities to promote access (cont.)

Choose the right service

Aim: Encourage patients to choose the health service which is right for them depending on what their medical issue is

- Promotion of NHS 111, NHS App, pharmacy, UTC (where appropriate) and ED.
- Highlight different access points into GP practices and Multi-Disciplinary Teams, plus urgent and pre-bookable appointments at evenings and weekends, plus pharmacy opening times and repeat prescriptions ordering.
- Services much more accessible due to Covid-19 pushing digital solutions to GPs and healthcare staff.
- Raising awareness of the options when services are closed over bank holidays.
- Provide information on which service is best for each patient needs to help people choose the right service through FAQs, videos and case studies.

Supporting practices to communicate with patients themselves

Aim: Provide overarching support to practices so they feel they can communicate with patients themselves

- Continue to use Teamnet as a tool to directly communicate with primary care.
- Continue to utilise channels to care homes to ensure that we can effectively distribute the messages that they need - work with care home teams/ prescribing leads to utilise bulletins and communications channels.
- Ensuring as far as possible messages are co-ordinated across the system.

Monitoring our progress

The **Primary Care Strategy Delivery Group** has been established by the Nottingham and Nottinghamshire ICB to provide a forum for co-operation and collaboration across the ICS. Its core purpose is to provide a structure and programme through which the primary care strategy can be locally delivered.

The group is chaired by the Chief Executive of the ICB and meets monthly. The ICB Senior Responsible Officer (SRO) for delivery is Dave Briggs, Medical Director.

PCN Clinical Directors are represented on the group to ensure there is a clear link to frontline clinicians. The group will evolve over time as the Primary Care Strategy is developed beyond General Practice to incorporate the other Primary Care professions i.e. community pharmacy, dentistry, optometry.

Monitoring the implementation and improvement described in our system Primary Care Access Recovery Plan will be undertaken by this group, recognising that improving access to primary care services is one of the ten components in our strategy.

A progress update will be presented to the Integrated Care Board on 14th March 2024.

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/11/2023
Paper Title:	**Digital, Data and Technology Strategy**
Paper Reference:	ICB 23 060
Report Author:	Alexis Farrow, Digital Programme Director Andrew Fearn, Chief Digital Officer
Report Sponsor:	Dave Briggs, Medical Director
Presenter:	Dave Briggs, Medical Director Andrew Fearn, Chief Digital Officer

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

Summary:

A refresh of the 2020 Digital, Analytics, Information and Technology (DAIT) Strategy has taken place as a result of the publication of national policy and the development of the Nottingham and Nottinghamshire Integrated Care Strategy to ensure continued alignment of digital priorities to meet the core aims of the ICS.

Stakeholder engagement sessions were conducted as part of the Place Based Development Programme, supported by PA Consulting. The output from the engagement sessions provided significant insights and helped to shape the next iteration of the digital strategy.

The strategy sets out an approach to ensure digital transformation meets the core aims of the ICS and delivers digital transformation in line with national policy and contractual requirements placed on organisations. The strategic priorities have been defined and aligned to wider system operational transformation and the strategy has been assessed for feasibility and financial sustainability and includes a draft financial plan to deliver all elements of the strategy with the exception of Electronic Patient Record (EPR) solutions, as these sit within the NHS Trusts.

The refreshed Digital, Data and Technology Strategy was endorsed by the Finance and Performance Committee at is meeting on 27 September 2023 and the Board received a comprehensive presentation at its development session on 12 October 2023.

Recommendation(s):

The Board is asked to **approve** the Digital Data and Technology Strategy.

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	The digital strategy directly contributes to the core aims of the ICB.
Tackle inequalities in outcomes, experience and access	The digital strategy directly contributes to the core aims of the ICB.
Enhance productivity and value for money	The digital strategy directly contributes to the core aims of the ICB.

How does this paper support	the ICB's core aims to:
Help the NHS support broader social and economic development	The digital strategy directly contributes to the core aims of the ICB.

Appendices:
A: Digital Data and Technology Strategy

Board Assurance Framework:
This paper provides assurance in relation to the management of the following ICB strategic risk(s): • Risk 12: Digital Transformation – Failure to deliver digital transformation and establish effective system intelligence solutions.

Report Previously Received By:
The refreshed strategy has been discussed and endorsed by the ICS Digital, Analytics, Information and Technology (DAIT) Board and the ICB's Finance and Performance Committee. It was also presented for initial consideration by the Board at its development session in October 2023.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Digital, Data and Technology Strategy

1. Our vision is to support the adoption of digital tools to support every person in Nottingham and Nottinghamshire to enjoy their best possible health and wellbeing.
2. Our priorities are based on the feedback from engagement sessions aligned with national expectations and our core aims to:
    a) Empower our population with effective Public Facing Digital Services.
    b) Support our population and our workforce to improve Digital Inclusion.
    c) Give our workforce the tools they need through Provider Digitalisation.
    d) Improve care provided by sharing data through better Interoperability.
    e) Support Intelligent Decision-making to tailor resources effectively.
3. It is important that the digital strategy is person centred and operationally driven in order to provide the best value to our system and the people of Nottingham and Nottinghamshire. For this reason, we have developed approaches to ensure that people are provided the opportunity to continuously help shape and drive forward the digital agenda across Nottingham and Nottinghamshire.
4. We have developed a set of ‘SMART’ objectives for each of our digital priorities to ensure that we have clear metrics that we are held to account for, and have in place, demonstrable measures to monitor the successful delivery of the strategy.
5. The strategy sets out our approach to ensure that digital transformation is financially sustainable. We will continue to work to secure additional funding and use this to deliver an evidence-based return on investment and find long term resources to embed digital solutions into core business to enable transformation of care and optimise benefits. The long-term ambition is for the ICS digital team to be recurrently funded through a ‘share the benefits’ model.
6. The strategy includes a draft financial plan to deliver all elements of the strategy with the exception of Electronic Patient Record (EPR) solution as this sit within the NHS Trusts. It shows what funding was secured at the time of writing and where we need to seek additional funding. Since the time of writing the strategy we have secured a further £1.6 million in funding. It should be noted that digital funding is often announced during the current year rather than for future years and we will look to secure additional funding in future years when opportunities arise.
7. Whilst securing funding is core to our approach to the successful delivery of our digital strategy, it is imperative that we also have the right workforce capacity and skills in place to achieve this. We will do this by modelling our requirements and develop a workforce plan that will help us recruit, retain, develop and work collaboratively towards our aligned strategic goals.

DIGITAL NOTTS
Connecting Health & Care

NHS
Nottingham and Nottinghamshire

Digital Notts Strategy 2023 - 2028

Harnessing the power of Digital, Data and Technology (DDaT)







Our Strategy

About us

Our Priorities

What it means for our people

Get in touch

Our Mission

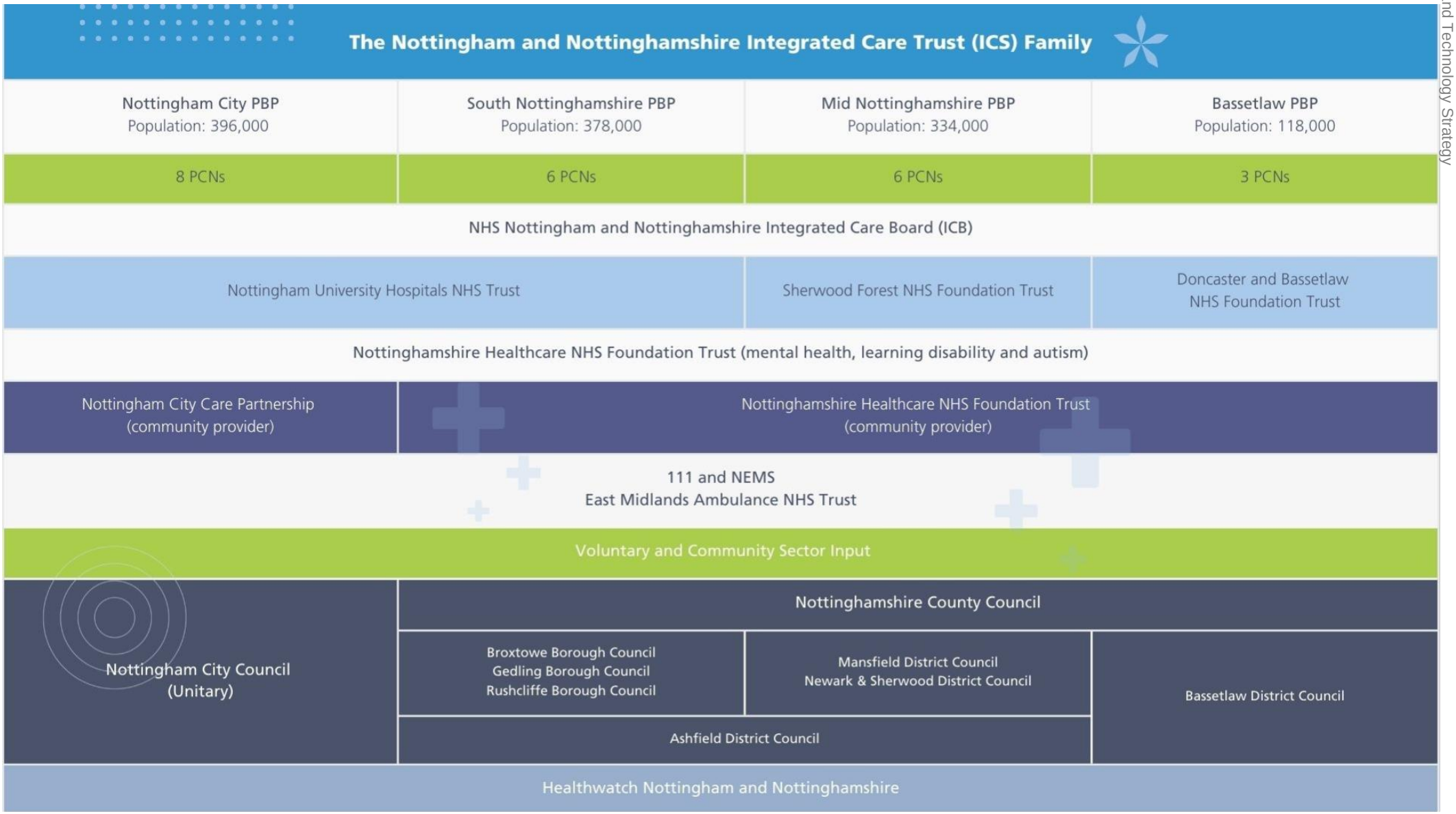
To spread the adoption of digital to support every person to enjoy their best possible health and wellbeing.

OUR VALUES

Support changes in the way health and social care services will be delivered in the future, so that more care takes place in people's homes, closer to where they live – and in hospitals.

Improve collaborative working between IT service providers working in health and social care organisations.

Improve the way health information is shared to enhance service quality across health and social care services.


The Nottingham and Nottinghamshire Integrated Care Trust (ICS) Family
Nottingham City PBP
Population: 396,000
South Nottinghamshire PBP
Population: 378,000
Mid Nottinghamshire PBP
Population: 334,000
Bassetlaw PBP
Population: 118,000
8 PCNs
6 PCNs
6 PCNs
3 PCNs
NHS Nottingham and Nottinghamshire Integrated Care Board (ICB)
Nottingham University Hospitals NHS Trust
Sherwood Forest NHS Foundation Trust
Doncaster and Bassetlaw NHS Foundation Trust
Nottinghamshire Healthcare NHS Foundation Trust (mental health, learning disability and autism)
Nottingham City Care Partnership (community provider)
Nottinghamshire Healthcare NHS Foundation Trust (community provider)
111 and NEMS
East Midlands Ambulance NHS Trust
Voluntary and Community Sector Input
Nottingham City Council (Unitary)
Nottinghamshire County Council
Broxtowe Borough Council
Gedling Borough Council
Rushcliffe Borough Council
Mansfield District Council
Newark & Sherwood District Council
Bassetlaw District Council
Ashfield District Council
Healthwatch Nottingham and Nottinghamshire

Integrated Care Priorities

The Integrated Care Strategy has three guiding principles; prevention, equity and integration. These guiding principle underpin four strategic priorities;

Improve outcomes

Improve outcomes in population health and healthcare

01

EQUITY IS EVERYTHING

Tackle inequalities

Tackle inequalities in outcomes, experience and access

02

PREVENTION IS BETTER THAN THE CURE

Productivity and value for money

Enhance productivity and value for money

03

INTEGRATION BY DEFAULT

Social and economic development

Support broader social and economic development

04

Digital Notts

Priorities

Public-Facing Digital Services

We will empower and enable our population to have great control over their health and care by providing them with access to their digital health and care record so that they can self serve, self manage and access key information and services.

Digital & Social Inclusion

Our population and our workforce are given access to support, training and equipment to enable them to use digital assets to benefit their health and wellbeing or deliver effective care services.

WORKFORCE

Provider Digitalisation

Our workforce will have access to effective and efficient digital assets and infrastructure to enable them to provide the best health and care services. Utilising digital assets such as electronic patient records, electronic prescribing and medicine administration systems and state of the art automation technologies to reduce burdensome processes.

FINANCIAL SUSTAINABILITY

INFRASTRUCTURE

Interoperability (Shared Care Records)

Our population will receive the right care at the right time always. By providing health and care providers access to key information about the person they are treating reduces unnecessary diagnostics, treatment and enables efficient access to health and care services.

Supporting Intelligent Decision Making

Use data to better understand the health and care needs of our local population, helping to focus and tailor resources where they have the most impact. Design and target interventions to prevent ill-health, and to improve care and support for people with ongoing health conditions. Recognising key factors helps us to adapt future local healthcare services to improve the overall health of the population.

How our priorities support the system

ICS PRIORITIES

STRATEGIC INITIATIVE	OBJECTIVE	Improve outcomes	Tackle inequalities	Productivity and value for money	Social and economic development
		Improve outcomes in population health and healthcare (01)	Tackle inequalities in outcomes, experience and access (02)	Enhance productivity and value for money (03)	Support broader social and economic development (04)
Develop our public-facing digital services	• Digital contact (by default where appropriate) provides convenient access to public health services • Enable our population to manage their health and care proactively • Provide accessible information to our population digitally • Enable a personalised approach to health and care services through digital technology • Expand the utilisation of technology enabled care technologies to support remote monitoring and enable independence	✓	✓	✓	✓
Support intelligent decision-making	• Ensure PHM approach is supported with appropriate resources including better analytics, tools and techniques ,which will support all initiatives • Provide the infrastructure to enable data to be used intelligently for strategic decision making • Embed a systematic approach to developing & monitoring system outcomes and proactively finding and enabling new interventions • Augment artificial intelligence and human skills in designing care services	✓	✓	✓	✓
Digitalise our services to support the frontline	• Implement full EPRs in Acute care and implement the GP IT Futures Programme • Enable all staff to work in any location as appropriate • Rationalise and modernise diagnostic services and reporting • Enable the visibility of capacity across all care settings and the ability to schedule the move of patients quickly • Roll-out of electronic prescribing and drug administration • Ensure approach for transformation is user centric	✓	✓	✓	✓
Enable interoperability across the system	• Single health and care record available to all staff • Ensure that data is able to flow across the system for direct care • Agree and embed system wide standards for data capture and exchange • Ensure consistent capture and availability of patient's wishes	✓	✓	✓	✓
Support our population and workforce through digital inclusivity	• Increase the digitally literacy of our workforce and population through training, access and support • Develop a workforce plan for basic digital skills and for digital specialists • Develop a model to enable a roving workforce across digital specialty roles • Develop new pipeline talent to address skills gaps across digital	✓	✓	✓	✓

Digital Priorities

These 5 programmes underpin the Digital Notts Strategy

Digital Notts Priorities

ICS Priorities

Supporting the system

1. Public Facing Digital Services (PFDS)
2. Digital & Social Inclusion
3. Frontline Digitalisation
4. Interoperability (Shared Care Records)
5. Supporting Intelligent Decision Making

Public-facing digital services (PFDS)

What we will do

The Public-Facing Digital Services (PFDS) programme offers digital tools, services and support to connect our citizens to the information and services they need, when they need them. Our aim is to enable people to access care in a convenient and coordinated way, to promote independence through the everyday digitals tools that we are all familiar with.

What we will do

We will empower and enable our population to have greater control over their health and care by providing them with access to digital tools, and their health and care record so that they can **self-serve, self-manage and access key information and services**.

How we'll do it

What Good Looks Like

What Good Looks Like (WGLL)

Patient-Facing Digital Services

75% of people in the region will be registered on the NHS App

40% of NHS App users will access their Personal Health Record (PHR)

100% of GP practices will offer online consultation services for patients via the NHS App

20% of all repeat prescriptions are ordered via NHS App

100% of public-facing health and care applications will be available through the NHS App

40% of all clinical letters will be opened and read digitally

75% of all patient test results will be available in the patient-held, Personal Health Record (PHR)

80% of care providers will have a digital social care record

25% of care providers will use sensor-based falls technology

5000 patients a year will use remote monitoring technology to support their health and care

Digital Social Care Record systems will be interoperable with the Notts Care Record

An Internet of things platform will link to various digital devices that patients and clinical teams can use

How we'll do it

Public-Facing Digital Services

There is a single point of entry for all public-facing digital assets via the NHS App.

Key patient information is available digitally such as clinical letters, test results and appointments.

Self-service transactions are available i.e. appointment booking, re-scheduling, messaging and prescription ordering, to provide convenience and reduce telephone traffic.

Digital assets which enable people to self-monitor are provided to enable greater empowerment of their health and care.

Remote monitoring and consultation technology is used to improve patient access to health and care, and support Enhanced Health in Care Homes national priorities.

Virtual wards, hospital@home and PIFU models of care can be delivered safely and provide easy-to-use, patient facing solutions.

Patient facing digital health assets are utilised to support the delivery of Health inequality CORE20+5 targets.

Digitisation of Social Care Services (Care Homes, Supported Living, Home Care, etc) to support faster clinical decision making, assisted discharge home and improving residents quality of life.

Digital & Social Inclusion

What we will do

In a world where technology has increasingly become the default method for accessing everything from information and public services, to entertainment and communication, the Digital and Social Inclusion workstream is closing the gap by reducing health inequalities and ensuring socio-economic factors do not disadvantage access to digital services in our region.

What we will do

Our population and workforce are given access to **support**, **training** and **equipment** to enable them to use digital assets to benefit their health and wellbeing or deliver effective care services.

How we'll do it

What Good Looks Like

What Good Looks Like (WGLL)

Digital and Social Inclusion

How we'll do it

Digital and Social Inclusion

It is vital to our plans that we ensure people aren't excluded from accessing health and care services through digital tools due to socio-economic factors. We aim to do this by reducing health inequality barriers that people experience through four key concepts.

Digital Skills

Empower our people (both staff and patients) with digital skills training and support by offering a range of different learning methods and ways of accessing.

Accessible Information

Improve the digital/ health literacy of our staff to increase usability of public-facing digital assets. As well as providing accessible information to help everyone to act in their own best interests.

Collaboration

Encourage collaboration with partner organisations and third sector groups within our communities to increase the provision of digital access, skills, and support available locally and ensure initiatives will stand the test of time and to close the digital divide.

Evaluation

Use insight gathered from initiatives to give a strong evidence base for different types of interventions. Prove the impact of initiatives and how they are changing health and care for the better and improve these to create even greater impact.

Frontline Digitalisation

It is important that we provide our staff with efficient and effective digital tools to enable them to deliver good quality patient care. The frontline digitisation programme will enable the **digitisation of records and workflows to improve the way patient care and outcomes are managed** across the ICS. Our vision is to be a flexible and efficient system that uses digital infrastructure to get the right people, to the right place, at the right time, to meet the needs of people across Nottingham and Nottinghamshire.

What we will do

What we will do

Our workforce will have access to **effective** and **efficient** digital assets and **infrastructure** to enable them to provide the best health and care services. We'll do this by making the best use of all digital assets such as electronic patient records, electronic prescribing, medicine administration systems and state-of-the-art automation technologies to reduce burdensome processes.

How we'll do it

What Good Looks Like

What Good Looks Like (WGLL)

Frontline Digitalisation

Creating value through digital transformation and achieve a health and care system that is paper-free at the point of care

How we'll do it

Frontline Digitalisation

We will support Digital Transformation opportunities
that support positive benefits for our workforce which include:

- Continue deployment of Electronic Prescribing
- Laboratory Information Management System (LIMS)
- Develop an ICS wide order comms strategy
- Support modern system design, data and workflow sharing such as the Ecosystems Platform System
- Optimisation and exploitation of Office 365 functionality
- Build strong governance and assurance around financial bids and spend that to support the workforce with access to the right equipment
- Support agile modes of working and reflect this in workforce device refresh plans
- Implementation of Artificial Intelligence (AI) and Robotic Process Automation (RPA) initiatives
- Support a reduction in data repositories to ensure a single version of the truth is available to support better health care planning
- Support the implementation of GP IT Futures
- Ensure networking and infrastructure capabilities are adequate by supporting a joint approach to the redesign of the wide area network to support data centre and cloud strategies
- Implementation of Capacity and Flow systemwide dashboard

Interoperability

The Ecosystem Platform (ESP) approach to digital transformation offers the local Integrated Care System (ICS) an opportunity to improve Shared Care Records across Nottingham and Nottinghamshire. Shared Care Records allow primary and secondary care clinicians to **see the same information about a patient**, meaning that patients only need to share their health and care history once instead of multiple times. This saves time, reduces inefficiencies and ensures that patients receive the right care and support first time.

What we will do

What we will do

Our population will receive **the right care, at the right time** - **always**. By providing health and care providers access to key information about the person they are treating, we will reduce unnecessary diagnostics and treatment, and enable efficient access to health and care services.

How we'll do it

What Good Looks Like

What Good Looks Like (WGLL)

Interoperability (Shared Care Records)

By 2023/24 there will be 36,000 requests for data made by 3000 distinct users.

165,000 hours will be released back into care, saving £6.3m

10%

increase in utilisation and users by 2024-25, 2025-26 and 2026-27.

We'll make relevant information about a patient available in real-time to a clinical or social care professional.

We will inform decisions about care, where care should take place and where the patient wants to be cared.

Minimise the duplication of tests that were undertaken elsewhere

Improve the discharge experience for those patients medically fit for discharge but that need social or community support.

Patients will be assessed in their own home setting as soon as they are medically fit for discharge.

100%

of all ReSPECT forms are available and shared digitally so that people are treated as per their wishes.

Where a patient is away from their expected location i.e. admitted to hospital, this information is available to all the people involved in their care.

How we'll do it

Interoperability (Shared Care Records)

To enable health and care professionals to most effectively treat patients and service users, we'll provide Shared Care Records. Phase one will be delivered by October 2023 and will replicate the functionality contained in the existing Notts Health and Care Portal (NHCP). This allows us to move users to the new Notts Care Record (NCR) in preparation to offer better and sustainable access. In the second phase, we'll onboard a dditional partners in 2023/24. The programme of work is geared towards growing both the functionality and potential partners.

Emergency Services

Working with organisations, including East Midlands Ambulance Service (EMAS) to share information to support the reduction of unnecessary conveyances at A&E

Care Providers

1. Facilitate more efficient transfers of care between hospitals and care providers.
2. Data sharing to ensure appropriate equipment provisions are in place prior to discharge, helping to prevent unnecessary re-admissions
3. Prevent delays in commissioning social care, community services or inappropriate services being commissioned for individual needs

Pharmacies

Prevent over-the-counter medication being given that could have contraindications with prescription medication

Housing Providers (LA)

Prevent inappropriate housing being assigned and ensure housing 'type' meets the needs of our patients.

Supporting Intelligent Decision Making

What we will do

Across Nottingham and Nottinghamshire, we use population health data to **better understand the health and care needs of our local population**, helping to focus and tailor resources where they have the most impact. It means that by identifying local 'at risk' cohorts, we can design and **target interventions** to **prevent ill-health**, and to improve care and support for people with ongoing health conditions.

What we will do

Our population and workforce are given access to **support**, **training** and **equipment** to enable them to use digital assets to benefit their health and wellbeing or deliver effective care services.

How we'll do it

How we'll do it

Supporting Intelligent Decision Making

We will provide the infrastructure to enable analytics and intelligence to be used to support strategic and operational decision making by:

Creating a cross-system intelligence function to deliver an intelligence infrastructure that supports better strategic, clinical, commissioning and contracting decisions.

Ensure that workforce analytics is aligned within the System Analytical Intelligence Unit (SAIU). This includes workforce needs in relation to population planning, as well as current workforce capacity and demand.

Agree a plan for embedding population health management capabilities and ensuring these are supported by the necessary data and digital infrastructure, such as linked data and digital interventions.

Continue to build on, and further develop linking datasets that incorporate wider determinants of health data, providing actionable insights into 'at risk' population groups, to support providers and system partners in designing new proactive and integrated care models.

Use data to design and deliver improvements to population health and wellbeing, making the best use of collective resources.

Insights from data are used to improve outcomes and address health inequalities.

The PHM approach is supported with appropriate resources including better analytics, tools and techniques, which will support all initiatives.

Embed a systematic approach to developing and monitoring system outcomes and proactively finding and enabling new interventions.

Augment artificial intelligence and human skills in designing care services.

High-Level Roadmap

SHORT TERM: 2023-24

- Publish revised DDaT strategy
- Affiliate with the regional Digital Skills Development Network to ensure the provision of additional training and support for workforce
- Revised governance structure and framework
- Target architecture and levelling up plan
- 3 year financial sustainability plan
- Second generation Shared Care Record go live
- Business cases for investment portfolio
- System wide benefits realisation plan
- User centred design framework
- Digitisation of social care (60% of estate)
- Fully digitised 'All about me' form
- PPoD and RESPECT forms fully digitised
- Development and approval of digital workforce plan and modelling linked to system TNA
- Cloud Strategy
- Scale remote monitoring
- Digital inclusion champions in all Place Based Partnerships and 75% coverage of PCNs
- Scale Patient Experience Portal
- Electronic Eye Referral System
- Harness use of N365
- System wide cyber strategy

MEDIUM TERM: 2025

- Development of a system digital workforce programme
- Digital workforce passports
- Digital leadership programme
- All public facing digital assets are integrated within the NHS App
- Implementation of remote monitoring at home by promoting the use of PFDS
- Support virtual wards and community beds by promoting the use of remote monitoring technology
- Fully digitised social care
- Support research and innovation by providing data into Secure Data Environment
- Support artificial intelligence (AI) research and innovation, and the scalable and sustainable integration of AI-driven diagnostics

LONG TERM: 2026 - AND BEYOND

- Digitally enabled and optimised community and voluntary
- Decision support tools
- Internet of Things Platform
- Any-to-any referrals
- Scale use of wearables
- SMART homes
- Optimise the use of RPA and AI across all settings
- Full roll out of Electronic Patient Record
- Full roll out of Shared Care Record

ICS Context

What is DDaT?

Our Approach

How we deliver a successful strategy

Delivery Infrastructure

Good Governance

Workforce

Financial Sustainability

The ICS context

Nottingham and Nottinghamshire Integrated Care System has two statutory elements:

1. Integrated Care Partnership (ICP) - a statutory committee formed between the NHS Integrated Care Board and upper-tier local authorities. The ICP will bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population.

2. Integrated Care Board (ICB) – a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services. The ICB works to deliver the ICS outcomes with partners from across our system.

With a combined annual budget of over £3 billion for the commissioning and provision of health and care services, the partners collaborate at:

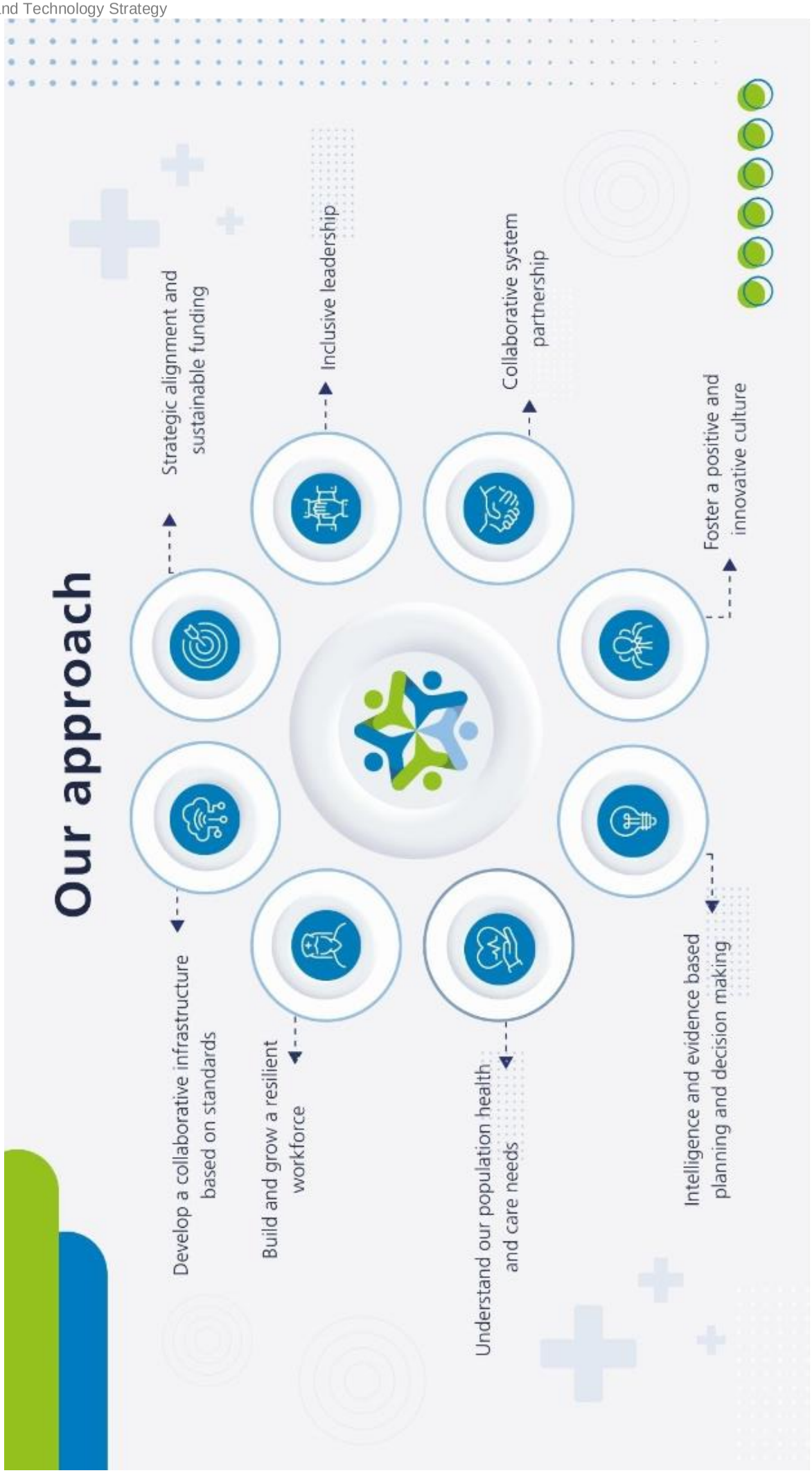
- A neighbourhood level through 23 primary care networks (PCNs) covering populations on the whole of between 30,000 and 50,000
- At a place level through four Place-Based Partnerships (PBPs): Bassetlaw, Mid Nottinghamshire, Nottingham City, and South Nottinghamshire.

Each PBP serves a population of ~120,000-350,000 people and lead the detailed design and delivery of integrated services across their localities and neighbourhoods. These involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners.

What do we mean by 'DDaT'?

We have developed our definition of Digital, Data and Technology (DDaT) from Gartner – the well respected global digital research company (see 'Delivery Infrastructure'). It encompasses the business context, the technology, the data management, the information creation and the analytics to deliver the best customer experience to the people we serve.
In order to deliver against our Digital, Data and Technology priorities we need to ensure that we have the technological infrastructure to enable us to utilise digital and data.

Our infrastructure is made up for four key platforms to harness the use of **data, analytics and intelligence** to empower and enable our people.


Our approach
Develop a collaborative infrastructure based on standards
Strategic alignment and sustainable funding
Build and grow a resilient workforce
Inclusive leadership
Understand our population health and care needs
Collaborative system partnership
Intelligence and evidence based planning and decision making
Foster a positive and innovative culture

Delivery infrastructure

Good Governance

- The system-wide stakeholder board (DAIT) will have three key roles for the health and care system; system partnership and decision making; strategic direction; and oversight and assurance (programme implementation).
- System-level digital transformation projects will be delivered through the Digital Health & Care Collaborative, for example PFDS, Digital inclusion, Capacity & Flow and the health and care community portal known as the Ecosystem Platform (ESP).
- A collaborative approach for system data, analytics and information will be set up; building on the learning from the Nottinghamshire Health & Care Data Cell established as part of the COVID-19 response.
- The DDaT Strategy and its associated work programmes, will be delivered through professionally managed programmes of work to ensure progress towards our goals.
- A robust business case process will underpin any investment.
- Escalation mechanisms will be in place through the system-wide stakeholder board; and ultimately the ICS Board for resolution.
- The Nottingham and Nottinghamshire Digital Charter Agreement is the agreed set of overarching principles, responsibilities and behaviours common to all digital initiatives and projects.

Workforce management

All system partners agree that having the right workforce capacity and skills required to deliver both business as usual services and the digital strategy remains a key risk. Part of our strategy aims to address this by:

Understanding

Understanding our digital workforce baseline

Modelling

Modelling what workforce we need to flourish in delivering our "digital future"

Developing

Developing an action plan that will secure the digital workforce we need to deliver our strategy

Workforce strategy

Our digital workforce strategy and plan will align with the national Digital Workforce Strategy (anticipated summer/ autumn 2023), link into the regional staff development initiatives through the Skills Development Network (SDN), as well as our local system-wide workforce strategy. We will take a single system approach to:

- Recruitment and retention
- Career progression, succession planning and talent management
- Optimal utilisation of scarce specialists in niche roles
- Collaborative opportunities across the ICS
- Leadership, culture, equality and diversity
- Education and training programmes and optimise apprenticeships at all levels
- Staff wellbeing, engagement and rewarding careers
- Job description review and alignment
- Better financial planning to support long term recruitment

How we'll get there

1. Workforce baseline
2. Engagement and future state mapping
3. Modelling and gap analysis
4. Workforce plan development

1. What is our digital workforce baseline?

- How do we define the current 'digital and analytical' workforce across the ICS?
- How many people currently form part of this workforce?
- Where do they work?
- What is the profile (grade, age gender etc.) of our workforce?
- What skills and competencies do they have?
- How many vacancies do we have?
- How many are permanent vs fixed term?
- What is our turnover like?
- How much are we spending on agency staff?
- Where do we recruit staff from and where do they leave to?

2. What digital workforce do we need for the future?

- What do we need to do in terms of recruitment and retention just to stand still?
- How will our digital strategy, road map, and delivery plans impact on the workforce we need for the future, in terms of both:
- The skills and competencies we will need going forward?
- The number of people we will need in each role?
- What is the gap compared to projected supply?

3. What actions will we will take to secure our future digital workforce?

- What plans and initiatives should we put in place to secure our future workforce needs?
- How do we make the ICS a more attractive place for people with digital and analytical skills to work?
- How do we 'grow our own' through apprenticeships, education and training etc?
- How do we ensure staff feel valued and have fulfilling careers?
- How should our workforce be organised across the ICS and its partner organisations?
- What skills should we buy-in or collaborate on?

Our financial plan

This financial plan shows the estimated cost associated with implementing the Integrated Care System (ICS) digital strategy successfully. It does not include the day-to-day (business as usual) costs except where these are a direct result of implementing the digital strategy. At the time of writing, where funding has been confirmed or indicated for the future then this funding has been included.*

We have a good track record on securing external funding and the ambition, as ever is, to generate income wherever possible. This will close the funding gap in future years as we secure additional funding. Because our strategy is aligned to the ICS Operating framework - What Good Looks Like (WGLL) for digital as well as national priorities we expect future funding opportunities to be well aligned to the strategic ambitions we have set out. Where nationally funded transformation programmes (e.g. Virtual Wards) require digital enablers these costs should be built into the financial planning assumptions by programme leads as there is no guarantee that these will receive any separate funding.

To support local investment to transition digital solutions into core business we would expect to see a return on investment of at least 2:1. The long term ambition is for the ICS digital transformation team to also be recurrently funded through benefits released. This will help in embedding a long term programme of digital transformation. External NHS digital transformation funding typically relates to transformation that will span over two to three years but is issued non-recurrently in one financial year. For the delivery of the digital strategy to be well planned and sustainable we will work with Finance colleagues across the system to align funding to the financial year that it is planned to be spent.

Our approach to sustainable digital transformation

Evidenced based approach to transition from short term, non-recurrently funded transformation into business as usual:

- Self-funding through additional funding (via NHSE/I digital routes and/ or ICS transformation funding)
- Funding typically received up front but needs to be spread across the life of the programme or project
- Funded from benefits realised locally

Across our digital transformation programme projects will follow a standard lifecycle approach. Once we have established that there is a case for change that delivers benefits to our population, staff and system partners we will put the case for change forward to embed the digital offer into core business, make the transition and close off the project. In most cases, digital transformation is an enabler to wider improvement change. To succeed, we therefore need to work alongside operational transformation and change leads. Our strategy is also aligned to supporting the ICS priorities laid out in the Integrated Care Strategy.

The world of digital is moving at a a rapid pace around us. To maintain a controlled and co-ordinated approach to embracing and embedding the use of digital solutions to our advantage we need a sustainable, long term approach. As benefits are delivered over the next few years there is a need to re-invest some of these into a sustainable system wide digital transformation team.

Revenue

Strategic Priority	2023/24 £000			2024/25 £000			2025/26 £000		
	Cost	Funding	Funding required	Cost	Funding	Funding required	Cost	Funding	Funding required
1 Public-Facing Digital Services (PFDS)	1,593	-1,393	200	2218	-	2218	2,552	-	2,552
2 Digital & Social Inclusion	297	-140	157	569	-	569	1,088	-	1,088
3 Interoperability*	989	-989	-	1,596	-1,596	-	1,512	-1,512	-
4 Frontline Digitisation	1,207	-1,007	200	762	-315	447	400	-	400
5 Supporting Intelligent decision making	250	-250	-	700	-500	200	550	-250	300
6 Digital Workforce Review and Strategy Development	50	-50	-	50	-	50	-	-	-
7 Transforming Primary Care Digital	2,047	-2,047	-	1,660	-1,660	-	1,660	-1,160	-
TOTAL	**6,433**	**-5,876**	**557**	**7,555**	**-4,071**	**3,484**	**7,762**	**-3.422**	**4,340**

'*The Business Case for the Notts Care Record was approved in 2021/22 and includes future annual running costs of £1.5m. This local funding has been included in the plan from 2024/25 (part year) onwards and will need to be built into future system wide financial planning assumptions. Evidence shows that the benefits will outweigh this cost in particular through significant clinical time released to care.

Sustainable delivery

Done the right way; investment in modern and secure technology, improves care, increases productivity, reduces the burden on our workforce, releases more time to care, helps manage demand by enabling care to take place in the right setting, and ultimately, improves patient experience.

- DAIT is a key enabler of the five-year strategic plan and the system operational plan. Resources will be reviewed (capital & revenue) to ensure appropriate levels of investment in technology to maximise the use of modern digitised technology in health and care services by 2024.
- We will robustly evaluate what we have done and what we said we would do, and publish it.
- The system will continue to work together to bid for NHS Targeted Transformational Funding to accelera delivery.
- Recognising the financial challenges in both h and care services, a robust approach to benefits realisation is essential. The target return on investment will be at least 3x returns with a proportion re-invested for additional benefits.

a person living in Nottingham and Nottinghamshire

a person receving care and support in Nottingham and Nottinghamshire

a person working in our health and care system

As a person receiving care and support in Nottingham and Nottinghamshire this means:

- You will be able to communicate with health and care professionals through a single secure application, the NHS App. You will be provided with a range of information and online services to support the delivery of your health and care services.
- We will improve how we proactively identify the health and care needs of our population in order to identify and put in place support and treatment that our population need in order to stay well.
- Your data is captured by electronic health and care systems which will be interoperable to make clinical information visible to professionals and service users where required. Information will be held and moved safely with regular testing to ensure that the systems are secure.

As a person living in Nottingham and Nottinghamshire this means:

- We will support our population by providing them with the skills, training and tools to access digital health and care services in order to empower and enable them to manage their health and care and reduce health inequalities and social isolation.
- We will not worsen digital inequalities; we will work to reduce them
- We will provide our population with public facing digital health and care service to enable them to access health and care services digitally from a single trusted place and provide them with the information they need about their health and care and community services.
- We will reduce the number of times people have to repeat themselves to health and care services - by making the right information available at the right time.

As a person working in the health and care system this means:

- We will provide support and training to our health and care professionals to develop the skills that they need to use digital technology in order to enable them to undertake their job to the best of their ability.
- All health and care professionals will have the right tools to do their job and will be supported by digital infrastructure to deliver services in any of our buildings, community and people's homes.
- We will provide the people involved in providing health and care with the information they need in one place to enable them to provide the most appropriate health and care to our population.

Meeting Title:	Integrated Care Board
Meeting Date:	09/11/2023
Paper Title:	**Water Fluoridation**
Paper Reference:	ICB 23 061
Report Author:	Vivienne Robbins (Deputy Director of Public Health, Nottinghamshire County Council) David Johns (Deputy Director of Public Health, Nottingham City Council) Paul Miles (Senior Public Health and Commissioning Manager, Nottinghamshire County Council)
Report Sponsor:	Cllr John Doddy (Chair of Nottinghamshire Health and Wellbeing Board) Cllr Linda Woodings (Chair of Nottingham Health and Wellbeing Board) Amanda Sullivan (ICB Chief Executive)
Presenter:	Jonathan Gribbin (Director of Public Health, Nottinghamshire County Council)
Recommendation(s):	The Board is asked to **endorse** the sending of a letter from the Chairs of the two Health and Wellbeing Boards, the Chair of the Integrated Care Partnership and Integrated Care Board, and the Chief Executive of the Integrated Care Board, to the Secretary of State for Health and Social Care that requests him to expedite the extension of water fluoridation for every community in Nottingham and Nottinghamshire.

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

Summary:

A healthy mouth and smile have such an important role to play in our lives. They ensure people can eat, speak and socialise. Poor oral health can result in significant pain and eventual tooth loss, with an adverse impact on school or work, family and social life.

Water fluoridation is a population-level public health intervention which has been shown to reduce the likelihood and scale of tooth decay in children and adults. Reviews of studies[1] conducted around the world confirm that water fluoridation is an effective and safe public health measure, providing the greatest value for money of all oral health interventions for 0–5-year-olds.[2]

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

Locally water fluoridation schemes currently operate in North Nottinghamshire, serving around 247,000 (22%) residents within the ICS. Areas covered include parts of Ashfield, Mansfield and Bassetlaw, plus a small area in Newark and Sherwood. There are no water fluoridation schemes operating in Nottingham City.

Summary:
The Health and Care Act 2022[3] put new provisions in place, which empower the Secretary of State for Health and Social Care, to establish new, vary or terminate existing water fluoridation schemes in England. Over the summer, Full Council support has been confirmed by resolution by a motion in Nottinghamshire County Council (July 2023) and a paper in Nottingham City Council (September 2023) to explore expanding the current fluoridation schemes to the rest of the population which would deliver oral health benefits today and for future generations. The purpose of this report is to seek approval from the Integrated Care Board to formally endorse a letter to the Secretary of State for Health and Social Care which requests him to expedite the extension of water fluoridation for every community in Nottingham and Nottinghamshire.

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	Water fluoridation is a safe and effective population-level health intervention that has been shown to improve oral and wider health outcomes for the local population.
Tackle inequalities in outcomes, experience and access	Dental decay is a preventable disease that is strongly associated with deprivation. Although fluoridation is a universal intervention evidence shows it has the greatest impact in areas of deprivation.
Enhance productivity and value for money	Public Health England (PHE, 2016) confirmed that water fluoridation is the most cost-effective oral health intervention indicating that in a cohort of five-year-old children, for every £1 spent a £12.71 return on investment will be generated after five years and £21.98 after ten years. This includes 204 fewer hospital admissions for tooth extractions and reducing demands on oral health services caused by tooth decay across the ICS.
Help the NHS support broader social and economic development	General wellbeing for individuals would also be enhanced, as oral health affects people's ability to speak, eat, smile and socialise. Wider benefits for the ICS would be seen, including improved productivity in the workplace, healthier ageing and reduced time away from school or work due to poor oral health or attending appointments.

Appendices:
Appendix 1: Map of fluoridated areas Appendix 2: Benefits of water fluoridation Appendix 3: Flow chart of fluoridation process (Phase 2) Appendix 4: Concerns or risks associated with water fluoridation

Board Assurance Framework:
Not applicable for this paper.

Report Previously Received By:
This paper was previously endorsed by the Nottingham and Nottinghamshire Integrated Care Partnership on the 6 October 2023. Upper tier local councils have also approved a resolution to support the expansion of fluoridation schemes locally. This was expressed as

Report Previously Received By:
a motion in Nottinghamshire County Full Council on the 13 July 2023 and approval to the portfolio holder's paper by Nottingham City Full Council on 11 September 2023.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Water Fluoridation

Background

1. Improving the oral health of our local population involves a package of interventions. Water fluoridation complements work already underway in Nottinghamshire County Council and Nottingham City Council to promote good oral health including oral health promotion and training, targeted supervised toothbrushing in early years and schools. Joint working arrangements are well established through the Nottingham and Nottinghamshire Oral Health Steering Group.

2. All water contains the mineral fluoride naturally in varying amounts; it is also present in some food. Nottingham and Nottinghamshire have a low natural level of fluoride in its water. Water fluoridation involves adjusting the fluoride level in drinking water supplies to an amount that is optimal for dental health (1mg/l).

3. About six million people, or 10% of the UK population, live in areas with fluoridated water supplies.[4] In Nottinghamshire, about 247,000 people (22% of residents within the ICS area), predominantly in Ashfield, Bassetlaw and Mansfield, benefit from artificially fluoridated water supplies under arrangements dating back to the 1970s. Appendix 1 gives more information about the current local water fluoridation schemes.

4. Adjustment of fluoride levels in drinking water supplies in England is permitted in legislation. The Health and Care Act 2022 put new provisions in place, which empowers the Secretary of State for Health and Social Care (SoS), instead of upper tier local authorities, to establish new, vary or terminate existing water fluoridation schemes in England.[5] Before any fluoridation scheme could be varied feasibility studies, consultations and the capital and revenue costs would need to be assessed by the SoS. Councils may still lobby central government to consider new or varied schemes in their areas.

Benefits of fluoridation

5. Fluoridation works in two ways. For children younger than eight years, fluoride helps strengthen the adult (permanent) teeth that are developing under the gums. For adults, exposure to fluoridated water supports tooth enamel, keeping teeth strong and healthy.

6. Estimates of the potential benefits of extending fluoridation to other areas of the Nottingham and Nottinghamshire ICS from 22/23 baseline include:

    a) A 35% reduction in decayed, missing and filled teeth (dmft) in five-year-old children from an average of 1.3 to 0.85 teeth in Nottingham City and from 0.62 to 0.4 dmft in Nottinghamshire County.[6]

b) A 15% increase in five-year-old children with no tooth decay at all (approximately 1,215 per year).[7]

c) Around a 56% reduction in hospital admissions for tooth extractions in children from the most deprived 20% of areas of Nottingham City (approximately 89 fewer extractions a year). Plus, an approximate 30% reduction in hospital admissions for tooth extractions in Nottinghamshire children living in areas not already fluoridated (approximately 115 fewer extractions a year in children aged 0-19 years old).[8]

d) There would also be reductions in tooth decay in adults[9], with cost savings to individuals from avoided dental treatment and to the wider NHS.

e) Oral health would improve for up to 130,000 more people aged over 65 who are particularly at risk of some oral health conditions that can be prevented / reduced in severity through fluoridation.[10]

f) Wider benefits for adults would be seen, including improved productivity in the workplace and healthier ageing. General wellbeing for individuals would be enhanced, as oral health affects people's ability to speak, eat, smile and socialise.

g) There would be an estimated return of £12.71 after five years and £21.98 after ten years for every £1 invested in fluoridation.[2]

A summary evaluating the effects of fluoridation is provided in Appendix 2.

7. Although children from both affluent and deprived areas benefit from fluoridation, the most significant impacts of water fluoridation on improving oral health are seen in areas of deprivation, because of the well-established correlation between deprivation and sub-optimal dental outcomes. Currently in the ICS area there are just over 13,500 (29%) children under five years of age benefiting from fluoridation and just over 47,300 (71%) living in non-fluoridated areas. Currently, the areas in Nottinghamshire that are fluoridated are those of greatest deprivation. However, there are pockets of deprivation within the remaining districts and all residents are likely to have some benefit from water fluoridation. All children in Nottingham City do not currently benefit from water fluoridation.

Level of need

8. **Nationally:** In the UK, tooth decay is the most common reason for hospital admission in children aged between six and ten years. The consequences of tooth decay are lifelong and poor oral health can lead to:

a) Significant but avoidable suffering and pain.

b) Days off school – with potential impacts on learning and school performance.

c) Time off work – with economic and productivity consequences.

d) Low self-esteem and confidence.

e) Hospital admissions and treatment under general anaesthetic for children.

f) Costly dental treatment.

9. The UK Chief Medical Officers' statement on water fluoridation in 2021 concluded that:

'On balance, there is strong scientific evidence that water fluoridation is an effective public health intervention for reducing the prevalence of tooth decay and improving dental health equality across the UK. It should be seen as a complementary strategy, not a substitute for other effective methods of increasing fluoride use.'

10. Enhancing fluoridation schemes locally will contribute towards improving the overall oral health of our population, reduces oral health inequalities and future demand on dentistry. It also supports the delivery of the NHS England's Core20PLUS5[11] clinical priority to reduce tooth extractions due to decay for children (aged ten years and under) admitted as inpatients in hospital.

11. **Locally:** Many children in Nottingham and Nottinghamshire experience worse dental health than many other parts of England:

a) In 2022, the average number of teeth affected by dental decay amongst five-year-olds in Nottingham was 1.3 teeth. This is significantly higher than the England average 0.8 teeth. Similarly, over a third of five-year-olds had visually obvious signs of dental decay (34.2%); significantly worse compared to the England average (23.7%).[12]

b) Overall levels of tooth decay in children in Nottinghamshire are better than the England average. In 2022, the average number of teeth affected by dental decay amongst 5-year-olds in Nottinghamshire was 0.62 teeth, slightly lower than the England average. The most recent data also indicates that 18.1% of local five-year olds had experience of decay in 2021/22.[12]

12. National evidence confirms the association between sub optimal oral health and deprivation. Within the County, in 2021/22, the highest prevalence of tooth decay experienced in five-year-olds was identified in Newark and Sherwood (23.5%), an area where the majority of water is not fluoridated. Conversely in Mansfield 16.9% and Ashfield 16.1% of five-year-olds experienced tooth decay; both are fluoridated and without the water fluoridation, the oral health of these children would likely be worse. Comparing the oral health of these children with those in non-fluoridated areas with similar socio-economic characteristics

demonstrates that the oral health of children from similar areas without water fluoridation is worse than the national average. For example, in Boston in Lincolnshire (non-fluoridated area which is a Mansfield CIPFA statistical neighbour), 32.0% of five-year old children had visible decay experience compared to Mansfield where it is 16% of five-year old children.[12]

Working together to secure understanding and support

13. In July 2023, Nottinghamshire County Council Full Council approved a resolution to work with other local councils, the Integrated Care Partnership and water companies to champion the oral health agenda including the expansion of water fluoridation to all parts of Nottinghamshire. In September 2023, Nottingham City Council Full Council re-affirmed its commitment to improving dental health including advocating for a local water fluoridation scheme for Nottingham.

14. On 6 October 2023, the Integrated Care Partnership endorsed a letter to be sent from the Chairs of the two Health and Wellbeing Boards, the Chair of the Integrated Care Partnership and Integrated Care Board, and the Chief Executive of the Integrated Care Board, to the Secretary of State for Health and Social Care to request him to expedite the extension of water fluoridation for every community in Nottingham and Nottinghamshire. This paper seeks to gain the ICB Board's endorsement to this action.

15. Both local authorities are working jointly to engage with key stakeholders (including regional OHID and NHS England colleagues) and developing a formal request letter to ask the SoS to expedite a more detailed exploration of water fluoridation schemes that benefits all Nottingham and Nottinghamshire residents.

16. The process for extending water fluoridation can be split into two distinct phases:

    a) **Phase One** (September 2023 to March 2024): Stakeholder engagement and developing a request letter to the SoS. This will be led by local authorities and a fluoridation working group with the aim that the SoS agrees to explore expanding the existing fluoridation schemes. Executive sponsorship/leadership for Phase One is provided by Cllr John Doddy (Nottinghamshire) and Cllr Linda Woodings (Nottingham City).

    b) **Phase Two** (if phase one is successful, 2024 onwards may take three to ten years to fully implement): Exploring and expanding water fluoridation schemes locally - led by the Department for Health and Social Care (DHSC). This will involve feasibility studies, public consultation and if successful building infrastructure. The local system will be asked to support rather than lead this phase. The steps within Phase Two are detailed in Appendix 3.

Risks and considerations

17. Although there have been no recent complaints in relation to water fluoridation in Nottinghamshire, nationally concerns are sometimes voiced about water fluoridation. Routine monitoring of health in fluoridated areas for over 50 years and scientific reviews has not revealed any health problems associated with optimal levels of water fluoridation.[13] There is a low risk of dental fluorosis, about which further information is given in Appendix 4.

Conclusion

18. Water fluoridation is a population-level public health intervention which has been shown to reduce the likelihood and scale of tooth decay in children and adults. Reviews of studies conducted around the world confirm that water fluoridation is an effective and safe public health measure, providing the greatest value for money of all oral health interventions in particular for 0–5-year-olds and those living in the most deprived areas of the ICS. Local political support has confirmed a timely opportunity to progress the Nottingham and Nottinghamshire's aspiration to expand the current fluoridation scheme to all our people to improve oral health benefits today and into the next generation.

References

[1] Public Health England (PHE), 2020, Improving oral health: a community water fluoridation toolkit for local authorities.

[2] York Health Economics Consortium for PHE, 2016, A rapid review of the evidence on the cost effectiveness of interventions to improve the oral health of children aged 0-5 years.

[3] Health and Care Act 2022.

[4] PHE, 2018, Water Fluoridation: Health monitoring report for England.

[5] Health and Care Act 2022: Regulation 3 brought into force on 1st November 2022 sections 175 (fluoridation of water supplies) and 176 (fluoridation of water supplies: transitional provision) of the Act in so far as they relate to water supplied to areas in England.

[6] Modelling based on:

a) Office for Health Improvement and Disparities (OHID), 2023, National Dental Epidemiology Survey of five-year olds, 2021/22.

b) Cochrane Review, 2015, Water Fluoridation to prevent tooth decay.

[7] Ibid.

[8] Modelling based on:

a) OHID, 2022, Water Fluoridation: Health Monitoring Report for England 2022.

b) Hospital tooth extractions in 0 to 19 year olds: 2022 - GOV.UK (www.gov.uk).

c) Community Dental Services-CiC tooth extraction data 2021/22.

d) Nyakutsikwa, Blessing (2021): Water fluoride concentrations (mgF/L) per Lower Super Output Area (LSOA) in England (2009 - 2020). University of Manchester.

[9] There is an estimated 27%-35% reduction in tooth decay among those who have spent their whole life in fluoridated areas (Griffin et al. 2007). It is not possible to quantify the local scale of this estimated reduction, as recent robust local prevalence estimates for tooth decay among adults are not available.

[10] Modelling based on:

a) Nyakutsikwa, Blessing (2021): Water fluoride concentrations (mgF/L) per Lower Super Output Area (LSOA) in England (2009 - 2020). University of Manchester.

b) Nottinghamshire County Council, 2019, Adult Social Care and Public Health Strategy.

c) Office for National Statistics, 2021, Census 2021.

[11] NHS England, 2021, Core20PLUS5 an Approach to Reducing Health Inequalities.

[12] OHID, 2023, National Dental Epidemiology Survey of five-year olds, 2021/22.

[13] Bardsley et al., 2014, Health Effects of Water Fluoridation: A review of the scientific evidence.

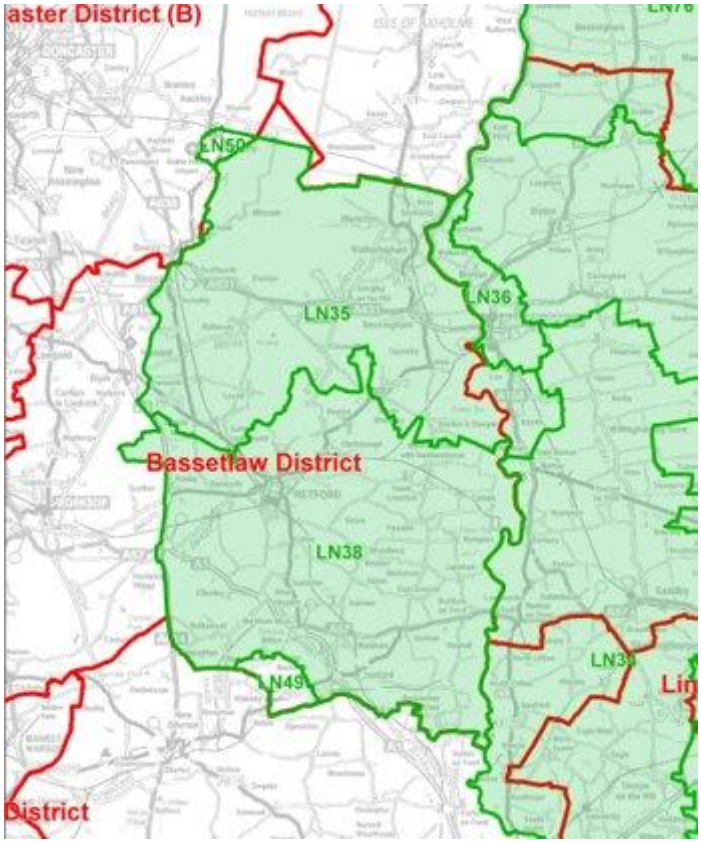
[14] Committee on Toxicity (COT), 2003, COT Statement on Fluorine in the 1997 Total Diet Stud.

[15] Ibid.

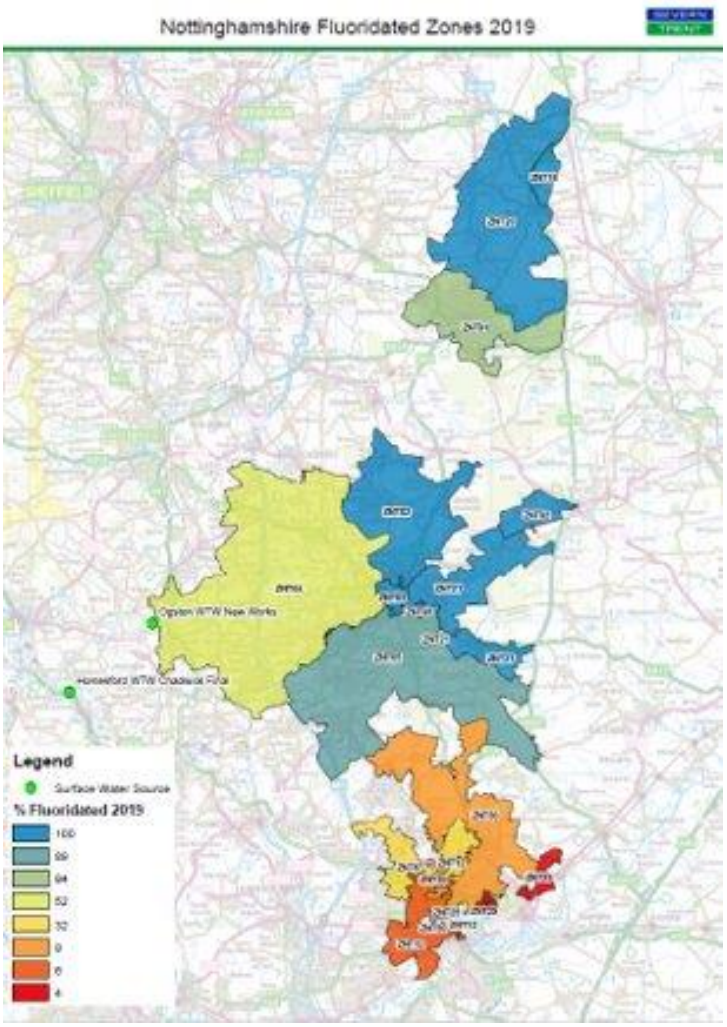
Appendix 1: Nottinghamshire's current fluoridation arrangements

1. In Nottinghamshire, water fluoridation arrangements date back to the 1970s and serve around 247,000 people in parts of Ashfield, Bassetlaw and Mansfield, plus a small area in Newark and Sherwood, including the towns of Harworth, Kirkby, Mansfield, Rainworth, Sutton, Worksop and Retford. There are no water fluoridation schemes operating in Nottingham City. Due to water distribution arrangements, some of these areas receive blended water from both fluoridated and non-fluoridated supplies.
2. Fluoridation in the County is operated by two water companies. Four water treatment works run by Severn Trent Water (STW) fluoridate eight different Water Quality Zones (WQZ) across mid and north Nottinghamshire, and some small areas of Derbyshire. Three water treatment works in two WQZs in eastern parts of Bassetlaw (where supplies also cover a small area within Newark and Sherwood) are operated by Anglian Water. The maps below show the fluoridation coverage.
3. Water fluoridation schemes are overseen by OHID, which has an ongoing programme of capital investment to ensure that any operational issues are addressed. These might include maintenance, repair and replacement of equipment to ensure that current schemes receive the intended level of fluoridation.

Map 1 – Anglian Water fluoridated zones in Nottinghamshire



Map 2 – Severn Trent Water fluoridated zones in Nottinghamshire



Note: Low levels of fluoride are noted in other parts of the County, in the water zones ZNT07, ZNT12, ZNT29 and ZNT30 (areas in Nottingham City, parts of Gedling and Ashfield). These areas do not receive any artificially fluoridated water. There are some very low natural levels from the supplying borehole.

Appendix 2: Potential benefits of expanding fluoridation in Nottingham City and Nottinghamshire

Estimates of quantifiable benefits:

Impact	Scale	Local Analysis
Children have fewer decayed, missing or filled teeth	35% fewer decayed, missing and filled baby teeth and 26% fewer decayed, missing and filled permanent teeth.	At the last survey, five-year-olds in Nottingham City had an average of 1.3 and Nottinghamshire had an average of 0.62 decayed (d), missing due to dental decay (m) and filled (f) teeth (t) (dmft). If all areas were fluoridated, this could result in 35% fewer dmft in 5-year-olds, equating to an average of 0.85 (Nottingham City) and 0.4 (Nottinghamshire) dmft.[6]
Children experience less tooth decay	15% increase in children with no decay in their baby teeth at five years of age.	In Nottingham City, a 15% increase represents 410 extra children per year who could have no decay in their baby teeth at age five. In non-fluoridated areas of Nottinghamshire, a 15% increase represents 805 extra children per year, a combined total of 1215 children across the ICS.[7]
Reduction in hospital admissions for caries-related dental extractions in children in the most deprived 20% areas	Incidence of admissions is 56% lower in the most deprived fluoridated areas and 37% lower in children from indices of multiple deprivation (IMD) quintile 3 (average deprivation quintile).	Around a 56% reduction in hospital admissions for tooth extractions in children from the most deprived 20% of areas of Nottingham City would result in approximately 89 fewer extractions a year in children aged 0-19 years old. In 2021/22 a total of 375 Nottinghamshire residents aged under 19 years old had teeth extracted under general anaesthetic. Of these 237 (63.2%) lived in non-fluoridated areas (less than 0.7 mg/l)40. Following methodology used in [Water Fluoridation, Health monitoring report for England 2022], and applying preventive fractions by national IMD quintile, an estimated 115 or 30.8% of these procedures could have been avoided if water fluoridation had been in place in all areas.[8] This equates to 204 avoided

Impact	Scale	Local Analysis
		hospital admissions across the ICS in total.
Reduced tooth decay in adults	27-35% reduction among those who have spent their whole life in fluoridated areas.	There is no local data available on prevalence of decay amongst Nottinghamshire adults and/or those born in fluoridated parts of North Nottinghamshire.
Reduced root surface decay in older people	This condition can arise following gum recession in older people. Increased cohort of older people potentially vulnerable to this condition, owing to anticipated demographic changes, alongside more people keeping their natural teeth for longer. This growing group of adults aged over 65 could potentially benefit from fluoridation to help reduce their risk of root surface decay – both in terms of prevalence and severity.	There are currently around 40,000 people aged over 65 living in Nottingham City and around 90,000 non-fluoridated areas of Nottinghamshire (of whom 15,535 are over 85). Projected increases in older demographic groups would increase this by 36,308 people (based on a 30% increase in 65 to 84-year-olds and a 90% increase in 85+ year olds), to a total of 126,262 over 65-year-olds by 2030.[10]

Additional benefits of having improved oral health:

- Reduction in days lost from school
- Improvement in school performance
- Reduction in days lost from work
- Reduction in avoidable costs for dental treatment in adults – both in terms of dental charges falling on individuals and in terms of costs to the wider health system.

Appendix 3: Process for expanding a water fluoridation scheme following formal request (Phase 2)

Appendix 4: Concerns or risks associated with water fluoridation

Fluorosis	Dental fluorosis (mottling of teeth) is one of a number of different conditions that can affect the appearance of teeth. There is a well-established adverse association between levels of fluoride in water and the prevalence of dental fluorosis. Dental fluorosis is cosmetic and does not indicate or result in any harm to general health. It is usually seen as paper-white flecks or fine white lines, but it can vary in appearance from barely visible white lines to patches which may be of aesthetic concern. The risk period for the development of dental fluorosis in permanent (adult) teeth is when the teeth are growing in the jaws; dental fluorosis cannot develop after teeth are formed. A small minority of children in both non-fluoridated and fluoridated areas of the UK have noticeable dental fluorosis, though severe dental fluorosis is rare. In a PHE study, dental fluorosis was observed in 10.3% of children examined in two fluoridated cities compared to 2.2% in two non-fluoridated cities. However, there was no significant difference between children surveyed in fluoridated and non-fluoridated areas when asked their opinion about the appearance of their teeth, taking into account concerns that have resulted from any cause (e.g. poor alignment, decay, trauma etc.).[4] Skeletal fluorosis is a health condition characterised by skeletal abnormalities and joint pain, common in regions of the world which have extremely high naturally occurring fluoride levels in the water and hot, dry climates.[14] For example, fluoride occurs naturally at up to 18 parts per million (ppm) in 15 states of India, where skeletal fluorosis can be found. For comparison, both the World Health Organisation (WHO) guideline limit for fluoridation and the maximum permitted value in English fluoridation schemes is 1.5 ppm. In temperate climates, no cases of clinical skeletal fluorosis have been seen with natural fluoride levels up to 4 ppm in drinking water. There is no evidence of clinical skeletal fluorosis arising from exposures in the UK or from levels of fluoride found in water fluoridation schemes worldwide.[15]
Alleged harmful effects of fluoridation on other aspects of health	Studies have investigated hip fracture, Down's syndrome, kidney stones, bladder cancer, osteosarcoma (a cancer of the bone) and found either no evidence of any difference in rates between fluoridated and non-fluoridated areas. For a few conditions, some evidence suggested that rates were lower in fluoridated than in non-fluoridated areas (kidney stones, bladder cancer).[4]
Safety of fluoridation operations	The independent Drinking Water Inspectorate regulates and monitors the quality of public water supplies in England. Water quality is monitored by water companies in line with regulations and standards, which include maximum concentrations for chemicals that may be found in water. Water companies comply with a

	Technical Code of Practice for water fluoridation. Only specified chemicals are allowed to be used which comply with British Standards. Water companies must establish any variation in natural fluoride concentration in the raw water and take this into account when designing control mechanisms. Continuous fluoride monitoring, linked to alarm monitoring and automatic shut-down, is a requirement for all dosing installations, to eliminate the possibility that concentrations could be above the permitted level.
Toxicity of fluoride	At high concentrations, fluoride can be toxic. This is why the health warning on fluoride toothpastes says not to swallow, but these toothpastes contain fluoride at over 1000 ppm, a thousand times the level in fluoridated water. The WHO guideline limit of 1.5 ppm is intended to protect against potential harmful effects over a lifetime of exposure to fluoride from all sources. Water fluoridation schemes in the UK seek to achieve a level of 1.0 ppm, with the maximum permitted level stipulated by the Drinking Water Inspectorate at 1.5 ppm.
Ethics	The topic of fluoridation can prompt debates about ethics. Dental and health professionals argue that combating tooth decay using a safe and effective public health measure is a necessary and highly ethical course of action to take. However, ethical concerns can focus on issues around the population being unable to choose whether or not to drink fluoridated water. Nevertheless, fluoride already occurs naturally in water supplies. Water fluoridation schemes adjust fluoride levels to replicate a naturally occurring benefit that would occur where fluoride is already present at the optimal level of 1.0 ppm.

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/11/2023
Paper Title:	**Board Assurance Framework – Biannual Update**
Paper Reference:	ICB 23 062
Report Author:	Siân Gascoigne, Head of Corporate Assurance
Report Sponsor:	Rosa Waddingham, Director of Nursing
Presenter:	Lucy Branson, Associate Director of Governance

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

Summary:
The purpose of this paper is to present the latest position of NHS Nottingham and Nottinghamshire ICB's Board Assurance Framework for scrutiny and comment. The paper highlights several key messages for the Board from reference to the Assurance Framework in terms of controls, assurances and identified gaps. It also sets out progress with actions to move the strategic risks towards their target scores by March 2024.

Recommendation(s):
The Board is asked to **receive** this item for assurance, having reviewed the latest position of the Board Assurance Framework.

How does this paper support	**the ICB's core aims to:**
Improve outcomes in population health and healthcare	The Board Assurance Framework is a structured way of identifying and mapping the main sources of assurance in support of the achievement of the ICB's four 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:
A: Board Assurance Framework roles and responsibilities and full business cycle B: 2023/24 Board Assurance Framework

Board Assurance Framework:
This paper presents the fully populated Board Assurance Framework, which outlines the controls and assurances across all the ICB's strategic risks.

Report Previously Received By:
Board Assurance Framework updates have been presented to the May 2023 meeting of the Board and the October 2023 meeting of the Audit and Risk Committee.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Board Assurance Framework – Biannual Update

Introduction

1. The ICB's strategic risk management processes are centred on the Board Assurance Framework, which is a structured way of identifying and mapping the main sources of assurance in support of the achievement of the ICB's core aims/objectives. The Assurance Framework provides the Board with confidence that what needs to be happening is happening in practice. More specifically, it enables the Board to:

    a) Gain a clear and complete understanding of the control environments that have been established to manage its strategic risks.

    b) Consider the types of assurance currently obtained and whether they are effective and efficient.

    c) Identify areas where controls have yet to be fully established or where existing controls are failing (i.e. control gaps), and consequently, the risks that are more likely to occur.

    d) Identify areas where assurance activities are not present or are insufficient (i.e. assurance gaps), or where assurances may be duplicated or disproportionate.

2. The Board Assurance Framework also plays a key role in informing the production of the Chief Executive's annual Governance Statement (included within the ICB's Annual Report) and is the main tool that the Board should use in discharging its overall responsibility for ensuring that an effective system of internal control is in place. Roles and responsibilities and the full business cycle for the Board Assurance Framework is set out for information at **Appendix A**.

3. The purpose of this paper is to present the latest position of NHS Nottingham and Nottinghamshire ICB's Board Assurance Framework for scrutiny and comment. This builds upon previous updates provided to the ICB Board during September and November 2022 and May 2023.

NHS Nottingham and Nottinghamshire ICB's Board Assurance Framework

4. The Board Assurance Framework is structured around 13 strategic risks to achieving the ICB's four core aims. A review of these risks has been undertaken during the year with the Executive Management Team to confirm their continued appropriateness. This has resulted in changes to the strategic risks, as described in paragraphs 9 a) and b).

5. The fully populated Board Assurance Framework is provided at **Appendix B**. This is introduced by an explanation of how to navigate the document and

includes a summary of how each risk aligns to the ICB's four core aims (at Annex 1).

6. As a reminder, the unitary Boards of each statutory NHS partner organisation within the ICS continue to maintain their own individual Board Assurance Frameworks, as relevant to the roles and responsibilities of their organisations and their Boards' requirements. However, work has been undertaken to ensure there is some alignment of key strategic risks across the ICB and its Trust Partners, as appropriate to joint priorities. The ICB's Board Assurance Framework also captures 'system focused' strategic risks, in line with its system oversight and coordination role. It is important to recognise that local authority and other non-NHS partners do not operate Assurance Frameworks in the same way as NHS partners.

Summary of key messages

7. The following diagram presents a summary 'heat map' of the Board Assurance Framework, reflecting discussions with the Executive Team during October.

	Executive Lead	1-5	4-10	8	9	10	12	15	15	16	20	25	Lead Committee
1. Transformation (Making Tomorrow Better for Everyone)	*Medical Director / Director of Integration*												*Strategic Planning and Integration*
2. System Resilience (for Managing Today)	*Director of Integration*												*Strategic Planning and Integration*
4. Citizen Voice	*Chief Executive*												*Strategic Planning and Integration*
5. Research and Evidence	*Medical Director*												*Strategic Planning and Integration*
6. Quality Improvement	*Director of Nursing*												*Quality and People*
7. People and Culture	*Director of Nursing*												*Quality and People*
8. Equality, Diversity and Inclusion	*Director of Nursing*												*Quality and People*
9. Safeguarding	*Director of Nursing*												*Quality and People*
10. Financial Sustainability	*Director of Finance*												*Finance and Performance*
11. Allocation of Resources	*Director of Finance*												*Finance and Performance*
12. Digital Transformation	*Medical Director*												*Finance and Performance*
13. Environmental Sustainability	*Director of Finance*												*Finance and Performance*
14. EPRR	*Director of Integration*												*Audit and Risk*

Note: Black dots represent the current scores for each risk and white dots indicate where scores have changed since last reported in May. The squares indicate the target scores for each risk, in line with the ICB's risk appetite statement. The arrows show the movement in current risk scores, as well as the distance from the current risk score to the target risk score.

8. It is important to remember that the ICB's strategic risk profile is expected to be high due to the nature of the risks contained within the Board Assurance Framework (i.e. if their impact rating is not high or very high, then it is questionable whether they should be classified as strategic risks to the organisation).

9. The following key points are highlighted for the Board's attention:

   a) In recognition that a key driver of transformation is the need to address health inequalities and improve outcomes, two previously separate strategic risks relating to health inequalities and service transformation have been combined (former risk 1 and 3, merged to become new risk 1); the new risk now states *'Effective system working may not transform (reform) and improve services to address health inequalities and ensure best possible future health outcomes within available resources'*. It was also recognised that the controls and assurances in place across both risks were largely repetitive and both were high scoring risk areas. The new risk is jointly owned by the Medical Director and Director of Integration.

   b) There has also been an amendment to the narrative of risk 7 regarding people and culture requirements. The risk was previously described as *'Failure to ensure **sufficient** capacity and capability within the local workforce'* and has been updated to *'Failure to ensure **appropriate** capacity and capability within the local workforce'*; recognising that the risk should be focussed on ensuring our current workforce is being used effectively, rather than the need for more staff.

   c) There has been movement across nine risks in relation to their current and target risk scores, as highlighted by the above 'heat map'. Movement in the target risk scores is reflective of the ICB's strengthened approach to risk appetite which was approved at the September 2023 meeting of the Board. Whilst there is reduction in the current risk scores, only four risks are at their target risk score, with the remainder some way from their target risk scores.

      The four risks at their target risk score relate to research and evidence, digital transformation, environmental sustainability and emergency preparedness, resilience and response (risks 5, 12, 13 and 14); with the strategic risks relating to transformation, system resilience, people and culture, and financial sustainability being the furthest away from their target risk score (risks 1, 2, 7 and 10).

   d) A good level of control continues to be in place across the 13 strategic risks. Controls have continued to strengthen since the Assurance Framework was previously presented to the Board (May 2023), with new strategies, plans and frameworks being established, alongside the

embedment of system co-ordinating functions and programme boards. However, there is a need to ensure the implementation, oversight and delivery of these during the remainder of 2023/24; which is a consistent theme across the identified ‘gaps’ in control.

e) There is a continued need to ensure that there is an appropriate balance between managing today (system resilience) and making tomorrow better for everyone (transformation to address health inequalities). As previously reported, many of the controls and assurances referenced across these two risks are the same; therefore, it is important to ensure both aspects are being addressed within the ICB’s committees and ICS operational oversight groups and programme boards to ensure these two risks are being equally managed.

f) The review of the Assurance Framework has also identified the need to revisit some controls following the approval of the Integrated Care Strategy and Joint Forward Plan; this includes, but is not limited to, clarity of purpose of some system groups and a revamp of the ICS Outcomes Framework.

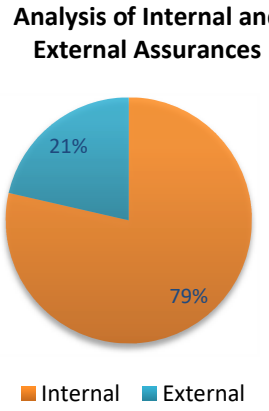
g) Progress has been made across the majority of the previously identified ‘gaps’; a number of which are now complete. However, as referenced above, further ‘gaps’ have been identified, which largely relate to embedding arrangements for delivery oversight of the Integrated Care Strategy and Joint Forward Plan, as well as defining jointly agreed deliverables across system delivery vehicles (including Place and the Provider Collaboratives at Scale) and ensuring the impact and outcomes of these controls are clearly described and measured. Planned assurances in these areas have been built into the annual work programmes for the Board and its committees.

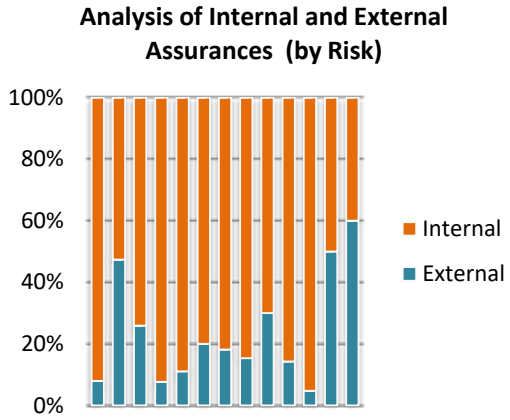
h) Where assurances have been received, the majority have been ‘positive’. However, there are some internal assurances which have been identified as ‘negative’ to align with the level of assurance assigned by Committees upon receipt. Assurances assigned a limited or partial rating are classed as ‘negative’ for the purposes of the Assurance Framework; whereas assurances assigned an adequate or full rating have been classed as ‘positive’. In some specific instances, assurances have been classed as both, reflecting the wide spectrum of information provided; the Integrated Performance Report and Exception Scorecards are examples of these. The Special Education Needs and Disability (SEND) inspection of the Nottinghamshire Local Area Partnership has been identified as a ‘negative’ external assurance.

i) Whilst there continues to be a high overall level of ‘positive’ assurances, there remains significant areas of challenge in relation to quality, finance

and workforce, which can be demonstrated by the number of 'live' operational risks within the Operational Risk Register in both these areas.

j) A review of the internal and external assurances set out within the Assurance Framework has been completed, as illustrated below. As a reminder, internal assurances are classed as any which are produced by the ICB, or system partners, and external assurances relate to parties that are independent to the ICB and its partners (e.g. regulators, internal and external audit providers). Feedback from the Audit and Risk Committee identified the need for further external assurances to be sought in relation to the management of the ICB's strategic risks. This will be taken forward with Executive risk owners and when developing the 2024/25 internal audit plan; however, it is also recognised that the longer the ICB is established, the greater the volume of assurances (both internal and external) that will be able to be drawn upon.





Next steps

10. Actions have been identified in relation to all identified 'gaps' with named responsible officers and clear implementation timelines.

11. Targeted Board Assurance Framework reports (scheduled for December 2023, February and March 2024 meetings of the Audit and Risk Committee) provide an update on progress against all identified actions. These reports also enable the Audit and Risk Committee to review the design and operation of the Board Assurance Framework to ensure it is 'fit for purpose' for the ICB.

12. A workshop is scheduled with the Executive Management Team in March 2024 to develop the ICB's strategic risks for 2024/25. These will then be agreed with wider Board members; followed by scheduled Assurance Framework biannual updates to the Board in May and November 2024.

Appendix A: Board Assurance Framework (BAF) roles and responsibilities and full business cycle

BAF Roles and Responsibilities

Board	Has ultimate responsibility for risk management and as such, needs to utilise the Board Assurance Framework to be satisfied that internal control systems are functioning effectively.
Audit and Risk Committee	Has delegated responsibility for risk management and receives assurance that the ICB has robust operational and strategic risk management arrangements. The Committee specifically comments on the fitness for purpose of the Board Assurance Framework and has a role in securing independent assurances.
Board 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 routine highlight reports).
Executive Directors	Ensure a robust control framework is in place to mitigate their respective strategic risks within the BAF to drive delivery of the ICB's core aims and objectives.
Governance Team	Develops Board and committee annual work programmes (which outline planned assurances in line with Board and committee duties) and co-ordinates the population of the ICB's BAF, in conjunction with the Executive Team. The Team also provides risk management expertise to establish and support the ICB's strategic risk management arrangements.

BAF Full Business Cycle

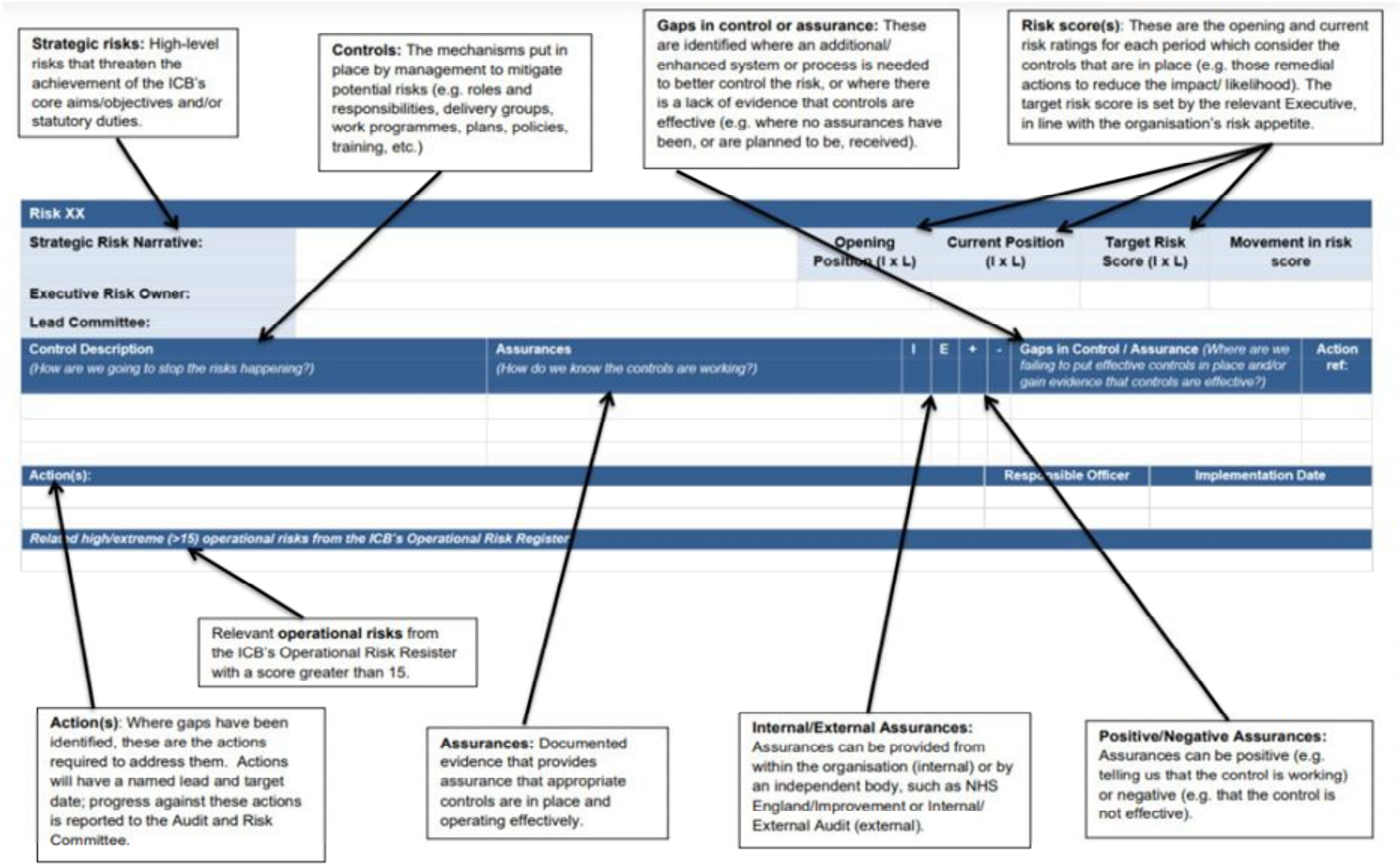
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Board: BAF biannual reviews	-	✓	-	-	-	-	-	✓	-	-	-	-
Audit and Risk Committee: Targeted assurance reports	-	-	-	-	-	-	✓	-	✓	-	✓	✓
Board Committees: Receipt of assurances	✓	✓	✓	✓	-	✓	✓	✓	-	✓	✓	✓
BAF Quarterly Reviews: 1:1 reviews between the Head of Corporate Assurance and relevant Executive	✓	-	-	✓	-	-	✓	-	-	-	✓	-

NHS
Nottingham and Nottinghamshire
Integrated Care Board

Board Assurance Framework

November 2023

How to navigate the Board Assurance Framework



Risk 1 and 3 – Transformation (Making Tomorrow Better for everyone)					
Strategic Risk Narrative:	Effective system working may not transform (reform) and improve services to address health inequalities and ensure best possible future health outcomes within available resources.	**Opening Position (I x L)**	**Current Position (I x L)**	**Target Risk Score (I x L)**	**Movement in risk score**
Executive Risk Owner:	Medical Director / Director of Integration	High (5 x 3)	High (5 x 4)	Medium (4 x 2)	⟺
Lead Committee:	Strategic Planning and Integration Committee (*Highlight Reports from the Committee to the ICB Board on a bi-monthly basis)*				

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Integrated Care Strategy, which outlines four strategic aims, based on three guiding principles (prevention, equity and integration): 1. Improve outcomes in population health and healthcare; 2. Tackle inequalities in outcomes, experiences and access; 3. Enhance productivity and value for money; 4. Support broader social and economic development. **Joint Local Health and Wellbeing Strategies (City and County),** which set out the vision, priorities and action agreed by the **Health and Well-being Boards** to meet the needs identified within the **Joint Strategic Needs Assessment** to improve the health, care and wellbeing of local communities and reduce health inequalities. **Integrated Care Strategy Steering Group** (in development), which will oversee delivery of the Integrated Care Strategy, bringing together the Health and Wellbeing Strategies and Joint Forward Plan. **ICS Outcomes Framework** (being revamped)	Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027 presented to the ICP (October 2022, December 2022 and March 2023) Integrated Care Strategy update to the SPI Committee (October 2022). Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: Review of Impact presented to the ICP and ICS Partners Assembly (October 2023 and *March 2024 (pending)*) Regular 'Citizen Insight' updates to the ICP (scheduled for each meeting).	✓ ✓ ✓ ✓		✓ ✓ ✓ ✓		To establish the Integrated Care Strategy Steering Group and routine reporting to the Integrated Care Partnership (ICP). To revamp the ICS Outcomes Framework in light of the Integrated Care Strategy.	1.9 1.10
Joint Forward Plan, which sets out how the NHS will work differently across the next five years to meet the aims outlined within the Integrated Care Strategy. **System Transformation Group** (in development), which will oversee delivery of the Joint Forward Plan via oversight of delivery plans, owned by the various 'vehicles' (i.e. System Programme Boards, Place-Based Programme Boards and Provider Collaboratives at Scale).	Nottingham and Nottinghamshire NHS Joint Forward Plan presented to the ICB Board (July 2023) Rolling programme of Strategic Delivery Updates to the ICB Board; covering 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 *(pending, scheduled November 2023, January and March 2024)* Oversight of Joint Forward Plan by SPI Committee (updates December 2022 and January to July 2023). NHS Joint Forward Plan: Oversight, Delivery and Assurance Arrangements presented to SPI Committee (September 2023) System Quarterly Review Meetings with NHS England (and supporting feedback letters).	✓ ✓ ✓ ✓	 ✓	✓ ✓ ✓ ✓ ✓	 ✓ ✓	To establish robust oversight and accountability arrangements to ensure delivery of the Joint Forward Plan *(i.e. establishment of the System Transformation Group).*	1.6
Place-Based Partnerships, a collective partnership with a role of driving transformation at a local and neighbourhood level.	System development update: Approach to delivering community and primary care transformation through thriving places and provider	✓		✓		To establish an appropriate commissioning model with system delivery 'vehicles'.	1.11

	collaboration to the SPI Committee (November 2022, March and October 2023). Rolling programme of Place Based Partnerships and Provider Collaborative updates to the ICB Board (January, March May, July and September 2023)	✓		✓			
Provider Collaborative at Scale, a collective partnership of the NHS trusts across Nottingham and Nottinghamshire, working together at scale to benefit the population.	Rolling programme of Place Based Partnerships and Provider Collaborative updates to the ICB Board (January, March, May, July and September 2023)	✓		✓		To establish appropriate commissioning models with system delivery 'vehicles'.	1.11
The role and remit of System Programme Boards in relation to the oversight and delivery of transformation programmes; these include: a) **Ageing Well Programme Board**, which oversees delivery of the Community Services Transformation Programme; b) **Mental Health Programme (Transformation) Executive Board;** c) **Primary Care Strategy Delivery Group**; d) **Planned Care Board**, which exists to oversee transformational changes in the provision of planned care, cancer and diagnostic services across the ICS; e) **Urgent and Emergency Care (UEC) Board**, which oversees transformation across the non-elective pathway; f) **Special Educational Needs and Disabilities (SEND) Improvement Board**; g) **Children and Young People Board**; h) **Learning Disability and Autism (LDA) Transformation Board;** and i) **Local Maternity and Neonatal (LMNS) Transformation Board**. The above are also supported by a number of system delivery oversight groups, which includes an **ICS Health Inequalities (HI) and Prevention Oversight Group** and an **ICS Performance Oversight Group.** As well as clinical and care professional groups, which includes the **ICS Clinical and Care Professional Leadership Group** and the role of the **Clinical Design Authority's (CDA).**	Health inequalities and outcomes updates to the ICB Board; Equity (scheduled July 2023), Integration (Sept 2023) and Transformation (Nov 2023). Rolling programme of transformation updates to the ICB Board (Sept, Oct, Nov 2022 and Jan 2023) Rolling programme of Delivery of Service Transformation updates to the SPI Committee (Nov 2022, Jan, July, Sept, Oct, Nov, Dec 2023, Feb and March 2024). Thematic Service Delivery and Health inequalities Reporting to the Finance and Performance Committee (monthly from April 23). 2022/23 Internal Audit Review – Health Inequalities *(Advisory)*. System Quarterly Review Meetings with NHS England (and supporting feedback letters).	✓ ✓ ✓ ✓ ✓ ✓		✓ ✓ ✓ ✓ ✓ ✓	 ✓	To take appropriate action following system forums self-assessment work *(as discussed at the ICB Board Development Session in October 2023)*. To clarify the role of the ICS HI and Prevention Oversight Group in light of the establishment of the Integrated Care Strategy Steering Group and System Transformation Group.	1.12 1.13
Role of the **System Analytics and Intelligence Unit (SAIU)** in relation to the population health management (PHM) programme and individual 'outputs.'	PHM Approach: System Development Update to the SPI Committee (October 2022 and May 2023). SAIU Update to the Board Development Session (February 2022). An integrated approach to Population Health Management Outcomes Monitoring update to the ICB Board (May 2023) Population Health Management (PHM) Outcomes Framework presented to the ICB Board (Sept 2023) Population Health Management (PHM) Outcomes Framework presented to the ICP (Oct 2023)	✓ ✓ ✓ ✓ ✓		✓ ✓ ✓ ✓ ✓		None identified.	
Delivery of the health inequality (HI) elements of the **2023/24 Operational Plan**, alongside the development of 2024/25 Operational Planning.	Routine Operational Planning updates to the Finance and Performance Committee (monthly from Oct 2023). System Quarterly Review Meetings with NHS England.	✓	 ✓	✓ ✓	✓ ✓	None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 1.6 To establish robust oversight and accountability arrangements to ensure delivery of the Joint Forward Plan *(i.e. establishment of the System Transformation Group)*.	Medical Director	~~September 2023~~ March 2024
Action 1.9 To establish the Integrated Care Strategy Steering Group and routine reporting to the Integrated Care Partnership (ICP).	Medical Director	January 2024

Action 1.10 To revamp the ICS Outcomes Framework in light of the Integrated Care Strategy.	Medical Director	March 2024
Action 1.11 To establish appropriate commissioning models with system delivery 'vehicles'.	Director of Integration	March 2024
Action 1.12 To take appropriate action following system forums self-assessment work *(as discussed at the ICB Board Development Session in October 2023).*	Chief Executive	March 2024
Action 1.13 To clarify the role of the ICS HI and Prevention Oversight Group in light of the establishment of the Integrated Care Strategy Steering Group and System Transformation Group.	Medical Director	January 2024
Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:		
None.		

Risk 2 - System Resilience (for Managing Today)				
Strategic Risk Narrative:	Working effectively across the system may fail to address the current levels of demand across primary, community and secondary care.	**Opening Position (I x L)**	**Current Position (I x L)**	**Target Risk Score (I x L)**	**Movement in risk score**
Executive Risk Owner:	Director of Integration	High (5 x 4)	High (5 x 3)	Medium (4 x 2)	⇩
Lead Committee:	Strategic Planning and Integration Committee (*Highlight Reports from the Committee to the ICB Board on a bi-monthly basis)*				

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Role and remit of the **ICS System Oversight Meeting**, which has collective accountability for the performance of the ICS and is underpinned by the **Nottingham and Nottinghamshire ICB Operating Framework.**	Integrated Performance Report (IPR) presented to ICB Board and relevant 'chapters' to ICB Committees (monthly). Service Delivery Scorecard and Exception Reporting to the Finance and Performance Committee and Quality and People Committee (monthly from April 2023 onwards) System Quarterly Review Meetings with NHS England (and supporting feedback letters). NHS Oversight Assessment (quarterly and annually)	✓ ✓	 ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓	To undertake a review of the ICS operating model to support alignment and consistency of system forums (superseded by action 1.13).	2.5
The role and remit of System Programme Boards in relation to the operational delivery; these include: a) **Urgent and Emergency Care (UEC) Board**, which leads on overall system resilience for both in and out of hospital care; b) **Ageing Well Programme Board**, which oversees delivery of the three national priorities (Anticipatory Care, Enhanced Health in Care Homes and Urgent Community Response; c) **Mental Health Programme Executive Board,** which exists to oversee delivery of mental health transformation across the ICS; d) **Primary Care Strategy Delivery Group**, with responsibility for overseeing delivery of the Primary Care Access Recovery Plan (PCARP). e) **Planned Care Board**, which exists to oversee delivery of the system's elective recovery plans and the establishment of **Elective Hubs.** The above are also supported by a number of system delivery oversight groups, which includes an **ICS Performance Oversight Group**. Role and remit of the **Demand and Capacity Group,** supported by the Bed Modelling 'Task and Finish' Group.	Rolling programme of Delivery of Service Transformation updates to the SPI Committee (Nov 2022, Jan, July, Sept, Oct, Nov, Dec 2023, Feb and March 2024). Integrated Performance Report (IPR) presented to ICB Board and relevant 'chapters' to ICB Committees (monthly). Service Delivery Scorecard and Exception Reporting to the Finance and Performance Committee and Quality and People Committee (monthly from April 2023 onwards) Performance/delivery SAIU reporting across various system programme boards (in line with meeting frequencies). System Quarterly Review Meetings with NHS England (and supporting feedback letters). NHS Oversight Assessment (quarterly and annually) 2023/24 Internal Audit Review – System-wide Discharge Management (*scheduled TBC*).	✓ ✓ ✓ ✓	 ✓ ✓ ✓	✓ ✓ ✓ ✓ 	✓ ✓ ✓ ✓ 	See actions relating to risk 1 and 3 *(Making Tomorrow Better for Everyone)*	
Establishment of a **System Co-ordination Centre (SCC)**; the purpose of which is to ensure the safest and highest quality of care possible for the entire population across every	System Quarterly Review Meetings with NHS England (and supporting feedback letters).		✓	✓	✓	None identified.	

area by balancing the clinical risk within and across all health and care settings.							
Establishment of external System Development Support for Resetting UEC, Demand, Capacity and Flow	2023/24 Internal Audit Review – System-wide Discharge Management (*scheduled TBC*). System Quarterly Review Meetings with NHS England (and supporting feedback letters).		✓ ✓	✓	✓	To develop an implementation plan following the PA Consulting diagnostic work.	2.7
Operational Pressures Escalation Level (OPEL) Framework across both primary and secondary care providers.	OPEL review reported to the UEC Board (Nov 2022).	✓		✓		To implement the new 2023/24 Operational Pressures Escalation Level (OPEL) Framework.	2.8
Delivery of the **2023/24 Operational Plan**, alongside the development of 2024/25 Operational Planning.	Routine Operational Planning updates to the Finance and Performance Committee (monthly from Oct 2023). System Quarterly Review Meetings with NHS England (and supporting feedback letters).	✓	 ✓	 ✓	 ✓	See actions relating to risk 1 and 3 *(Making Tomorrow Better for Everyone)*	
Place-Based Partnerships, a collective partnership with a role of driving local delivery of prevention services at a local (Primary Care Network) and neighbourhood (Integrated Neighbourhood Team) level.	System development update: Approach to delivering community and primary care transformation through thriving places and provider collaboration to the SPI Committee (November 2022, March and October 2023). Rolling programme of Place Based Partnerships and Provider Collaborative updates to the ICB Board (January, March May, July and September 2023)	✓ ✓		✓ ✓		See actions relating to risk 1 and 3 *(Making Tomorrow Better for Everyone)*	

Action(s):	Responsible Officer	Implementation Date
Action 2.5 To undertake a review of the ICS operating model to support alignment and consistency of system forums.	Chief Executive	Superseded (by action 1.13)
Action 2.7 To develop an implementation plan following the PA Consulting diagnostic work.	Director of Integration	December 2023
Action 2.8 To implement the new 2023/24 Operational Pressures Escalation Level (OPEL) Framework.	Director of Integration	December 2023

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
ORR 042 If levels of demand continue to outstrip urgent and emergency care capacity, this is likely to result in increased Ambulance handover delays, overcrowding within Accident and Emergency Departments and extended lengths of stay in inappropriate health care settings.
ORR 072 If we are unable to improve clinical support, engagement and confidence in the concept of Virtual Wards, there is a risk that the system may not realise the benefits in terms of reducing demand, improving flow and increasing capacity.

Risk 4 - Citizen Voice				
Strategic Risk Narrative:	Failure to effectively work in partnership with citizens and communities.	**Opening Position (I x L)**	**Current Position (I x L)**	**Target Risk Score (I x L)**	**Movement in risk score**
Executive Risk Owner:	Chief Executive	Medium (4 x 3)	Medium (4 x 2)	Very Low (2 x 2)	⇩
Lead Committee:	Strategic Planning and Integration Committee (*Highlight Reports from the Committee to the ICB Board on a bi-monthly basis)*				

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Engagement and co-production work which was undertaken to develop the **Integrated Care Strategy**, as well as the Strategy itself, which outlines that 'working with people and their communities' is a key mechanism in the delivery of the four strategic aims. **Integrated Care Strategy Steering Group** (in development), which will oversee delivery of the Integrated Care Strategy, bringing together the Health and Wellbeing Strategies and Joint Forward Plan.	Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027 presented to the ICP (October 2022, December 2022 and March 2023) Integrated Care Strategy update to the SPI Committee (October 2022). Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: Review of Impact presented to the ICP and ICS Partners Assembly (October 2023 and *March 2024 (pending)*) Regular 'Citizen Insight' updates to the ICP (scheduled for each meeting). Insights Report to be presented to each meeting of the ICB Board *(pending, scheduled November 2023)*.	✓ ✓ ✓	 ✓ ✓	✓ ✓ ✓ ✓		See actions relating to risk 1 and 3 *(Making Tomorrow Better for Everyone)*	
Engagement and co-production work that was undertaken to develop the **Joint Forward Plan**, as well as the Plan itself, which sets out how the NHS will work differently across the next five years to meet the aims outlined within the Integrated Care Strategy. Working with people and their local communities is a key element of the Joint Forward Plan. Year 1 focus includes the review of insight hubs, recruiting to the Citizen's Panel, strengthening co-production arrangements and expansion of the Voluntary, Community and Social Enterprise (VCSE) Alliance. **System Transformation Group** (in development), which will oversee delivery of the Joint Forward Plan via oversight of delivery plans, owned by the various 'vehicles' (i.e. System Programme Boards, Place-Based Programme Boards and Provider Collaboratives at Scale).	Nottingham and Nottinghamshire NHS Joint Forward Plan presented to the ICB Board (July 2023) Rolling programme of Strategic Delivery Updates to the ICB Board; covering 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 *(pending, scheduled November 2023, January and March 2024)* Oversight of Joint Forward Plan by SPI Committee (updates December 2022 and January to July 2023). NHS Joint Forward Plan: Oversight, Delivery and Assurance Arrangements presented to SPI Committee (September 2023) Working with People and Communities Updates to the SPI Committee (June, September 2023 and pending, December 2023 and March 2024). System Quarterly Review Meetings with NHS England (and supporting feedback letters).	✓ ✓ ✓ ✓ ✓		✓ ✓ ✓ ✓ ✓	 ✓ ✓	See actions relating to risk 1 and 3 *(Making Tomorrow Better for Everyone)*	

ICS Working with People and Communities: Citizen Intelligence Strategy 2022-2025, which outlines the vision and principles to ensure that citizens are at the heart of the ICS, as well as the role of the **Citizen Intelligence Advisory Group** and **ICS Engagement Practitioners Forum.**	Working with People and Communities Updates to the SPI Committee (June, September 2023 and pending, December 2023 and March 2024). 2023/24 Internal Audit Review – Citizen involvement and Co-production (significant assurance). Regular 'Citizen Insight' updates to the ICP (scheduled for each meeting). Insights Report to be presented to each meeting of the ICB Board *(pending, scheduled November 2023).*	✓	 ✓ ✓ ✓	✓ ✓ ✓		To develop and publish the Overall Strategy for Working with People and Communities (which pulls together the Citizen Intelligence Strategy and the Co-production Strategy).	4.3
Role and remit of the **Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise (VCSE) Alliance,** which is a collective of: i. Local representatives of national and regional VCSE organisations working countywide to provide services to citizens. ii. Local Community and Voluntary Services (CVS) and other infrastructure organisations. The Chair of the VCSE Alliance is an attendee of the ICB Board. A representative from HealthWatch has been invited to attend the ICB Board (pending).	Working with People and Communities Updates to the SPI Committee (June, September 2023 and pending, December 2023 and March 2024).	✓		✓			
ICB Public Involvement and Engagement Policy, which sets out mechanisms to undertake meaningful involvement and engagement in the development, implementation and review of health and care policies and services across Nottingham and Nottinghamshire.	Working with People and Communities Updates to the SPI Committee (June, September 2023 and pending, December 2023 and March 2024). 2023/24 Internal Audit Review – Citizen involvement and Co-production (significant assurance).	✓	 ✓	✓ ✓		None identified.	
Co-production Strategy, which outlines system's approach to engaging with citizens in the development and improvement of services, as well as the role of the ICB Strategic Coproduction Group.	Co-Production updates to the Quality and People Committee (Sept 2022 and February 2023). Transformation Personalisation Care and Co-production update to the ICB Board (Jan 2023). Working with People and Communities Updates to the SPI Committee (June, September 2023 and pending, December 2023 and March 2024). 2023/24 Internal Audit Review – Citizen involvement and Co-production (significant assurance).	✓ ✓ ✓	 ✓	✓ ✓ ✓ ✓		See 6.3	
ICB's Equality, Diversity and Inclusion (EDI) Policy, which outlines the requirement to meaningfully engage with people from all protected characteristic and disadvantaged groups. **Equality, Diversion and Inclusion Action Plan 2023-25,** which outlines ICB and System-facing objectives to ensure EDI related statutory duties are met.	Equality, Diversity and Inclusion Action Plan 2023-25 Update to the Q&P Committee (April 2023, *scheduled November 2023*).	✓		✓		See action 8.4 (*implementation of action plan*)	
The **ICB's Ethical Decision-Making Framework** outlines four key ethical principles that form the basis of decisions making (Principle1: Rationale must consider views of key stakeholders).	Ad-hoc business cases reported via SPI Committee.	✓		✓		None identified.	

Place-Based Partnerships, a collective partnership with a role of driving engagement and co-production at a local and neighbourhood level.	System development update: Approach to delivering community and primary care transformation through thriving places and provider collaboration to the SPI Committee (November 2022, March and October 2023). Rolling programme of Place Based Partnerships and Provider Collaborative updates to the ICB Board (January, March May, July and September 2023)	✓ ✓		✓ ✓		See actions relating to risk 1 and 3 *(Making Tomorrow Better for Everyone)*	
Equality and Quality Impact Assessment (EQIA) processes, outlined within the ICB's Strategic Decision-Making Framework.	Ad-hoc business cases reported via SPI Committee.	✓		✓		See 8.3.	

Action(s):	**Responsible Officer**	**Implementation Date**
Action 4.3 To develop the Overall Strategy for Working with People and Communities (which combines the Citizen Intelligence Strategy and the Co-production Strategy).	Chief Executive	~~March 2023~~ March 2024

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
None.

Risk 5 - Research and Evidence				
Strategic Risk Narrative:	Failure to effectively facilitate and promote research and utilise evidence to inform decision-making.	**Opening Position (I x L)**	**Current Position (I x L)**	**Target Risk Score (I x L)**	**Movement in risk score**
Executive Risk Owner:	Medical Director	Medium (4 x 3)	Medium (4 x 2)	Medium (4 x 2)	⇩
Lead Committee:	Strategic Planning and Integration Committee (*Highlight Reports from the Committee to the ICB Board on a bi-monthly basis)*				

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Integrated Care Strategy, which outlines that an 'evidenced based approach' is key in the delivery of the four strategic aims. **Integrated Care Strategy Steering Group** (in development), which will oversee delivery of the Integrated Care Strategy, bringing together the Health and Wellbeing Strategies and Joint Forward Plan.	Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027 presented to the ICP (October 2022, December 2022 and March 2023) Integrated Care Strategy update to the SPI Committee (October 2022). Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: Review of Impact presented to the ICP and ICS Partners Assembly (October 2023 and *March 2024 (pending)*)	✓ ✓ ✓		✓ ✓ ✓		See actions relating to risk 1 and 3 *(Making Tomorrow Better for Everyone)*	
Joint Forward Plan, which sets out how the NHS will work differently across the next five years to meet the aims outlined within the Integrated Care Strategy. Research is a key element of the Joint Forward Plan. Year 1 focus is the development of an ICS research strategy, better alignment of research to ICS commissioning and to increase the diversity of those involved in research. **System Transformation Group** (in development), which will oversee delivery of the Joint Forward Plan via oversight of delivery plans, owned by the various 'vehicles' (i.e. System Programme Boards, Place-Based Programme Boards and Provider Collaboratives at Scale).	Nottingham and Nottinghamshire NHS Joint Forward Plan presented to the ICB Board (July 2023) Rolling programme of Strategic Delivery Updates to the ICB Board; covering 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 *(pending, scheduled November 2023, January and March 2024)* Oversight of Joint Forward Plan by SPI Committee (updates December 2022 and January to July 2023). NHS Joint Forward Plan: Oversight, Delivery and Assurance Arrangements presented to SPI Committee (September 2023) System Quarterly Review Meetings with NHS England (and supporting feedback letters).	✓ ✓ ✓ ✓	 ✓	✓ ✓ ✓ ✓ ✓	 ✓ ✓	See actions relating to risk 1 and 3 *(Making Tomorrow Better for Everyone)*	
ICS Research Strategy (in development), to support delivery of the Integrated Care Strategy and Joint Forward Plan. A Senior Research Strategy Manager from the University of Nottingham (funded by the NIHR Clinical Research Network East Midlands) is working with the ICB's Head of Research and Evidence to take forward this work for the system.	NHS Joint Forward Plan: Oversight, Delivery and Assurance Arrangements presented to SPI Committee (September 2023) Promotion of Research Bi-annual Assurance Reports to the SPI Committee (February, October 2023 and April 2024 (pending)).	✓ ✓		✓ ✓		To develop an ICS Research Strategy to support delivery of the Integrated Care Strategy and Joint Forward Plan.	5.3
ICS Research Partners Group, which promotes a collaborative approach to health and care research across the system.						None identified.	

Role and remit of the **ICB's Research Strategy Group**; a GP-led forum which oversees arrangements to promote, develop and increase research activity and research capacity and culture building within the ICB, Primary Care Networks and GP practices.						None identified.	
ICB commissioned **Knowledge and Library Service** (from Sherwood Forest Hospitals NHS Foundation Trust),	Promotion of Research Bi-annual Assurance Reports to the SPI Committee (February, October 2023 and *April 2024 (pending)*). Annual Assurance Report: Promotion of Research and Use of Research Evidence to the ICB Board (PENDING). Ad-hoc business cases reported via SPI Committee.	✓ ✓ ✓		✓ ✓		To develop processes to ensure that knowledge and evidence from research systematically influences business cases.	5.2

Action(s):	Responsible Officer	Implementation Date
Action 5.2 To develop processes to ensure that knowledge and evidence from research systematically influences business cases (which will be supported by the appointment of a Senior Evidence Fellow)	Medical Director	~~April 2023~~ April 2024
Action 5.3 To develop an ICS Research Strategy to support delivery of the Integrated Care Strategy and Joint Forward Plan.	Medical Director	April 2024

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
None.

Risk 6 - Quality Improvement				
Strategic Risk Narrative:	Failure to maintain and improve the quality of services. *For 2023/24, this specifically includes the need to improve the quality of maternity and Learning Disabilities and Autism services.*	**Opening Position (I x L)**	**Current Position (I x L)**	**Target Risk Score (I x L)**	**Movement in risk score**
Executive Risk Owner:	Director of Nursing	High (5 x 4)	Medium (4 x 3)	Very Low (2 x 2)	⇩
Lead Committee:	Quality and People Committee (*Highlight Reports from the Committee to the ICB Board on a bi-monthly basis)*				

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Integrated Care Strategy, which outlines one of the key strategic aims as being to 'Improve outcomes in population health and healthcare' through the principles of prevention, equity and integration. **Integrated Care Strategy Steering Group** (in development), which will oversee delivery of the Integrated Care Strategy, bringing together the Health and Wellbeing Strategies and Joint Forward Plan.	Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027 presented to the ICP (October 2022, December 2022 and March 2023) Integrated Care Strategy update to the SPI Committee (October 2022). Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: Review of Impact presented to the ICP and ICS Partners Assembly (October 2023 and *March 2024 (pending)*)	✓ ✓ ✓		✓ ✓ ✓		See actions relating to risk 1 and 3 *(Making Tomorrow Better for Everyone)*	
Joint Forward Plan, which sets out how the NHS will work differently across the next five years to meet the aims outlined within the Integrated Care Strategy. Quality improvement and personalisation are key elements of the Joint Forward Plan. Year 1 focus is the development of a system definition of quality improvement (QI), establish system reporting and then benchmark and monitor. **System Transformation Group** (in development), which will oversee delivery of the Joint Forward Plan via oversight of delivery plans, owned by the various 'vehicles' (i.e. System Programme Boards, Place-Based Programme Boards and Provider Collaboratives at Scale).	Nottingham and Nottinghamshire NHS Joint Forward Plan presented to the ICB Board (July 2023) Rolling programme of Strategic Delivery Updates to the ICB Board; covering 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 *(pending, scheduled November 2023, January and March 2024)* Oversight of Joint Forward Plan by SPI Committee (updates December 2022 and January to July 2023). NHS Joint Forward Plan: Oversight, Delivery and Assurance Arrangements presented to SPI Committee (September 2023) System Quarterly Review Meetings with NHS England (and supporting feedback letters).	✓ ✓ ✓ ✓	 ✓	✓ ✓ ✓ ✓ ✓	 ✓	See actions relating to risk 1 and 3 *(Making Tomorrow Better for Everyone)*	
System Quality Framework (formally known as Strategy) 2023/24, supported by a delivery plan.	System Quality Framework updates to the Quality and People Committee (scheduled July, Oct 2023 and Jan 2024). System Quarterly Review Meetings with NHS England (and supporting feedback letters).	✓ ✓		✓ ✓		None identified.	

Role and remit of the **ICS System Oversight Meeting**, which has collective accountability for the performance of the ICS.	Integrated Performance Report (IPR) presented to ICB Board and relevant 'chapters' to ICB Committees (monthly) (i.e. Quality Scorecard). System Quarterly Review Meetings with NHS England (and supporting feedback letters).	✓ 	 ✓	✓ ✓	✓ 	None identified.	
Role and remit of the **System Quality Group**, which exists to drive quality improvement collaboratively and proactively. It includes '7 minute' learning sessions at each meeting which relate to various quality improvement initiatives. This is supported by system sub-groups which include, but are not limited to, safeguarding (including LAC and SEND), infection prevention and control, immunisations and vaccinations, patient safety, social care and personalisation.	Escalation reporting to Regional Quality Boards. System Provider Risk Profiles reporting to the Quality and People Committee (quarterly). Thematic Quality Reviews (inc. LMNS, Care Homes and Home Care, PSIRF, CYP, LDA, Primary Care, Safeguarding, CHC, Personalised Care, IPC, SIs and Complaints)('deep dive' each month).	 ✓ ✓	✓ 	✓ ✓ ✓	 ✓ 	None identified.	
Establishment of the **System Quality Outcome Dashboard** (supported by the SAIU), supported by the development of quarterly **Quality Risk Profiles** which are co-produced and support requirements of the National Quality Board.	Integrated Performance Report (IPR) presented to ICB Board and relevant 'chapters' to ICB Committees (monthly) (i.e. Quality Scorecard). System Provider Risk Profiles reporting to the Quality and People Committee (quarterly). System Quality Scorecard and Exception Report to Q&P Committee (July 2023)	✓ ✓ ✓	 	✓ ✓ 	✓ ✓ ✓	None identified.	
Implementation of the **Patient Safety Incident Response Framework (PSIRF),** which sets out the systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. This includes the establishment of Patient Safety Specialists and Patient Safety Partners to support the implementation of PSIRF and the production of **PSIRF Policy** (in development).	Patient Safety Incident Response Framework (PSIRF) implementation: Focused ICB and System review update (PENDING, *due Oct 2023*) Patient Safety Incident Response Framework (PSIRF) Update to the ICB Board (PENDING)	✓ ✓	 	 	 	To finalise and publish the ICB's Patient Safety Incident Response Framework (PSIRF) Policy. To implement the Patient Safety Incident Response Framework (PSIRF).	6.5 6.6
NHSE Improving Patient Care Together (IMPACT) Self-Assessment, the purpose of which is to help systems, providers and partners understand where they are on their quality improvement journey.	NHSE IMPACT Self-Assessment presented to NHS England and ICB Executive Management Team	✓	 	✓	 	None identified.	
Role and remit of the **Nottingham and Nottinghamshire Local Maternity and Neonatal System (LMNS) Executive Partnership Board,** which is overseen by the System Quality Group and supported by: • **LMNS Perinatal Surveillance Quality Group (PSQG);** • **LMNS Serious Incident (SI) Panel;** • **LMNS Quality Outcomes Dashboard Sub-group (DSG)** Role and remit of the **Maternity Voices Partnership (MVP).** Role and remit of the **Regional Quality Oversight Group.** Role and remit of the **Regional Perinatal Quality Surveillance Group.**	Maternity Services Update to the ICB Board (June, September and Nov 2022)(either standalone or part of CEO updates). Exception report LMNS Programme Assurance Update to the Q&P Committee (April 2023). Donna Ockenden inquiry updates to the Executive Management Team (ad-hoc) and to ICB Board (via Chief Executive reports). Thematic Quality Reviews (inc. LMNS, Care Homes and Home Care, PSIRF, CYP, LDA, Primary Care, Safeguarding, CHC, Personalised Care, IPC, SIs and Complaints)('deep dive' each month).	✓ ✓ ✓ ✓	 	✓ ✓ ✓ ✓	 	None identified.	

Role and remit of the **Nottingham and Nottinghamshire Learning Disability & Autism (LDA) Executive Partnership Board,** which is overseen by the System Quality Group and supported by: • **LDA Operational Delivery Group (ODG);** • **Crisis and admission prevention steering group;** • **Discharges and community capacity steering group;** • **Living and ageing well working steering group;** • **Children and young people steering group.** Role and remit of the **LDA Expert by Experience Group.** Role and remit of the **Regional Quality Oversight Group.** Role and remit of the **Regional Partnership Group.**	Integrated Performance Report (IPR) presented to ICB Board and relevant 'chapters' to ICB Committees (monthly) (i.e. Quality Scorecard). Thematic Quality Reviews (inc. LMNS, Care Homes and Home Care, PSIRF, CYP, LDA, Primary Care, Safeguarding, CHC, Personalised Care, IPC, SIs and Complaints)('deep dive' each month).	✓ ✓		✓ ✓	✓ ✓		
The ICB's quality framework and commissioning processes, which include a range of nursing, quality and safeguarding statutory duties.	Statutory duties reports (e.g. Safeguarding, Infection Prevention and Control, Complaints) to the Quality and People Committee (April 2023). Thematic Quality Reviews (inc. LMNS, Care Homes and Home Care, PSIRF, CYP, LDA, Primary Care, Safeguarding, CHC, Personalised Care, IPC, SIs and Complaints)('deep dive' each month). 2023/24 Internal Audit Review – Complaints (scheduled Q3).	✓ ✓	 ✓	✓ ✓	 ✓	None identified.	
Primary Care Support and Assurance Groups (per 'Place' footprint), which have responsibility for delivery and improvement of quality services within primary care.	Thematic Quality Reviews (inc. LMNS, Care Homes and Home Care, PSIRF, CYP, LDA, Primary Care, Safeguarding, CHC, Personalised Care, IPC, SIs and Complaints)('deep dive' each month).	✓		✓		None identified.	
Equality and Quality Impact Assessment (EQIA) processes, outlined within the ICB's Strategic Decision-Making Framework.	Ad-hoc business cases reported via SPI Committee.	✓		✓		None identified.	
Co-production Strategy, which outlines system's approach to engaging with citizens in the development and improvement of services.	Co-Production updates to the Quality and People Committee (Sept 2022 and February 2023). Transformation Personalisation Care and Co-production update to the ICB Board (Jan 2023). 2023/24 Internal Audit Review – Personalised Care and Support (scheduled TBC).	✓ ✓ ✓		✓ ✓		None identified.	
ICB Complaint's Policy, which sets out the organisation's approach to handling complaints and concerns about commissioned services.	Thematic Quality Reviews (inc. LMNS, Care Homes and Home Care, PSIRF, CYP, LDA, Primary Care, Safeguarding, CHC, Personalised Care, IPC, SIs and Complaints)('deep dive' each month).	✓		✓		None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 6.4 To finalise and publish the ICB's Patient Safety Incident Response Framework (PSIRF) Policy.	Director of Nursing	December 2023
Action 6.5 To implement the Patient Safety Incident Response Framework (PSIRF).	Director of Nursing	March 2024
Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:		

ORR 006 If demand and capacity constraints for non-elective (urgent and emergency care) activity stay at their current level or increase further, there is a risk that incidents of actual harm may continue to occur across the non-elective pathway. This may lead to worsening healthcare outcomes, increased ambulance response times/handover delays, extended waits within ED (front door) and delays to discharge (back door). *This risk is further exacerbated by industrial action, during which flow, out of the emergency department and hospital, slows.*
ORR 023 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.
ORR 024 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.*
ORR 083 If discharges from learning disability and autism inpatient settings are delayed due to lack of available capacity in community-based settings, patients may stay in inpatient settings longer than necessary. This may lead to poor patient experience, adverse clinical outcomes and/or patient safety issues for the population of Nottingham and Nottinghamshire.
ORR 101 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.

Risk 7 - People and Culture				
Strategic Risk Narrative:	Failure to ensure appropriate capacity and capability within the local workforce.	**Opening Position (I x L)**	**Current Position (I x L)**	**Target Risk Score (I x L)**	**Movement in risk score**
Executive Risk Owner:	Director of Nursing	High (5 x 4)	High (5 x 3)	Low (3 x 2)	⇩
Lead Committee:	Quality and People Committee (*Highlight Reports from the Committee to the ICB Board on a bi-monthly basis)*				

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Integrated Care Strategy, which outlines key strategic aims as being to 'Improve outcomes in population health and healthcare' and 'Enhance productivity and value for money' through the principles of prevention, equity and integration. **Integrated Care Strategy Steering Group** (in development), which will oversee delivery of the Integrated Care Strategy, bringing together the Health and Wellbeing Strategies and Joint Forward Plan.	Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027 presented to the ICP (October 2022, December 2022 and March 2023) Integrated Care Strategy update to the SPI Committee (October 2022). Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: Review of Impact presented to the ICP and ICS Partners Assembly (October 2023 and *March 2024 (pending)*)	✓ ✓ ✓		✓ ✓ ✓		See actions relating to risk 1 and 3 *(Making Tomorrow Better for Everyone)*	
Joint Forward Plan, which sets out how the NHS will work differently across the next five years to meet the aims outlined within the Integrated Care Strategy. Workforce productivity and efficiency are key elements of the Joint Forward Plan. Year 1 focus is the establishment of an ICS people and culture plan and delivery process, retention of shortage skill areas and strategic workforce planning. The ambitions for people and culture outlined in the Joint Forward Plan informed the four priorities for 2023/4. 1. Developing a system people and culture function; 2. One workforce - supported by the scaling up vanguard; 3. Supporting inclusion and belonging for all, creating a great experience for staff; and 4. Agency reduction. **System Transformation Group** (in development), which will oversee delivery of the Joint Forward Plan via oversight of delivery plans, owned by the various 'vehicles' (i.e. System Programme Boards, Place-Based Programme Boards and Provider Collaboratives at Scale).	Nottingham and Nottinghamshire NHS Joint Forward Plan presented to the ICB Board (July 2023) Rolling programme of Strategic Delivery Updates to the ICB Board; covering 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 *(pending, scheduled November 2023, January and March 2024)* Oversight of Joint Forward Plan by SPI Committee (updates December 2022 and January to July 2023). NHS Joint Forward Plan: Oversight, Delivery and Assurance Arrangements presented to SPI Committee (September 2023) System Quarterly Review Meetings with NHS England (and supporting feedback letters).	✓ ✓ ✓ ✓	 ✓	✓ ✓ ✓ ✓ ✓	 ✓ ✓	See actions relating to risk 1 and 3 *(Making Tomorrow Better for Everyone)*	
ICS People and Culture Strategy (2019 to 2029), which outlines five strategic priorities, supported by **the ICS People and Culture Delivery Plan.**	ICS People Plan Progress Update to the Q&P Committee (April 2023). ICS People and Culture Plan progress and delivery updates to the Quality and People Committee (bi-monthly).	✓ ✓		✓		None identified.	

	System Quarterly Review Meetings with NHS England (and supporting feedback letters). 2023/24 Internal Audit Review – System-wide Recruitment (scheduled TBC).		✓ ✓	✓			
Establishment and embedment of the **System People and Culture Function,** as described below: I. **ICB People and Culture Team**: this team will play a fundamental role in the Running Cost Allowance work and the Operating Model and is an ICB focussed team. II. **People and Culture, Programmes and Assurance Team:** this is a system partnership with reporting and assurance processes in place, with a focus on the oversight of the delivery of the ICS People priorities and long-term plan. III. **ICS People and Culture Delivery Team:** to enable the ICS to develop a "One Workforce" approach, that delivers the ICS Strategy, Joint Forward Plan and ambitions of the Provider Collaborative. and includes a partnership approach to delivery including the ICB, three providers, Nottingham City and Nottinghamshire County Councils, Primary Care and Voluntary Care Sector(s).	Nottingham and Nottinghamshire Integrated Care System People Plan: Strategic Delivery Update to the ICB Board (September 2023)	✓		✓		To establish and embed the System People and Culture Function, which includes the System People and Culture Group and supporting governance structures.	7.3
The role and remit of the **Primary Care Strategy Delivery Group**, which is oversees the delivery of the workforce workstream of the **Primary Care Strategy**.	People and Culture strategic update to the ICB Board Development Session (December 2022). Primary Care Strategy and Access Plans update to SPI Committee (October 2023)	✓ ✓		✓ ✓		None identified.	
System People and Culture Steering Group, supported by the: • **ICS People and Culture Delivery Group,** whose role and remit includes oversight and delivery of the ICS People and Culture Plan. This is supported by the **ICS Health and Well-being Steering Group**; and • **ICS Planning, Performance and Risk Group,** whose role and remit includes the oversight and delivery of the ICS Workforce Plan. This is supported by the **Agency Reduction Group, Workforce Intelligence Group (WIG)** and **Technical Workforce Planning Group.** The System People and Culture Steering Group is attended by health and social care workforce leads; co-chaired by the ICB Chief Nurse and the Chief Executive of Nottingham Healthcare Foundation Trust (the Provider Collaborative People Senior Responsible Officer).	People and Culture Diagnostic Update to the Quality and People Committee (Nov 2022). ICS People Plan Progress Update to the Q&P Committee (April 2023). Integrated Performance Report (IPR) presented to ICB Board and relevant 'chapters' to ICB Committees (monthly) (i.e. Workforce Scorecard and Exception Report). ICS People and Culture Plan progress and delivery updates to the Quality and People Committee (bi-monthly). System Quarterly Review Meetings with NHS England (and supporting feedback letters). 2023/24 Internal Audit Review – System-wide Recruitment (scheduled TBC).	✓ ✓ ✓ ✓	 ✓ ✓	✓ ✓ ✓ ✓	 ✓	See action 7.3 To embed workforce across all system programmes/boards (i.e. Planned Care Board, UEC Board, etc.).	 7.4

Role of the **Provider Collaborative at Scale** in relation to workforce.	Nottingham and Nottinghamshire Provider Collaborative at Scale update to the ICB Board (July 2023)	✓		✓			
Scaling Up People Services – NHS England Vanguard Project, which has three key aims: i. Improve the ease of people movement across the Provider Collaborative, addressing as many blockers to movement as possible. ii. Improve the health wellbeing of staff across the Provider Collaborative iii. Address our agency spend by collaborating on our flexible workforce to improve our temporary workforce capacity.	Nottingham and Nottinghamshire Integrated Care System People Plan: Strategic Delivery Update to the ICB Board (September 2023) System Workforce Scorecard and Exception Report Update to the Q&P Committee (July 2023)	✓ ✓		✓ ✓	 ✓		
ICS Equality and Equity Plan	Equality, Diversity and Inclusion Action Plan 2023-25 Update to the Q&P Committee (April 2023).	✓		✓		None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 7.3 To establish and embed the System People and Culture Function, which includes the System People and Culture Group and supporting governance structures; including working alongside the Provider Collaborative.	Director of Nursing	Complete (established) October 2023 (to embed)
Action 7.4 To embed workforce as a routine item across all system programmes/boards (i.e. Planned Care Board, MH Programme Executive, UEC Board, etc.).	Director of Nursing	October 2023 (to embed)

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
ORR 138 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.
ORR 077 If sustained levels of significant pressure on health and social care services continues, due to high levels of demand there is risk of staff sickness, exhaustion and 'burn out'. This relates to health, social care and primary medical services provider workforce. This risk is exacerbated by industrial action (reduction in staffing at time of industrial action and need to maintain activity) and the pandemic (loss of staff as a result of pandemic and recovery plans).
ORR 145 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.

Risk 8 - Equality, Diversity and Inclusion					
Strategic Risk Narrative:	Failure to comply with the general and specific Public Sector Equality Duties.	**Opening Position (I x L)**	**Current Position (I x L)**	**Target Risk Score (I x L)**	**Movement in risk score**
Executive Risk Owner:	Director of Nursing	Medium (4 x 3)	Medium (4 x 2)	Very low (2 x 2)	⇩
Lead Committee:	Quality and People Committee (*Highlight Reports from the Committee to the ICB Board on a bi-monthly basis)*				

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
ICB's Equality, Diversity and Inclusion (EDI) Policy which sets out how the organisation meets its statutory responsibility to comply with the Public Sector Equality Duty of the Equality Act 2010 (and associated Regulations) and how the ICB will work to achieve good equality performance outcomes. The role and remit of the **Equity, Inclusion and Human Rights Steering Group**.	Refreshed EDI Policy presented to the Q&P Committee (scheduled November 2023). Equality, Diversity and Inclusion Action Plan 2023-25 Update to the Q&P Committee (April 2023). 2023/24 Internal Audit Review – Equality, Diversity and Inclusion (scheduled Q2).	✓ ✓	 ✓	 ✓		None identified.	
Equality, Diversion and Inclusion Action Plan 2023-25, which outlines ICB and System-facing objectives to ensure EDI related statutory duties are met.	Equality, Diversity and Inclusion Action Plan 2023-25 Update to the Q&P Committee (April 2023, scheduled November 2023).	✓		✓		To implement actions identified within the Equality, Diversion and Inclusion Action Plan 2023-25.	8.4
Key ICB business activities where due regard to the general public sector equality duty is required include: • Assessing the health needs of our population; • Public engagement and communications; • Procurement and contract management; • Recruitment, selection and cultural competence.	Public Sector Equality Duty Annual Assurance Report to the ICB Board (pending). Equality, Diversity and Inclusion Action Plan 2023-25 Update to the Q&P Committee (April 2023). 2023/24 Internal Audit Review – Equality, Diversity and Inclusion (scheduled Q2).	✓ ✓	 ✓	 ✓		None identified.	
The ICB's compliance with (or working toward the principles of) the: • NHS Accessible Information Standard; • NHS Workforce Race Equality Standard (WRES); • The NHS Workforce Disability Equality Standard (DES).	ICB Workforce reporting to the Human Resources Executive Group (pending). Equality, Diversity and Inclusion Action Plan 2023-25 Update to the Q&P Committee (April 2023).	✓ ✓		 ✓		To establish the Executive-led ICB Human Resources Group.	8.5
Equality and Quality Impact Assessment (EQIA) processes which monitor the effectiveness of arrangements in place for the completion of equality impact assessments when planning, changing or removing a service, policy or function.	Ad-hoc business cases reported via SPI Committee.	✓		✓		None identified.	
Mandated Equality and Diversity training (three-yearly).	Mandatory Training Compliance Reports to the Audit and Risk Committee (bi-annually).	✓		✓		None identified.	

Action(s):	**Responsible Officer**	**Implementation Date**
Action 8.4 To implement actions identified within the Equality, Diversion and Inclusion Action Plan 2023-25.	Director of Nursing	March 2025
Action 8.5 To establish the Executive-led ICB Human Resources Group.	Director of Nursing	December 2024

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
None.

Risk 9 - Safeguarding				
Strategic Risk Narrative:	Failure to safeguard children and vulnerable adults in accordance with legislative and statutory frameworks and guidance	**Opening Position (I x L)**	**Current Position (I x L)**	**Target Risk Score (I x L)**	**Movement in risk score**
Executive Risk Owner:	Director of Nursing	Medium (5 x 2)	Medium (4 x 2)	Very low (2 x 2)	⇩
Lead Committee:	Quality and People Committee (*Highlight Reports from the Committee to the ICB Board on a bi-monthly basis)*				

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
ICB's Safeguarding Policy (incorporating PREVENT and Safeguarding Training and Supervision) describes how the ICB discharges its safeguarding responsibilities for commissioning health services. **ICB's Policy for Managing Allegations and Concerns** that an employee or those who act in the capacity of employees may pose a risk to a child, young person or an adult in need of safeguarding. **ICB's Mental Capacity Act (MCA) 2005 Policy** which outlines the duties placed on health and social care staff and how various processes within the MCA should be followed.	Thematic Quality Reviews (inc. LMNS, Care Homes and Home Care, PSIRF, CYP, LDA, Primary Care, Safeguarding, CHC, Personalised Care, IPC, SIs and Complaints)('deep dive' each month – *Safeguarding due Oct 2023*). Adults and Childrens Safeguarding Arrangements Assurance Report to Q&P Committee (October 2023). Learning from Lives and Deaths: People with a Learning Disability and Autistic People (LeDeR) Annual Assurance Report to the ICB Board (PENDING).	✓ ✓ ✓		✓ ✓	✓	None identified.	
Role and remit of the **ICB Safeguarding Assurance Group (SAG)**, which has operational responsibilities for ensuring delivery of the ICB's statutory safeguarding duties. Role and remit of the **ICB Chief Nurse and Safeguarding Professionals Meeting**, which facilitates the prompt escalation of safeguarding concerns and issues. Routine safeguarding assurance processes, such as the completion of Section 11 Audits, Serious Case Reviews, Domestic Homicide Reviews and Multi Agency Audits.	Thematic Quality Reviews (inc. LMNS, Care Homes and Home Care, PSIRF, CYP, LDA, Primary Care, Safeguarding, CHC, Personalised Care, IPC, SIs and Complaints)('deep dive' each month – *Safeguarding due Oct 2023*). NHS England Safeguarding Commissioning Assurance Tool submissions (quarterly).	✓	✓	✓ ✓	✓	None identified.	
ICB partner of the **Local Safeguarding Adults Boards** and **Multi Agency Public Protection (MAPPA) Strategic Management Board** (City and County). ICB's statutory membership on the **Children's Partnership Boards** (City and County).	Adults and Childrens Safeguarding Arrangements Annual Assurance Report to Q&P Committee (PENDING, due October 2023).	✓				None identified.	
ICB's statutory membership of the **Nottinghamshire SEND Partnership Improvement Board,** which has been established to oversee the CQC improvement actions needed.	Area SEND inspection of Nottinghamshire Local Area Partnership (January 2023) Deep Dive - Nottinghamshire Joint local area SEND Inspection outcome to Q&P Committee (June 2023) Adults and Childrens Safeguarding Arrangements Assurance Report to Q&P Committee (October 2023).	 ✓ ✓	✓	 ✓ ✓	✓	To address actions identified within the SEND inspection of Nottinghamshire Local Area Partnership.	9.1

	Thematic Quality Reviews (inc. LMNS, Care Homes and Home Care, PSIRF, CYP, LDA, Primary Care, Safeguarding, CHC, Personalised Care, IPC, SIs and Complaints)('deep dive' each month).	✓		✓	✓		
Role and remit of the **Nottingham and Nottinghamshire Learning Disability & Autism (LDA) Executive Partnership Board,** which is overseen by the System Quality Group and supported by: • **LDA Operational Delivery Group (ODG);** • **Crisis and admission prevention steering group;** • **Discharges and community capacity steering group;** • **Living and ageing well working steering group;** • **Children and young people steering group** Role and remit of the **LDA Expert by Experience Group.** Role and remit of the **Regional Quality Oversight Group.** Role and remit of the **Regional Partnership Group.**	Integrated Performance Report (IPR) presented to ICB Board and relevant 'chapters' to ICB Committees (monthly) (i.e. Quality Scorecard). Thematic Quality Reviews (inc. LMNS, Care Homes and Home Care, PSIRF, CYP, LDA, Primary Care, Safeguarding, CHC, Personalised Care, IPC, SIs and Complaints)('deep dive' each month).	✓ ✓		✓ ✓	✓ ✓	None identified.	
Designated and Named Professionals in line with the Royal College of Nursing (RCN) Intercollegiate guidance.	Adults and Childrens Safeguarding Arrangements Assurance Report to Q&P Committee (PENDING).	✓				None identified.	
Mandated safeguarding training (three-yearly).	Mandatory Training Compliance Reports to the Audit and Risk Committee (bi-annually).	✓		✓		None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 9.1 To address actions identified within the SEND inspection of Nottinghamshire Local Area Partnership.	Director of Nursing	May 2024

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:

ORR 134 If providers are consistently unable to meet the statutory timeframe for a looked after child's (LAC) Initial Health Assessment (IHA) this may result in children and young people having unmet needs and lack of access to required health and social care or medical provision. This may impact on outcomes in childhood and as they journey into adulthood.

This risk relates to children placed out of area and children placed in our area from other Local Authorities.

Risk 10 - Financial Sustainability					
Strategic Risk Narrative:	Establishing a shared culture of financial stewardship may not ensure financial sustainability across the system.	**Opening Position (I x L)**	**Current Position (I x L)**	**Target Risk Score (I x L)**	**Movement in risk score**
Executive Risk Owner:	Director of Finance	High (4 x 5)	High (4 x 4)	Medium (4 x 2)	⟺
Lead Committee:	Finance and Performance Committee (*Highlight Reports from the Committee to the ICB Board on a bi-monthly basis)*				

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
ICS Directors of Finance Group, which is supported by the: a) **ICS Financial Recovery Group,** which exists to oversee recovery of the financial plans across the four NHS organisations within the ICS. The Financial Recovery Group is accountable to the **ICS System Oversight Group;** and b) **Operational (Deputy) Finance Directors Group.**	Operational and Financial Plan, Opening Budgets and Capital Resource Use Plan presented to the ICB Board for approval (September 2022, March 2023 and *March 2024 (pending)*).	✓		✓		None identified.	
	2024/25 Financial Plan Updates to the Finance and Performance Committee (monthly from Oct 23 onwards).	✓					
	NHSE' Financial Performance, Controls and Governance: NHS Partner self-assessment (Sept 2023).	✓		✓			
	Financial Recovery Plan Updates to the Finance and Performance Committee (monthly)	✓		✓	✓		
	2023/24 Internal Audit Review - ICS NHS Partners System Financial Control (to assess the effectiveness of the Standard and Financial Controls, as outlined in NHSE' Financial Performance, Controls and Governance letter) *(pending Q3)*		✓				
	Reporting to System Executive Group and ICS System Oversight Group (weekly and monthly respectively).	✓		✓			
	System Quarterly Review Meetings with NHS England.		✓	✓	✓		
ICS Finance Framework, which sets out the rules which govern the way finances are managed within the ICS (as identified as best practice by the HfMA).	System Finance Report to the Finance and Performance Committee (monthly).	✓		✓	✓	None identified.	
	2022/23 Internal Audit Review - HfMA Financial Sustainability (Advisory).		✓	✓			
	NHSE' Financial Performance, Controls and Governance: NHS Partner self-assessment (Sept 2023)	✓		✓			
	2023/24 Internal Audit Review - ICS NHS Partners System Financial Control (to assess the effectiveness of the Standard and Financial Controls, as outlined in NHSE' Financial Performance, Controls and Governance letter) *(pending Q3)*		✓				
Joint Medium-term Financial Plan, to support delivery of the five-year Joint Forward Plan.	Reporting of the ICS Financial Planning Principles to the Finance and Performance Committee (Sept 22).	✓		✓		To develop the Joint Medium-term Financial Plan.	10.1
	2024/25 Financial Plan Updates to the Finance and Performance Committee (monthly from Oct 23 onwards)	✓					
	Financial Plan presented to the ICB Board (Sept 2022).	✓		✓			

ICS Financial Planning Principles, which have been agreed by System Partners and will be adhered to when developing operational and financial plans.	Reporting of the ICS Financial Planning Principles to the Finance and Performance Committee (September 2022).	✓		✓		None identified.	
Role and remit of the **ICS System Oversight Meeting**, which has collective accountability for the performance of the ICS.	System Quarterly Review Meetings with NHS England. IPR presented in full to the Board (bi-monthly) and relevant 'chapters' to each Committee (monthly).	 ✓	✓	✓ ✓	✓ ✓	None identified.	
The ICS' **2023/24 Operational Plan**, which outlines how the system will meet NHS England's operational priorities.	Operational and Financial Plan presented to the ICB Board for approval (September 2022, March 2023 and *March 2024 (pending)*). Routine Operational Planning updates to the Finance and Performance Committee (monthly from Oct 2023). System Quarterly Review Meetings with NHS England.	✓ ✓	 ✓	✓ ✓	 ✓	See 1.8	

Action(s):	**Responsible Officer**	**Implementation Date**
Action 10.1 To develop the Joint Medium-term Financial Plan to support delivery of the Joint Forward Plan.	Director of Finance	~~April 2023~~ July 2024

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
ORR 105 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.
ORR 106 There is a potential risk that NHS Nottingham and Nottinghamshire ICB may not meet its statutory financial duties for 2023/24.
ORR 107 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.
ORR 108 Continued over-reliance on non-recurrent mitigations to manage the system's 2023/24 financial position may result in further deterioration in the system's underlying financial position (UDL). The UDL may also be impacted by non-delivery of required 'cash releasing' productivity, efficiency, and transformation plans.

Risk 11 - Allocation of Resources				
Strategic Risk Narrative:	Failure to establish robust resource allocation arrangements across the system (revenue and capital).	**Opening Position (I x L)**	**Current Position (I x L)**	**Target Risk Score (I x L)**	**Movement in risk score**
Executive Risk Owner:	Director of Finance	High (5 x 3)	High (5 x 2)	Medium (4 x 2)	⇩
Lead Committee:	Finance and Performance Committee (*Highlight Reports from the Committee to the ICB Board on a bi-monthly basis)*				

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
ICS Directors of Finance Group, which is supported by an operational **ICS Capital Sub-group.** Role and remit of the **ICS Financial Recovery Group** in relation to any revenue investment decisions.	Reporting to System Executive Group (weekly). System Quarterly Review Meetings with NHS England.	✓	✓	✓ ✓		None identified.	
Joint Capital Resource Plan, which is prepared with partner NHS trusts and NHS foundation trusts.	Joint Capital Resource Plan presented to the ICB Board (Sept 22 and *March 2024 (pending)*) ICS Capital Resource Plan 2022/23 to 2024/25 presented to Finance Performance Committee (July 2022, March and June 2023, *January and March 2024 (pending)*). Joint Capital Resources Plan Update to the Finance and Performance Committee (November 2022 and March 2023; June 2023, *January and March 2024 (pending)*).	✓ ✓ ✓		✓ ✓ ✓		None identified.	
ICS Infrastructure Strategy, which will support delivery of the overall Integrated Care Strategy (in development).	System-wide Infrastructure (Estates) Strategy presented to the ICB board for approval (*PENDING, December 2023*). Strategic Estates Plan Update to the Finance and Performance Committee (due October 2023 and April 2024 *(pending)*). Primary Care Estates Plan Update to the Finance and Performance Committee (due October 2023 and April 2024 *(pending)*).	✓ ✓ ✓		 ✓		To develop the ICS Infrastructure (previously known as Estates) Strategy.	11.2
Role and remit of the **ICS Infrastructure Strategy Steering Group.**	System-wide Infrastructure (Estates) Strategy presented to the ICB board for approval (*PENDING, December 2023*).	✓				None identified.	
ICS Finance Framework, which sets out the rules which govern the way finances are managed within the ICS (as per HfMA guidance).	2022/23 Internal Audit Review - HfMA Financial Sustainability (Advisory). System Finance Report to the Finance and Performance Committee (monthly).	 ✓	✓	✓ ✓	 ✓	None identified.	
ICS Financial Planning Principles, which have been agreed by System Partners and will be adhered to when developing operational and financial plans, and development of the **2024/25 Financial Plan**.	Reporting of the ICS Financial Planning Principles to the Finance and Performance Committee (Sept 22). 2024/25 Financial Plan Updates to the Finance and Performance Committee (monthly from Oct 23 onwards) Financial Plan presented to the ICB Board (Sept 2022 and *March 2024 (pending)*).	✓ ✓ ✓		✓ ✓		None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 11.2 To develop the ICS Infrastructure (*previously known as Estates*) Strategy.	Director of Finance	~~March 2023~~ ~~October 2023~~ December 2023
Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:		
None.		

Risk 12 - Digital Transformation					
Strategic Risk Narrative:	Failure to deliver digital transformation and establish effective system intelligence solutions.	**Opening Position (I x L)**	**Current Position (I x L)**	**Target Risk Score (I x L)**	**Movement in risk score**
Executive Risk Owner:	Medical Director	High (4 x 4)	Medium (4 x 2)	Medium (4 x 2)	⇩
Lead Committee:	Finance and Performance Committee (*Highlight Reports from the Committee to the ICB Board on a bi-monthly basis)*				

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Integrated Care Strategy, which outlines the importance of building on our successful data, analytics, information and technology (DAIT) approach in delivery of the four strategic aims. **Integrated Care Strategy Steering Group** (in development), which will oversee delivery of the Integrated Care Strategy, bringing together the Health and Wellbeing Strategies and Joint Forward Plan.	Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027 presented to the ICP (October 2022, December 2022 and March 2023) Integrated Care Strategy update to the SPI Committee (October 2022). Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: Review of Impact presented to the ICP and ICS Partners Assembly (October 2023 and *March 2024 (pending)*)	✓ ✓ ✓ ✓		✓ ✓ ✓ ✓		See actions relating to risk 1 and 3 *(Making Tomorrow Better for Everyone)*	
Joint Forward Plan, which sets out how the NHS will work differently across the next five years to meet the aims outlined within the Integrated Care Strategy. Digital is a key element of the Joint Forward Plan. Year 1 priorities relate to digital correspondence access, electronic patient records and supporting infrastructure, and the expansion of digital inclusion co-ordinator roles. **System Transformation Group** (in development), which will oversee delivery of the Joint Forward Plan via oversight of delivery plans, owned by the various 'vehicles' (i.e. System Programme Boards, Place-Based Programme Boards and Provider Collaboratives at Scale).	Nottingham and Nottinghamshire NHS Joint Forward Plan presented to the ICB Board (July 2023) Rolling programme of Strategic Delivery Updates to the ICB Board; covering 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 *(pending, scheduled November 2023, January and March 2024)* Oversight of Joint Forward Plan by SPI Committee (updates December 2022 and January to July 2023). NHS Joint Forward Plan: Oversight, Delivery and Assurance Arrangements presented to SPI Committee (September 2023) System Quarterly Review Meetings with NHS England (and supporting feedback letters).	✓ ✓ ✓ ✓	 ✓	✓ ✓ ✓ ✓ ✓	 ✓ ✓	See actions relating to risk 1 and 3 *(Making Tomorrow Better for Everyone)*	
Digital Notts Strategy (2023 to 2028), which is underpinned by five programmes: • Public Facing Digital Services; • Digital and Social Inclusion; • Frontline Digitalisation; • Interoperability (Shared Care Records); and • Supporting Intelligent Decision Making.	Digital Transformation: Strategic Progress Update to the ICB Board (January 2023 and *January 2024 (pending)*). ICS Digital Strategy 2023-2028 Overview to ICB Development Session (October 2023) Digital, Data and Technology Strategies updates to the Finance and Performance Committee (February, July, September 2023 and *Jan 2024 (pending)*).	✓ ✓ ✓		✓ ✓ ✓		To strengthen assurance reporting in relation to delivery of the Strategy.	12.5
ICS Data, Analytics, Information and Technology (DAIT) Strategy Group and supporting delivery group structure, which includes the **ICS Digital Executive Group**.	Digital Transformation: Strategic Progress Update to the ICB Board (January 2023 and *January 2024 (pending)*).	✓		✓		None identified.	

	Digital, Data and Technology Strategies updates to the Finance and Performance Committee (February, July, September 2023 and *Jan 2024 (pending)*).	✓		✓			
Primary Care Digital Steering Group, which exists to develop, support and implement the necessary IT infrastructure within primary care.	Digital, Data and Technology Strategies updates to the Finance and Performance Committee (February, July, September 2023 and *Jan 2024 (pending)*).	✓		✓		None identified.	
Primary Care Information Technology Strategy (2021-2026) which sets out the strategy for IT services and functionality for primary care and will support delivery of the **Primary Care Access Recovery Plan (PCARP).**	Digital, Data and Technology Strategies updates to the Finance and Performance Committee (February, July, September 2023 and *Jan 2024 (pending)*).	✓		✓		To revisit the Primary Care IT Strategy in light of the new overarching ICS Primary Care Strategy.	12.4
Role of the **System Analytics and Intelligence Unit (SAIU)** in relation to the population health management (PHM) programme and individual 'outputs;' which is supported by the **SAIU Operating Group**.	PHM Approach: System Development Update to the SPI Committee (October 2022 and May 2023). SAIU Update to the Board Development Session (February 2022). An integrated approach to Population Health Management Outcomes Monitoring update to the ICB Board (May 2023) Population Health Management (PHM) Outcomes Framework presented to the ICB Board (Sept 2023) Population Health Management (PHM) Outcomes Framework presented to the ICP (Oct 2023)	✓ ✓ ✓ ✓ ✓		✓ ✓ ✓ ✓ ✓		None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 12.4 To revisit the Primary Care IT Strategy in light of the new overarching ICS Primary Care Strategy.	Medical Director	~~July 2023~~ March 2024
Action 12. 5 To strengthen assurance reporting in relation to delivery of the Digital Notts Strategy.	Medical Director	March 2024

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
ORR 090 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.
ORR 084 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.

Risk 13 - Environment Sustainability					
Strategic Risk Narrative:	Failure to effectively deliver on the green plan.	**Opening Position (I x L)**	**Current Position (I x L)**	**Target Risk Score (I x L)**	**Movement in risk score**
Executive Risk Owner:	Director of Finance	Medium (4 x 3)	Medium (4 x 2)	Medium (4 x 2)	⟺
Lead Committee:	Finance and Performance Committee (*Highlight Reports from the Committee to the ICB Board on a bi-monthly basis)*				

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Nottingham and Nottinghamshire ICS Green Plan (2022 to 2025), which outlines the specific actions and priority interventions for achieving carbon net zero to lay the foundation to deliver carbon emission reductions through the delivery of sustainable health and care services.	Environmental Sustainability strategic update to the ICB Board (March 2023 and *March 2024 (pending)).*	✓		✓		None identified.	
	ICS Green Plan updates to the Finance and Performance Committee (October 2022; and biannually July 2023 and February 2024).	✓		✓			
ICS Net Zero / Green Steering Group.	Green agenda to form part of NHS England Quality Service Review Meetings (QSRM).		✓	✓		None identified.	
	2022/23 Internal Audit Review – Environmental sustainability governance (significant assurance).		✓	✓			

Action(s):	**Responsible Officer**	**Implementation Date**
None.		

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
None.

Risk 14 - Emergency Preparedness, Resilience and Response								
Strategic Risk Narrative:	Failure to be adequately prepared to respond to major and/or business continuity incidents.						**Opening Position (I x L)**	**Current Position (I x L)**	**Target Risk Score (I x L)**	**Movement in risk score**
Executive Risk Owner:	Director of Integration						Medium (5 x 2)	Medium (5 x 2)	Medium (5 x 2)	⟺
Lead Committee:	Audit and Risk Committee (*Highlight Reports from the Committee to the ICB Board on a bi-monthly basis)*									
Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**			
ICB's Emergency Preparedness, Resilience and Response (EPRR) Policy, which outlines how the ICB complies with its statutory responsibilities and EPRR obligations, planning and responding to a major incident and or a business continuity incident.	EPRR Incident Response Plan to the ICB Board (July 2022). EPRR Annual Report to the ICB Board *(pending, January 2024)* EPRR and business continuity updates to the Audit and Risk Committee (Nov 2022, May, June, Nov 2023 and April 2024). 2022/23 Internal Audit Review – EPRR and Business Continuity Planning (Significant). 2022/23 EPRR Core-Standards statement of assurance submission to NHSE (Partially compliant) 2023/24 EPRR Core-Standards statement of assurance submission to NHSE (Partially compliant, 77% to 83%)	✓ ✓	 ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓		None identified.				
ICB's Incident Response Plan and Business Continuity Plan which describe the systems and processes that will be followed when responding to major incidents, significant disruptions and emergencies in line with the Civil Contingencies Act.	2022/23 Internal Audit Review – EPRR and Business Continuity Planning (Significant). EPRR and business continuity updates to the Audit and Risk Committee (Nov 2022, May, June, *Nov 2023 and April 2024*).	 ✓	✓	✓ ✓		None identified.				
ICB's On-Call Handbook / Action Cards (and rota) which ensure a robust and consistent approach to the implementation of on-call arrangements.	2022/23 Internal Audit Review – EPRR and Business Continuity Planning (Significant). EPRR and business continuity updates to the Audit and Risk Committee (Nov 2022, May, June, *Nov 2023 and April 2024*).	 ✓	✓	 ✓		None identified.				
ICB representative on the Local Health Resilience Partnership (LHRP) and **Local Resilience Forum (LRF).**	2022/23 EPRR Core-Standards statement of assurance submission to NHSE (Partially compliant) 2023/24 EPRR Core-Standards statement of assurance submission to NHSE (Partially compliant, 77% to 83%)		✓ ✓	✓ ✓		None identified.				
NHIS Cyber Security Strategy which outlines compliance with the 10 Steps to Cyber Security and NHIS ISO 27001 accreditation.	Reporting into the ICB's Information Governance Steering Group (quarterly). IG Assurances Reports to the Audit and Risk Committee *(pending December 2023 and June 2024)*	✓ ✓		✓		None identified.				
NHIS Cyber Assurance Programme Board and **Cyber Assurance Delivery Group,** attended by ICB representatives.	Reporting into the ICB's Information Governance Steering Group (quarterly). IG Assurances Reports to the Audit and Risk Committee *(pending December 2023 and June 2024)*	✓ ✓		✓		None identified.				

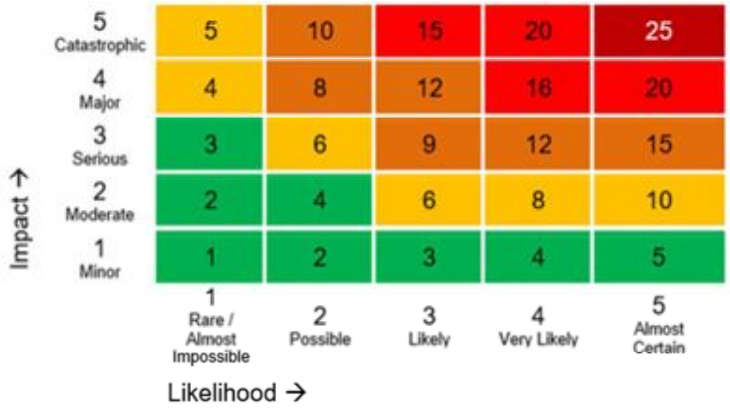
ICB Information Security Policy, which defines security measures applied through technology and encompasses the expected behaviour of those who manage information within the organisation.	2022/23 Internal Audit Review – Data Security and Protection Toolkit (Substantial - NHSE Opinion). 2023/24 Internal Audit Review – Data Security and Protection Toolkit (scheduled Q4). IG Assurances Reports to the Audit and Risk Committee *(pending December 2023 and June 2024)*	✓	✓ ✓	✓		None identified.	

Action(s):	Responsible Officer	Implementation Date
None.		

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
None.

Annex 1: Alignment of BAF Strategic Risks to ICB Aims and Objectives

Strategic Risks *(What could prevent us from achieving our strategic aims/objectives and statutory duties?)*	**ICB Aims and Objectives**			
	To improve outcome in population health and healthcare.	To tackle inequalities in outcomes, experience and access.	To enhance productivity and value for money.	To help the NHS support broader social and economic development.
Risk 1 and 3: Health Inequalities and Outcomes – 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 4: Citizen Voice – Failure to effectively work in partnership with citizens and communities.	✓	✓		✓
Risk 5: Research and Evidence – Failure to effectively facilitate and promote research and utilise evidence to inform decision-making.	✓	✓		✓
Risk 6: Quality Improvement – Failure to maintain and improve the quality of services.	✓	✓		
Risk 7: People and Culture – Failure to ensure sufficient capacity and capability within the local workforce.	✓	✓	✓	
Risk 8: Equality, Diversity and Inclusion – Failure to comply with the general and specific Public Sector Equality Duties.		✓		
Risk 9: Safeguarding – Failure to safeguard children and vulnerable adults in accordance with legislative and statutory frameworks and guidance.	✓			
Risk 10: Financial Sustainability – Establishing a shared culture of financial stewardship may not ensure financial sustainability across the system.			✓	✓
Risk 11: Allocation of Resources – Failure to establish robust resource allocation arrangements across the system (revenue and capital).	✓	✓	✓	✓
Risk 12: Digital Transformation – Failure to deliver digital transformation and establish effective system intelligence solutions.	✓	✓	✓	
Risk 13: Environment Sustainability – Failure to effectively deliver on the green plan.				✓
Risk 14: Emergency Preparedness, Resilience and Response – Failure to be adequately prepared to respond to major and/or business continuity incidents.	✓			


Impact →
5 Catastrophic
4 Major
3 Serious
2 Moderate
1 Minor
5 10 15 20 25
4 8 12 16 20
3 6 9 12 15
2 4 6 8 10
1 2 3 4 5
1 Rare / Almost Impossible
2 Possible
3 Likely
4 Very Likely
5 Almost Certain
Likelihood →

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/11/2023
Paper Title:	**Committee Highlight Reports**
Paper Reference:	ICB 23 063
Report Author:	Committee Secretariat
Report Sponsor:	ICB Committee Chairs
Presenter:	ICB Committee Chairs

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

Summary:

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

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

Recommendation(s):

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

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

Appendices:

A: Highlight Report from the Strategic Planning and Integration Committee
B: Highlight Report from the Quality and People Committee
C: Highlight Report from the Finance and Performance Committee
D: Highlight Report from the Audit and Risk Committee
E: Highlight Report from the East Midlands Joint Committees

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:	**11 September (extraordinary meeting), 5 October and 2 November 2023**
Committee Chair:	**Jon Towler, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance
Promotion of Research and Use of Evidence	Members received an update report that built on the baseline paper provided to the Committee on 2 February 2023. It was noted that an Integrated Care System (ICS) research strategy would be developed collaboratively with partners and stakeholders over the next six months. The ICB, in collaboration with a number of partners, had successfully bid for £98k of Research Engagement Network funding. This would be used to increase diversity in research participation through community engagement over a six-month programme of work. Members agreed that if the ICS research strategy was fully developed by the next scheduled assurance update, and there was confidence in deliverability of the strategy, the aim would be to confirm full assurance in this area.	**Adequate Assurance**

Other considerations:

Decisions made:
The Committee: • Approved the expansion of the Targeted Lung Health Check Programme. Hucknall, Sherwood, Arnold and Calverton had been identified as priority areas for expansion of the programme based on smoking rates and lung cancer mortality.

- Approved a four-year direct contract award, valued at £4.7 million, for provision of the Targeted Lung Health Check Programme expansion activity to Inhealth Intelligence.
- Approved the allocation of the System Development Fund for Primary Care.
- Approved the proposed assessment process for allocation of the primary care Capacity and Access Improvement Payment.
- Approved the 2023/24 refresh of the Local Transformation Plan for Children and Young People's Mental Health, noting that a new five-year plan would be developed for 2024-2029 in collaboration with partners.
- Ratified an urgent decision to approve a proposed procurement approach, which had been made by the Committee's Chair and the Chief Executive on 13 October 2023 utilising the Committee's emergency decision-making powers. Should the procurement approach be successful, the Committee will be asked to approve the award of contract(s) at its next meeting.

Matters of interest:

The Committee also:

- Considered the latest developments regarding the Tomorrow's Nottingham University Hospitals Programme from the ICB's perspective in terms of meeting the five key tests for service change.
- Received a detailed update on the actions being taken across the system to support winter planning for 2023/24. Members noted that PA Consulting was completing an urgent and emergency care diagnostic, focussing on both discharge and virtual wards. The diagnostic report will be submitted to the Committee for consideration once it had been finalised.
- Received an update on work surrounding the Primary Care Strategy, which confirmed that a delivery group has been established to oversee implementation of the strategy. The Group has agreed four initial priority areas: improving access to primary care services; improving communication, information technology, shared records and estate; supporting Primary Care Network (PCN) evolution and the establishment of integrated care teams; and development of the workforce and leadership model. The Committee agreed to receive the implementation plans for these priority areas in February 2024. Members noted the work being taken forward to accelerate the development of the community pharmacy chapter of the strategy and that work would take place to develop chapters for other primary care groups over the next 12 to 18 months.
- Considered the initial draft of the system-level access improvement plan which set out how the ICB will implement the Primary Care Access Recovery Plan (PCARP). The plan will be submitted to the Board in November 2023.
- Received an update on the approach to developing Integrated Neighbourhood Teams/Working. The implementation approach builds on the Community Transformation programme with a methodology based on the principle of coproduction with local populations. Members noted that an ongoing review of the Better Care Fund had shown that there were further opportunities to be considered to progress

integration to improve outcomes. Further work was being progressed to undertake collaborative commissioning reviews of key areas of integration.

- Received a presentation on the Elective Care and Diagnostic Transformation programme. This provided an overview of the commissioning approach, progress on the system wide elective care transformation and diagnostic programmes, capital developments in place to support elective care recovery and the key challenges to delivery.
- Considered a paper that provided an overview of the main regulations of the Provider Selection Regime (PSR), which was expected to be introduced from 1 January 2024 (subject to final parliamentary scrutiny). The actions that the ICB would need to complete in readiness for the proposed introduction of PSR were outlined and it was noted that a working group had been established to monitor progress of the actions and highlight any risks to the ICB's readiness.
- Reviewed the Committee's routine risk reports, with members focussing discussion on the highest scoring risks and the actions being taken in mitigation. At the Committee's meeting in November, members were advised of work done to align risks to the ICB's risk appetite; which demonstrated which risks were greater than, within or below the ICB's agreed tolerance levels.

Appendix B: Quality and People Committee Highlight Report

Meeting Dates:	**20 September and 18 October 2023**
Committee Chair:	**Marios Adamou, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance
1. Quality Scorecard and Integrated Performance Report	Reports were received in September and October 2023 and included the Integrated Performance Report (IPR) for quality, exception reports, risks, escalation and mitigating actions against key system quality performance indicators and requirements. Members discussion at both meetings focused on Learning Disabilities and Autism (LDA), Infection Prevention and Control (IPC), the Vaccination Programme, Looked After Children (LAC), Special Educational Needs and Disability (SEND) and the Local Maternity and Neonatal System (LMNS). It was reported that LDA performance for both adults and children remained off track and that a Ministerial call to review adult in-patient performance had taken place on 9 October 2023. Feedback from Ockenden reviews at Nottingham University Hospitals (NUH) NHS Trust and Sherwood Forest Hospitals (SFH) NHS Foundation Trust highlighted measurable improvements, although challenges remained. A recent quality review with regional colleagues had addressed challenges with the rate of Covid-19 and flu vaccination uptake. The lowest update was reported in the Nottingham City Place Based Partnership. Primary Care Networks (PCNs) were undertaking work to understand the barriers to vaccination uptake, although it was accepted that barriers to uptake had been looked at extensively in the past, particularly during the Covid-19 pandemic. The upward trend with regards to Infection Prevention and Control was concerning. The ICB continued to work with regional and national colleagues to learn from initiatives	**Limited Assurance**

Item	Summary	Level of assurance
	implemented elsewhere. Deep cleaning programmes continued to be impacted by sustained demand on beds. Members noted that the report showed a significant increase in the number of complaints made to the ICB and it was requested that future reports provide further detail so that members can see the possible reasons for this. Members suggested that the narrative nature of the reports make it difficult to obtain assurance and that further information related to performance against targets would be required. It was agreed that the Committee's assurance requirements would be discussed further at its scheduled development session in October. Members felt unable to award an assurance rating in September due to the disparate levels of assurance within the report. Limited assurance was applied at the October meeting due to the challenges highlighted.	
2. System Workforce Integrated Performance Report and Exception report	Reports were received at both meetings and highlighted that the system continued to over recruit substantive and bank staff against workforce plans. Areas of growth did not necessarily correspond with areas carrying vacancies and further analysis of the position would be carried out. The limitations of reviewing data at system level was highlighted, in that good performance in one organisation may mask poor performance in another. An action was raised for the Strategic Planning and Integration Committee to review the impact on General Practice of the Additional Roles Reimbursement Scheme (ARRS) ending in April 2024. Members felt unable to award an assurance rating in September as the data presented required verification and more detail was needed as to the quality (rather than financial) impacts related to workforce. In October, it was agreed that due to the challenges highlighted within the report, a level of limited assurance should be given.	**Limited Assurance**

Item	Summary	Level of assurance
3. Nottingham and Nottinghamshire Integrated Care System People Plan: Update	In September members received an update on the process used to develop delivery plans for the Integrated Care System (ICS) People and Culture workstream. Regular reports had already been received by members describing the creation of the ICS People and Culture Delivery Team. The ambition was to create "One Workforce", a system wide approach to growing and supporting the workforce for the future, encompassing all organisations providing NHS services and Local Authorities, as described in the Integrated Care Strategy and set out in the Joint Forward Plan. Members agreed an assurance rating of partial, in recognition of the progress made in establishing the forward plan and delivery groups. Further assurance would be required regarding system alignment of ambitions.	**Partial Assurance**

Other considerations:

Decisions made:
• In September, members **approved** the ICB corroborative statement for the Primary Integrated Care Services (PICS) Quality Account.
Matters of interest:
• Members received the NHS Provider Quality Risk Profiles, which had been co-produced by the ICB and main providers (NUH, SFHT, NHCT and CityCare). Greater transparency was evident in relation to the content of the profiles although members noted that they did not consistently reflect the breadth and depth of issues reflected in Quality Integrated Performance Report. • Since July 2023, the risk report has included focused reviews of risks rated high or registered for greater than 12 months. In September, the focused risk related to the quality of services provided by Nottinghamshire Healthcare NHS Foundation Trust (NHT). Members agreed that the risk score of 12 remained appropriate. In October, the risk report focussed on the work undertaken to apply the ICB's risk appetite and tolerated risk scores. Quality related risks fell within the risk domain of 'patient safety and outcomes' and had an *adverse* risk appetite level. People related risks were captured within the domain of the same name and had a *cautious* risk appetite

level. The risk appetite had been applied to current risk scores which had identified that all risks sat above the agreed risk tolerance levels.

- A Healthcare Associated Infection (HCAI) Deep Dive was presented in September. Members were informed that the national HCAI targets 2023/24 were extremely challenging, particularly due to the current demands on secondary care services. There were low expectations in meeting national targets but a strong willingness in Infection Prevention and Control (IPC) teams to work collaboratively to support improvements to reduce HCAI incidence. It was agreed that future IPR reports would provide greater detail on areas related to HCAI that are outliers.
- The System Quality Framework update provided a summary from recent NHS Elect facilitated sessions between providers to shape the next stage in building the Framework. Members sought assurance as to when the full framework would be available and requested progress reports on implementation of the eight agreed priorities.
- Members received a report providing an update on implementation of the Patient Safety Incident Response Framework for both the system and ICB. Providers had taken different approaches and were at different stages of implementation. Members sought assurance regarding the ICB responsibilities and a confidence level regarding the achievement of full implementation by all providers by the end of quarter four 2023/24.
- Members received the Annual Reports from Nottinghamshire and Nottingham Safeguarding Children Partnerships and the Annual reports from Nottingham and Nottinghamshire Safeguarding Adult Boards; both of which include the ICB as a statutory partner.
- Members received a report detailing responsibilities in relation to Freedom to Speak up (FTSU). The responsibilities would be implemented over the next 18-months, with an expectation that the national policy is implemented before January 2024.

Appendix C: Finance and Performance Committee Highlight Report

Meeting Dates:	**27 September and 25 October 2023**
Committee Chair:	**Stephen Jackson, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance
1. System Finance Report and Recovery Plan	The reports included detailed analysis of the financial performance for the system for month five (September report) and month six (October report) against a breakeven plan. A deficit position was reported with the majority of overspend attributed to Nottingham University Hospitals NHS Trust (NUH). The system continued to forecast a break-even position against plan, however, significant risks to achievement were described. Unfunded workforce and use of agency staff was cited as a key driver of the adverse position. NHS England (NHSE) had written to the ICB Director of Finance expressing concern about the regional and system financial performance and seeking assurance regarding recovery. In the response to NHSE, partner and system governance arrangements to ensure a consistent approach to financial recovery were provided. In addition, 360 Assurance would undertake an internal audit against the financial controls 'stock-take' to assess compliance and effectiveness of the established controls. There continued to be significant scrutiny on financial control both within the system and externally from NHSE.	**Limited Assurance**
2. ICB Finance Report and Recovery Plan	The reports included detailed analysis of the financial performance for the ICB for month five (September report) and month six (October report), against a breakeven plan. Discussions were ongoing with NHS England regarding the likely year-end position.	**Limited Assurance**

Item	Summary	Level of assurance
	The risk associated with a £56 million efficiency target was highlighted. Members discussed the risk of increased prescribing costs as this had been flagged as a national issue. Another driver of the position was continuing healthcare (CHC) package costs. Members noted that there was a significant level of risk associated with the plan. It was noted that a strengthened savings and efficiency governance process had been implemented.	
3. Joint Capital Resource Use Plan	The Nottingham and Nottinghamshire ICS had been allocated a capital envelope in 2023/24. The report provided and overview of plans, progress at the end of quarter two and risks to delivery. The paper also provided assurance on the development of business cases for wider capital funding from outside the system capital envelope. Members were assured of plans and the mitigation of risks, noting that spend was currently behind plan.	**Adequate Assurance**
4. Service Delivery Performance Report	The report described key areas of risk and improvement since the previous report. Assurance was provided that the extended elective waits position had improved, with zero patients waiting over 104 weeks. There were still some patients waiting beyond the 78-week target. The impact of ongoing industrial action on performance across all areas was discussed. Discussions took place in September and October regarding the overall trajectory of performance, which continued to cause concern. There was a view that reports contained a plethora of monitoring and tracking data but did not include detail about how effective interventions were. Moving into the Winter period in the current position was concerning to members.	**Partial Assurance**

Other considerations:

Decisions made:
• Members received the updated Digital, Data and Technology Strategy. The strategy had been refreshed to include changes to the national digital strategy. The strategy was **endorsed** for onward approval by the Board, subject to the inclusion of the following additional detail; reference to inclusion and acknowledgement that that digital is not the preferred approach for everyone, more detail regarding capital funding and funding gaps and more detail on the benefits and expected return on investment. • **Ratified** the urgent decision made utilising the Committee's emergency powers to award a contract to PA Consulting Ltd for external consultancy support for a Nottingham and Nottinghamshire project to improve the urgent and emergency care system and reset care pathways, services, and capacity.
Matters of interest:
The Committee: • Received an outline approach to 2024/25 NHS Operational Planning. The ICB was working on the basis that national guidance would be published by NHS England (NHSE) in late December 2023 with final plans being submitted in March 2024. • Received an overview of the demand and capacity system bed model for information ahead of regular assurance reports, commencing November 2023. • Received the Health Inequalities Dashboard and Exception report which focused on Cardiovascular Disease (CVD). The importance of using information from health inequalities data to direct resources was raised. • Received the Committee's routine risk report detailing operational risks pertaining to the Committee's responsibilities. This included the work done to align risks to the ICB's agreed risk appetite levels, showing that five risks were greater than the accepted risk tolerance level.

Appendix D: Audit and Risk Committee Highlight Report

Meeting Dates:	**23 October 2023**
Committee Chair:	**Caroline Maley, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance
1. Board Assurance Framework Targeted Assurance Report – Director of Nursing	Members had an in-depth discussion with the Director of Nursing regarding the strategic risks 'owned' in this area, which included assurance on the control environment and the work being undertaken to address any gaps in control or assurance. Members were advised that since the last update to the Committee, there had been movement in the current and target risk scores for these risks, which reflected a strengthened control framework and the ICB's recently revised approach to risk appetite. Whilst the Committee concluded that good progress was being made, it was recognised that the assurance needed to be strengthened through the addition of further independent assurances.	**Partial Assurance**
2. Staff Support Internal Audit Report	The ICB's Internal Audit function had examined two elements of staff support arrangements in place: the processes the ICB had in place for procuring and contract monitoring HR transactional services, payroll, and occupational health from external suppliers; and a high-level review of current arrangements for promoting the health and wellbeing of staff. The findings of the audit provided 'significant assurance' in the arrangements for promoting staff health and wellbeing; however, an opinion of 'limited assurance' had been provided for the procurement and contract management of outsourced services. The Committee received assurance that that actions specified in the staff support audit report were being taken forward.	**Adequate Assurance**
3. Bi-annual Risk Management Arrangements Update	The report provided an update on the work being undertaken to embed strategic and operational risk management arrangements within the ICB. Focus had been on the	**Full Assurance**

Item	Summary	Level of assurance
	development and strengthening of the ICB's approach to risk appetite following a presentation to the September 2023 meeting of the Board; and the Risk Management Policy had been updated to reflect this. Committee risk reports continued to be developed with the addition of focused risk reviews and risk appetite analysis. System risk management arrangements continued to embed, and mechanisms were in place to enable system forums to routinely identify and discuss system risks and mitigating actions.	
4. Use of Emergency Powers	The Committee reviewed the eight urgent decisions that had been undertaken during 2023/24 (to date) using the emergency powers permitted via the ICB's Standing Orders and the committees' terms of reference. Members were satisfied with the rationale for using the powers.	**Full Assurance**
5. Counter Fraud Progress Report	Members received a progress report from the ICB's counter fraud specialists, which noted that the ICB was on track to meet all requirements of the Counter Fraud Functional Standard for 2023/24.	**Full Assurance**

Other considerations:

Decisions made:
The Committee approved an amendment to the 2023/24 Internal Audit Plan to bring forward a system wide review of financial controls in place of the system wide review of recruitment.
Matters of interest:
Members noted the conclusion of the Internal Audit Plan for 2022/23. The Contract Management Environmental Sustainability, Citizen Involvement and Co-production reports had all been given audit opinion of significant assurance. The Health Inequalities report had been advisory. The Committee also received two reports from the 2023/24 Audit Plan, the Staff Support audit, as noted above; and the Stage One Head of Internal Audit Opinion Memorandum Report. No actions had been proposed from the stage one review.

Appendix E: Highlight Report from the East Midlands Joint Committees

Date of meetings:	**25 August 2023**
Committee Chair:	**David Sissling, Chair of NHS Leicester, Leicestershire and Rutland ICB**
ICB Members:	**Amanda Sullivan, Chief Executive (voting)** **Kathy McLean, ICB Chair (discretionary)**

East Midlands Joint Committee for Specialised Services:

Item	Summary
1. 2023/24 Month 4 Finance and Contracting Update	The Committee was provided with an update on the finance and contracting position for Specialised Services across the East Midlands ICBs, through which they received assurance on the forecast breakeven position and the agreement of contracts. Members noted the ongoing discussions around Elective Recovery Funding (ERF) and the impact this may have. The Committee was advised that work that remains ongoing with regard to the development of a needs-based allocation formula (for 2025, with limited implementation in 2024). Given the transition period, the Committee agreed to allocate sufficient time in upcoming meetings to drill further into funding arrangements.
2. Delegated Commissioning Group and Joint Committees Update	The Committee was provided with an update on progress made at a national and regional level with regard to delegation of services from 2024 and 2025. Whilst it was accepted that guidance was still in development, it was noted that NHS England (NHSE) and the ICB Chief Executives were to meet on 6 September, by which time it was anticipated that a clear understanding of proposals would be known. The Committee noted the update and requested an updated position statement and recommendations to be provided at the next meeting.
3. Midlands Specialised Services Strategy	The Committee received a paper outlining the proposed approach to development of the Midlands Specialised Services Strategy for the next five to ten years. The Committee sought assurance on the proposed approach and encouraged triangulation with other complimentary strategies/ plans being

Item	Summary
	developed at national, regional and local (ICB) level. The Committee endorsed the proposals in terms of outline structure, scope and methodology, subject to alignment of the joint forward plans as agreed.
4. Midlands Specialised Commissioning (Acute and Pharmacy) Health Inequalities Strategy (2023-25)	The Committee received the Midlands Specialised Commissioning Health Inequalities Strategy for approval. Assurance was provided on the process of development of the strategy, which included a breadth of engagement undertaken across the region, and its alignment to national programmes and local commissioning priorities. The Committee highlighted the need to triangulate this work with other national/ regional/ local strategies/ plans, inclusive of key enablers such as data, digital and IT. The Committee approved the strategy and agreed that reports on progress and the impact of implementation should be provided at future meetings.
5. Midlands Acute Specialised Commissioning Group (MASCG) Assurance Report	The Committee was provided with a highlight summary of key matters from the MASCG meetings (which include all East Midlands ICBs in attendance) held on 17 July and 14 August. The Committee noted the level of detail and assurance provided.
6. Quality Governance and Reporting to Joint Committee	The Committee received a paper setting out the proposal by which the future reporting of the quality agenda for specialised services that are jointly commissioned and those deemed as suitable for delegation in the future (inclusive of how this may triangulate between NHSE, the Joint Committee and ICBs leads) would be undertaken. The paper also sought to provide assurance on the work being undertaken to transition toward delegation and by exception, the assessed quality of commissioned services. The Committee welcomed the approach being taken on all matters, approved the proposed approach to reporting and requested the exception report be presented as a standing item for meetings going forward.
7. Deep Dive – Adult Critical Care	In line with the approved schedule of deep dives the Committee received a detailed report on the provision of Adult Critical Care services, including current service provision and the vision for services in the future. The Committee noted the breadth of content and agreed a range of next steps with regard to engagement, capacity planning, workforce, and associated services.
8. Feedback on Neonatal Care Report	The Committee noted additional work being undertaken by NHSE with regard to enhance oversight of care in light of a recent legal case.

East Midlands ICBs' Joint Committee:

Item	Summary
1. Primary Care Finance and Assurance Report	The report provided the Committee with an assurance update from the Tier 2 Sub-Committee on the latest finance, performance, quality, and commissioning status in respect of Pharmacy, Optometry and Dental services (PODs) in the East Midlands. The Committee sought additional assurance on dental access and the utilisation of underperformance investment to support plans for recovery, with consideration of the link to in-year ICB financial plans and NHSE expectations.
2. East Midlands IMOS Procurement Briefing Update	The Committee received a further update with regard to the procurement of Intermediate Minor Oral Surgery (IMOS) and were asked to approve a proposed direction of travel, which had been informed by engagement with ICB leads and legal support. Following discussion, the Committee agreed to cease the current procurement, and approved the continuation of current services and the undertaking of a further procurement exercise.
3. Midlands NHS111 Procurement Outcome Report	Through the presentation of the paper, the Committee was asked to approve award of the contract, having been delegated the ability to make this decision by the relevant ICB Boards. The Committee considered the Procurement Outcome Report, seeking assurance of the process undertaken. The Committee noted that, subject to approval, significant work would still be required to mobilise the service and that this would be lead through a mobilisation project and oversight group. The Committee also noted that the West Midlands Joint Committee are to receive the same paper, but that the decisions of each region are being made independently. The Committee determined to approve the proposed award and to establish the Mobilisation Project and Oversight Group.
4. East Midlands Collaborative Programme Office Update	The Committee received a further paper with regard to the proposal to establish an East Midlands Collaborative Programme Office. The Committee discussed the proposals made and how these triangulated with the current work being led/undertaken by ICBs on behalf of partners and the challenges faced with running cost allowances. Following careful consideration, the Committee concluded that the proposal should be amended in light of the discussion and represented for approval

Item	Summary
	at the Chief Executives' meeting on the 11 September 2023, with the outcome reported to the meeting in October.
5. East Midlands Cancer Alliance Report	Through the presentation of the paper, the Committee was asked to consider a proposed outline approach for delivery of the East Midlands Cancer Alliance from 1 April 2024; inclusive of geography, operational and governance. The discussion had supported the further shaping of a proposal with broad agreement for the maintenance of an East Midlands footprint and a hosted model with links to each ICB. Agreement was reached for a further proposal to be received and tested through the Committee.

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

Risk Ref.	Risk Description	Current Score	Responsible Committee
ORR042	If levels of demand continue to outstrip urgent and emergency care capacity, this is likely to result in 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
ORR006	If demand and capacity constraints for non-elective (urgent and emergency care) activity stay at their current level or increase further, there is a risk that incidents of actual harm may continue to occur across the non-elective pathway. This may lead to worsening healthcare outcomes, increased ambulance response times/handover delays, extended waits within ED (front door) and delays to discharge (back door). This risk is further exacerbated by industrial action, during which flow, out of the emergency department and hospital, slows.	**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
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
ORR138 (New)	If there is a failure to ensure appropriate capacity and capability across the system within health care providers due to issues with recruitment and retention, there may be a risk of unmet health needs for the population of Nottingham and Nottinghamshire.	**High** 16 (I4 x L4)	Quality and People Committee

Risk Ref.	Risk Description	Current Score	Responsible Committee
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
ORR072	If we are unable to improve clinical support, engagement and confidence in the concept of Virtual Wards, there is a risk that the system may not realise the benefits in terms of reducing demand, improving flow and increasing capacity.	**High** 20 (I4 x L5)	Finance and Performance Committee
ORR105	Continued over-reliance on non-recurrent (one-off) funds / mitigations by the ICB to temporarily offset recurring (year on year) pressures may result in further deterioration in the ICB's recurrent underlying financial position for 2023/24.	**High** 20 (I4 x L5)	Finance and Performance Committee
ORR106	There is a potential risk that NHS Nottingham and Nottinghamshire ICB may not meet its statutory financial duties for 2023/24.	**High** 20 (I4 x L5)	Finance and Performance Committee
ORR107	There is a potential risk that the Nottingham and Nottinghamshire system, as a collective, may not meet its agreed year-end financial position outlined within the 2023/24 financial plan. As well as potential reputational risks for the ICS, this may significantly impact the extent to which the system is able to create financial 'headroom' to focus on the transformation of services.	**High** 20 (I4 x L5)	Finance and Performance Committee
ORR108	Continued over-reliance on non-recurrent mitigations to manage the system's 2023/24 financial position may result in further deterioration in the system's underlying financial position (UDL). The UDL may also be impacted by non-delivery of required 'cash releasing' productivity, efficiency, and transformation plans.	**High** 20 (I4 x L5)	Finance and Performance Committee
ORR090	If the system does not have sufficient system partner 'buy in' and capacity to engage with and deliver transformation schemes alongside business-as-usual delivery it may not be possible to progress the system, primary care and ICB digital transformation agenda.	**High** 16 (I4 x L4)	Finance and Performance Committee

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

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/11/2023
Paper Title:	**Quality and Workforce Report**
Paper Reference:	ICB 23 064
Report Author:	Diane-Kareen Charles, Deputy Chief Nurse Philippa Hunt, Chief People Officer
Report Sponsor:	Rosa Waddingham, Director of Nursing
Presenter:	Rosa Waddingham, Director or Nursing

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

Summary:

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

Further detail on the areas outlined within this report can be found in the full Integrated Performance Report (IPR), which is included within the Board papers for information at item 17 on the agenda.

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

Recommendation(s):

The Board is asked to **receive** the report for assurance regarding the progress against quality and workforce 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 and workforce matters across the ICB.
Tackle inequalities in outcomes, experience and access	As above.
Enhance productivity and value for money	As above.
Help the NHS support broader social and economic development	As above.

Appendices:

None.

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

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

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Quality and Workforce Report

Quality

1. The following paragraphs highlight the key messages regarding the latest performance against quality targets. More detail can be found within the quality scorecard on page 5 and exception reports on pages 13 to 32 of the full IPR.
2. **Learning Disability and Autism:** Significant oversight remains on adult inpatient performance with monthly NHS England system performance meetings in place. Specific areas explored in discussions relate to inpatient case management and the continued delays of the reviews within the provider collaborative IMPACT.
3. The Learning Disability and Autism (LDA) Peer Review action plan has been finalised. A Ministerial visit to review adult inpatient performance took place on 9 October 2023. Minister Caulfield reviewed adult inpatient performance along with areas of challenge and opportunities for support with recovery. A further meeting will take place in December to monitor progress.
4. During October there has been a significant increase in adult inpatient admissions, predominantly due to autism diagnosis and late diagnosis for individuals within a mental health inpatient setting. In order to undertake a rapid system response to this, an Inpatient Summit will be held on 14 November 2023 with the Chief Executives of the ICB and Nottinghamshire Healthcare NHS Foundation Trust (NHCT), along with Senior Responsible Officers for the programme to ensure sufficient oversight and assurance, ahead of the next performance meeting with NHS England.
5. At the last System Adult Inpatient Performance Meeting NHS England Midlands Region confirmed that they were assured by the confidence and grip in the system in relation to inpatient adult performance and the actions being taken across the partnership to address the issues.
6. **Patient Safety:** Progress towards Patient Safety Incident Response Framework implementation is variable across the system; however Nottingham and Nottinghamshire is not an outlier in the region and arrangements are in place for agreement of organisational plans by end March 2024.
7. Broader patient safety concerns continue to be reflected in both urgent and elective pathways, relating to delays in accessing care; increased risks at the point of transfer between care settings; and the recognition of deterioration. There are improvement activities in place across a variety of settings but opportunities to consolidate system approaches to improvement require further development.
8. Some of these safety concerns are reflected in formal warning notices from regulators and the coroner in relation to specific cases or care settings. Delays in accessing care have a high system profile, although recognising deterioration

(the lack of recognition or of escalation) may be resulting in more significant harm.

9. **Maternity:** The Local Maternity and Neonatal System (LMNS) Executive Partnership has agreed that all historical Ockenden reporting should be superseded by reporting against the three year delivery plan (as this includes key NHS England deliverables as well as Ockenden and East Kent recommendations). The next quarterly Local LMNS Oversight and Assurance Panels will take place 14 November 2023.

10. An Ockenden Insight Visit took place at Sherwood Forest Hospitals NHS Foundation Trust (SFH) on 9 October 2023. There were key areas of celebration along with some areas for consideration for SFH, and the report will be published shortly. There were key areas of consideration that were highlighted that require a system response, such as a system approach to recruiting to specialities that are challenging to fill due to national shortages, and these areas will be escalated through system channels.

11. Based on National Quality Board guidance, there is one NHS provider subject to intensive surveillance: **Nottingham University Hospitals Trust (NUH)**. A national Quality Performance Committee meeting is scheduled for 14 November 2023 that will consider the Trust's position against identified exit criteria, based on cumulative evidence presented at Trust, system and regional meetings. A supporting paper was shared with the Improvement Oversight and Assurance Group in September 2023 that detailed the associated governance and forward planning to support the transition from intensive to enhanced surveillance.

12. The ICB/LMNS team has worked with NUH colleagues to support planning for an insight visit with the University of Nottingham and the Nursing and Midwifery Council. One aim of the visit is to gather additional feedback from student midwives around their placement experience, using previous recommendations and action plans as reference points. This visit is due in December 2023.

13. One NHS provider is subject to enhanced surveillance: **Nottinghamshire Healthcare NHS Foundation Trust (NHT)**. The ICB oversight and assurance meetings with the Trust enable scrutiny of Care Quality Commission (CQC) actions. There are numerous quality improvement projects in each Care Group and organisational oversight of required improvements has been challenging.

14. The Trust now has a CQC Oversight Group which is chaired by its Chief Nurse and includes key stakeholders inside the Trust and from the ICB's Quality Team. The ICB-led Quality Improvement Group receives update reporting and the Trust's quality governance reporting structures are reviewed through this arrangement.

15. The follow up from the Rampton Hospital CQC inspection resulted in a registration condition (admissions) to the hospital (July 2023).

16. **Special Educational Needs and Disabilities:** Nottinghamshire's SEND Improvement programme continues to provide limited assurance of progress at pace, the partnership has identified the need for connectivity across Priority Areas One and Two. Both priority areas have been presented for scrutiny at the SEND Improvement Board.

17. With reference to Priority Action One, the Board heard of service improvements to manage the demand, reduce the backlog, and decrease the average waiting time in which an Education and Healthcare Plan is provided. Up-to-date performance data was shared at the recent six-monthly deep dive with NHS England and the Department for Education on 19 September 2023. Increased staffing capacity in the Integrated Children's Disability Service is helping to remove backlog of annual reviews.

18. New methods of tracking progress of children and young people without Education and Healthcare Plans, but with education needs have been co-produced to provide improved oversight of provision and the impact. Further work is planned in this area.

19. The Board recognised that further engagement is needed with schools and providers, a priority for the coming term. The Partnership Assurance Improvement Group is due to commence in December, which will further strengthen cross-partnership and multi-agency problem-solving.

20. In respect to Priority Action Two, the ICB has increased capacity to respond to project management and data intelligence and anticipate impact form these roles to be evident in two to three months.

21. Waiting times for the Neurodevelopmental Early Intervention Service and Developmental Early Intervention Service have reduced from 96 weeks in December 2022 to 62 weeks in June 2023 and triaging has improved. To improve children and young people's experiences whilst waiting for assessments, support and information is being provided regularly through a more personalised approach from the services. A neurodevelopmental website is also being created to provide resources and peer support to families and carers.

22. Speech and Language services currently serve children up to the age of 25, though gaps have been identified in service provision. In response, drop-in's and advice lines are currently being created. along with training to empower schools and to support parents and carers.

23. Identifying and establishing the governance for a partnership data workstream is a priority. Gaps in data intelligence are being identified, as well as opportunities to use existing data platforms to host SEND health datasets. Data sharing arrangements need to be agreed and confirmed across the partnership.

24. The Board challenged, the absence of impact measures and queried where outcomes are monitored and what data is available to demonstrate

improvement. It was recommended that future updates needed to include key milestones for impact measures. Board members required to be sighted on programme risks, to enable greater assurance to be obtained.

25. Nottingham City Council's strategy lead for SEND has resigned, the local authority has also declared bankruptcy. Oversight of SEND governance arrangements, along with financial implications, will have a significant impact on driving improvements and reducing inequalities for this SEND cohort. The risk register for the ICS/ICB has been updated to reflect the current position for SEND arrangements.

26. **Looked After Children:** NUH continues to have significant delays with a backlog of statutory initial health assessments. The ICB has received a recovery plan and as met with NUH during October 2023 to establish options and costings.

27. **Children and Young People Additional Vulnerabilities:** There are continued increasing numbers of Children and Young People presenting with complex behavioural, mental health and autism related needs where there is no clear route for provision or pathways for care.

28. **Vaccinations:** The Autumn/Winter vaccination programme (Covid-19 and flu) has been accelerated due to identification of Covid-19 variant BA2.86 strain. Covid-19 vaccination and flu seasonal programmes underway.

29. **Infection Prevention and Control:** Reducing Healthcare Associated Infections (HCAI) remains challenging and a highlighted system risk. Deep cleaning programmes continue to be impacted by sustained demands on beds resulting in cancellation or delays to cleaning programmes. NUH remains behind plan but is utilising the decant facility, which is supporting the Healthcare Associated Infections (HCAI) programme.

30. Reducing gram-negative bloodstream infections remains a challenge locally, regionally and nationally. Community associated gram-negative infections remains high and support from Public Health has been requested. City Public Health has indicated that they are unable to focus on this at the current time.

31. A system review of the leg ulcer pathway is planned to ensure it is fit for purpose. This was initiated following learning from a C.difficile clinical case review. The aim is to reduce the need for repeated antibiotics.

32. The Medicines Optimisation team is working to further understand the current increase in antimicrobial items prescribed in primary care. Clinical case reviews are ongoing to identify new learning and themes to support with improvement actions.

33. The Emergency Preparedness, Resilience and Response Team is finalising flu management plans with NEMS to now include Bassetlaw. The lack of a winter swabbing service remains highlighted as a gap and this has been added to the

risk log. The Infection Prevention Control Team are looking at short term mitigations.

Workforce

34. The following paragraphs highlight the key messages regarding the latest performance against workforce targets. More detail can be found within the workforce scorecard on page 12 and exception reports on pages 58 to 70 of the full IPR.

35. The workforce report within the Integrated Performance Report predominantly focuses on the three acute, community and mental health trusts within the system, reporting on the September 2023 position against the Operational Plan for 2023/24. The collective position shows the Trusts are above plan on substantive staff (824.5 whole time equivalent). This is alongside an improvement in the increased use of bank and reduced use of agency staff. Bank usage was 140.7 whole time equivalent above plan and agency usage was 132.2 whole time equivalent below plan (IPR, page 69).

36. **Sickness absence**: An improvement in sickness absence has been seen with all trusts operating at planned levels for this period as submitted in the operational plan, suggesting that the collective position will be on plan against the target included in the operational plan of 5.6%. Trusts continue to review and enhance their wellbeing plans with investment in additional capacity including professional advocate roles. A system Health and Wellbeing lead starting in post next month will add capacity to focus on assessing the organisational offers and looking at where system interventions can add value, looking at consistency of offers as well as equity of offers across system partners, as well as scoping the delivery of the Occupational Health provision across the system.

37. **Retention and turnover:** Retention of our existing workforce is a key focus with Nursing and Midwifery retention plans developed in each trust and additional capacity of a system retention lead starting in post next month. Further improvement in turnover has been seen: NHT below plan at 13.4%, NUH below plan at 11.1% with SFH meeting its target of 8%.

38. Recruitment strategies are in place in all trusts for both domestic and international recruitment across registered nursing. International recruitment for wider professional groups such as Allied Health Professionals is also being explored.

39. **Agency spend:** The month six position on agency spend reflects a maintenance of the previous month's spend, with usage increases informed by revised reporting on non-clinical staff groups in one Trust. Improved understanding of the various drivers contributing differently to each Trust

position is informing Trust action plans with positive impacts being seen. The drivers are:

a) Additional capacity

b) Recruitment challenges in specialist areas and roles, included within vacancies

c) Rota gaps in Junior Doctors

d) Safe staffing

e) Emergency Department overcrowding

f) Acuity of patients within mental health services

40. A review of the drivers and updated action plans will be done thematically to determine collaborative interventions including joint procurement approaches on digital platforms such as e-rostering, as one example.

41. The Agency High Impact Action Group continues to analyse agency usage, aligned to an analysis developed on understanding the substantive workforce and its deployment in delivery of the 23/24 Operational Plan. Greater pace and impact will be needed to reduce the cost to 3.7% of the pay bill (currently at 5.0%). Focus has been on reducing use of off framework agencies in all three trusts, with exit strategies in place across clinical service areas. Industrial action has had an impact but not to the extent that has been anticipated.

42. **Primary Care:** Primary Care General Practice data, which includes the additional roles position, a national priority for growing our general practice workforce, is presented at a high level, showing indicative workforce numbers against the 2023/24 Operational Plan. The general practice workforce position is collected from practices through a National Workforce Reporting Service support. The data collected is limited with variations in submissions linked to unclear definitions.

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

44. Workforce development needs to address the emerging new model of care. Engagement plans are planned at place level to discuss the challenges of recruitment and retention as well as looking at opportunities presented through wider multi-professional working.

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

46. The Primary Care Workforce Group is aligning workforce development plans to meet the Primary Care Strategic objectives, reporting into the Primary Care Strategy Delivery Group, as well as into the People and Culture governance. The Primary Care Workforce Group has a focus on creating a sustainable primary medical services workforce but will begin to gain a baseline understanding of Pharmacy, Optometrist and Dentistry workforce positions, noting the fragility of Dentistry at this time.

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/11/2023
Paper Title:	**Finance Report**
Paper Reference:	ICB 23 065
Report Author:	Michael Cawley, Operational Director of Finance
Report Sponsor:	Stuart Poynor, Director of Finance
Presenter:	Stuart Poynor, Director of Finance

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

Summary:

The Integrated Performance Report (at item 17 on the agenda) presents progress against the compliance and commitment targets for 2023/24. This report focuses on the financial position of the ICB and the system at the end of month six.

ICB Position

- Revenue Finance – £9.7 million deficit position.
- Efficiency and productivity plans are being actively managed but year to date delivery is heavily reliant on non-recurrent solutions.
- ICB Financial Recovery Panels and ICB Financial Recovery Meetings are in place.

System Position

- Revenue Finance – £79.3 million deficit position.
- Capital Finance – capital expenditure is currently underspent by £12.8 million when compared to the system capital envelope.
- Efficiency and productivity plans are being actively managed but year to date delivery is heavily reliant on non-recurrent solutions.
- Detailed financial recovery plans continue to be developed and implemented across each of our partner organisations. The system Financial Recovery Group in place to oversee performance.

Recommendation(s):

The Committee 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 £9.7 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 (£11.1 million), alongside costs and activity pressures in Continuing Health Care (£6 million) and Section 117 aftercare (£2 million).
2. Those pressures are partially offset by (a) the delivery of £15.4 million of efficiencies ahead of plan and (b) other favourable movements and/ or 'one-off' actions totalling £6 million.
3. In response, 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/ actions can be made to ensure every effort is made to deliver savings in 2023/24.
4. Separate Financial Recovery (cross-directorate) Meetings take place that facilitate a more in-depth discussion with peers.
5. Finally, weekly finance directorate meetings are focussing on the remaining part of the current financial year, with the aim of identifying other opportunities that could be realised to improve the current position, and in doing so, deliver one-off options within the ICB's efficiency plan.

System Financial Position

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

Revenue Finance:

7. The system is reporting a £79.3 million year to date aggregate deficit, which is a £21 million deterioration from the previous month's reported results and represents a £61.8 million adverse variance to plan.
8. The adverse variance is experienced in all three system providers – £36.9 million deficit at Nottingham University Hospitals NHS Trust (NUH), £2.5 million at Sherwood Forest Hospitals NHS Foundation Trust (SFH) and £12.8 million at Nottinghamshire Healthcare NHS Foundation Trust, alongside the reported ICB £9.7 million deficit. £17.5 million of the system position is planned due to the phasing of efficiency schemes that will occur later in the financial year.

9. Much of the in-month deficit is driven by the adverse run rate seen throughout the year but there have been some one-off adverse factors including Elective Recovery Fund from prior months (£7.4 million), Public Dividend Capital charge at SFH (£1.2 million) and a change in policy for the funding of cost of capital (1.4 million).

10. In summary, the main drivers of the September 2023 adverse variance are:

    a) External factors (industrial action and inflation) – £6.3 million.

    b) Prescribing, Continuing Healthcare and Section117 pressures (ICB) – £19.1 million.

    c) Planned actions not delivered including efficiencies, Covid spend reduction, mental health sub-contracted beds and urgent and emergency care escalation beds remaining open – £15.1 million.

    d) Increasing pay run rates, agency above plan – £19.9 million.

    e) Unfunded premises increased costs – £1.4 million.

11. In respect of agency costs, NHS England has set an 2023/24 agency cap of £68.7 million for the Nottingham and Nottinghamshire ICS. Agency plans are to spend £68.7 million. At month six, the forecast is to spend £65.0 million, which will be £3.7 million under the agency cap. Year-to-date £45.7 million has been spent which is £10.8 million adverse to plan.

12. In response to the in-year positions, recovery plans are being developed and implemented across all organisations. The expectation is for these organisational plans to be consolidated into a single system recovery plan.

13. All organisations have executive-led financial recovery groups in place overseeing the development and delivery of organisational plans. The system Financial Recovery Group has requested monthly trajectories from all partners across key delivery areas (pay-bill costs, whole time equivalent numbers, efficiencies) that will demonstrate ambitious delivery and enable the system Financial Recovery Group to oversee performance.

Capital Finance:

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

15. To date that envelope is underspent by £12.8 million. Plans are in place to recover the shortfall and through pro-active management ensure that funds are committed up to the envelope value by year-end.

16. At this stage there is a low risk of underspend or over-commitment of the envelope.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/11/2023
Paper Title:	**System Agency Control and Spend**
Paper Reference:	ICB 23 066
Report Author:	Clare Hopewell, Assistant Director of Finance and System Efficiency Philippa Hunt, Chief People Officer
Report Sponsor:	Stuart Poynor, Director of Finance Rosa Waddingham, Director of Nursing
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 the current oversight arrangements in relation to the system agency controls and spending.

For Nottingham and Nottinghamshire ICS:

- The system agency spending limit (ceiling) for 2023/24 is £68.7 million. Plans were submitted for £62.9 million which is £5.8 million below the agency spending limit.
- The system agency spending limit (ceiling) for 2022/23 was £54.6 million, with final spend being £87.1 million, which was £32.5 million over the agency spending limit.

The risk to the financial position is high and failure to reduce reliance on the use of agency and payment of premium rates is having a direct impact on the system's ability to achieve a break-even position.

There is a dedicated ICS agency working group over-seeing the agency challenge. This meets monthly and is led by the Chief Financial Officer at Sherwood Forest Hospitals NHS Foundation Trust, the ICB's Chief People Officer, along with workforce and finance agency leads from each provider trust and ICB colleagues.

A stocktake of financial controls has taken place with an organisational self-assessment against 83 NHS England standard and enhanced finance controls. Following the self-assessment, the ICB has commissioned a system wide audit that will include testing of specific controls.

There has been a steady improvement since the beginning of the year in the monthly trend of agency spend, both in terms of a monthly spend and percentage of total pay bill.

A letter was sent from NHS England Midlands that requested that the ICB to confirm in writing that there is evidence of a commitment to the application of NHS England's rules relating to agency expenditure and to provide a detailed plan of how the ICB will work with system partners to ensure full compliance with all areas of the Agency Rules within this financial year. A second letter was received by the ICB's Chair setting out NHS England Midland's expectations of the ICB Board's actions to support the on-going challenge of reducing temporary agency staff costs. Responses to both letters have been sent providing

Summary:
assurance on the local system oversight arrangements in relation to the system agency controls and spending.

Recommendation(s):
The Board is asked to **receive** the report for assurance that controls are in place and **note** the requirements (and the current position) the system has in respect of the use of agency, and the governance arrangements in place around the agency challenge.

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	Having the right numbers of workforce with the right skills in the right location deliver improved outcomes in population health and healthcare – this will be achieved through the 'one workforce' approach.
Tackle inequalities in outcomes, experience and access	Having a representative workforce, of the population served will lead to greater informed care reduce inequalities and improved experience and access – because of our supporting inclusion and belonging for all, creating a great experience for staff.
Enhance productivity and value for money	Having the right numbers of workforce with the right skills in the right location deliver improved outcomes in population health and healthcare – this will be achieved through the 'one workforce' approach. There is a direct impact on the productivity in system.
Help the NHS support broader social and economic development	Having a representative workforce, of the population served will lead to greater informed care reduce inequalities and improved experience and access. We recognise that within the system our staff are also our citizens so there is an opportunity to directly impact on this aim.

Appendices:
Appendix A - Trust reporting requirements 2023/24

Board Assurance Framework:
This paper provides assurance in relation to the management of the following ICB strategic risk(s): • Risk 7: People and Culture – Failure to ensure sufficient capacity and capability within the local workforce. • Risk 10: Financial Sustainability – Establishing a shared culture of financial stewardship may not ensure financial sustainability across the system.

Report Previously Received By:
Not applicable.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

System Agency Controls and Spend

Background

1. In 2015, Trust spend on agency staff had increased to the extent that it was one of the most significant causes of deteriorating Trust finances. NHS Improvement introduced a set of rules in April 2016 to support Trusts to reduce their agency expenditure and move towards a sustainable model of temporary staffing.
2. These rules included the requirements to:
    a) Comply with a ceiling for Trust total agency expenditure.
    b) Procure all agency staff at or below the price caps.
    c) Use approved framework agreements to procure all agency staff.
3. Subsequently some of the details of the rules have been reviewed, changed, or updated alongside specific guidance on the agency rules during the recent pandemic.
4. The recent agency rules published in April 2023, detail how Trusts should comply with all the agency rules in 2023/24, including the requirements to:
    a) Comply with a ceiling for Integrated Care Board total agency expenditure.
    b) Procure all agency staff at or below the price caps.
    c) Only use approved framework agreements to procure all agency staff.
5. The 2023/24 priorities and operating planning guidance confirmed the commitment around reducing agency spend and stated, “Plans should set out measures to release efficiency savings, including actions to reduce agency spending across the NHS to 3.7% of the total pay bill in 2023/24, which is consistent with the system agency expenditure limits (ceiling) for 2023/24.”
6. For Nottingham and Nottinghamshire ICS:
    a) The system agency spending limit (ceiling) for 2023/24 is £68.7 million. Plans submitted for £62.9 million which is £5.8 million below the agency spending limit.
    b) The system agency spending limit (ceiling) for 2022/23 was £54.6 million, with final spend being £87.1 million which was £32.5 million over the agency spending limit.
7. The risk to the financial position is high and failure to reduce reliance on the use of agency and payment of premium rates is having a direct impact on the system’s ability to achieve a break-even position.
8. NHS England reporting requirements in 2023/24 request that all Trusts include nine strands of data to be submitted (see Appendix A).

System governance on agency spend

9. There is a dedicated ICS agency working group over-seeing the agency challenge. This meets monthly and is led by the Chief Financial Officer at Sherwood Forest Hospitals NHS Foundation Trust and the ICB's Chief People Officer, with workforce and finance agency leads from each provider Trust and ICB colleagues. This is a jointly chaired group and supports both Director of Finance and People and Culture working groups as part of the system governance arrangements.

10. This group receives routine monthly updates from each provider on progress and actions being taken around the agency challenge in each individual organisation. This includes achievements to date and further actions, next steps and focus for the provider going forward with the challenges and the drivers of the use of agency differential across providers.

11. The group also receives system and provider information on agency spend, use of non-medical administration and estates agency, price cap and off-framework usage via the monthly system agency pack. This pack is updated from the formal monthly reporting to NHS England, which is also used to update the system's agency database.

12. The ICS People and Culture and Finance functions support a collective structure across the system to receive reports from the ICS agency working group linking the workforce and financial aspects.

13. The ICS Directors of Finance receive information on the system's performance against the overall system agency expenditure limit, price cap and off framework compliance and spend on non-medical admin estates, which form part of the system's finance key performance indicators, alongside the monthly detailed system agency pack.

14. The People and Culture, Planning, Performance and Risk Group receive the monthly detailed system agency pack at their monthly meeting and report through to the ICB's Quality and People Committee.

Stocktake of financial controls and workforce controls

15. A stocktake of financial controls has taken place with an organisational self-assessment against 83 NHS England standard and enhanced finance controls. Most of these controls relate to the processes and governance in place around the recruitment of staff, including the use of agency, e.g. establishment of a regular vacancy control panel.

16. Following the self-assessment, the ICB has commissioned a system wide internal audit that will include testing of specific controls, e.g. ban on usage of non-clinical agency staff, with exceptions authorised by an executive director and then requiring onward double / triple lock approval.

17. The Agency Rules and Toolkits have been re-issued to providers, who have confirmed that their executive teams understand and are applying the rules.

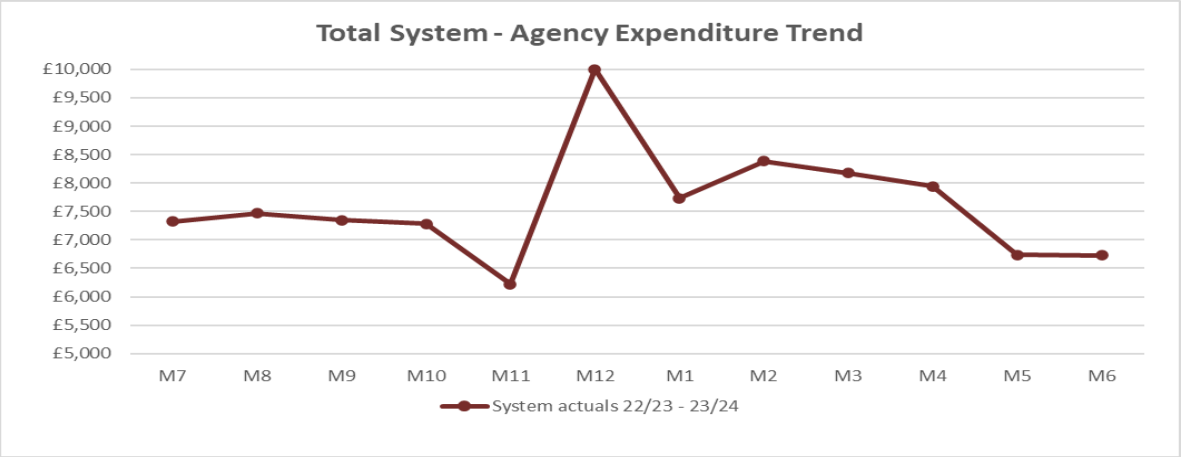
Agency ceiling and spend performance

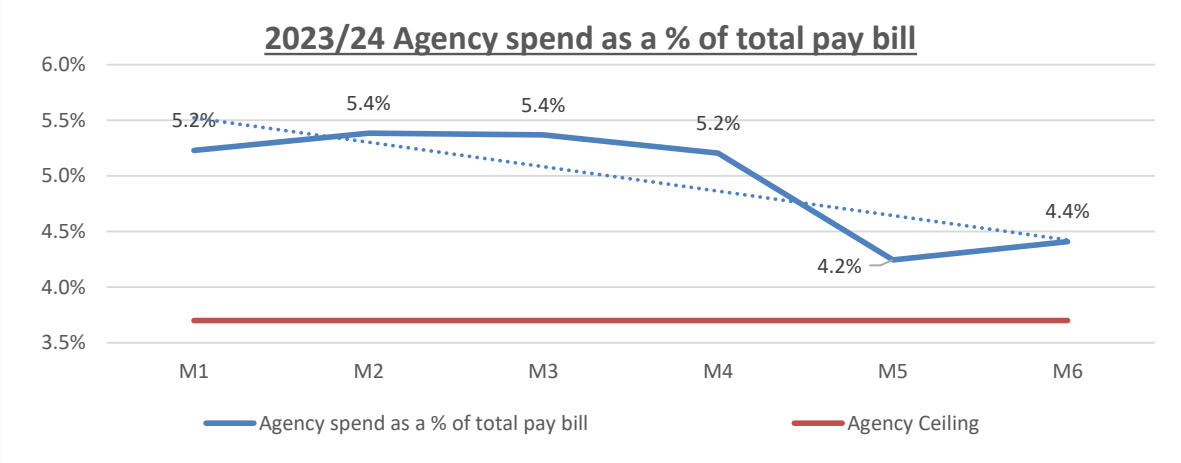
18. The system had the largest adverse variance to plan in the region and had the second highest monthly agency spend at month five.

19. There has been a steady improvement since the beginning of the year in the monthly trend of agency spend both in terms of a monthly spend and percentage of total pay bill.

20. Significant work within the providers focusing on reducing agency usage, reducing or eliminating off framework and price cap breaches, through process controls and switching to bank and substantive recruitment is having a positive impact.

21. Industrial action, increasing sickness absence and winter pressures will again increase the pressures on providers to turn to agency resource.





22. It should be noted that although agency as a percentage of the total pay bill is decreasing, the substantive pay bill has increased from month one due to the recruitment of substantive whole time equivalent staff alongside the pay award impact.

Administration and estates performance

23. The system had the highest administration and estates expenditure in the region at month five. Monthly spend has dropped in the last three months from June but the system remains an outlier across the Midlands region. This is a key focus across the system with providers having developed and implemented plans to significantly reduce the use of administration and estates agency staff and where the impact should be seen in the next two months.

Admin and Estates Agency Usage	M1	M2	M3	M4	M5	M6	YTD M6
As a % of total agency	14%	13%	24%	15%	9%	12%	15%

Price cap compliance

24. The system was in the top third of systems in the region for price cap compliance at month four with a year to date level of compliance of 58.5%. However, the system reported a dip in performance to 43% compliance in month five, which was predominantly connected with a correction to reporting at one provider. This has improved in month six with the year to date compliance remaining at 58%.

Actuals per month

Price Cap Compliance	YTD M6	M1	M2	M3	M4	M5	M6
SYSTEM	**58%**	**59%**	**58%**	**58%**	**59%**	**43%**	**70%**

Off framework usage

25. The system has seen special cause improvement in the percentage of off framework usage within the Midlands region, with rates falling from 10% in May 23 to 7% in July. This has continued into August and September (4% and 1% respectively) with no off-framework usage in all the system providers expected from October onwards.

Actuals per month

Off Framework Usage	M1	M2	M3	M4	M5	M6	YTD
SYSTEM	**9%**	**10%**	**9%**	**7%**	**4%**	**1%**	**6%**

NHS England Assurance on Agency Spend

26. A letter was sent from NHS England Midlands Region on 10 October 2023 to all NHS providers and ICBs, which requested that all organisations take the following actions:

    NHS Trusts/NHS Foundation Trusts:

    - Demonstrate compliance to report progress on temporary staffing expenditure on a routine monthly basis to their boards, with specific reference to the progress to reduce agency off framework procurement, admin and estates agency and price cap breaches.
    - By 31 October 2023, confirm in writing that the Agency Rules and the Toolkit is understood by the Executive Team, and that there is evidence of a commitment to the application of this policy to the activities of their organisation.
    - By 31 October 2023, provide a gap analysis detailing any variation between the organisation's current compliance and the Agency Rules requirements.
    - By 31 October 2023, provide a plan with clear actions, timescales, and trajectory to achieve full compliance with the agency rules requirements.

    ICBs:

    - By 31 October 2023, confirm in writing that the Agency Rules and the Toolkit is understood by the Executive Team, and that there is evidence of a commitment to the application of this policy to the activities of their system.
    - By 31 October 2023, provide a detailed plan of how the ICB will work with system partners to ensure full compliance with all areas of the Agency Rules within this financial year**.**

27. A further letter around agency was received on 18 October 2023 by the Chair of NHS Nottingham and Nottinghamshire ICB setting out NHS England Midland's expectations of the ICB Board's actions to support the on-going challenge of reducing temporary agency staff costs.

28. Within the ICB governance arrangements, two Board committees oversee system agency controls. The responsibilities of these committees are clarified below.

    Finance and Performance Committee:

    - Overseeing Performance against key areas agency off framework procurement, admin and estates agency and price cap breaches.
    - Compliance with actions, timescales, and trajectory to achieve full compliance with the agency rules requirements.

- Impact of Agency spend on financial position.

Quality and People Committee:

- Safety or experience issues caused as a result of agency rules application (as per reporting requirements).
- Workforce planning and proactive longer term approaches to agency reduction.
- Wider system usage of agency (including local authorities) and broader workforce metrics.
- Support to longer-term workforce planning to reduce agency reliance.

Appendix A - Trust reporting requirements 2023/24

Data submission requirements	Frequency	Reporting mechanism
Agency expenditure, by staff group	Monthly	Finance returns
Number of agency shifts, by staff group, breaking any combination of the agency rules	Monthly	Agency return
Report all safety issues, service closures or patient experience issues that are attributable to the agency rules	Monthly	Agency return
Details of all shifts worked by staff from off-framework agencies with those at rates above the price cap signed off by the chief executive	Monthly	Agency return
Details of all shifts worked by staff that are charging the trust £100 per hour or more, including agency fees but not including VAT, with confirmation of chief executive sign-off	Monthly	Agency return
Agency shifts worked at an hourly rate below £100 but 50% above the price cap rate, with confirmation of executive director sign-off	Monthly	Agency return
Details of the 10 highest paid agency workers, by hourly rate (including agency fee but not including VAT) working at the trust during the reporting week	Monthly	Agency return
Details of the 10 longest serving agency workers working at the trust during the reporting week	Monthly	Agency return
Details of bank shifts, by staff group	Monthly	Agency return
Details of bank shifts worked by staff at rates of pay over £100 per hour, with confirmation of chief executive sign off	Monthly	Agency return

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/11/2023
Paper Title:	**Service Delivery Report**
Paper Reference:	ICB 23 067
Report Author:	Sarah Bray, Associate Director of Performance and Assurance Rob Taylor, Deputy Director of Performance and Assurance
Report Sponsor:	Stuart Poynor, Director of Finance
Presenter:	Stuart Poynor, Director of Finance

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

Summary:

The purpose of this report is to present progress against compliance and commitment targets as required for 2023/24. The report includes progress and exception reports for areas of concern across service delivery performance areas. The report should be read in conjunction with the Integrated Performance Report (IPR) at item 17.

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

- Urgent Care – 4 Hour and 12 Hour waits (IPR, page 48)
- Planned Care – Elective and Diagnostic waits (IPR, page 51)
- Planned Care – Cancer 62 Day Backlog (IPR, page 54)
- Mental Health – Inappropriate Out of Area Placements (IPR, page 58)
- Mental Health – Talking Therapies (IPR, page 57)
- Community – Waiting Lists (IPR, page 62)

A table has been provided at the end of this report (page 9) outlining the actions and recovery timeframes being worked towards for the areas of most significant concern.

Recommendation(s):

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

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

Appendices:
Appendix 1: Non-Compliant Performance Areas – Recovery Overview

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

Introduction

1. This report presents progress against compliance and commitment targets as required for 2023/24 and includes progress and exception reports for areas of concern across service delivery performance areas. The report should be read in conjunction with the Integrated Performance Report (IPR) at item 17. An ICB Scorecard has been provided on page 4 of the IPR, which provides a summary of current delivery against the various key system requirements aligned to the ICS four core aims. This highlights that the system continues to experience pressures to delivery across all areas of the ICS aims.
2. Industrial action has been a key constraint on delivery of healthcare within the system; impacting elective and non-elective pathways.
3. During late September, there were 72 hours of strike action by junior doctors and consultants. There was further strike action for a 72-hour period in early October for Junior Doctors and Consultants. Radiographers at Nottingham University Hospitals Trust (NUH) also took strike action for 24 hours from 8am on Tuesday 3 October.
4. During the strike action, elective activity was very limited and based upon clinical urgency.
5. It is also important to note the wider non direct impact of strike action. Consultants are responsible for providing supervision of the work of junior staff. Without supervision it was not possible for some care usually delivered by junior doctors or other staff to take place safely. Significant management time is consumed in preparation for the strikes and to mitigate the impact on service delivery where possible.

Urgent Care (IPR pages 44-50)

6. Virtual ward capacity is highlighted as a metric that is improving. The capacity has increased from 97 beds to 113 beds, however, remains below the plan of 213 for September. New plans based on potential acquisition of assistive technology are in development. 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 reduced between the August position of 92% and September, which was reported at 66%. The snapshot reduction was due to industrial action limiting the volume of consultant led discharges at the point the occupancy snapshot was taken.
7. The challenges in discharging patients from acute episodes of care continue, which impacts acute and mental health services.

8. Discharge pressures continue to impact the front door of the emergency department (ED) as reported through the high levels of people waiting over 12 hours in ED and increased delays in handover from ambulances into the ED. In September, there were 1,871 hours lost through ambulances waiting to handover patients to hospitals in Nottinghamshire, which limits capacity to respond to calls within a timely manner. A full Improvement Plan has been requested by the Urgent and Emergency Care Board for November. The IPR describes some of the key actions being put in place to improve ambulance handover times.

9. Accident and Emergency 4-hour performance for the system overall remains an area of concern for the Performance Oversight Group. It is a key national performance standard. In December 2022, an intermediary threshold target of 76% to be hit by March 2024 was introduced, with further improvement expected in 2024/25.

10. Performance against the 4-hour target was below planned levels in September at 57.2% against a plan of 66.4%, but there is significant variation in waiting times within the system and a high volume of patients exceeding a 12 hour wait from a decision to admit being made to being admitted into an available bed. Providers have been asked to confirm that the many actions being planned in relation to Same Day Emergency Care, Long Length of Stay, internal flow and discharge as part of preparation for Winter are sufficient to secure the improvements required for urgent and emergency care performance.

11. Within the system, there remains a high volume of patients that have been declared medically safe for transfer. The latest position is 249 patients against a plan of 231 patients. The Statistical Process Control (SPC) alerts indicate that a significant improvement or deterioration in the position has not been seen.

12. 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; 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.

Planned Care (IPR, pages 50-56)

13. The volume of long waiting patients (52-week, 65-week and 78-week) are metrics that have been highlighted by the SPC processes as showing improvements, however, they remain behind the planned levels.

14. The position for long waiting patients is tracked closely on a frequent basis. The 65-week wait position is tracked from two perspectives; the cohort of patients that are possible to breach 65-week wait by the end of March 2024 as well as the absolute number of patients that have already exceeded a 65-week wait. Despite the impact of industrial action, the position for the 65-week wait cohort

is positive and is 9,450 patients ahead of the plan of 24,152. This means that there are 14,702 patients that require treatment by the end of March 2024 in order to achieve the national standard of zero patients waiting 65 weeks or more.

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

16. Providers were required to submit an assurance statement to NHS England to confirm the level of Board assurance on the following areas: validation; first appointments; and outpatient follow ups and indicate whether additional support was required. Both acute providers indicated that there were challenges with achieving the ambition that *'no patient in the 65 week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023'.* Nottingham University Hospitals NHS Trust (NUH) stated that there were eight specialties that were projected to miss the October 31 deadline, with Sherwood Forest Hospitals NHS Foundation Trust (SFH) stating risks around four specialties.

17. The end of September position for 78-week waits was 66 patients, of which 48 were due to capacity, 17 were due to complexity and one patient exercised their choice to be treated at a later date. This position includes 26 patients that were not able to be treated at an earlier stage due to industrial action.

18. Ear, nose and throat (ENT) and spinal services continue to be disproportionately impacted by the industrial action as this has tended to occur on a routine pattern of days when these theatre lists should have taken place. The provisional position for the end of October 2023 is that there were 60 patients waiting over 78 weeks and is subject to further validation.

19. NUH is refreshing its 'route to zero' document that will demonstrate how the series of interventions that reduce the volume of long waiting patients translate into a trajectory.

20. The backlog of patients waiting 62 days or more for treatments is a metric that has not shown statistically significant signs of improvement or deterioration. However, this indictor remains a key measure of the balance between demand and capacity for cancer services and its reduction will be vital in improving waiting times for cancer patients.

21. Recent weekly ICB data for the cancer backlog volume shows that for week ending 8 October there were 511 patients against a plan of 341 patients. NUH had 421 patients against a plan of 284 and SFH had 90 patients against a plan of 57. 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.

22. Cancer currently has ten separate performance standards. NHS England has confirmed that these will be consolidated to three, which are:

    a) 28-day faster diagnosis standard.

    b) 62-day referral to treatment standard.

    c) 31-day decision to treat to treatment standard.

    NHS England is intending to publish more granular information on the current standards, such as tumour type and treatment modalities. These changes will be implemented nationally from 1 October 2023 and be reflected in the December Integrated Performance report due to the national publication timescales. It is expected that focus will remain on reducing the backlog volume, which will create a necessary negative impact on 62-day headline performance, given these patients are waiting beyond 62 days.

23. The volume of patients waiting more than six weeks for diagnostics (Diagnostic Backlog) is falling and highlighted within the IPR as special cause improvement. However, the backlog remains high at 24,028 patients at the end of August. MRI, Echocardiography, and non-obstetric ultrasound diagnostic are of concern due to having a high volume of patients waiting over six weeks at system level.

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.

25. A recovery plan for Echocardiography at SFH was received by the Performance Oversight Group on 17 October 2023. This document describes the root causes, actions, impact and timescale of interventions. A waterfall and recovery trajectory are being refined by the trust; a summary of which will be included within the next iteration of this report.

Mental Health (IPR, pages 56-60)

26. As a programme, mental health performs well, with improvements being made across many service areas, and achievements being acknowledged by NHS England for dementia diagnosis and Children and Young People+1 contacts being the best position across the Midlands.

27. 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.

28. Talking Therapies has been an area of concern for which an improvement plan is in place for recovery of access by Quarter 4. The volume of patients entering Talking Therapies services remains below plan, however, significant improvements have been reported over the past few months. The waiting time for a talking therapy first appointment has reduced and now achieves the required standard and improvements are being made with patients waiting more than 90 days between treatments. This has arisen as the new provider initially focused on ensuring patients were undertaking their initial appointment, and then moving to focus on progressing to the second treatments. Local data is showing an improvement in this and is forecasted to improve at the end of Quarter 3 2023/24 when the majority of inherited patients will have completed their treatment.

29. 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 been agreed to increase capacity to achieve the waiting time standards. This includes a service offer to support children and young people presenting with Avoidant Restrictive Food Intake Disorder.

30. The volume of out of area placements remains at a high level. Demand for inpatient beds routinely exceeds capacity, which results in around five patients each day being supported by the crisis teams or delayed discharges in other healthcare settings e.g., Emergency Department, acute physical health wards as well as section 136 suites. Continual demand has also required some patients to be cared for outside of Nottinghamshire. The final ward at Sherwood Oaks facility opened at the end of September is expected to support this position, as will continued focus on flow through local inpatient settings. There were some reported improvements in September however the position remains increasingly challenging.

Primary Care and Community (IPR, page 62)

31. The volume of GP appointments in August was 16.7% above the planned level. The percentage of appointments held face to face remains relatively consistent with previous months at 70.2%. GP appointments within two weeks data shows that 76.7% of appointments were offered within two weeks in August 2023. Same day appointments are an area of concern as the position

has declined in recent months to 42.2%, which is lower than the average national position of 43.7%. The ICB's Primary Care Access Recovery Plan supports an increased volume of appointments, timeliness of appointments and the mode of access.

32. There has been a reduction in the adult waiting list from July to August of 277 patients to 10,492. This is driven by a reduction of 84 patients at Nottinghamshire Healthcare NHS Foundation Trust (NHCT) and reduction of 193 patients at CityCare. In August, there were 5,360 adult patients waiting for services at NHCT and 5,132 adult patients waiting at CityCare. Across both providers, the largest waiting list is for the Musculo Skeletal (MSK) service, which has 3,702 patients waiting. There are 52 adult patients and one child waiting more than 52 weeks across a range of services. The largest cohort with patients waiting more than 52 weeks is Continence services with 19 patients.

33. At NHCT, the volume of patients waiting over 13 weeks (national ambition) reduced from May to July but increased into August. High levels of demand, combined with staff sickness have been the key drivers impacting the position. There were 557 Paediatric Speech and Language Therapy patients that waited over 13 weeks in August, which is the key driver of the overall provider level position. A meeting has been held between the ICB and the Trust to develop a non-recurrent funding bid for initiatives to improve speed and language capacity level. Recruitment has taken place to vacancies and postholders will be in post Quarter 4 2023/24, which will support increased delivery.

34. Within the podiatry service, additional weekday and weekend sessions will contribute towards expected recovery by December 2023. The position will continue to be tracked to ensure progress towards this date.

Appendix 1: Non-Compliant Performance Areas – Recovery Overview

Programme Area	Performance Metric	Latest Performance	Recovery Trajectory	Oversight Monitoring Level
Urgent Care	4-Hour standard & 12 Hour Breaches	4-Hour: 57.2% v 66.4% Plan Sept 23 12-Hour: 818 in Sept 23 against a target of zero.	Providers are planning to achieve the 4-hour standard for A&E (Types 1, 2 and 3), which is 76% by March 2024, however providers have been asked to review their confidence in their UEC plans. Improvements in process and flow will be required which will also reduce the volume of 12-hour breaches from decision to admit to admission.	**Escalated Risk (IPR, p49)**
Planned Care	Long Waits +78 weeks & 65 weeks	78ww – 82 patients at the end of Sept 2023 65w – Provider: 1158 v 354 plan (August '23)	The current forecast for the end of October and November is being refined. There are known risks for a very low number of patients due to patient complexity. Focus is being undertaken relating to the 65 week zero target for March 23. The current plan is being delivered at population basis, however, is over plan in August 2023 for Provider. A revised trajectory identifying specialties with most risk is being undertaken.	**Enhanced (IPR, p51)**
	Cancer – 62-Day Backlogs, 62-day standard	62-day backlogs: 466 v 364 plan 62-day standard: 60.8% v 85% target	The cancer performance has been impacted by the industrial action undertaken through the summer period, as the Junior Doctor, Consultant and Radiographer industrial action has led to some cancer treatments being cancelled, postponed and re-booked. The providers are developing a recovery trajectory, and deep dive review for discussion with NHS England in November.	**Escalated Risk (IPR, p54)**
	Diagnostic 6 week Waits	Across all 15 modalities, 38% of patients waited 6 weeks or more for a diagnostic test in August 2023 (plan 33.2%).	The waiting list trajectory is being achieved. However the system does not benchmark well for the 6 week performance standard, being in the bottom quartile of the NHS Oversight Framework. Part of the performance difficulties relate to Echocardiography at SFHT for which an improvement plan has been received from SFH outlining increased activity through mutual aid, insourcing and additional equipment, the trajectory and waterfall chart are under development.	**Enhanced (IPR, p55)**
Mental Health	NHS Talking Therapies	Access levels remain low at 6975 patients against a plan of 8148 at July 23 (3 month rolling position).	The service continues to achieve and exceed the six week (89.6%) and 18 week (99.6%) waiting time standards. The provider is implementing a marketing and engagement plan and activities for quarter three include: Promotional activity is expected to generate additional referrals from patients with LTCs and over 65s. Attendance at over 30 events is planned in Q3 to raise awareness and increase referrals further. Access is expected to recover to target by Q4 2023/24 and has improved in line with the recovery trajectory since May 2023.	**Enhanced (IPR, p57)**

Programme Area	Performance Metric	Latest Performance	Recovery Trajectory	Oversight Monitoring Level
	Out of Area Placements	595 at July 23 against a zero national target	Performance is impacted by demand for inpatient admissions, patient acuity, and complex delayed patients which means that there are still patients being placed out of area when local provision is full. Whole system demand, acuity, capacity review is being undertaken to identify additional actions required to improve the position. This is led through the Mental Health Crisis and Urgent Care Steering Group.	**Enhanced (IPR, p58)**
	SMI Physical Health Checks	4574 at Sept 23 against a plan of 7029	An ICS recovery action plan is in place to support improvements in performance, and to achieve target by March 2024. Actions include: Further engagement with Primary Care Networks (PCNs) to understand the variation across the ICS, exploring practice processes in inviting patients in for checks, use of tools such as GP workflows, recording and reporting.	**Enhanced (IPR, p58)**
Community Services	Community Waiting List Volume	Position for patients aged 0-17 is 2057, patients against a plan of 1903. For patients aged 18+ the position is 10,492 against a plan of 8,143.	Recovery action plans are in place for three frail services at Nottinghamshire Healthcare, including Speech and Language Therapy, Podiatry and Paediatric services. The volume of long waiting patients is planned to reduce within podiatry and continence services resulting in achievement of the 13-week waiting time standard by December 2023. This will be closely monitored via the contract meetings.	**Enhanced (IPR, p62)**

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/11/2023
Paper Title:	**Integrated Performance Report**
Paper Reference:	ICB 21 068
Report Author:	Sarah Bray, Associate Director of Performance and Assurance
Report Sponsor:	Stuart Poynor, Director of Finance
Presenter:	N/A – Item for information only

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

Summary:

The purpose of this report is to present progress against compliance and commitment targets as required for 2023/24. The report includes progress and exception reports for areas of concern including quality, service delivery, finance, workforce, and health inequalities. The report provides further detail on the narrative reports presented at items 13 and 16.

Recommendation(s):

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

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

Appendices:

None.

Board Assurance Framework:

Not applicable to this paper.

Report Previously Received By:

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

Are there any conflicts of interest requiring management?

No.

Is this item confidential?

No.

Nottingham and Nottinghamshire

Nottingham & Nottinghamshire Integrated Care Board

Integrated Performance Report

Reporting Month: August/September 2023

Board Month: November 2023

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 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 83) which will support the escalation of issues to the ICB Board.

Service Delivery and workforce areas have adopted a new reporting approach using Statistical Process Control (SPC) charts, further detail relating to SPC is included on page 84 of the report for reference to aid the review of the performance report tables included in the report. The aim of the SPC charts is to provide richer information relating to whether a service is improving or deteriorating based on trend (variation icons) and the likelihood of the system plan or target being met (assurance icons).

An ICB Scorecard has been provided on page 4 which provides a summary of the current delivery of the ICB against the various key system requirements aligned to the ICS Four Key Aims. This highlights that the system is experiencing pressures to delivery across all areas of the ICS Aims, with patients experiencing longer waits than acceptable across urgent care, cancer and elective pathways, Learning Disability and Autism patients remaining in inpatient care settings, Mental Health patients being place in out of area beds and infection control measures reporting higher than planned levels. At the end of month six, the NHS System reported a £79.3 million deficit position, which is £61.8 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 –12. 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 13 – 79.

NHS Nottingham and Nottinghamshire

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

AIM-01	Improve Outcomes in Population Health and Healthcare						
ID	Key Performance Indicators	Date	Plan	Actual	In Month	Variation	Assuran
	Quality						
	LD&A Annual Health Checks	Sep-23	1960	2001	✓	-	-
	LD&A Inpatients - ICB	Sep-23	14	18	✗	-	-
	LD&A Inpatients - NHS England	Sep-23	30	33	✗	-	-
	LD&A Inpatients - CYP (NHSE)	Sep-23	3	6	✗	-	-
	No. Personal Health Budgets	Q1 23/24	2175	2538	✓	-	-
	No. stillbirths per 1000 total births	Jul-23	8.5	6.4	✓	-	-
	No. neonatal deaths per 1000 live births	Jul-23	5.2	1.1	✓	-	-
	MRSA	Aug-23	0	0	✓	-	-
	CDI	Aug-23	22	29	✗	-	-
	Ecoli BSI	Aug-23	72	106	✗	-	-
	Klebseilla BSI	Aug-23	21	26	✗	-	-
	Pseudomonas BSI	Aug-23	7	8	✗	-	-
	% Over 65s Flu Vaccinations	Feb-23	85.0%	82.1%	✗	-	-
	Planned Care						
	Extended Waits > 78 weeks	Aug-23	0	69	✗		
	Urgent Care						
	12 hour delays from arrival in ED	Sep-23	0	818	✗		
	Handover delays > 60 minutes	Sep-23	0	825	✗		
	Length of Stay > 21 days	Sep-23	465	403	✓		

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	Sep-23	-17.5	-79.3	✗	-61.8	✓	0.0
	Efficiency Target	Sep-23	58.8	64.8	✓	6.0	✓	0.0
	ERF Income	Sep-23	53.4	44.4	✗	-9.0	✓	0.0
	Agency Spend (Plan)	Sep-23	-34.8	-45.7	✗	-10.9	✗	-2.1
	MHIS	Sep-23	-	103.2		-	✓	0.0
	Capital Spend (Plan)	Sep-23	48.9	36.1	✓	-12.8	✓	0.0

AIM-04	Support Broader Social and Economic Development						
ID	Key Performance Indicators	Date	Plan	Actual	In Month	Variatic	Assura
	Provider Substantive Staffing	Sep-23	30,563	31,388	✗		
	Provider Bank Staff	Sep-23	1,737	1,877	✗		
	Provider Agency Staff	Sep-23	970	838	✓		
	Provider Staff Turnover	Sep-23	12.4%	11.1%	✓	-	-
	Provider Staff Sickness Absence	Sep-23	5.2%	5.7%	✗	-	-
	Primary Care Workforce*	Aug-23	3624	3684	✗		

* Quarterly target figures requested in the Operational Plan Submission

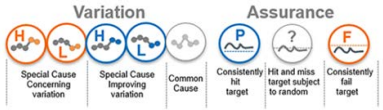
AIM-02	Tackle Inequalities in Outcomes, Experience and Access									
		Population				Provider View				
ID	Key Performance Indicators	Date	Plan	Actual	In Month	Plan	Actual	In Month	Variation	Assuran
	Planned Care									
	Total Waiting lists	Aug-23	124368	144254	✗	113380	138828	✗		
	Patients Waiting >65 weeks	Aug-23	1573	1136	✓	354	1158	✗		
	Referral to Treatment Pathway +18 weeks	Aug-23	-	48977	-	-	54565	-	-	-
	Elective Value Weighted Activity	To be included in future reports								
	Outpatient Follow-up Reductions	Aug-23	58126	63668	✗	70481	59506	✓		
	Diagnostics +6 weeks Wait	Aug-23	9391	8994	✓	8950	9147	✗		
	Cancer 2 week waits	Aug-23	-	-	-	93.0%	80.2%	✗		
	Cancer 31 Day First Treatment	Aug-23	96.0%	83.1%	✗	96.0%	83.1%	✗		
	Cancer 62 Day Performance (85%)	Aug-23	85.0%	61.2%	✗	85.0%	60.8%	✗		
	Cancer 62 Day Backlog	Aug-23	-	-	-	364	466	✗		
	Cancer Faster Diagnosis	Aug-23	75.0%	74.9%	✗	75.0%	75.0%	✗		
	Urgent Care									
	Ambulance Cat 1 Response (mean)	Sep-23	00:07:00	00:08:03	✗	-	-	-	-	-
	Ambulance Cat 2 Response (mean)	Sep-23	00:18:00	00:36:59	✗	-	-	-	-	-
	ED 4 hour waits	Sep-23	-	-	-	66.0%	57.1%	✗	-	-
	% Beds Occupied with no criteria to reside	-	-	-	-	-	-	-	-	-
	% Bed Occupancy	Sep-23	-	-	-	92.59%	92.13%	✗	-	-
	Community									
	Community Waits - Adult	Aug-23	8143	10492	✗	-	-	-	-	-
	Community Waits - CYP	Aug-23	1903	2057	✗	-	-	-	-	-
	Primary Care									
	GP Appointments	Aug-23	510644	603812	✓	-	-	-	-	-
	GP Appointments < 14 days (85%)	Aug-23	85.0%	78.0%	✗	-	-	-	-	-
	% Units of Dental Activity	Sep-23	100.0%	67.3%	✗	-	-	-	-	-
	NHS App	Aug-23	60.0%	52.9%	✗	-	-	-	-	-
	Mental Health									
	Talking Therapies Access	Jul-23	8148	6975	✗	-	-	-	-	-
	Talking Therapies Recovery Rate	Jul-23	50.0%	46.6%	✗	-	-	-	-	-
	Dementia Diagnosis Rates	Aug-23	66.7%	70.8%	✓	-	-	-	-	-
	Perinatal Access	Jul-23	1298	1255	✗	-	-	-	-	-
	Individual Placement Support Access	Aug-23	470	664	✓	-	-	-	-	-
	EIP < 2 weeks referral	Jun-23	60%	82%	✓	-	-	-	-	-
	CYP Access	Jul-23	16100	18055	✓	-	-	-	-	-
	Out of Area Placements	Jul-23	0	595	✗	-	-	-	-	-
	SMI Physical Health Checks	Sep-23	7029	4574	✗	-	-	-	-	-
	SMI Access to Community Services	Jul-23	15000	13960	✗	-	-	-	-	-
	Health Inequalities - Prevention									
	NHS Digital Weight Management Referrals per 100k pop	Q4 22-23	-	16.3	-	-	-	-	-	-
	Inpatients % Smokers Offered Tobacco Treatment	Mar-23	-	66.7%	-	-	-	-	-	-

2. Quality Scorecard

NHS Nottingham and Nottinghamshire

Quality Scorecard

Quality Scorecard – September 2023	Latest Period	Plan	Actual	Variance	Exception Report
Learning Disability & Autism					
LD&A Inpatients Rate Adults - ICB	Sep-23	14	18	4	Section 01
LD&A Inpatients Rate Adults - NHSE	Sep-23	30	33	3	
LD&A Inpatients Rate CYP - NHSE	Sep-23	3	6	3	
LD&A Annual Health Checks	Sep-23	1960	2001	41	
Maternity					
No. stillbirths per 1000 total births	Jul-23	8.5	6.4	-2.1	Section 03
No. neonatal deaths per 1000 live births	Jul-23	5.2	1.1	-4.1	
Infection Prevention Control Hospital Acquired Infections					
MRSA	Aug-23	0	0	0	Section 08
C-Diff	Aug-23	22	29	-7	
Ecoli BSI	Aug-23	72	106	-34	
Klebseilla BSI	Aug-23	21	26	-5	
Pseudomonas BSI	Aug-23	7	8	-1	



NHS Nottingham and Nottinghamshire

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

Pre-Hospital Flow Volumes

Population							Provider						
Name	Latest Period	Plan	Actual	Variance	V	A	Name	Latest Period	Plan	Actual	Variance	V	A
EMAS Calls - ICB Population	Sep-23	22202	24376	✗ 2174			EMAS Calls - ICB Provider	-	-	-	-		
111 Calls Answered - ICB Population	Aug-23	-	28069	-			111 Calls Answered - ICB Provider	-	-	-	-		

Pre-Hospital - Alternatives to ED

Name	Latest Period	Plan	Actual	Variance	V	A	Name	Latest Period	Plan	Actual	Variance	V	A
Urgent Care Response (UCR) - ICB Population	Aug-23	286	1362	✓ 1076			Urgent Care Response (UCR) - ICB Provider	-	-	-	-		
UCR Response % - ICB Population	Aug-23	70.0%	97.5%	✓ 27.5%			UCR Response % - ICB Provider	-	-	-	-		

Front Door - Flow Volumes

Name	Latest Period	Plan	Actual	Variance	V	A	Name	Latest Period	Plan	Actual	Variance	V	A
Ambulance Conveyances to ED (Vol)	Sep-23	7594	7488	✓ -106			Ambulance Conveyances to ED (Vol)	-	-	-	-		
Ambulance Conveyances to ED (%)	Sep-23	51.9%	50.1%	✓ -1.8%			Ambulance Conveyances to ED (%)	-	-	-	-		
Total A&E Attendances - ICB Population	Sep-23	-	39112	-			Total A&E Attendances - ICB Provider	Sep-23	31875	33954	✗ 2079		

In-Hospital Flow

Name	Latest Period	Plan	Actual	Variance	V	A	Name	Latest Period	Plan	Actual	Variance	V	A
Total NEL admissions - ICB Population	Aug-23	-	10922	-			Total NEL admissions - ICB Provider	Aug-23	12446	11227	✓ -1219		
NEL Conversion Rate from ED Atds - %	-	-	-	-			NEL Conversion Rate from ED Atds - %	Aug-23	-	34.8%	-		
SDEC % of Total Admissions - ICB Population	-	-	-	-			SDEC % of Total Admissions - ICB Provider	Sep-23	33.0%	34.0%	✓ 1.0%		
% Bed Occupancy - ICB Population	-	-	-	-			% Bed Occupancy - ICB Provider	Sep-23	92.6%	92.1%	✓ -0.5%		

Flow out of Hospital

Name	Latest Period	Plan	Actual	Variance	V	A	Name	Latest Period	Plan	Actual	Variance	V	A
Number of MSFT > 24 Hours	-	-	-	-			Number of MSFT > 24 Hours	Sep-23	231	249	✗ 18		
No Criteria to Reside	Sep-23	296	396	✗ 100			No Criteria to Reside	Sep-23	296	291	✓ -5		
Length of Stay > 21 days	-	-	-	-			Length of Stay > 21 days	Sep-23	465	403	✓ -62		
Pthy 0 - Discharges Home	Sep-23	7173	10472	✓ 3299			Pthy 0 - Discharges Home	-	-	-	-		
Pthy 1 - Disch home w/ hlth and/or social care	Sep-23	1212	855	✗ -357			Pthy 1 - Disch home w/ hlth and/or social care	-	-	-	-		
No. Patients utilising Virtual Ward	Sep-23	213	113	✗ -100			No. Patients utilising Virtual Ward	-	-	-	-		

NHS Nottingham and Nottinghamshire

3a. Service Delivery Scorecard - Urgent Care Compliance

Population

EMAS Performance Compliance

Name	Latest Period	Plan	Actual	Variance	V	A
Ambulance (mean) resp time Cat 1 (Notts)	Sep-23	00:07:00	00:08:03	✗ 00:01:03		
Ambulance (mean) resp time Cat 2 (Notts)	Sep-23	00:18:00	00:36:59	✗ 00:18:59		
% Cat 2 waits below 40 minutes (Notts)	Sep-23	90.0%	55.7%	✗ -34.3%		
Ambulance resp time Cat 3 - 90th Centile *	Sep-23	02:00:00	08:02:03	✗ 06:02:03		
Ambulance resp time Cat 4 - 90th Centile *	Sep-23	03:00:00	05:54:53	✗ 02:54:53		

Acute Performance Compliance

Name	Latest Period	Plan	Actual	Variance	V	A
Hospital Handover Delays > 30 Minutes	Sep-23	-	2545	-		
Hospital Handover Delays > 60 minutes	Sep-23	-	679	-		
Ambulance Total Hours Lost	Sep-23	-	2035	-		
A&E 4hr % Perf (All)	-	-	-	-		
12 Hour Breaches ED	-	-	-	-		
12 Hour Breaches as % ED Atds	-	-	-	-		

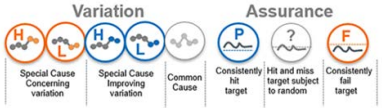
Provider

EMAS Performance Compliance

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

Acute Performance Compliance

Name	Latest Period	Plan	Actual	Variance	V	A
Hospital Handover Delays > 30 Minutes	Sep-23	-	3882	-		
Hospital Handover Delays > 60 minutes	Sep-23	0	825	✗ 825		
Ambulance Total Hours Lost	Sep-23	-	1871	-		
A&E 4hr % Perf (All)	Sep-23	66.4%	57.2%	✗ -9.3%		
12 Hour Breaches ED	Sep-23	0	818	✗ 818		
12 Hour Breaches as % ED Atds	Sep-23	2.0%	2.4%	✗ 0.4%		



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3b. Service Delivery Scorecard - Planned Care Recovery

Population

Elective Recovery - Total Waiting List & Long Waits

Name	Latest Period	Plan	Actual	Variance	V	A
Total Waiting List Size	Aug-23	124368	144254	19886		
Incomplete RTT pathways >52 Wks	Aug-23	4903	4645	-258		
Incomplete RTT pathways >65 Wks	Aug-23	1573	1136	-437		
Incomplete RTT pathways >78 Wks	Aug-23	0	69	69		

Elective Recovery - Activity

Name	Latest Period	Plan	Actual	Variance	V	A
Total Referrals	Aug-23	-	26253	-		
Total Ordinary Electives	Aug-23	2093	1997	-96		
Total Daycases	Aug-23	13010	14463	1453		
Total Outpatients 1st (Spec Acute)	Aug-23	27279	25446	-1833		
Total Outpatients FUp (Spec Acute)	Aug-23	58126	63668	5542		
Total Diagnostic Activity	Aug-23	36834	35618	-1216		

Elective Recovery - Productivity & Transformation

Name	Latest Period	Plan	Actual	Variance	V	A
Total Outpatients - Virtual(%)	Aug-23	25.0%	17.7%	-7.3%		
Patient Initiated Fups (%)	-	-	-	-		
Advice and Guidance (% of 1st OP)	Aug-23	31	33	2		
Completed Adm RTT Pathways	Aug-23	5413	4751	-662		
Completed Non-Adm RTT Pathways	Aug-23	24279	23712	-567		

Diagnostic Recovery

Name	Latest Period	Plan	Actual	Variance	V	A
Total Diagnostic Activity	Aug-23	36834	35618	-1216		
Diagnostic Waiting List	Aug-23	26195	25323	-872		
Diagnostic Backlog	Aug-23	9391	8994	-397		
Diagnostics +6 Wks	Aug-23	35.9%	35.5%	-0.3%		

Cancer Recovery

Name	Latest Period	Plan	Actual	Variance	V	A
Cancer 2ww %	-	-	-	-		
Cancer - Faster Diag Std 28 Days	Aug-23	75.0%	74.9%	-0.1%		
Cancer - No. 1st Definitive Treatments	Aug-23	-	528	-		
Cancer - No.receiving 1st Trt <31 days %	Aug-23	96.0%	83.1%	-12.9%		
Cancer - No. patients waiting <62 days %	Aug-23	85.0%	61.2%	-23.8%		
Cancer - 62 day backlog	-	-	-	-		

Provider

Elective Recovery - Total Waiting List & Long Waits

Name	Latest Period	Plan	Actual	Variance	V	A
Total Waiting List Size	Aug-23	113380	138828	25448		
Incomplete RTT pathways >52 Wks	Aug-23	2040	4645	2605		
Incomplete RTT pathways >65 Wks	Aug-23	354	1158	804		
Incomplete RTT pathways >78 Wks	Aug-23	0	82	82		

Elective Recovery - Activity

Name	Latest Period	Plan	Actual	Variance	V	A
Total Referrals	Aug-23	-	23448	-		
Total Ordinary Electives	Aug-23	2708	1865	-843		
Total Daycases	Aug-23	13465	13260	-205		
Total Outpatients 1st (Spec Acute)	Aug-23	28245	21983	-6262		
Total Outpatients FUp (Spec Acute)	Aug-23	70481	59506	-10975		
Total Diagnostic Activity	Aug-23	32394	31666	-728		

Elective Recovery - Productivity & Transformation

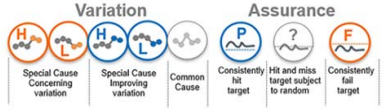
Name	Latest Period	Plan	Actual	Variance	V	A
Total Outpatients - Virtual(%)	Aug-23	25.0%	18.3%	-6.7%		
Patient Initiated Fups (%)	Aug-23	5.0%	5.2%	0.2%		
Advice and Guidance (% of 1st OP)	Aug-23	-	27	-		
Completed Adm RTT Pathways	Aug-23	6095	4103	-1992		
Completed Non-Adm RTT Pathways	Aug-23	22787	22093	-694		

Diagnostic Recovery

Name	Latest Period	Plan	Actual	Variance	V	A
Total Diagnostic Activity	Aug-23	32394	31666	-728		
Diagnostic Waiting List	Aug-23	26994	24028	-2966		
Diagnostic Backlog	Aug-23	8950	9147	197		
Diagnostics +6 Wks	Aug-23	33.2%	38.1%	4.9%		

Cancer Recovery

Name	Latest Period	Plan	Actual	Variance	V	A
Cancer 2ww %	Aug-23	93.0%	80.2%	-12.8%		
Cancer - Faster Diag Std 28 Days	Aug-23	75.0%	75.0%	0.0%		
Cancer - No. 1st Definitive Treatments	Aug-23	-	623	-		
Cancer - No.receiving 1st Trt <31 days %	Aug-23	96.0%	83.1%	-12.9%		
Cancer - No. patients waiting <62 days %	Aug-23	85.0%	60.8%	-24.2%		
Cancer - 62 day backlog	Aug-23	364	466	102		



NHS
Nottingham and Nottinghamshire

3c. Service Delivery - Mental Health Scorecard

Population

Mental Health - Talking Therapies (Previously IAPT)

Name	Latest Period	Plan	Actual	Variance	V	A
Talking Therapies - Referrals	Jul-23	-	3215	-		
Talking Therapies- 1st Treatment <6 Weeks	Jul-23	75.0%	89.6%	✓ 14.6%		
Talking Therapies- 1st Treatment <18 Weeks	Jul-23	95.0%	99.6%	✓ 4.6%		
Talking Therapies - Entering Treatment (3mth)	Jul-23	8148	6975	✗ -1173		
Talking Therapies- >90 Days 1st & 2nd Treatment	Jul-23	10.0%	33.6%	✗ 23.6%		
Talking Therapies- Recovery Rate (3mth Rolling)	Jul-23	50.0%	46.6%	✗ -3.4%		

Mental Health - Adult Mental Health

Name	Latest Period	Plan	Actual	Variance	V	A
Adult MH IP Discharges - % Fup 72 hours	Jun-23	80.0%	82.0%	✓ 2.0%		
Inappropriate OAP Bed days	Jul-23	0	595	✗ 595		
Rate per 100,000 Older Adult MH LOS > 90 Days	Jun-23	8	9	✗ 1		
SMI Health Checks	Sep-23	7029	4574	✗ -2455		
Access SMI +2 Contacts Community MH Services	Jul-23	15000	13960	✗ -1040		
Dementia Diagnosis	Aug-23	66.7%	70.8%	✓ 4.1%		

Mental Health - Access

Name	Latest Period	Plan	Actual	Variance	V	A
Perinatal Access % (12 month rolling)	Jul-23	10.0%	9.4%	✗ -0.6%		
Perinatal Access - Volume	Jul-23	1298	1225	✗ -73		
Individual Placement Support	Aug-23	470	664	✓ 194		
Early Intervention in Psychosis (EIP)	Jun-23	60.0%	81.5%	✓ 21.5%		

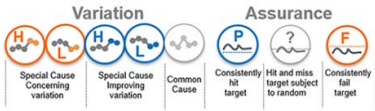
Mental Health - Children & Young People

Name	Latest Period	Plan	Actual	Variance	V	A
CYP - New Referrals	Jul-23	-	1645	-		
CYP Eating Disorders - Routine Ref Perf (Qtr)	Jul-23	95.0%	80.0%	✗ -15.0%		
CYP Eating Disorders - Urgent Ref Perf (Qtr)	Jul-23	95.0%	100.0%	✓ 5.0%		
CYP Access (1+ Contact) (12 Mth Rolling)	Jul-23	16100	18055	✓ 1955		

NHS
Nottingham and Nottinghamshire

3d. Service Delivery – Primary & Community Scorecard

Population						
Primary Care and Community Recovery						
Name	Latest Period	Plan	Actual	Variance	V	A
Total Appointments	Aug-23	510644	603812	✓ 93168		
% Face to Face Appointments	Aug-23	-	70.3%	-		
% Same Day Appointments	Aug-23	-	42.2%	-		
% Pts able to book within 2 Weeks	Aug-23	-	78.0%	-		
Number of NHS App Registrations	Sep-23	60.0%	52.9%	✗ -7.1%		
Community Waiting List (0-17 years)	Aug-23	1903	2057	✗ 154		
Community Waiting List (18+ years)	Aug-23	8143	10492	✗ 2349		



4. Finance - Scorecard

Integrated Care System
Nottingham & Nottinghamshire

Indicator Measure	22/23 Actual	YTD Variance £m's Plan	Actuals	Variance	YE FOT Variance £m's Plan/ Ceiling/ Envelope	FOT	Variance	RAG YTD	RAG FOT
Financial Sustainability (Variance from b/e)	-13.9	-17.5	-79.3	**-61.8**	0.0	0.0	**0.0**		
Pay Spend		-877.3	-919.7	**-42.3**	-1,735.7	-1,742.6	**-7.0**		
Agency Spend vs Plan	-87.1	-34.8	-45.7	**-10.8**	-62.9	-65.0	**-2.1**		
Normalised Ave. Monthly Pay Run Rate	-143.1	-146.2	-153.3	**-7.1**	-144.6	-145.2	**-0.6**		
Financial Efficiency Vs Plan	102.8	58.8	64.8	**6.0**	192.7	192.7	**0.0**		
Recurrent Efficiencies	44.8	48.4	26.7	**-21.7**	147.6	126.3	**-21.3**		
Achievement of MHIS	190.7		103.2		208.3	208.3	**0.0**		
Agency Spend Vs Ceiling	-87.1		-45.7		-68.7	-65.0	**3.7**		
Agency Spend - off framework usage	10%	0%	6%	**-6%**					
Agency Spend - price cap over-ride rate	56%	100%	58%	**-42%**					
Agency - non-medical admin & estates/total agency		0%	15%	**-15%**					
WTE (Provider)	33,799	33,215	33,786	**-570**					
Implied Acute Productivity (M4 2023/34)	-16%		-19%		-5%				
Capital Spend Vs System Envelope	85.2	48.9	36.1	**-12.9**	100.6	105.6	**5.0**		
Capital Spend Vs System Plan	85.2	48.9	36.1	**-12.9**	105.6	105.6	**0.0**		
Elective Recovery Fund Performance		53.4	44.4	**-9.0**	102.2	102.2	**0.0**		

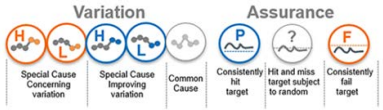
- The system is experiencing a £79.3m deficit to the end of month 6, which is £61.8m adverse to plan.
- The adverse variance is seen in all 4 NHS partner organisations, with NUH being the largest component (£36.9m).
- Month 6 has seen a £22.6m in-month deficit, £21m adverse to plan.
- Efficiency delivery is £6m favourable to plan with £64.8m delivered to month 6. The over-delivery sits mainly in the ICB (£15.4m) though whilst over plan ytd, the phasing of the plan is back-loaded so in effect on target for full year.
- Recurrent efficiencies are £21.7m below planned levels with the balance being delivered through non-recurrent means.

NHS
Nottingham and Nottinghamshire

5. Workforce - Scorecard

Workforce	Key Performance Indicators	Date	Plan	Actual	Variance
	Total WTE Substantive Workforce	Sep-23	30563.4	31387.9	824.5
	Bank Staff	Sep-23	1736.5	1877.2	140.7
	Agency Staff	Sep-23	970.4	838.3	-132.1
	12 Month Rolling Average Sickness Absence %	Sep-23	5.2%	5.66%	-
	12 Month Rolling Average Staff Turnover %	Sep-23	12.4%	11.10%	-
	Total WTE Primary Care Workforce *	Aug-23	3624	3684	60

* Quarterly target figures requested in the Operational Plan Submission



NHS
Nottingham and Nottinghamshire

Quality Integrated Performance Report

September 2023 & Quarter 2

Enhanced Oversight

01 - Exception Report Learning Disability & Autism

02 - Exception Report Patient Safety

03 - Exception Report Maternity

04 - Exception Report Special Educational Needs and Disabilities

05 - Exception Report Looked After Children

06 - Exception Report Children & Young People Additional Vulnerabilities

Routine Oversight

10 - Exception Report Personalisation

11 - Exception Report Co-Production

12 - Exception Report Adult & Children Safeguarding

13 - Medicine Optimisation

14 - Personal Health Budgets

15 - Continuing Healthcare

16 - Patient Experience

Further Information Required

07 - Exception Report Vaccinations

08 - Exception Report Infection Prevention & Control

09 - Care Homes & Home Care

NHS Nottingham and Nottinghamshire

3. Enhanced

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

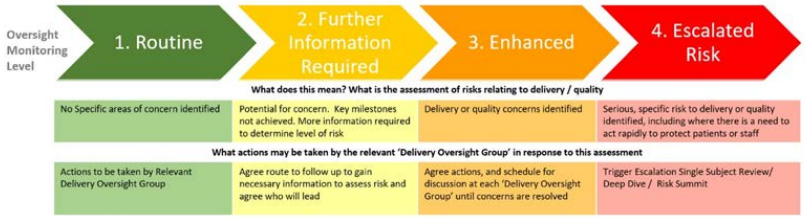
Delivery or quality concerns identified

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
- 02 - Exception Report Patient Safety
- 03 - Exception Report Maternity
- 04 - Exception Report Special Educational Needs and Disabilities
- 05 - Exception Report Looked After Children
- 06 - Exception Report Children & Young People Additional Vulnerabilities



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

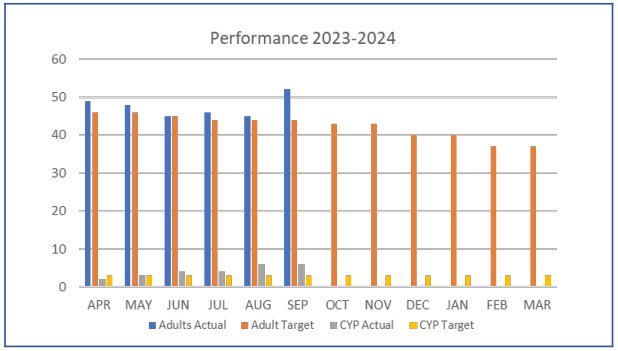
01. Exception Report Learning Disability & Autism

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Learning Disability and Autism (LD&A)

Learning Disability and Autism (LD&A) Inpatient

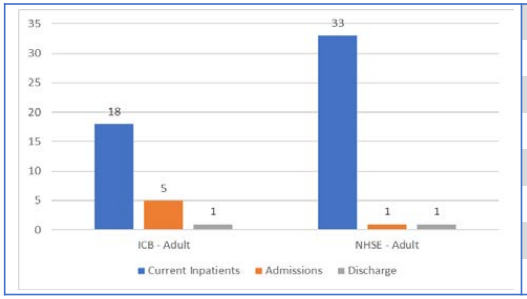


Data Cut-Off Date: 30/09/2023

Explanatory Note/Insight Analysis and Assurance:
Adult Inpatient Trajectories: Our current adult inpatient number stands at 51, which is an increase of 6 since the end of August. This is due to two new admissions and 1 discharge within the month of September, and 4 patients already in mental health settings who have received a diagnosis of ASD. This then has placed us at 7 above the total adult monthly trajectory.

Children & Young People Inpatient Trajectories: In total there are 6 CYP in an inpatient setting which means we are now 3 above trajectory. CAMHs have had 2 admission for the month of September. One of which was a readmission. There has been 1 CYP discharge.

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

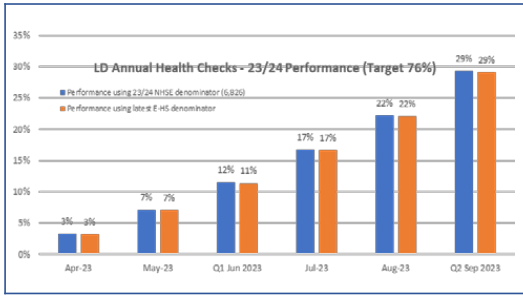


Sep-23
51
Admissions
6
Discharges
1
SPC Variation
-

Data Cut-Off Date: 30/09/2023

Explanatory Note/Insight Analysis and Assurance:
During September there were 6 admissions and 1 discharge.
There has been 2 community admissions which were deemed appropriate and unavoidable in each case with robust system discussions and attempts to avoid admission clearly in evidence. Out of those two there was 1 individual (on a section) within the community who was recalled due to breach of their conditions. There have been four additional individuals who were inpatients within the MH inpatient pathway and have received a recent diagnosis of autism.

Learning Disability Annual Health Checks



Sep-23
2001
% NHSE denom.
29%
% EHS denom.
29%
SPC Variation
-

Data Cut-Off Date: 30/09/2023

Explanatory Note/Insight Analysis and Assurance: There have been 2,001 health checks completed in 2023/24 across the ICS, putting performance at 29%, slightly ahead of our trajectory.

LeDeR

2022-23
34
Target
58
Assurance
-
SPC Variation
-

Data Cut-Off Date: 31/06/23

Explanatory Note/Insight Analysis and Assurance: Q2 data will be available in October

01. Exception Report Learning Disability & Autism

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Learning Disability and Autism (LD&A)

System Quality Group Oversight – Enhanced

Rationale for assurance level: Focus remains on adult inpatient performance with monthly NHS England system performance meetings in place and Learning Disabilities & Autism (LDA) Peer Review action plan in development to address areas of challenge.

Current Position

Exceptions for this month:
A Minsterial visit to review adult inpatient performance with the Chief Executive will take place on 9th October 2023. It will focus on areas of challenge and opportunities for support with recovery.

At the last System Adult Inpatient Performance Meeting NHS England Region confirmed that they are assured by the confidence and grip in the system in relation to inpatient performance and the actions we are taking across the partnership to address the issues.

Learning Disabilities & Autism (LDA) Executive Partnership Board have approved the Learning Disabilities & Autism (LDA) Peer Review Action Plan, which was developed with partners and people with lived experience through a number of events. Learning Disabilities & Autism (LDA) Executive Partnership Board will maintain oversight of progress against plan, with key actions assigned and in progress.

Inpatient performance
At 3 September 2023, there are currently 51 adult inpatients against a target of 44 (7 over target). This month both ICB performance (18 inpatients against a target of 14) and IMPACT performance (33 inpatients against a target of 30) are behind target. This is due to 2 new admissions and 1 discharge within the month of September, and 4 patients already in mental health settings who have received a diagnosis of ASD. The system discharged 1 non-secure into the community bringing the total discharges to 9 this year. Despite this our numbers continue to be a cause of concern due to the increase in the number of people within MH inpatient setting being diagnosed as having ASD. The LGA peer reviewers have highlighted to the system that this population will continue to increase and is likely over time to be a high proportion of our inpatient population.

In total there are 6 CYP in an inpatient setting which means we are now 3 above trajectory. There have been 2 CYP admission in September from the community where the individual requires a period of assessment and treatment. There was 1 discharge back to the family home.

Actions Being Taken & Next Steps

Ministerial visit to review adult inpatient performance to take place on 9th October with key actions to follow.

Next Monthly System Adult Inpatient Performance Meeting scheduled 17 October 2023 with NHS England region.

Dynamic Support Register to manage admission avoidance continues current 296 individuals being supported via community multidisciplinary team (MDT) :

- 151 Adults
- 145 Children and Young People (CYP)

Risks & Escalations

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

02. Exception Report Patient Safety

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Patient Safety

System Quality Group Oversight – Enhanced

Rationale for assurance level: All partners continue to make progress towards Patient Safety Incident Response Framework (PSIRF) with draft plans now being prepared and recruitment underway for patient safety partners. The regional team has been updated in line with request for a progress update ahead of the next monthly meeting. Vibrant, supportive and well attended PSIRF implementation group meetings which are acknowledged as key enablers for some PSIRF leads who can feel isolated in their organisation (see risks & escalations below).

Current Position

Exceptions for this month:

ICB Patient Safety Incident Response Framework (PSIRF) position outstanding actions:

- Recruitment of two patient safety partners (PSP) from the local population
- Establish system forum for Patient Safety Partners (PSPs)
- Submit ICS Patient Safety Incident Response Policy (PSIRP) to System Quality Group (September)

Never Events; Section 28 (PFD); Care Quality Commission (CQC) inspections & reports

- No new Section 28 during September.
- Care Quality Commission (CQC) visit to Doncaster and Bassetlaw 13 September 2023 awaiting feedback.
- Care Quality Commission (CQC) inspection within Nottingham University Hospital Maternity services resulting improvement in ratings.

Patient Safety Specialists

The network development session planned for 14 September 2023 was stood down due to number of apologies.

Actions Being Taken & Next Steps

ICS Patient Safety Specialists network development session – plans to reschedule and propose forward plan, options for hosting, facilitation and evaluation are being considered so that wider engagement is encouraged.

Bespoke support in place for smaller & independent providers who are not served by the Patient Safety Incident Response Framework (PSIRF) implementation group.

Risks & Escalations

There is lack of assurance around executive support for the patient safety agenda, including implementation of Patient Safety Incident Response Framework (PSIRF) during this key early phase. Concerns shared with colleagues at the ICS System Quality Group.

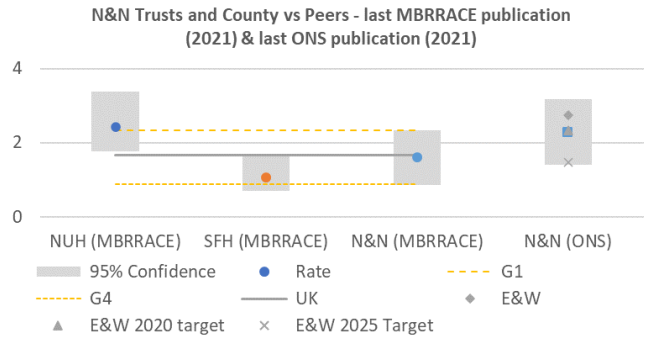
03. Exception Report Maternity

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Local Maternity & Neonatal System (LMNS)

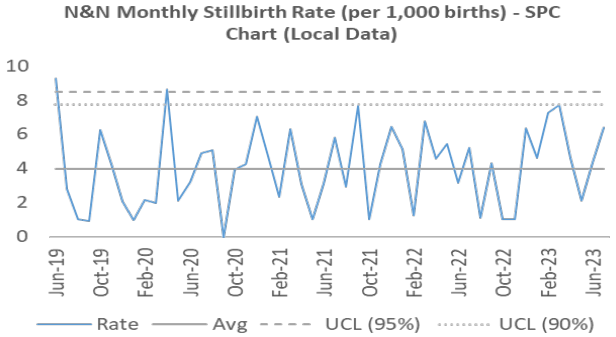
Nottingham & Nottinghamshire Trusts and County vs Peers – last MBRRACE publication (2021) & last ONS publication (2021)



Data Cut-Off Date: 21/09/23

Explanatory Note/Insight Analysis and Assurance: - Nottingham and Nottinghamshire ICB remains within 5% of the UK average for adjusted perinatal mortality rates.

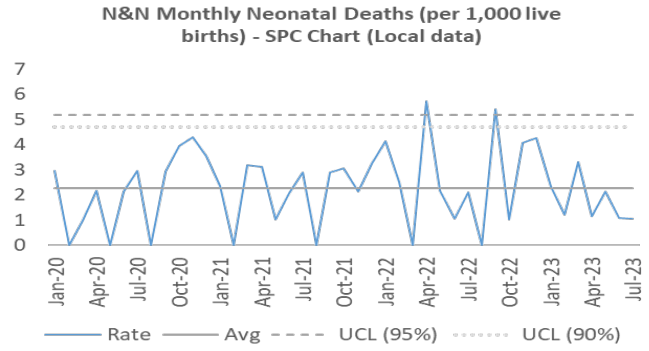
Nottingham & Nottinghamshire Monthly Stillbirth Rate (per 1,000 live births) – SPC Chart (local data)



Data Cut-Off Date: 21/09/2023

Explanatory Note/Insight Analysis and Assurance: - MBRRACE figures for 2021 show Sherwood Forest Hospitals and Nottingham & Nottinghamshire roughly aligned to their comparators with Nottingham University Hospitals being elevated. These metrics are now also reflected on the National Oversight Framework.

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



Data Cut-Off Date: 21/09/2023

Explanatory Note/Insight Analysis and Assurance: - The neonatal death rate across the system is showing signs of improvement and remains under review through the perinatal quality workstream. A review of the PERIPrem bundle was recommended by the regional team and has been completed, the bundle will be implemented system wide in line with the Saving Babies Lives Care Bundle (SBLCB) version 3.

Ockenden Assurance

	NUH					SFH				
	Jan-22	Apr-22	Sep-22	Dec-22	Apr-23	Jan-22	Apr-22	Sep-22	Dec-22	Apr-23
IEA1 Enhanced Safety	56%	100%	100%	100%	100%	100%	100%	100%	100%	100%
IEA 2 Listening to women and families	88%	99%	100%	100%	100%	88%	100%	100%	100%	100%
IEA3 Staff training and working together	56%	63%	96%	97%	100%	100%	100%	100%	100%	100%
IEA4 Managing complex pregnancy	79%	89%	100%	96%	100%	100%	100%	100%	100%	100%
IEA5 Risk assessment throughout pregnancy	67%	70%	98%	100%	100%	100%	100%	100%	100%	100%
IEA6 Monitoring fetal wellbeing	67%	94%	100%	97%	100%	100%	100%	100%	100%	100%
IEA7 Informed consent	50%	57%	93%	93%	100%	71%	71%	93%	93%	100%
Workforce	70%	80%	95%	95%	100%	100%	100%	100%	100%	100%

Up-to-date as of: 21/09/23

Explanatory Note/Insight Analysis and Assurance: - Nottingham University Hospital Ockenden Insight visit took place 31 July 2023 with good progress in all areas and assurance gained around compliance assessment of 100%. The final report was shared with the Nottingham University Hospital team and insight visit partners and learning will inform preparation for Sherwood Forest Hospital visit 09 October 2023.

03. Exception Report Maternity

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Local Maternity & Neonatal System (LMNS)

System Quality Group Oversight – Enhanced

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

Current Position

Exceptions for this month:

NHS England have published the 3 year delivery plan deliverables, and all partners have taken part in the development of additional local deliverables to support local intelligence and assurance. This will be overseen by the quarterly Local Maternity & Neonatal System Oversight and Assurance Panels.

The Local Maternity & Neonatal System (LMNS) Executive Partnership have agreed that all historical Ockenden reporting will now be superseded by reporting against the 3 year delivery plan (as this includes key NHS England deliverables as well as Ockenden and East Kent recommendations). The Sherwood Forest Hospital (SFH) Ockenden Insight Visit, 09 October, will be the last visit focused solely on Ockenden recommendations.

The new Maternity & Neonatal Voices Partnership (MNVP) model has been coproduced and is in its final draft version. It will be taken through Maternity Voices Partnership (MVP) and Local Maternity & Neonatal System (LMNS) governance culminating in its presentation to Local Maternity & Neonatal System (LMNS) Executive Partnership in November. This is a significant area of work that will embed Maternity & Neonatal Voices Partnership (MNVP) in the work of the Local Maternity & Neonatal System (LMNS).

Actions Being Taken & Next Steps

Nottingham University Hospital Ockenden Insight Visit will take place at Sherwood Forest Hospital 09 October 2023.

The next quarterly Local Maternity & Neonatal System (LMNS) Oversight and Assurance Panels will take place 25 October 2023.

Maternity & Neonatal Voices Partnership (MNVP) final model to be presented for sign off at Maternity Voices Partnership (MVP) Board and Transformation Board in October 2023, followed by Local Maternity & Neonatal System (LMNS) Executive Partnership Board in November 2023.

Work is underway to align Local Maternity & Neonatal System (LMNS) equity work with the work of the health inequalities team, with a paper on mortality and approach to equity to be presented to the next Local Maternity & Neonatal System (LMNS) Executive Partnership Board and then Finance and Performance Committee.

Risks & Escalations

Capacity of the Local Maternity & Neonatal System (LMNS) Project Management Office (PMO) team will be compromised at the end of October due to staff leavers. Escalations are in place however mitigations have not yet been agreed.

The start of the development of the health inequalities dashboard has been impacted by System Analytical Intelligence Unit (SAIU) capacity.

04. Exception Report Special Educational Needs and Disabilities

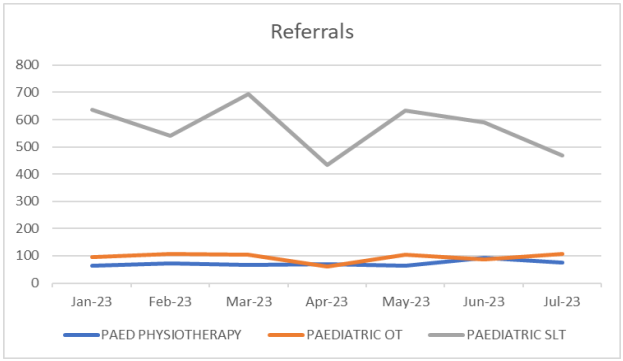
Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

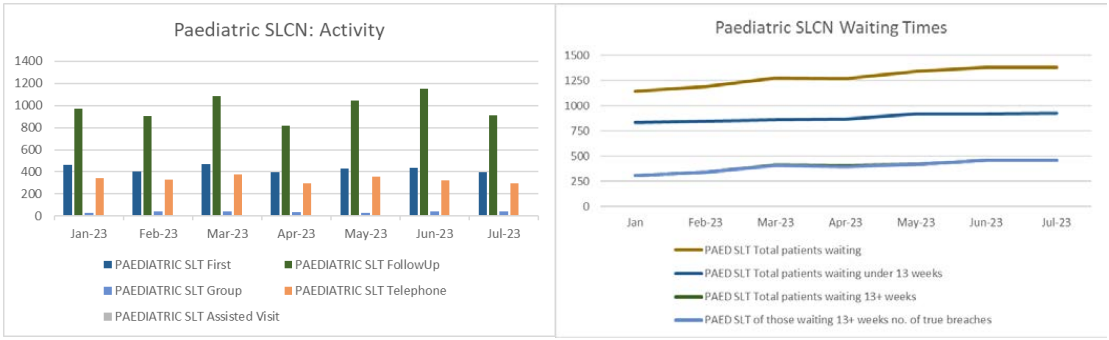
Special Educational Needs & Disabilities (SEND)

Children and Young people with SEND accessing specialist health services in Nottingham and Nottinghamshire

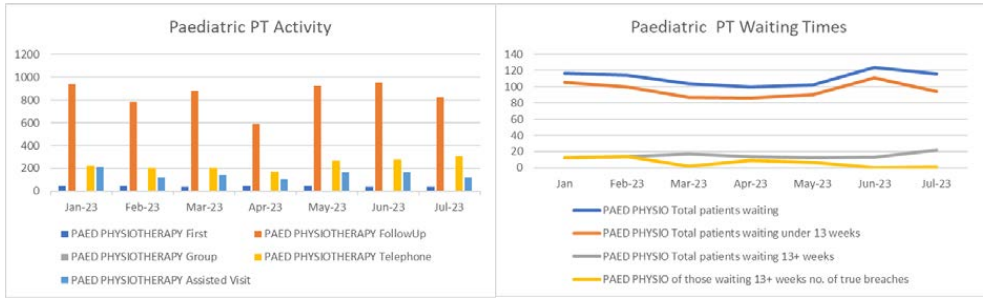
Baseline Referrals



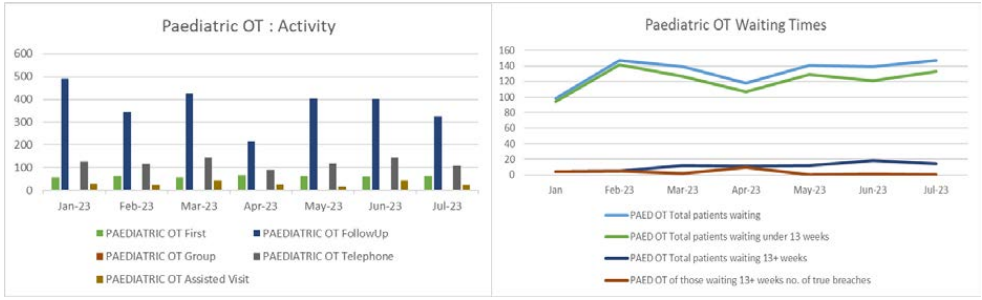
Children and Young Peoples Speech and language communication Needs (SCLN)



Children and Young People's Physiotherapy



Children and Young People's Occupational Therapy



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

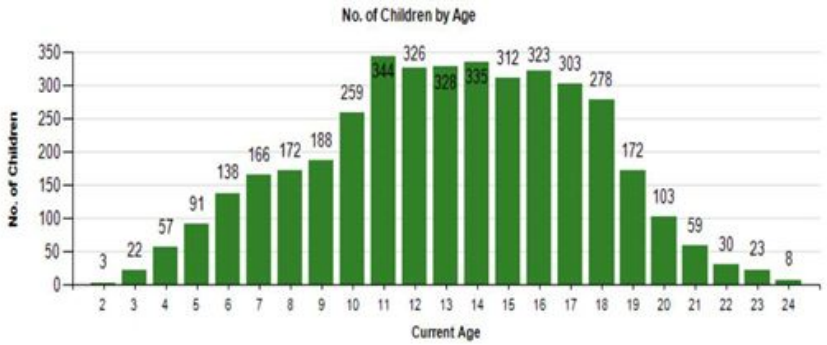
04. Exception Report Special Educational Needs and Disabilities

Reporting Period:
01 September 23 – 30 September 23

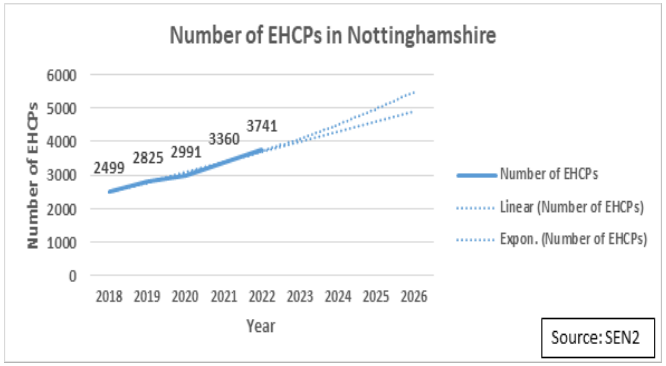
NHS Nottingham and Nottinghamshire

Special Educational Needs & Disabilities (SEND)

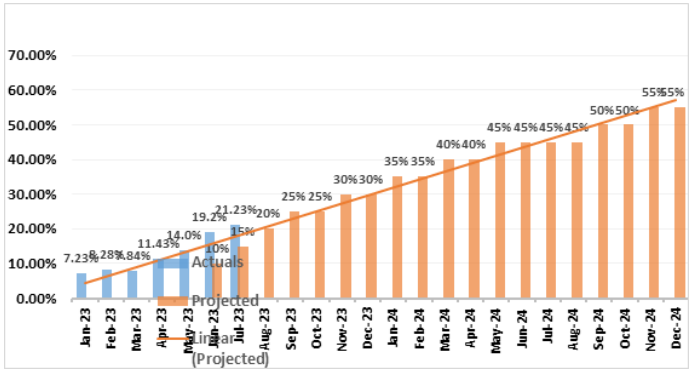
Children and young people with Education, Health and Care PlanS (EHCPs) in Nottinghamshire



The growth in the number of Education, Health and Care PlanS (EHCPs)



Timeliness of new Education, Health and Care Plan (EHCP) issued



Timely completion of Education, Health and Care Plan (EHCP) Annual Reviews

		Jan	Feb	Mar	Apr	May	Jun	Jul	Year to date
Percentage of Annual Reviews completed within the 12-month time scale %	2023	69.0%	47.8%	66.0%	49.6%	39.0%	34.8%	33.7%	52.7%
	2022	61.1%	54.8%	53.6%	38.7%	45.2%	29.1%	15.7%	44.0%

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

04. Exception Report Special Educational Needs and Disabilities

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Special Educational Needs & Disabilities (SEND)

System Quality Group Oversight – Enhanced

Rationale for assurance level:

- The Children and Families Act 2014 places statutory responsibilities on ICB and health partners to ensure meeting the needs of Children and Young people (CYP) with Special Educational Needs & Disabilities (SEND) 0-25 years old and their families.
- The Nottinghamshire Special Educational Needs & Disabilities (SEND) Joint local area inspection outcome informed widespread and/or systemic failings, leading to significant concerns about the experiences and outcomes of children and young people with Special Educational Needs & Disabilities (SEND) which the Nottinghamshire local area partnership, must address urgently.
- The Improvement arrangements will need to consider Nottingham City local area as part of a system wide response to improving experiences and outcomes for Children and Young People (CYP) with Special Educational Needs & Disabilities (SEND)

Current Position

Exceptions for this month:

- 'Deep Dive' of the improvement programme was undertaken by the Department for Education (DfE) and NHS England to seek assurance for ministers of progress, on 19 September 2023, awaiting feedback in a formal letter, the partnership will drive forward any recommendations made.
- Self- evaluation of the partnerships progress, through Blue, Red, Amber, Green (BRAG) rating, highlighted risks impacted by limited resources, financial and staffing capacity along with limited data intelligence, clear actions to mitigate these risk are detailed in the Priority Action Plan (PAP).
- Special Educational Needs & Disabilities (SEND) Improvement Board continues to provide scrutiny of improvement arrangements
- Development of agreed principles for coproduction approaches, are being established. This is required to ensure Children and Young people with Special Educational Needs & Disabilities (SEND) and their families can influence and engaged in coproduction of service developments that feel meaningful to them. Connectivity and voice of Heath amongst the partnership, remains a challenge.
- As at, the end of September 2023, the number of Special Educational Needs & Disabilities (SEND) Tribunals 'Extended Appeals' raised against health; 6 Open, 1 Stayed and 1 Closed.
- Contract teams are linking in with Nottingham University Hospital (NUH) Trust and Sherwood Forest Hospital (SFH) Trust at the finance and performance forums about statutory duties for Education, Health and Care (EHC) assessments to establish what arrangements are in place for reporting.
- Increase in challenges regarding health provision in education settings
- Quality Assurance reporting remains absent from providers; including internal systems to quality assure Education, Health and Care (EHC) assessments health advice

Actions Being Taken & Next Steps

- Await feedback letter from the Department for Education (DfE) and NHS England regional advisor regarding recommendations from Deep Dive and respond accordingly
- To improve connectivity amongst the, enabling workstream Leads for the four Priority Action Plan (PAP) enabling workstreams, to establish membership for each workstreams and agree priorities for delivery.
- Partnership Assurance Improvement Group (PAIG) to agree dataset to be received for oversight and monitoring.
- Comms and Engagement Leads to work to co-produce e-letter for communicating progress of improvement programme
- Impact strategy development across the partnership- Department for Education (DfE) regional advisor providing session to support development
- RISE Events are booked in to support strategic arrangements, a commitment engagement and participation from health partners, ICB, commissioners, System Analytical Intelligence Unit (SAIU) and services providers
- ICB children's commissioning and transformation team to undertake a review of school health models in education settings to ensure needs of Children and Young People (CYP) are met so they can access learning. Timescales remain to be provided.
- Quality Assurance enabling workstream to drive forward reporting and auditing of Health advice for Education, Health and Care Plan (EHCP)

Risks & Escalations

- Connectivity between areas action priority 1& 2 poses a challenge potential impact on timeliness of assessment and waiting lists for neurodevelopment, therapies and Education, Health and Care (EHC) assessment.
- Partnership limited resource and capacity in respects of finances and workforce impacts on progress of improvements
- Whilst arrangements have been progressed to address risks in respects of data intelligence, the absence of relevant data to demonstrate impact on measuring outcomes.

05. Exception Report Looked After Children

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Looked After Children (LAC)

System Quality Group Oversight – Enhanced

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

Current Position

Exceptions for this month.
See below as an indicator around trajectory Initial Health Assessments (IHAs) figures for Quarter 1. (Providers currently have different reporting contracts, standardised Key Performance Indicators (KPI's) are being implemented across the system to improve data).

- Doncaster Bassetlaw Hospital Trust (DBTH) – In quarter 1, 93% of children were seen for an Initial Health Assessment (IHA) and paperwork was completed within 20 working days of receipt of referral. A total of **15** children were seen in Quarter 1.
- Sherwood Forest Hospital (SFH) Trust – In quarter 1, 30% of children were seen for an Initial Health Assessment (IHA) and paperwork was completed within 20 working days of receipt of referral. 60% within 28 working days, on average paperwork was completed and sent within 26.6 working days. A total of **59** correctly consented referrals were received, 7 Were Not Bought (WNB) in Quarter 1. Sherwood Forest Hospital (SFH) Trust have a Community Paediatrician vacancy, and this has impacted on Quarter 1 data. (New paediatrician begins October 2023)
- Nottingham University Hospital (NUH) Trust – In quarter 1, 3.3% of children were seen for an Initial Health Assessment (IHA) and paperwork completed withing 20 working days of receipt of referral. A total of **121** correctly consented referrals were received, 27 children Were Not Bought (WNB) or declined. Nottingham University Hospital (NUH) Trust continue to have a backlog which impacts Quarter 1 data. However, all appointments (from allocation on 06 September 2023) are offered in 8 weeks, which improves the position from 61-69 working days to approx 40 working days. Nottingham University Hospital (NUH) Trust have significantly more referrals and take the highest proportion of Unaccompanied Asylum-Seeking Children (UASC) referrals. These appointments will often take longer due to translator requirements and the lack of known health history.
- Nottingham University Hospital (NUH) Trust recovery plan received by ICB's commissioning team. Plan to meet 09 October 2023 to establish options and associated costings (if relevant) with analysis and trajectory for each option.
- Nottinghamshire Healthcare Trust (NHT) recovery plan received. ICB commissioners and the Designated Looked After Children (LAC) Nurse are reviewing immediate and long-term service specification needs. The current trajectory indicates that OLAC (Other Local Authority Children) remain at risk of a delayed Review Health Assessment (RHA) and therefore capacity in the team needs to be addressed.
- There was excellent ICS representation at the Looked After Children workshop and priorities identified to help inform the Serious Incident Framework (SIF) workplan.
- NHS England dataset work continues.

Actions Being Taken & Next Steps

- Nottingham University Hospital (NUH) recovery plan to be reviewed and implemented
- Nottingham Healthcare Trust (NHT) Service Specification update to be completed by 31 December 2023
- Designated Doctor Interview for city and south county to be held 03 October 2023
- ICB continue to work with Public Health commissioners on the review of the county 0-19 service.
- The ICB LAC KPIs are to be aligned with the requirements of the NHSE National dataset.

Risks & Escalations

There are no new risks

The existing risk for Initial Health Assessments (IHAs) and Repeat Health Assessments (RHAs) have been separated so there are now 2 Looked After Children (LAC) risks on the risk register to reflect this.

06. Exception Report Children and Young People Additional Vulnerabilities

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Children and Young People Additional Vulnerabilities

System Quality Group Oversight – Enhanced

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

Current Position

Exceptions for this month:

- NHS England regional event on crisis and the NHS England de-escalation pathway held 28 September 2023.
- A draft role description for support for the Children and Young People (CYP) in inappropriate settings pathway is in development following comments and amendments. Funding will need to be identified if the role is accepted.
- A draft ICS pathway is in development following comments.
- Transition scoping work has commenced across the ICS with a view to an ICS wide Transition Group, including children's and adult services
- Initiation of ICS Children and Young People (CYP) Board held 28 September 2023 led by Head of Commissioning for Children and Young People (CYP)
- The weekly system meeting continues with good attendance
- NHS England Children and Young People (CYP) Leads/Senior Responsible Officer (SRO) meeting 28 September 2023 - there is a national NHS England aim to progress a Children and Young People (CYP) Board rather than just a Children and Young People (CYP) Transformation Programme Board. There is work to be done around joining up Children and Young People (CYP) work in different areas of NHS England.

Actions Being Taken & Next Steps

- ICS Children and Young People (CYP) Quality Risk Summit planned for 8 November 2023 - led by Deputy Chief Nurses
- NHS England Mental Health Lead for the Midlands is to raise the issue of placement and setting availability with the national team
- Funding for Mental Health Champions has been allocated from NHS England to acute trusts who are looking at shaping the roles and recruitment
- Plan to visit Clayfields Secure Residential Unit to understand the service

Risks & Escalations

- There are two risks on the corporate risk register ORR 005 and ORR 128
- There is high financial risk to manage care provision outside of current commissioned services to meet the high level, individual needs
- There is high risk to health and wellbeing and safeguarding for Children and Young People (CYP) who are not managed in appropriate settings

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

NHS
Nottingham and Nottinghamshire

2. Further Information Required

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

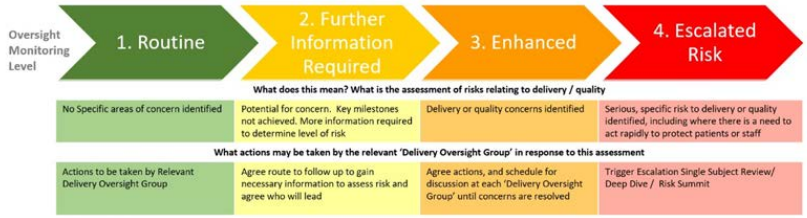
Delivery or quality concerns identified

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

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

Quality Areas Further Information Required

- 07 - Exception Report Vaccinations
- 08 - Exception Report Infection Prevention & Control
- 09 - Care Homes & Home Care



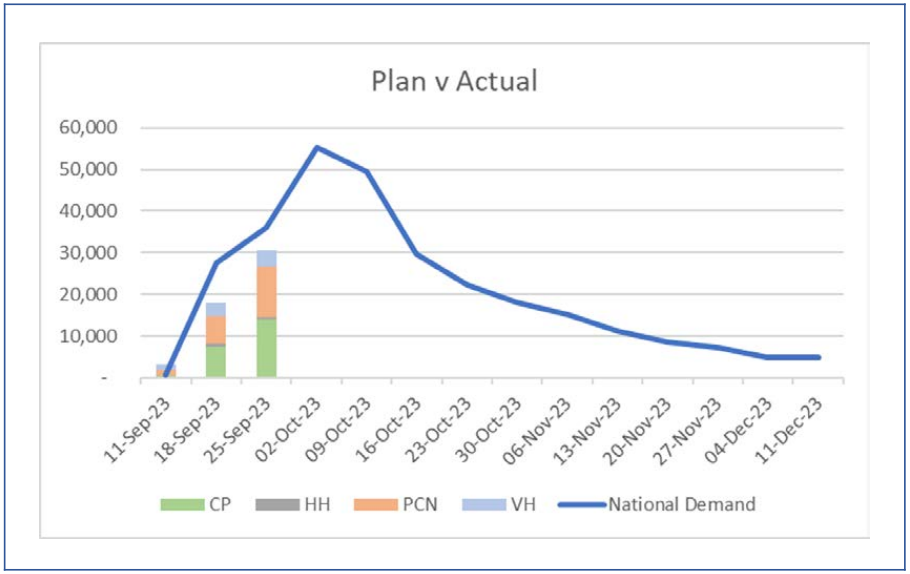
07. Exception Report Vaccinations

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Vaccinations

Autumn/Winter 2023 campaign



Data Cut-Off Date: 30/06/23 (end of campaign)

Explanatory Note/Insight Analysis and Assurance:

Total Vaccinations 93.902
Plan based on national demand modelling
VVEs to date 51,697
51,551 booster doses
146 first doses

National modelling target 64,305
To date 12,608 below national demand profile

07. Exception Report Vaccinations

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Vaccinations

System Quality Group Oversight – Further Information Required

Rationale for assurance level: Autumn/Winter vaccination programme (Covid-19 and flu) have been accelerated due to identification of Covid-19 variant BA2.86 strain. Covid-19 vaccination and flu seasonal programmes underway.

Current Position

Exceptions for this month:
Autumn/Winter covid-19 vaccination programme:

- Cohorts for the 2023 autumn covid-19 vaccination programme:
  - residents in a care homes
  - all adults aged 65 years and over
  - persons aged 6 months to 64 years in a clinical risk group, as defined in tables 3 and 4 of the COVID-19 chapter of the Green book
  - frontline health and social care workers
  - persons aged 12 to 64 years who are household contacts, as defined in the Green book, of people with immunosuppression
  - persons aged 16 to 64 years who are carers, as defined in the Green book, and staff working in care homes for older adults
- **Care Home vaccinations for flu and covid commenced 11 September 2023**
- **All cohorts for flu and covid commenced 18 September 2023**
- 15 December 2023 will be a hard stop to end the Programme
- Accelerated payments on offer to incentivise rapid deployment of vaccines to most vulnerable citizens
- Comirnaty BA4/5 and Comirnaty XBB vaccines being used for AW23
- National Booking Sysytem will be closed from 14 December 2023
- Systems can continue covid vaccinations into January 2024 to target inequalities. End date would be 31 January 2024
- Mix of Primary Care Network, Community Pharmacy, Hospital Hub and Vaccination Centres being utilised to meet demand across city and county.
- **Care Home covid-19 vaccination performance ahead of plan - 40% complete (target completion date – 22 October 2023)**

Actions Being Taken & Next Steps

- Workforce consultation of Sherwood Forest Hospitals Covid-19 workforce during underway.
- Covid and Flu vaccine equity steering group for autumn outreach and inequalities commenced
- Wider immunisation and vaccination strategy meeting completed with partners from NHS England, Public Health and ICB, further work planned and national strategy awaited.
- Work underway with system partners to develop a Nottingham and Nottinghamshire Measles, Mumps, Rubella (MMR) elimination plan.

Risks & Escalations

- Delivery of accelerated Covid-19 and flu plans against previous years uptake.
- Sherwood Forest Hospitals ceasing to operate as lead for covid-19 vaccination programme after Autumn/Winter 2023 (AW23) campaign.
- Impact of Primary Care Network and Community Pharmacy opt-out of AW23 campaign could increase risk of appointment availability and hinder targeted equity and inequality outreach work.

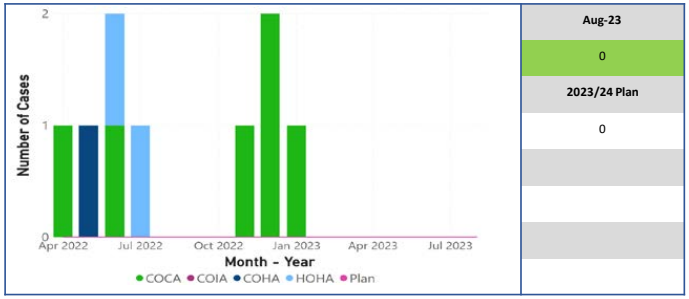
08. Exception Report Infection Prevention & Control

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Infection Prevention and Control

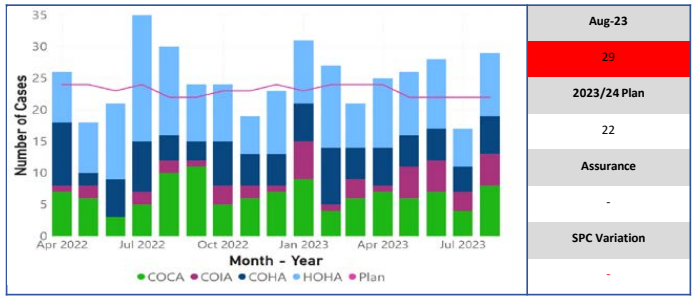
HCAI Data 22-23 – MRSA Bloodstream Infections



Aug-23
0
2023/24 Plan
0

Data Cut-Off Date: 19/09/2023

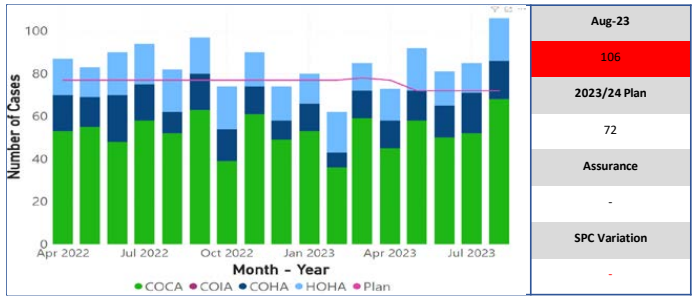
HCAI Data 22-23 – C-Diff



Aug-23
29
2023/24 Plan
22
Assurance
-
SPC Variation
-

Data Cut-Off Date: 19/09/2023

HCAI Data 22-23 – E-coli Bloodstream Infections



Aug-23
106
2023/24 Plan
72
Assurance
-
SPC Variation
-

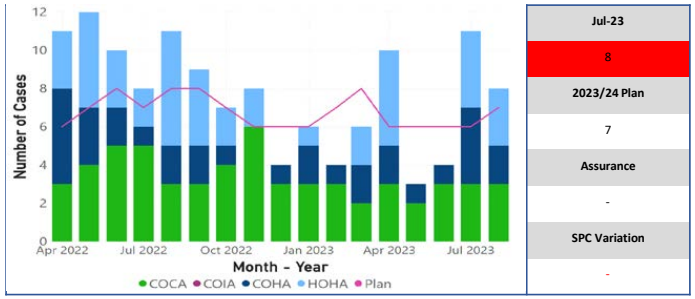
Data Cut-Off Date: 19/09/2023

HCAI Data 22-23 – Klebsiella Bloodstream Infections

Aug-23
26
203/24 Plan
21
Assurance
-
SPC Variation
-

Data Cut-Off Date: 19/09/2023

HCAI Data 22-23 – Pseudomonas Bloodstream Infections



Jul-23
8
2023/24 Plan
7
Assurance
-
SPC Variation
-

Data Cut-Off Date: 19/09/2023

08. Exception Report Infection Prevention & Control

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Infection Prevention and Control

System Quality Group Oversight – Further Information Required

Rationale for assurance level: Healthcare Associated Infection (HCAI) targets are challenging. Reducing Healthcare Associated Infections (HCAIs) will be hard to achieve unless secondary care 'deep cleaning' programmes are completed as planned, the sustained pressure on beds continues to impact. There has been a noted increase since December in antimicrobial items prescribed in primary care. Inappropriate antibiotic prescribing increases the risk of Healthcare Associated Infections (HCAIs) .

Current Position

Exceptions for this month:

- There has been an increase in COVID-19 related care home outbreaks, with increased COVID-19 detection noted locally and regionally.
- Winter planning – A gap remains around the lack of a swabbing team over winter 2023/24, this work is led by Emergency, Preparedness, Resilience and Response (EPRR).
- Healthcare Associated Infection (HCAI) targets remain challenging locally and regionally. Particularly *C.difficile* and Gram negative Bloodstream Infections (BSI)
- Progress is being made with deep cleaning at Sherwood Forest Hospital (SFH) Trust and Nottingham University Hospital (NUH) Trust, programmes remain behind plan particularly at Nottingham University Hospital (NUH) Trust due to high pressure for beds.
- Access to timely Healthcare Associated Infection (HCAI) ICB benchmark comparison data remains challenging with no 2023/24 data being available.

System position August 2023

C.difficile infections

- ICB over plan with 27/21 cases driven by increase in cases at Nottingham University Hospital (NUH) Trust.
- Nottingham University Hospital (NUH) Trust breached plan 14/9 cases - 10 Hospital onset Healthcare Associated (HOHA)

MRSA BSI

- ICB, Nottingham University Hospital (NUH) Trust and Sherwood Forest Hospital (SFH) Trust met plan of zero cases

E.coli BSI

- ICB breached plan 106/72 cases - 68 Community Onset Community Associated (COCA)
- Nottingham University Hospital (NUH) Trust breached plan 32/21
- Sherwood Forest Hospital (SFH) Trust breached plan 9/7

Klebsiella BSI

- ICB breached plan 26/21 cases - 13 Community Onset Community Associated (COCA)

Pseudomonas BSI

- ICB breached plan 8/7 - 3 Community Onset Community Associated (COCA)

Actions Being Taken & Next Steps

- Infection Prevention Control (IPC) are supporting with advice and outbreak management. NHS England are reviewing guidance
- Emergency, Preparedness, Resilience and Response (EPRR) are finalising elements of the flu service specification with National Events Management Service (NEMS) to include Bassetlaw. Mitigations are being worked through regarding lack of a flu swabbing service. Emergency, Preparedness, Resilience and Response (EPRR) lead and are aware of the gap and risk from this lack in provision over winter 2023/24
- Infection Prevention Control (IPC) focus remains on monitoring Healthcare Associated Infection (HCAI) rates, preventing avoidable infections and taking actions that address learning from patient reviews where a lapse in care is identified.
- A review of the leg ulcer pathway is planned following learning from a *C.difficile* case review
- A gap analysis for actions to reduce gram negative Bloodstream Infections (BSI) is progressing. High performing peer ICB areas have been contacted using peer ICB benchmark data (2022/23). Due to data lags, these positions have since changed. NHS England Infection Prevention Control (IPC) lead has indicated that Leicester ICB is now underperforming 2023/24. To date no new gaps in local actions have been determined and clinical reviews remain ongoing. This remains a regional and national area of concern due to increasing cases. Quarter 1 benchmark data remains unavailable.
- The medicines optimisation team are working with primary care to understand the increase in antimicrobial items being prescribed. This is a local and regional concern. Inappropriate antibiotic prescribing and Healthcare Associated Infections (HCAIs) are linked and work to identify any lapse in care remains ongoing through individual Healthcare Associated Infection (HCAI) reviews.
- No new data analysis received from System Analytical Intelligence Unit (SAIU) this is awaited
- Public Health requested to support with a focus on wider health prevention
- Infection Prevention Control (IPC) attendance at regional NHS England Healthcare Associated Infection (HCAI) collaborative meetings
- Secondary care services are progressing with deep clean programmes, but high bed demand continues to impact progress particularly at Nottingham University Hospital (NUH) Trust. This remains highlighted on risk logs

Risks & Escalations

- Inability to fully progress 'deep clean programmes' in secondary care due to bed pressures Nottingham University Hospital (NUH) Trust
- The challenge to meet Healthcare Associated Infection (HCAI) targets particularly E.Coli Bloodstream Infections
- Inability to access timely Healthcare Associated Infection (HCAI) ICB benchmark performance data (Q1 2022/23)

09 – Quarter 2 Statutory Duties Report Care Homes & Home Care

Reporting Period:
01 July 2023 – 30 September 23 (Quarter 2)

NHS Nottingham and Nottinghamshire

Care Homes & Home Care

Numbers of Services (Contracted) quarter 2

Service Area	County		City	
	Residential	Nursing	Residential	Nursing
Ageing Well Care Homes	90	59	51	13
Living Well Care Homes	120	10	27	5
Total	210	69	78	18

Service Area	County	City	ICB
Homecare - Adults	47	34	89
Homecare - Childrens	-	-	9
Total	47	34	98

Data Cut-Off Date: 19/09/2023

Explanatory Note/Insight Analysis and Assurance: Number of services in City and County (Care Homes and Home Care Only). This is only contracted services there are a number of home care services that the system do not contract with directly. Since the last report the ICB commenced a home care tender and an additional 52 contracts were awarded.

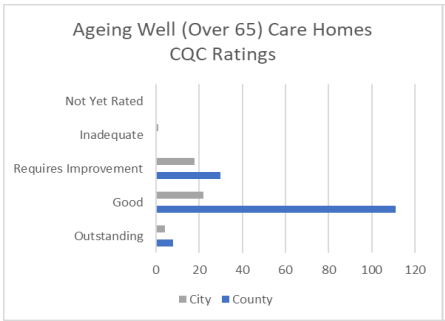
Service Closures/Failure

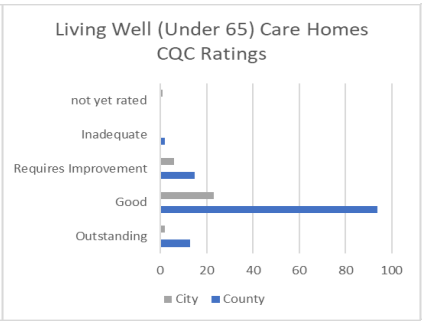
Type of Service	Closures - July	Closures - September
County Ageing Well Residential	0	0
County Ageing Well Nursing	1	1
City Ageing Well Residential	1	1
City Ageing Well Nursing	1	0
County Living Well	0	0
City Living Well	0	0
County Home Care	0	0
City Home Care	0	0
Total	3	2

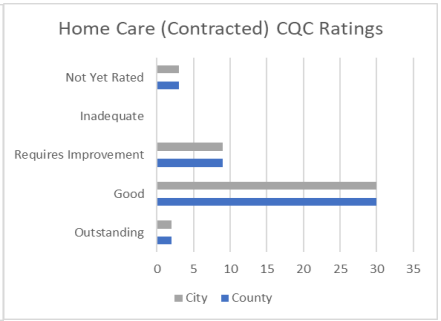
Data Cut-Off Date: 22/09/2023

Explanatory Note/Insight Analysis and Assurance: Market management is key in the oversight of the market. Provider failure/closure occurs and at times there are numerous closures of services. There is a robust process in pace for managing closures/provider failure.

CQC Ratings for Care Homes and Home Care (System) 16/09/2023







Data Cut-Off Date: 29/09/2023

Explanatory Note/Insight Analysis and Assurance: This data is the current Care Quality Commission (CQC) ratings for care homes and home care. There has been a reduction in inadequate services (since 2022) but also a reduction in outstanding since 2022. The majority of the contracted services (74%) are rated good or outstanding

Contractual Sanctions for Care Homes/Home Care quarter 1 & quarter 2

	Ageing Well (65+)		Living Well (under 65)		Home Care	
	County	City	County	City	County	City
Jul-23	0	2	5	0	0	0
Sep-23	4	3	4	0	2	0

Data Cut-Off Date: 29/09/2023

Explanatory Note/Insight Analysis and Assurance: A robust quality assurance process is used to monitor and oversee contractual compliance/quality (including safeguarding data/outcomes) of those services with a contract with both the Local Authority and ICB. This latest data tells us that since last report of a low number of suspensions there has since been an increase, in particular ageing well care homes and home care.

Content Author: Gemma Shelton/Ryan Alsop **Exec Lead: Rosa Waddingham** **System Oversight: System Quality Group** **ICB Committee: Quality & People Committee**

09 – Quarter 2 Statutory Duties Report Care Homes & Home Care

Reporting Period:
01 July 2023 – 30 September 23 (Quarter 2)

NHS Nottingham and Nottinghamshire

Care Homes & Home Care

System Quality Group Oversight – Further Information Required

Rationale for assurance level: Whilst there is capacity in both care homes and home care to support flow and demand from hospitals and community, there are gaps in the market in some areas such as beds/home care for people with complex needs (both older and younger adults) and choice of nursing beds in some districts (limited capacity). There continues to be robust oversight of the market in terms of quality and viability.

Current Position

- Urgent home closure (Ashdale) took place 21 September 2023. This was a multi-agency approach to support people to move safely to a different location. Issues were experienced throughout the process and there will be a multi-agency review to establish lessons learnt for any possible wider system changes etc.
- There is capacity in both home care and care homes. Nursing home capacity could be temporarily be impacted in Mansfield due to the urgent closure (previous point).
- There is a reduction of people waiting for home care in both County and City.
- Home care providers raising concerns in respect of overseas workforce recruitment and reduced demand for home care, impacting on financial viability.
- Cost of living continues to impact services, gas/electric/food and fuel.
- The ICB is commencing a procurement exercise to block purchase nursing home beds for the Discharge to Assess (D2A) pathway, work in progress
- The Care Quality Commission (CQC) are currently going through internal changes and as a result they will only be carrying out visits to services of extreme risk, services that have not been rated and services that have not been inspected for 5 years or more. This could cause issues for provider who are currently rated inadequate or requires improvement such as financial viability issues, difficultly obtaining insurance, staff retention and reputational damage

Actions Being Taken & Next Steps

- On-going dialogue with the home care market for gaps in capacity and where demand ensuring flow to fill gaps including preparing for winter pressure
- Working closely with Notts Care Association (NCA)
- Oversight of capacity in the home care market (County)
- Implementation of a brokerage service (County) details to be confirmed
- On-going market oversight monitoring risks
- Market engagement (meetings online/in person and events)
- Weekly bulletin
- County offering sustainability fund for 2023/24
- Lessons learnt for the home closure to be planned with all system partners including police.

Risks & Escalations

- Demand for home care not meeting available capacity
- Capacity is not sustained and risk not being able to meet winter pressures
- Mansfield nursing bed availability
- Financial viability (unused bed capacity, home care capacity and cost of living impacts)
- Dysphagia - High number of East Midlands Ambulance Service (EMAS) calls resulting in hospital admission and choking related deaths across the care sector.
- Overseas worker recruitment – risks associated with numbers of licences and staff.

NHS
Nottingham and Nottinghamshire

1. Routine

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

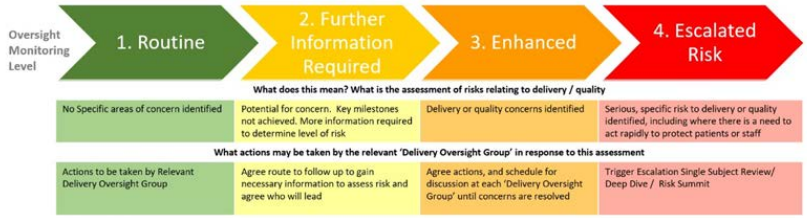
No Specific areas of concern identified

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

- 10 - Exception Report Personalisation
- 11 - Exception Report Co-Production
- 12 - Exception Report Adult & Children Safeguarding
- 13 - Medicine Optimisation
- 14 - Personal Health Budgets
- 15 - Continuing Healthcare
- 16 - Patient Experience



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

10. Exception Report Personalisation

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Personalisation

System Quality Group Oversight – Routine

Rationale for assurance level: The progress position against quarter 1 for Year 2023/24 as reported on previous slide shows we are on track to achieve the end of year targets with work required on Personalised Care and Support Plans. Data is collated on a quarterly basis and is reported the month after quarter end. Quarter 2 data will be available at the end of October.

Current Position

Exceptions for this month:
Personalised Care Strategic Oversight Group - The Personalised Care Strategic Oversight Group has been reviewed and refreshed with updated terms of reference that focus on delivery of the Joint Forward Plan being delivered, along with the 2023/2024 targets. The group reconvened in September 2023 with a revised membership and new Senior Responsible Officer (SRO). Discussion was centered on areas of delivery and challenges. A focus on supporting the delivery at Place was made, with support from the Universal Personalised Care programme team to support the design of the Place Integrated Neighborhood work being offered. The next meeting will include a deep dive into Place delivery.

Personalised Care and Support Plans (PCSP) - Work is underway to increase the number of Personalised Care and Support Plans (PCSP) across our system, starting with expanding the use of the About Me, which is section 1 of a Personalised Care and Support Plans (PCSP) . A system wide task and finish group is established, along with work with Digital Notts to have the About Me available on Notts Care Record early in 2024.
Experiences of people's experiences of Personalised Care and Support Plans (PCSP) in the Health Inequality and Obesity Personalised Care project is being evaluated.
The team have shared digital Personalised Care and Support Plans (PCSP) learning with Hackney & City ICB to support people with severe mental illness and have met with NHS Wales to learn about how they have adopted the About Me on the NHS App to inform local developments.

Work is underway with Urgent and Emergency Care Senior Responsible Officers (SROs) to consider how personalised care can support system challenges. Key work will include coproducing what does good look like, a review of paperwork and implementation of training and workforce development to support culture change.

Social Prescribing – A review is currently underway to determine how social prescribing has developed and is maturing at Primary Care Network, Place and system levels. This will be based on the NHS England Social Prescribing Maturity Framework, a draft quality improvement tool developed to support leaders at system, place and neighborhood levels to work together strategically to embed social prescribing and enable it to be as effective as possible. 360 Assurance, an external organization, will also carry out an independent audit of social prescribing at system level that will align with the review.

Actions Being Taken & Next Steps

- Terms of reference agreed with 360 Assurance who will carry out an independent assurance audit on the system approach to governance and digital structures that support social prescribing.
- Undertake social prescribing review by November 2023

Risks & Escalations

Workforce
Senior Leadership support within the People Plan is required for Personalised Care approaches training as a key enabler for system change, this will be escalated to the Personalised Care Strategic Oversight Group.

11. Exception Report Co-Production

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Co-Production

System Quality Group Oversight – Routine

Rationale for assurance level: The Coproduction Toolkit continues to be a focus and will move onto the user testing and reflection phase. The Strategic Coproduction Group had an externally facilitated development session in September, which was successful in its aims, and these will be developed further at their next meeting. The Coproduction Network and its supporting infrastructure will be the focus for the team for the next quarter.

Current Position

Exceptions for this month:

The Coproduction Toolkit hosted on an accessible NHS Futures platform is a focus for the next quarter – the toolkit will be released in phases and each section will be user tested. The content for the staff section has been determined through conversation with different teams who identified what support they needed. The content includes links to external resources and will include links to wider ICS System toolkit resources. The Lived Experience section of the toolkit and its content is being established with the aim to include resources already created by programmes such as the Maternity Voices Partnership, Learning Disability & Autism programme and My Life Choices and then facilitate sessions with lived experience people to create content to fill any gaps. Planning of the lived experience content will be a focus for the next quarter along with the roll out of testing for each section.

Focused activity continues to support developing greater coproduction within the Nottinghamshire Partnership Special Educational Needs & Disabilities (SEND) improvement programme. This also includes linking the broader work through to the existing System work, ensuring shared learning and identification of support/tools for inclusion within the Toolkit development.

The Strategic Coproduction Group's last meeting was a facilitated development session to strengthen the groups relationships and role within the system. Focus will remain on maturing the group and developing the approach to increase diverse recruitment. Oversight of coproduction approaches within the Joint Forward Plan and ICS Strategy is being incorporated into the group's work plan.

A request has been made to the team to support the coproduction approach within Safeguarding, this is a new ask and the scope of this is still being established.

Actions Being Taken & Next Steps

- Scoping and establishing the infrastructure to support the Coproduction Network launch.
- Ongoing onboarding of the new Band 4 Coproduction role in the team
- User Testing and roll out of the Coproduction Toolkit
- Involvement in Special Educational Needs & Disabilities (SEND) coproduction workstream to support achievement of actions by providing Coproduction best practice

Risks & Escalations

Conversations about reimbursement approaches for the ICB are being discussed – more teams are requesting confirmation on the organisational approach for this.

12. Exception Report Adult & Children Safeguarding

Reporting Period:
01 September 23 – 30 September 23

NHS Nottingham and Nottinghamshire

Adult & Children Safeguarding

System Quality Group Oversight – Routine

Rationale for assurance 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. No specific risks require escalation but there are some key messages to share.

Current Position

Exceptions for this month:

- Members agreed to develop an ICS Safeguarding strategies with the group for learning and discussion
- Named Safeguarding GP recruitment was not successful and alternative plans are currently being reviewed.
- The Associate Designated Nurse for Safeguarding Children (GP & Looked After Children) position has commenced in post and is working with the Named GPs to re-establish the workstreams and realign work to support Primary Care.
- The ICB is fully engaged in the Nottingham City Safeguarding Children Partnership (NCSCP) Improvement Board work .
- The ICB is fully engaged in the Nottinghamshire Safeguarding Children Partnership (NSCP) and Nottingham City Safeguarding Children Partnership (NCSCP) business development plans
- Children & Young People (CYP) in crisis/inappropriate settings continues to be challenging, impacting on safeguarding concerns for individual Children & Young People (CYP) & providers. There continues to be escalations when required to safeguarding professionals.
- In the last month, a Child Safeguarding rapid review commenced following a sudden infant death. The death occurred out of area but the rapid review is led by Nottinghamshire. There is some learning identified when working with families who travel and are out of routine frequently. There are also some concerns about parental reported alcohol issues.
- The Multi Agency Safeguarding Hub (MASH) health team are inducting the new staff and are now working business as usual.
- The ICB is aware of further across the ICS in relation to information sharing from/to maternity services, which has been impacted by the introduction of Badgernet.(a new maternity record). Work continues to ensure any safeguarding matters are identified through a recent meeting relating to what had been identified as operational issues.
- Non fatal strangulation animation. This has now been completed and circulated. Work will be on going to raise awareness via IFAS and Equation.
- A Task and Finish group for Community SMD/Additional complexity patients has taken place and TOR were agreed. This meeting will take place quarterly and is looking at meeting the needs of patients with additional complexities/SMD in a community setting to look at identifying any gaps in skills/knowledge experience of the community health providers & communication frameworks for sharing informing on this cohort of patients across Acute, Primary and Secondary healthcare services.
- Court of Protection paralegal secondment – We have secured a 6 month secondment for a Paralegal partner from Capsticks to work with 1 day per week to co-ordinate and pull together statements required for Court of Protection cases.
- ICB MH Independent Providers Quality and Safety group initial meeting was well attended and is scheduled to meet face to face bi-monthly. This is part of the Edenfield Closed Culture action plan with the NSAB

Actions Being Taken & Next Steps

- Multi-agency task & finish group to be developed to look at safeguarding and access to services for complex patients in the community.
- Named GP for Bassetlaw to be discussed at Chief Nurses meeting in November.
- Work is progressing across the county partnerships to review the Multi Agency Safeguarding Hub (MASH) and recommendations are being taken progressed to in Task and Finish groups.
- Task and Finish group been established to focus on concerns from the impact of Badgernet across the ICS.

Risks & Escalations

Reduced risk linked to unauthorised Deprivation of Liberty Safeguards (DoLs) in Mid Notts, now anticipated to be less than 20 cases

13 – Quarter 2 Medicine Optimisation

Reporting Period:
01 July 2023 – 30 September 23 (Quarter 2)

NHS Nottingham and Nottinghamshire

Medicine Optimisation

Current Position

- Supporting Quality and Safety in Social Care Medicines Optimisation Annual Report 2022-23 presented at relevant committees
- Six monthly monitoring and analysis of Controlled Drug prescribing - Schedules 1-3 undertaken
- Medicines Safety Officer work programme for 2023/24 initiated
- Ongoing support and partnership working with Local Authorities on safeguarding incidents related to medication and care home closure
- Ongoing support to GP practices and ICB commissioned organisations in relation to incident investigation where medicines are involved.
- ICS Antimicrobial Resistance (AMR) highlight report completed for Regional Antimicrobial Resistance (AMR) board
- Ongoing monitoring of anti-microbial prescribing to benchmark and identify prescribing outliers.

Actions Being Taken & Next Steps

- Care Home and Home Care visits being undertaken by Medicines Optimisation Technician staff to promote and ensure the safe management of medicines in social care establishments
- Support offered to those GP practices where Controlled Drug prescribing is an outlier
- Ongoing support to GP practices and ICB commissioned organisations in relation to incident investigation where medicines are involved.
- Medicines Safety work streams support linked to Direct Oral Anticoagulants (DOACs) medication, Amiodarone Gabapentinoids, antimicrobial prescribing in acne and sodium valproate.
- Production of Safe Management of Controlled drugs Annual Report for 2022/23
- Production of Medicines Safety Officer Annual Report for 2022/23
- Production of Medicines Optimisation support to social care services Annual Report 2022/23
- Safeguarding's continue to be supported, with common themes identified and lessons learnt shared
- Medicines Safety and Antimicrobial prescribing included as part of GP practice prescribing visits currently being undertaken across all GP practices

Risks & Escalations

- Workforce capacity of ICB Medicines Optimisation team in particular within Pharmacy interface team. Large number of clinical guidelines requiring review.
- Lack of engagement from specialists to support guideline review
- Lack of engagement from some Primary Care Networks/Place areas due to competing priorities
- Antimicrobial resistance risk added to ICS risk register

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

14 – Quarter 2 Personal Health Budgets

Reporting Period:
01 July 2023 – 30 September 23 (Quarter 2)

NHS Nottingham and Nottinghamshire

Personal Health Budgets

System Quality Group Oversight – Routine

Rationale for assurance level: The ICB has achieved 30% towards the overall NHS England Personal Health Budget (PHB) target for 2023/24. Projects focussed on expanding personal health budgets continue to develop and will be delivering new Personal Health Budgets (PHBs) by the end of quarter 3 2023/24.

Current Position

- Quarter 2 Personal Health Budget (PHB) data is being collated.
- Hospital Discharge Personal Health Budgets (PHBs) – 24 referrals received in quarter 2 – 19 PHB processed in quarter 2
- Personal Health Budget (PHB) updated guidance approved
- Draft Personal Health Budget (PHB) policy and Equality Impact Assessment (EIA) completed - awaiting approval and sign off
- Personal Health Budget (PHB) Continuing Healthcare (CHC) and support plans have been audited in September 2023 – findings to be reported in October 2023. New care and support plan template developed
- Draft Continuing Healthcare (CHC) and support plan guidance complete and awaiting approval
- Health inequalities and obesity Personal Health Budget (PHB) projects - 5 Personal Health Budget (PHB) processed in quarter 2

Actions Being Taken & Next Steps

- Send Quarter 2 Personal Health Budget (PHB) data to NHS England
- Personal Health Budget (PHB) policy and guidance to be signed off
- Personal Health Budget (PHB) quality framework – ICB Self assessment to be completed - identify any gaps
- Personal Health Budget (PHB) Care and support plan audits from quarter 1 approvals
- Implementation of new care and support plan guidance by 31 October 2023
- Meet all of the 360 Assurance recommendations by 31 October 2023
- Report on quarter 1 care and support plan audit findings
- Complete quaryer 2 quality audit for care and support plan approvals
- 2 Personal Health Budget (PHB) pilots starting October 2023 – Nottingham University Hospital (NUH) Children and Young People (CYP) with excessive weight service & the Nottinghamshire Healthcare (NHT) Mental health personality disorder service.

Risks & Escalations

- Currently the ICB only offer Therapy Personal Health Budgets (PHBs) within Bassetlaw Place. The therapy Personal Health Budgets (PHBs) are offered to people who have a long term condition and are processed by the Bassetlaw Continuing Healthcare (CHC) case managers. The Personal Health Budgets (PHBs) are funded via the Long Term Conditions core budget and are short term Personal Health Budgets (PHBs) to support health outcomes. Individuals who are not living within Bassetlaw place are unable to access the same offer. The ICB are reviewing this offer to ensure equity across the ICB.
- NHS carers breaks – Further work needs to take place to understand the full picture
- Hospital Discharge PHB funding (pilot project) - £3.5k remaining in the budget

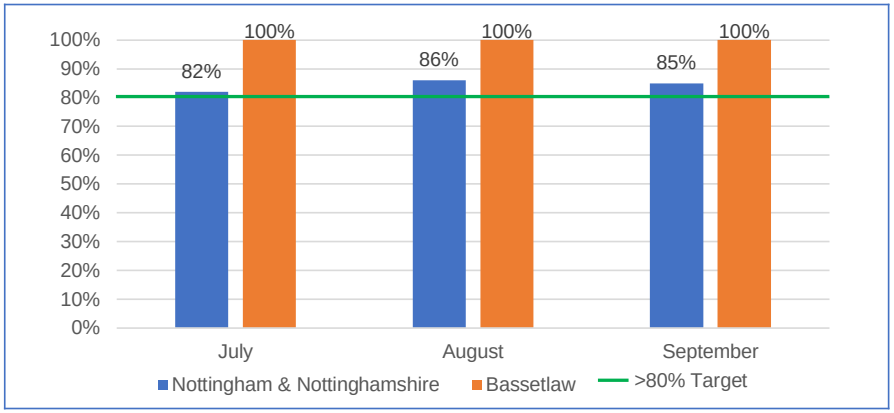
15 – Quarter 2 Continuing Healthcare

Reporting Period:
01 July 2023 – 30 September 23 (Quarter 2)

NHS Nottingham and Nottinghamshire

Continuing Healthcare

Eligibility decisions made within 28 days from receipt of Checklist



Data Cut-Off Date: 30/09/2023

Explanatory Note/Insight Analysis and Assurance: the ICB has met the target of 80% of eligibility decisions made within 28 days from receipt of checklist target throughout quarter 2.

Eligibility decisions exceeding 12 weeks

Quarter 2	July	August	September
Nottingham and Nottinghamshire	0	0	0
Bassetlaw	0	0	0

Data Cut-Off Date: 30/09/2023

Explanatory Note/Insight Analysis and Assurance: the ICB has met the target of zero eligibility decisions exceeding 12 weeks throughout quarter 2.

15 – Quarter 2 Continuing Healthcare

Reporting Period:
01 July 2023 – 30 September 23 (Quarter 2)

NHS Nottingham and Nottinghamshire

Continuing Healthcare

System Quality Group Oversight – Routine

Rationale for assurance level: Continuing Healthcare (CHC) performance indicators reported to NHS England both met to date in quarter 2

Current Position

Continuing Healthcare (CHC) data for the following performance indicators is collected monthly and reported to NHS England quarterly:
The ICB has met both performance indicators to date in quarter 2.

- Percentage of Continuing Healthcare (CHC) eligibility decisions made within 28 days of receipt of referral – the target is 80%
- Number of Continuing Healthcare (CHC) eligibility decisions outstanding 12 weeks or more from the date of receipt of the referral – target is ZERO

There are a number of overdue reviews in the Mid Notts locality – these are for people in receipt of joint funded packages, including section 117 and funded nursing care. A third party organisation has been commissioned by the ICB to undertake all of these reviews during 2023. All overdue Continuing Healthcare (CHC) reviews have now been completed and the third party organisation is making progress with the joint funded reviews although there has been some delay over the summer due to social worker availability.

There were also overdue joint funded, section 117 and Funded Nursing Care (FNC) reviews in the South and City localities – CityCare commissioned a third party organisation and the work was completed at the end of Quarter 1.

Work continues to align CHC across the ICB with options being considered for future operational delivery, and changes to the ICB CHC team. Meanwhile good progress has been made to standardise decision making and panels across the 3 delivery models. Procurement is underway for a CHC database which will replace the 2 existing systems covering the old CCG footprints.

The Continuing Healthcare (CHC) and Joint Packages of Care Commissioning Policy and the Children & Young Peoples Continuing Care Commissioning Policy have both been updated. These are currently being revised following legal checks before being presented to Committee for ratification.

The ICB has recruited a clinician to review care home residents in receipt of one to one funding due to a significant increase in requests since Covid-19 in 2020/21.

Actions Being Taken & Next Steps

- Continue to achieve the 28 day target and have zero cases waiting over 12 weeks for a decision
- Monitoring of the completion of overdue reviews in Mid Notts being carried out by a third party organisation
- All 3 CHC assessment teams now expected to manage new assessments and reviews within business as usual
- Polices to be finalised following legal checks
- Procure a CHC database to amalgamate all CHC data across the previous CCG footprints – aiming to award contract by the end of Q3 and have a fully functioning single database before the financial year end.

Risks & Escalations

- Staffing Challenges – there are a number of vacancies and long term sick absences within the ICB central team and the Continuing Healthcare (CHC) operational teams
- Lack of engagement from the County Council with the joint funded reviews – agreement cannot be reached on the outcome of assessments. This risks breach of targets and potential financial impacts. The deputy chief nurse has escalated within the county council

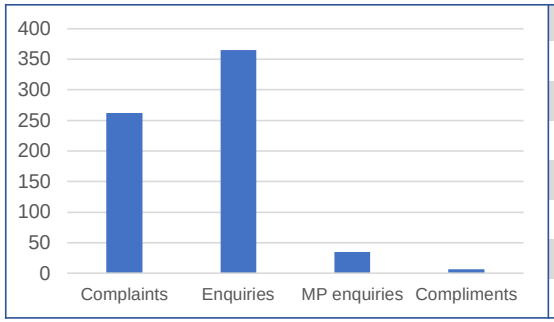
16 – Quarter 2 Patient Experience

Reporting Period:
01 July 2023 – 30 September 23 (Quarter 2)

NHS Nottingham and Nottinghamshire

Patient Experience

Quarter 2 Contacts Received

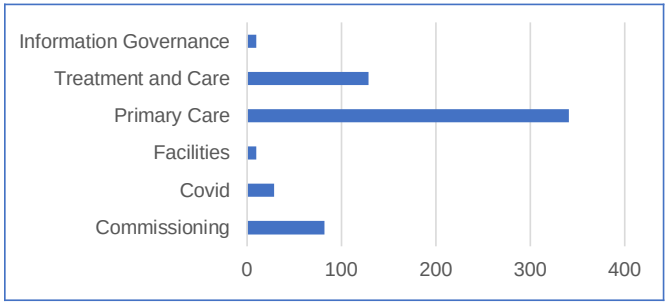


July Contact
206
August Contact
226
Sep Contact
237
Q2 contacts
669

Data Cut-Off Date: 30/09/2023

Explanatory Note/Insight Analysis and Assurance: All contacts logged and responded to appropriately

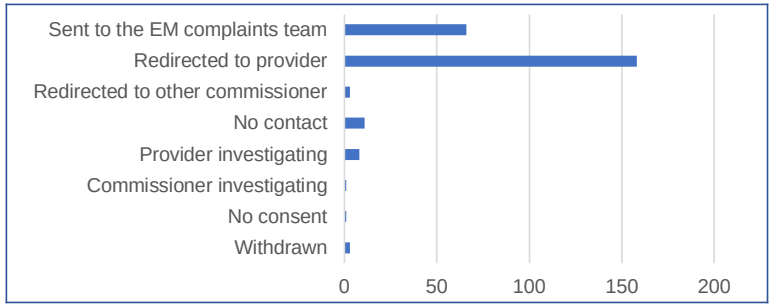
Quarter 2 Contact Trends



Data Cut-Off Date: 30/09/2023

Explanatory Note/Insight Analysis and Assurance: The database has appropriate categories to log contacts received

Quarter 2 Complaints Not Investigated by PET



Data Cut-Off Date: 30/09/2023

Explanatory Note/Insight Analysis and Assurance: Complaints not for Patient Experience Team (PET) investigation and closed appropriately.

16 – Quarter 2 Patient Experience

Reporting Period:
01 July 2023 – 30 September 23 (Quarter 2)

NHS Nottingham and Nottinghamshire

Patient Experience

System Quality Group Oversight – Routine

Rationale for assurance level: The NHS Complaint Regulations state that 100% of complaints received must be acknowledged within three working days – 99.6% compliance has been achieved in quarter 2 (1 complaint took five days due to staff absence). Two complaints agreed for investigation by the ICB were responded to within the 25 working day timescale set by the ICB.

Current Position

The ICB has a statutory requirement to manage complaints in accordance with the Local Authority Social Services and NHS Complaints Regulations 2009 (The Regulations).
The ICB is required to acknowledge receipt of a complaint within three working days in a written format which does include email. In addition, the ICB is required to set a timescale for response with the complainant and, if this timescale is not able to be met, to advise the complainant of a new response date. The ICB timescales are 25, 40 and 65 working days.

The team handled 669 contacts in quarter 2; an increase of 323 contacts from quarter 1.
262 complaints (216 more than quarter 1)
365 enquiries (115 more than quarter 1)
35 Member of Parliament (MP) enquiries (10 fewer than quarter 1)
7 compliments (2 more than quarter 1)

76 of the 262 complaints received during quarter 2 were agreed for investigation by the ICB. 10 complaints were for the Patient Experience Team (PET) to handle and 66 Primary Care - GP and Pharmacy, Optometry and Dentistry (POD) complaints were sent to the East Midlands (EM) Complaints team to handle. One enquiry and one Member of Parliament (MP) enquiry were also sent to the East Midlands (EM) Complaints team to handle.

The two complaints handled by the ICB were not upheld. Eight complaints are currently under investigation by the ICB.

Of the 263 complaints, two were from the Parliamentary and Health Service Ombudsman (PHSO). One was redirected to the provider. One complaint the Patient Experience Team (PET) is awaiting further instruction from the Parliamentary and Health Service Ombudsman (PHSO) about any investigation.

Lessons learnt :
There were no lessons learnt from the two complaints handled by the Patient Experience Team (PET) this quarter.

Actions Being Taken & Next Steps

- A review will be undertaken of the primary care GP and Pharmacy, Optometry and Dentistry (POD) contacts
- Monthly maternity contacts report – ongoing
- Monthly primary care contacts report GP and Pharmacy, Optometry and Dentistry (POD) for the East Midlands (EM) complaints team - ongoing
- Monthly 'deep dive' reports of Patient Experience Team (PET) activity and lessons learnt - ongoing
- Quarterly GP contacts report for the Primary Care Quality team – ongoing
- Regular meetings with the East Midlands (EM) Complaints team - ongoing
- Regular meetings with the dental contracting team - ongoing

Risks & Escalations

Ongoing unreasonable and persistent contact (since May 2022) from a patient which continues to be managed in line with the Unreasonable Contact Process within the Complaints and Enquiries policy. This has been escalated where appropriate.

NHS
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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 October 2023

October 2023		Assurance: Pass	Assurance: Hit & Miss	Assurance: Falling Below
Variation	Special Cause - Improvement	2Hr Urgent Care Response (Pop) Talking Therapies <6 weeks Dementia Diagnosis CYP Eating Disorders - Urgent	Ambulance Response Cat 1 (Pop) Ambulance Response Cat 2 (Pop) Ambulance Response Cat 3 (Pop) 52 Week Waits (Pop) 65 Week Waits (Pop) Diagnostic Waiting List (Prov)	Patients Using Virtual Wards (Pop) 52 Week Waits (Prov) 65 Week Waits (Prov) 78 Week Waits (Pop & Prov) Diagnostic Backlog (Prov) Cancer 62 Day % (Prov) SMI Health Checks Adult SMI +2 Contacts Community Perinatal Access Volume & % NHSApp Registrations
	Common Cause - Random	2 Hr Urgent Care Response % (Pop) P0 - Discharges Home (Pop) Talking Therapies < 18 weeks Early Intervention Psychosis CYP Access (1+ Contact)	EMAS Calls (Pop) Amb Conveyance to A&E Vol & % (Pop) A&E Attendances (Prov) NEL Admissions (Prov) % Bed Occupancy (Prov) No Criteria To Reside (Pop) Length of Stay >21 days (Prov) Ambulance Response Cat 4 (pop) Hospital Handover Delays > 60 mins A&E 4hr % (Pop) 12 Hour Breaches % Ed Atts (Prov) Ordinary Electives (Pop) Daycases (Pop & Prov) Outpatient 1st (Pop & Prov) Outpatient Fups (Pop & Prov) Total Diagnostic Activity (Pop & Prov) PIFU (Prov) Advice & Guidance (Pop) RTT Admitted (Pop & Prov) RTT Non-Admitted (Pop & Prov) Total Diagnostic Activity (Pop & Prov) Diagnostic Waiting List (Pop) Diagnostic Backlog (Pop) Diagnostic 6 Weeks % (Pop & Prov) Cancer FDS (Pop & Prov) Cancer 62 Backlog (Prov) Talking Therapies Entering Treatment Adult MH - 72 Hour Follow Ups Older Adult MH >90 day LOS Individual Placement Support Total Appointments	MSFT>24 Hours (Prov) No Criteria To Reside (Prov) P1 - Discharges Home H&SC (Pop) % Cat 2 waits below 40 minutes 12 Hour Breaches Actual (Prov) Ordinary Electives (Prov) Cancer 2ww % (Prov) Cancer 1st <31 days % (Pop & Prov) Cancer 62 Day % (Pop) CYP Eating Disorders - Routine
	Special Cause - Concern		SDEC % of Total Admissions (Prov) Total Waiting List (Pop) Talking Therapies <90 days 1st to 2nd Talking Therapies Recovery Rate Community Waiting Lists Aged 0-17	Total Waiting List (Prov) Total Outpatients - Virtual (Pop & Prov) Inappropriate OAP Bed Days Community Waiting Lists Aged 18+

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

Waiting List
- Total Waiting List (Prov)

Outpatients
- Total Outpatients - Virtual (Pop & Prov)

Mental Health
- Inappropriate OAP Bed Days

Primary Care
- Community Waiting Lists Aged 18+

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

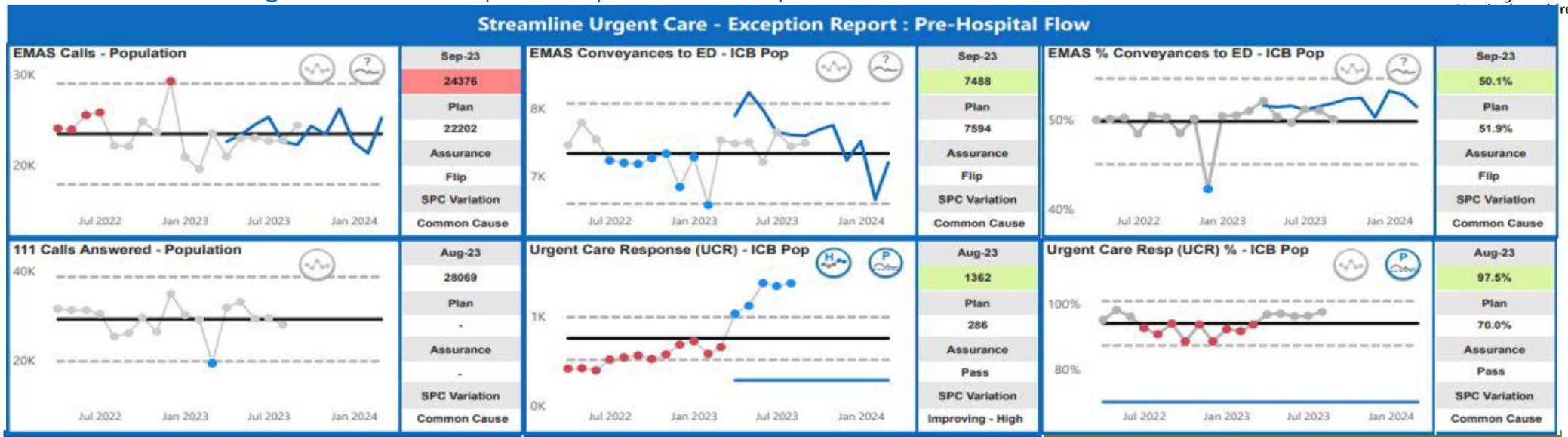
***Areas which are not significantly changing or having periods of sustained improvement** AND which continue to fail to deliver to planned levels, e.g. MSFT >24 Hours, discharges. These areas may be deteriorating, however have not had a sustained reduction for 6 periods to trigger a special cause 'low'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

The Matrix supports the Board to identify 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



Summary

EMAS – Since early 2020, with the onset of the COVID pandemic, EMAS Nottinghamshire ambulance conveyance rates have reduced in both absolute terms (from about 10,000 to 8,000 for Nottinghamshire with a similar trend for EMAS as a trust 43,700 per month to 33,100) and as % of total incidents (from 68% to 55%). September 2023 saw incidents remain in the average for the year, with Hear & Treat at 11.5%, See & Treat at 31.8% and See & Convey 56.2%.

111 - In August 2023, 28,069 calls were answered by the 111 service for Nottingham and Nottinghamshire, in line with the average since April 2021. Ambulance dispositions and ED attendances as call outcomes are consistent over time at 14% and 12% of the answered calls, respectively.

The percentage of 111 calls with a clinical triage assessment by DHU was lower than average between March and May 2023. This was due to DHU taking on the service for the West Mids from March 2023. The percentage increased in June and July, but has dipped slightly in August – to 28%, from 31%. Adding in NEMS CAS triage numbers increases the % to 36% of calls with a clinical triage.

Actions

2 Hour UCR – UCR performance for the ICB remains above the 70% standard for patients being seen within 2 hrs. The two community providers within the ICB are consistently meeting the standard. Referrals to UCR services (05s and 07s) remain on an upward trajectory. The increase in referral activity is due to improved capture of UCR activity at both main providers. There is some divergence from the NHSE reported figures on some referral type levels and advice is being requested from the National UCR team to understand this. Joint working with UCR, Mental Health and EMAS tsking place on pre-hospital pathways.

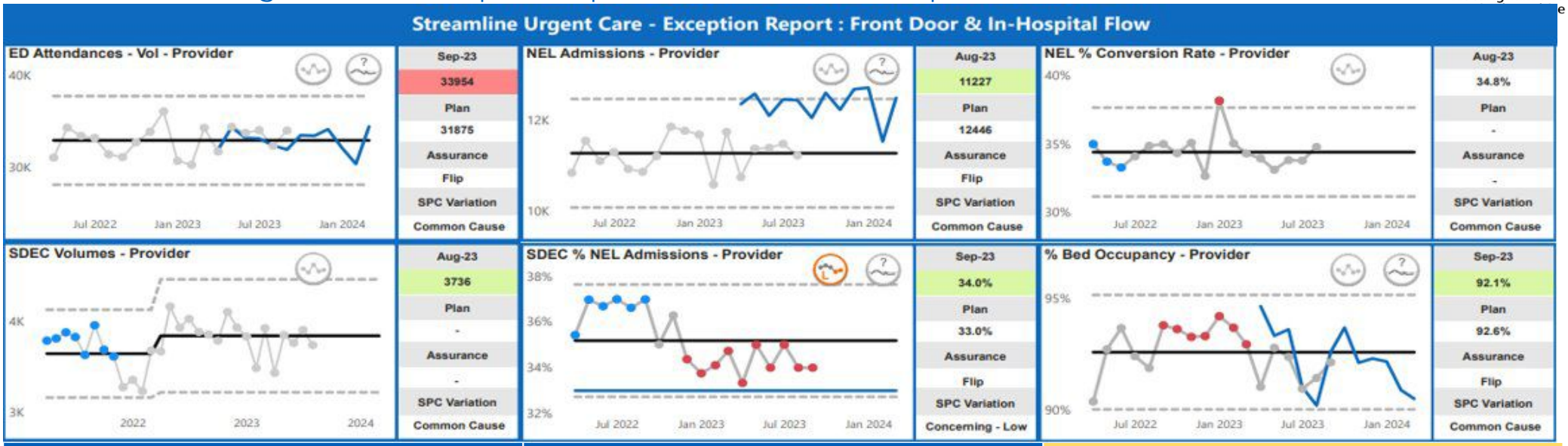
EMAS - The volume of EMAS Nottinghamshire ambulance calls saw an increase of 1,693 calls in September from August. was in line with the average for 2022/23, with conveyance rates slightly down but broadly in line with the rest of this year at 56.2%. Work continues via the Reducing Conveyance group to achieve further improvements.

Oversight Level – Routine

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

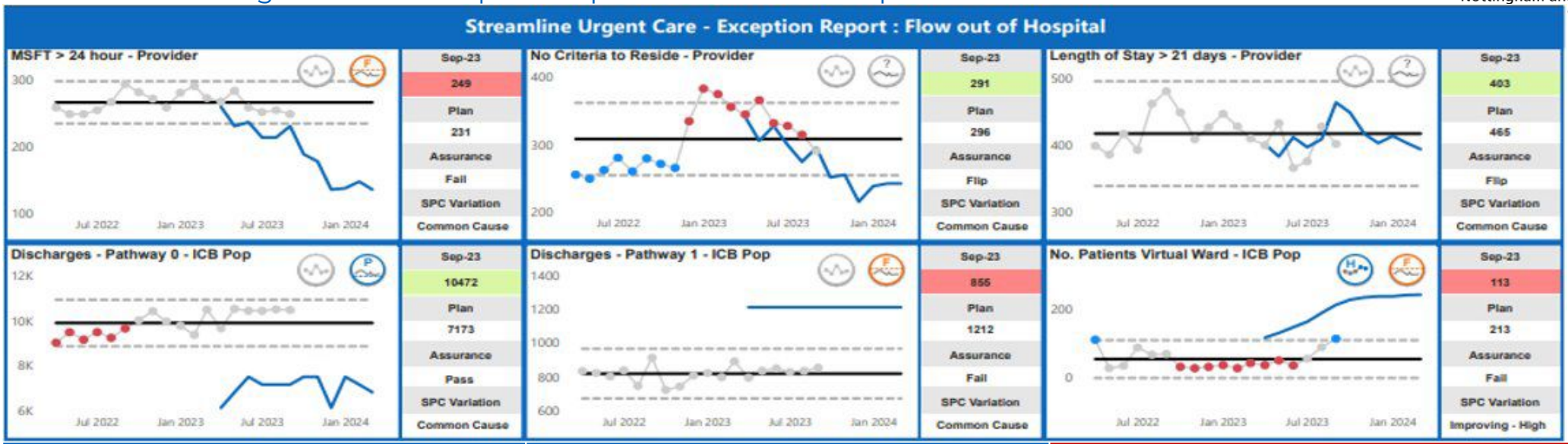
NHS Nottingham and



Summary	Actions	Oversight Level – Further Information Required
A&E and Non-elective activity plans (ICB Provider) – NUH has seen an increase in attendances with an average of 741 A&E Attendances per day for Sept 2023 (July 23 - 736, Aug 23 - 690). An equivalent increase has been seen at SFH with an average of 518 AE attendance in Sept (July 23 - 509, Aug 23 - 483). Bassetlaw Hospital has also seen an increase in attendances within Sept at 176 (July 23 - 175, Aug 23 - 167) For the same period NEL Admissions were 9.7% or 1219 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. This service opened in July and is not operating at fully capacity. 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 September shows that 34% of total admissions were SDEC, which marginally exceeds the 33% target.	**Emergency Department** - 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. Service redesign is required to reduce the likelihood of overcrowding in ED and ensure right acute care setting first time. Increased same day emergency Care is being expanded which will contribute to reduced overcrowding in ED. Red 2 Green processes being improved. Criteria led discharge being rolled out. SFH have key work being undertaken to further improve the 4 Hr performance: New decision-making rota involving snr clinicians at the Front Door. Reviewing ward processes to facilitate timely flow of ED. Developing Frailty SDEC. New Discharge Lounge to facilitate flow. OPAT / Virtual Ward utilisation. Criteria-Led Discharges. ED Process Review (Senior Streaming and Rapid Access and Treatment). **Same Day Emergency Care** - SAIU are working with provider colleagues on further developing reporting of SDEC. This includes the pathways into SFH Medical SDEC and the monitoring of the UEC Recovery Plan funding for Paediatrics and Respiratory SDEC. DBTH are working towards implement the change to ECDS V4 for recording SDEC activity as Type 5 Attends by Dec 2023.	Many areas are performing better than plan. Further monitoring of ED attendances and operation of the NUH SDEC service at full capacity is required prior to reduction in the level of oversight for front door and in hospital flow. Anecdotal responses from the providers indicates that the A&E attendance increases are from lower acuity, walk in conditions, across the middle age group, indicating access issues within the primary care setting. This position is aligned to an absence of significant increases in EMAS, 111 calls on the previous slide.

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

NHS Nottingham and



Summary

Patients Medically Safe to transfer - The number of medically safe for transfer patients in beds at NUH has seen a longer term decrease since April 2023. A slight increase was observed throughout September when compared to the August position, from 142.7 in August to 153.4 in September. SFH has seen a reduction in the numbers throughout September, averaging at 96.4 MSFT per day, down from 112 patients in August. Provider total is 249 against a plan of 231.

No Criteria to Reside - Patients that no longer meet the criteria to reside are below the planned level with 201 patients against a plan of 296 for NUH and SFH combined. Note that this includes all patients that no longer meet the criteria to reside whereas the MSFT metric includes only patients that have been declared medically safe for a period of 24 hours or more

Discharges pathway 1 – The volume of discharges remains below the planned level. Note that pathway 1 discharges are where the patient is able to return home with support from health and social care. Pathway 0 discharges can be referred to as simple discharge and require no input from health or social care. Pathway 1 discharges have remained at around 200 per week against the 303 per week P1 trajectory.

Actions

MSFT - Continued focussed work to improve delayed discharges for MSFT patients and pre-MSFT, including understanding why investments are not delivering benefits in terms of reduced MSFT patients, and why we have seen a recent increase at SFH

Virtual Wards – For September, the ICS reported 113 VW bed capacity (a significant increase since August) against a plan of 213, and 66% occupancy –August occupancy was reported at 92%. The reduction is due to industrial action impacting consultant led discharges when the snapshot data was reported. NHSE were provided daily occupancy rates each day during September as this indicator continues to be closely monitored. Engagement with Provider Collaborative to improve clinical engagement in Virtua Ward development has commenced. There is focus on mobilising frailty and respiratory Virtual Wards ahead of winter.

Oversight Level – Escalated Risk

Discharges – The underlying cause of the delays are reported along the discharge pathway, which will enable an improved understanding of the actions that are required to deliver improvements. A review of Pathway 1 model is underway including skills, competencies and outcomes which will inform workforce redesign across providers.

The timeliness and volume of discharges remain a concern for the system. There have been some improvements, particularly at NUH in a reducing volume of MSFT patients. Further efficiency increases are required to realise greater elective and emergency care performance levels.

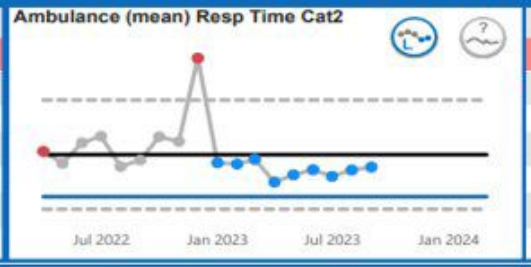
Virtual Wards – There is significant focus on delivery of this indicator within the system, but delivery remains challenging.

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

NHS Nottingham and Nottinghamshire

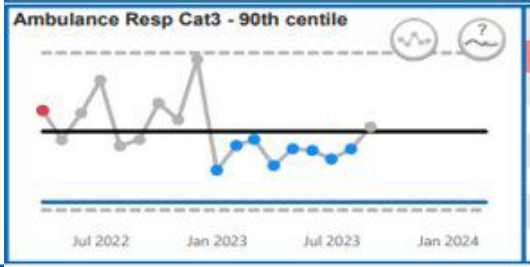
Streamline Urgent Care - Exception Report : EMAS Performance Compliance (Notts Only)

Sep-23
00:08:03
Plan
00:07:00
Assurance
Fail
SPC Variation
Improving - Low

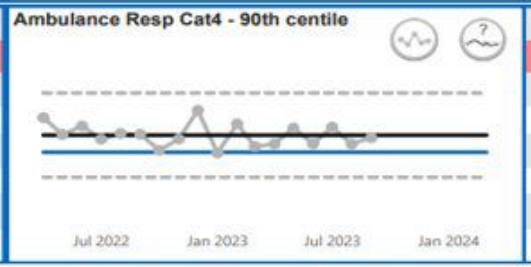


Sep-23
00:36:59
Plan
00:18:00
Assurance
Flip
SPC Variation
Improving - Low

Sep-23
55.7%
Plan
90.0%
Assurance
Fail
SPC Variation
Improving - High



Sep-23
08:02:03
Plan
02:00:00
Assurance
Flip
SPC Variation
Common Cause



Sep-23
05:54:53
Plan
03:00:00
Assurance
Flip
SPC Variation
Common Cause

Summary

Ambulance Response Times: Category 1 and 2 response times are below the mean but 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 1, Cat 2 and Cat 3 charts have low value alerts given their improvements against historical positions. The Cat 2< 40 Mins metric has a failure alert (F), 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 September was 36:59mins against a target time of 18:00 mins

Actions

Monthly meetings between senior operational leads from EMAS, BDGH, NUH, SFH and the Urgent Care Resilience team continue to take place with main-focus of improving ambulance handover performance.

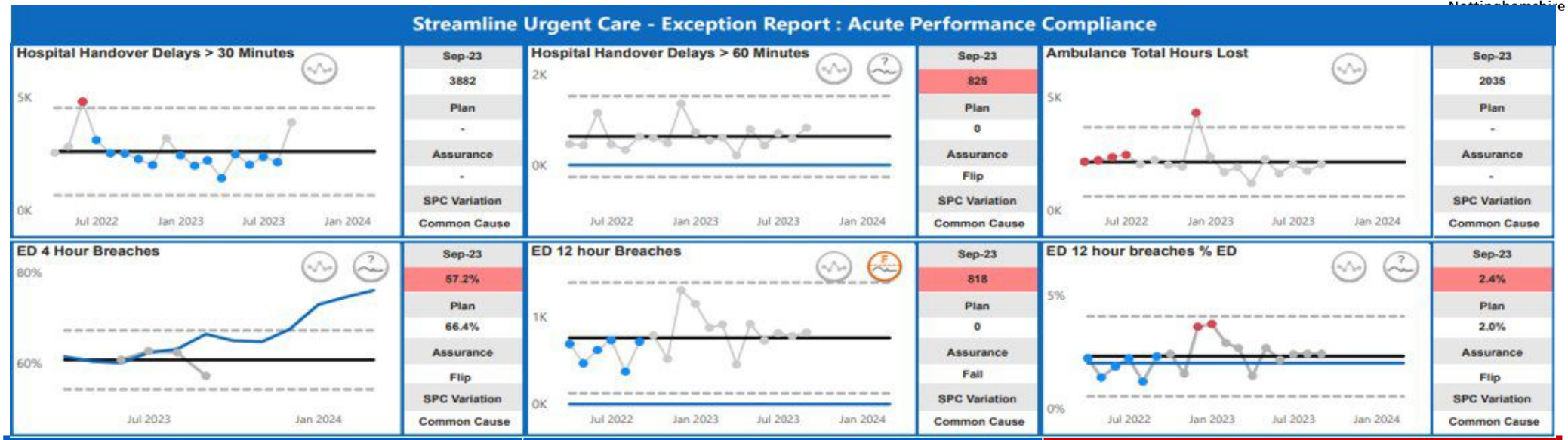
The Urgent Care Co-ordination Hub that is being implemented in October will result in some of the calls currently going to EMAS, going through the hub. EMAS are changing the triage system, planned for November, which will put patients into a lower call categories (Cat 3 to Cat 2).

Oversight Level – Escalated Risk

While all areas are underperforming against target, the majority are making sustained improvements.

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



Summary

Hospital handover delays >60 minutes NUH has seen an increase in the average number of daily ambulance delays of 60 minutes or more, September 2023 average 65 delays, August 60 delays. SFH has also seen an increase, with an average of 19 in August compared to 24 in September. Bassetlaw Hospital also slight increase to an average of 5 delays per day in August to 6 delays in September 2023

EMAS handover delays at SFH and Bassetlaw have increased substantially in September 2023 with particularly high pressures at NUH, with turnaround being impacted by blocked EDs. Overall, the average pre handover time is at 26.5 mins in September 2023, reduced from 42.5 mins seen in December 2022. September 2023 saw a drop in position for the % ambulance handovers over 15, 30 and 60 mins. September 2023 saw an increase in ambulances conveyed, contributing to a deterioration over August performance.

ED 4 Hour Waits – A&E 4hr performance for September was 57.2% for total provider against a plan of 66.4%. Composed of NUH performance of 44% (plan 55.2%) and SFH 72.3% (plan 79.3%).

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.

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

NUH additional discharge lounge capacity opened in September which will help flow and reduce ED overcrowding at times of pressure. ICB informatics to support with data in analysing the effectiveness of peripheral diverts. UCR capacity being utilised by EMAS to successfully divert patients to community services from the EMAS stack.

Providers working on action plan which will be fed back to Ambulance turnaround group in October. Ambulance handover trajectories are to be focused on at the October 2023 UEC Board

Oversight Level – Escalated Risk

Ambulance Handover Delays – Despite the continued improved position since the peak in December, 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 requested by the UEC Board for November.

ED 4 Hour Breaches – the position has fallen to below planned levels in September. The Trusts have been asked to review the confidence in their UEC plans (including SDEC, LLOS, Discharges) to confirm their assurance that the position will recover and revert to plan.

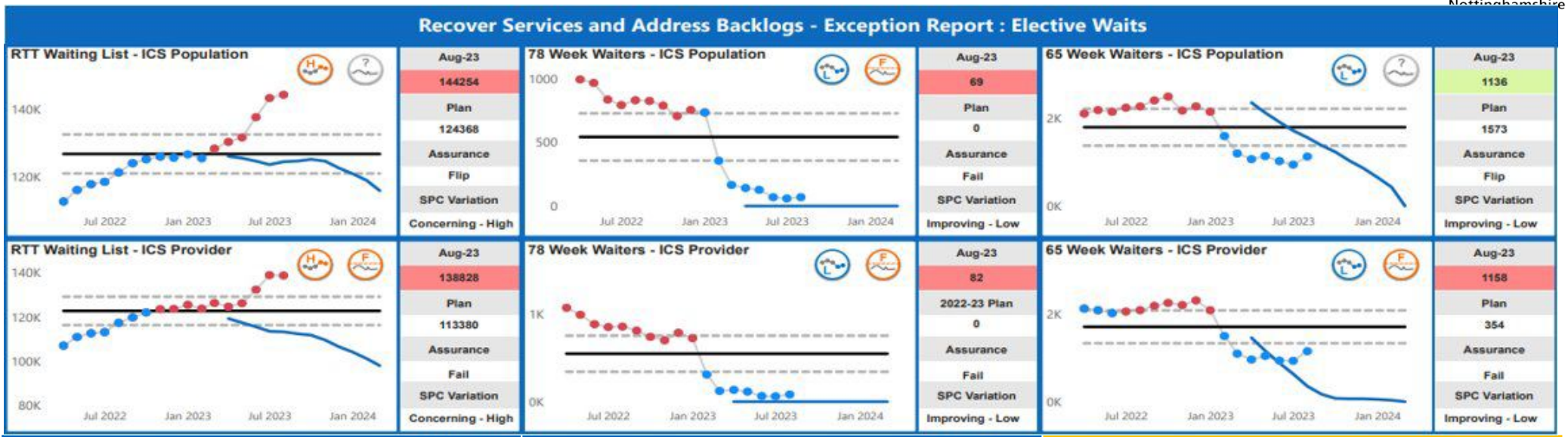
12 Hour waits - Harm reviews are being undertaken and thematic reviews being addressed through the System Quality Group, and report into the ICB Quality and People Committee.

ED Quality Metrics – an NUH quality group has been established to implement a set of quality metrics for use in ED for long waiting patients. These metrics are regularly reviewed and discussed through the system wide UEC Board.

7.3 Service Delivery
Elective Care Performance

7.3a – Elective Waits Exception Report
7.3b – Elective Activity Exception Report
7.3c – Productivity and Transformation Exception Report
7.3d – Cancer Exception Report
7.3e – Diagnostics Exception Report

7.3a - Recover Services and Address Backlogs – Exception Report : Elective Waits



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 19,886 patients is required to return to the August 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 August was 69 against a plan of zero.

65 Week Waits (ICS Provider) - showing special cause low-improving variation as the position remains below the mean. In August, there were 1,158 patients waiting 65 weeks or more for the system against a plan of 354.

Actions

Elective Hub - the system operates a system wide elective hub which reviews the current waits of patients across the local NHS trusts as well as commissioned Independent Sector providers. The aim being to ensure equity of waits across the system and that the various providers review patients on assessment of clinical need and prioritisation and align capacity resource through mutual aid as required. Specialty reviews are also undertaken to provide organisational support where specific issues have arisen.

Patients waiting 78 weeks or more – Action is being taken to improve the position each week, supported by additional NHS funding. Actions include: taskforce meetings twice a week, mutual aid, IS, additional sessions and waiting list initiatives.

The provisional position for the end of October 2023 is that there were 60 patients waiting over 78 weeks, which is subject to further validation.

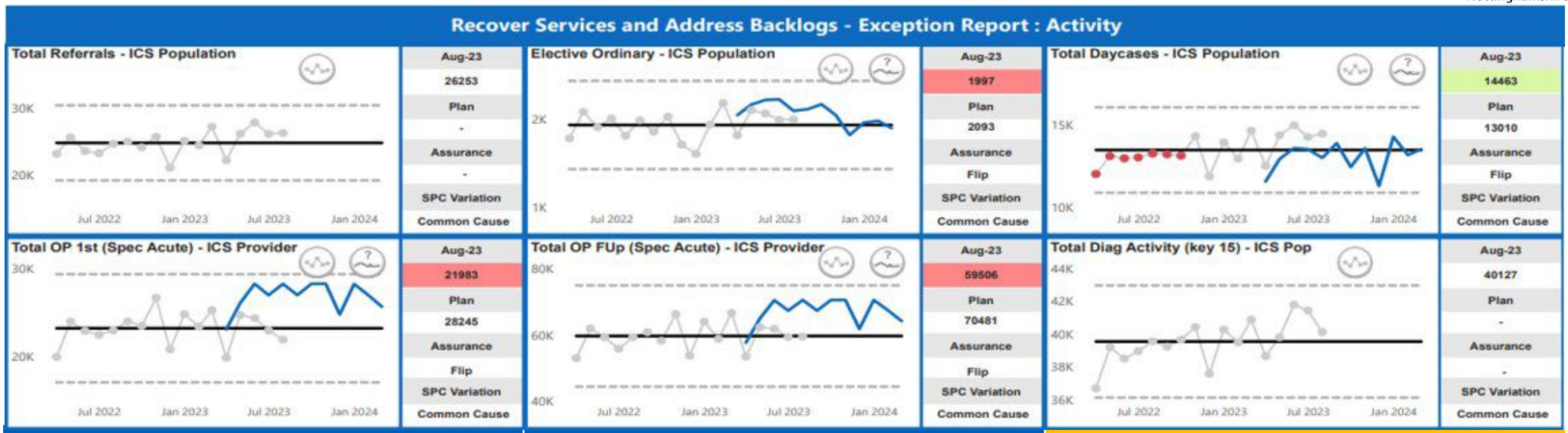
Oversight Level – Enhanced

Internal Oversight of the 104-week and 78-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 66 patients at 15/10/23 (66 at NUH, 10 at SFH). There are capacity challenges for complex ENT patients, due to limited mutual aid capacity locally or nationally. There are also capacity challenges within spinal services for adults and paediatric patients.

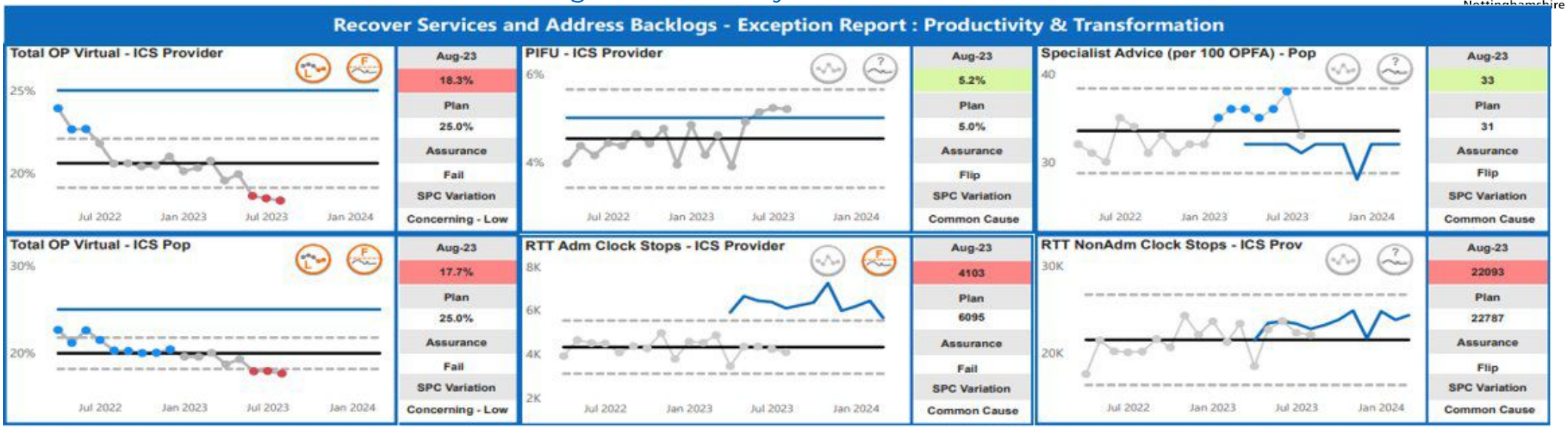
7.3b - Recover Services and Address Backlogs – Exception Report Elective Activity

NHS Nottingham and Nottinghamshire



Summary	Actions	Oversight Level – Enhanced
These charts compare the August 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). All 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 Ordinary admissions, Outpatient First and Outpatient follow up activity levels were below plan in August . The strike action which took place between the 13th and 18th July and 20th to 22nd July limited the volume of activity that could be delivered, which was the main constraint relating to activity delivery.	**Elective Capacity** - Staffing challenges through staff vacancies and sickness remain a key challenge for the system. The system continues to have levels of staff absence between 7% to 8% of the acute provider workforce. This has resulted in increased utilisation of agency staff, which is above the planned level. **Sourcing Additional Capacity** -Fully utilising Independent Sector capacity and identifying mutual aid potential across NHS Providers where clinically appropriate. Over 700 patients have transferred between NUH and SFHT to support treatment and future agreements are in place to ensure a planned approach to transfers and mutual aid in the future.	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 Industrial action continues to impact activity levels with. Further strikes by other staff groups remains a key risk. The system also needs to remain focused on transformation areas such as A&G, PIFU and virtual outpatients to support patients on the waiting list. (see Productivity & Transformation section of the report).

7.3c - Recover Services and Address Backlogs – Productivity & Transformation



Summary

Outpatient Virtual: Concerning - Low variation, 'fail' target delivery as the performance has dropped below the mean. The latest position for the system is 18.3%, which is below the national standard of 25%. Since April 2022, the position for the system has reduced from 24% to the current position.

Outpatient Follow-up 25% Reduction: The ICS plan did not deliver the 25% reduction due to c32,000 patients at SFH and NUH who have an overdue follow up review. Reducing follow up appointments by 25% would result in patients waiting longer putting them at increased clinical risk and potentially increasing backlogs. This remains a significant challenge for 23/24.

PIFU – achieved the plan in August with performance of 5.2% against a 5% plan.

Advice & Guidance Target. The ICS achieved this standard in August 2023, in which the utilisation rate was 33 against a plan of 31.

Admitted and Non-Admitted Clock Stops: These charts show common cause variation, but with a failure alert for admitted clock stops. Both admitted and non-admitted clock stops are below plans in August.

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.

Patient Initiated Follow Up (PIFU): As part of the 2023/24 planning round both providers submitted plans to increase the number of episodes moved or discharged to patient initiated outpatient follow-up pathway as an outcome of their attendance. NUH are working to expand PIFU in a range of specialties.

Admitted and Non-Admitted Clock Stops: Over the past few months, there have been a number of inter-related factors which have limited the volume of elective activity and therefore clock stops – See activity section for further detail on actions.

Oversight Level – Enhanced

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

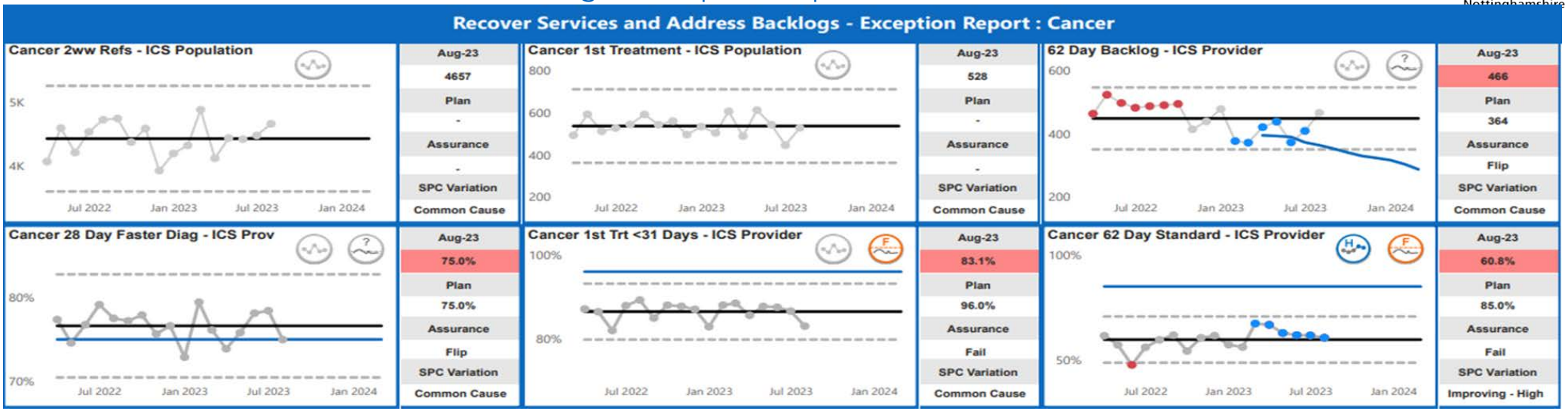
Outpatient Follow-up 25% Reduction: the national 25% reduction will not be delivered as the providers concentrate on treating patients on their current lists. Local providers have significant overdue review lists. Future service change plans will focus on safely progressing the reductions required.

Utilisation of **Advice and Guidance** continues to consistently achieve the national standard. Work is taking place within the Referral Optimisation Group to explore variation at PCN and general practice level in order to identify areas that warrant further targeted support.

Admitted and Non-Admitted Clock Stops. There continues to be challenges around the level of staff sickness and periods of industrial action, which limit the volume of activity that can be delivered.
Further improvements are progressed through the Elective and Outpatient Board.

7.3d - Recover Services and Address Backlogs – Exception Report : Cancer

NHS Nottingham and Nottinghamshire



Summary

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. Both Trusts failed to meet the standard in August with deterioration seen compared to July. The main impact on performance has been due to Industrial Action and a large increase in referrals for Skin over and above seasonal norms.

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 SFH August, however NUH did not achieve the standard due to Industrial Action and capacity issues.

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: Common cause assurance, volumes have reduced and remains around the mean. Most patients waiting +62-days are in Lower GI, Urology, Gynae, Lung, Upper GI and Skin.

Actions

NUH hold most of the cancer backlogs for the system, due to the scale and specialist services it provides.

To address the 62-day backlog, NUH continue to hold Internal meetings with all tumour site leads and clinical leads which enable discussion around reviewing approaches to follow ups, and forward scheduling theatres and treatments. Joint discussions are also held across NUH and SFHT to progress mutual aid wherever possible. The 62-day backlog for NUH and SFH is discussed at tumour site level on a weekly basis. This includes the volume of patients removed from the list as well as potential and confirmed additions.

The main issues preventing increase in performance at NUH are operational pressures and workforce challenges, especially within oncology treatment services. To recover performance the following actions are being taken –

- Weekly PTL meetings take place where potential delays are escalated and actions agreed, each tumour site has updated action plans in place which are reviewed regularly.
- New processes for 31-day treatment for surgery were rolled out on the 1st July 2023 to meet the new CWT guidance and a review of validation process have been undertaken

Oversight Level – Escalated Risk

62 Day Backlog- The latest weekly ICB data for week ending 15/10/23 is 497 patients against a plan of 341 patients. NUH have 407 patients against a plan of 284 and SFH have 90 patients against a plan of 57.

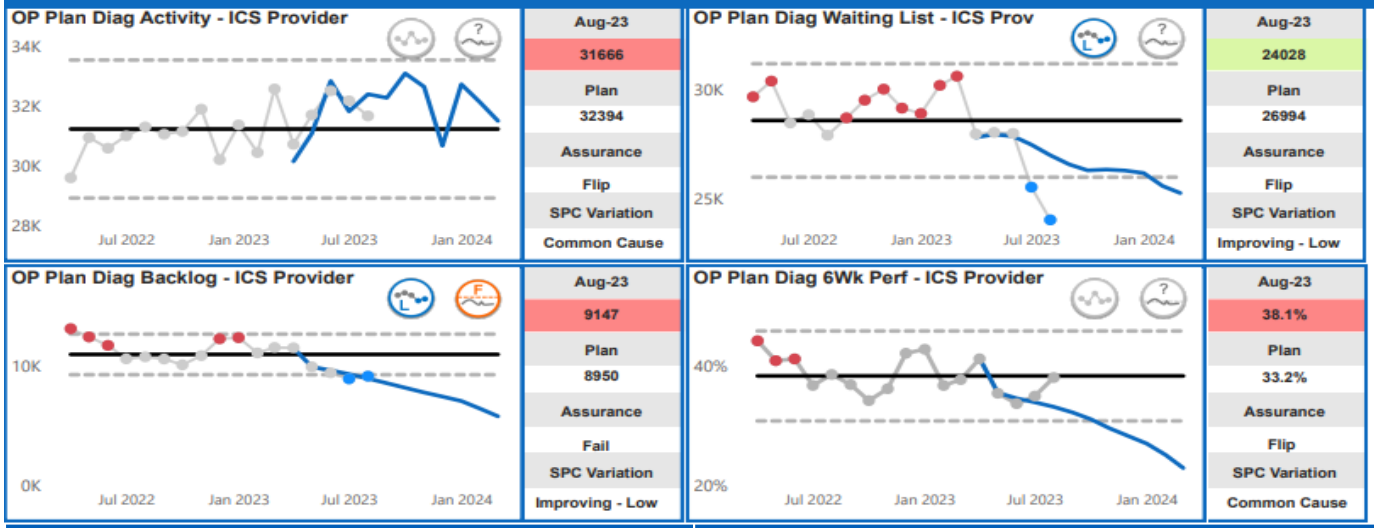
As at 15/10/2023 the proportion of patients waiting over 62 days at NUH is 12.47%, this is above the national position of 9.2%. The 104-week waiter meetings that take place with NHSE continue to cover cancer performance on a fortnightly basis. This enables a granular discussion to take place around plans to reduce the 62-day cancer backlog.

Industrial action has limited the volume of activity delivered, which has driven growth in the backlog volume during August and into September.

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

NHS Nottingham and Nottinghamshire

Recover Services and Address Backlogs - Exception Report : Diagnostics



ICS Provider	Waiting List	Backlog	%
MRI	5,515	2,038	37.0%
Computed Tomography	4,784	1,529	32.0%
Non-obstetric ultrasound	4,946	780	15.8%
Barium Enema	0	0	
Echocardiography	6,587	3,943	59.9%
Colonoscopy	707	238	33.7%
Flexi sigmoidoscopy	345	145	42.0%
Gastroscopy	1,144	474	41.4%
Total - Plan Modalities	**24,028**	**9,147**	**38.1%**
DEXA Scan	833	98	11.8%
Audiology	1,895	1,015	53.6%
Cardiology - Electrophysiology	0	0	
Neurophysiology	400	73	18.3%
Sleep studies	833	386	46.3%
Urodynamics	173	109	63.0%
Cystoscopy	264	66	25.0%
Total - All Modalities	**28,426**	**10,894**	**38.3%**

Summary

These charts display the aggregate latest position for MRI, CT, NOUS, Colonoscopy, Flexi-Sigmoidoscopy, Gastroscopy and Echocardiography.

Diagnostic activity and 6-week performance: showing as common cause variation as there have not been sustained improvements in the position. However, barring diagnostic activity (which is 1% below plan) all are better than plan at August 2023. The position does vary significantly by modality and provider.
Diagnostic 6-week performance for plan modalities: July at 35.97% with the 6-week backlog decreasing to 8,105 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. However, the backlog has reduced for the system to 1,716 patients at the end of August 2023.
Echocardiography: The data for August shows that Echo is performing at 59.73% for the system. After a period of rapid increase, the backlog and waiting list are now showing signs of reduction at NUH. However, significant pressures remain at SFH.

Actions

MRI - NUH have two relocatable units in addition to two mobile units in place to provide additional capacity. The third mobile unit is in use and work is ongoing to secure funding for 2023/24.

Echocardiography (ECHO) at SFH continues to be very challenging. Recruitment to vacancies is underway. Mutual aid has been agreed within the system of 30 scans per month. Work is taking place to explore in sourcing of 250 scans per month. A revised recovery trajectory is under development to recognise this additional capacity. Longer term solutions around recruitment and the development of the CDC are required to support the service in future.

Oversight Level – Enhanced

The plan was not achieved in August (31,666 against a plan of 32,394).

Variation in the waiting list and backlog volume of modalities within the system is significant between providers. This has been discussed at the Planned Care Board as well as the Diagnostic Board.

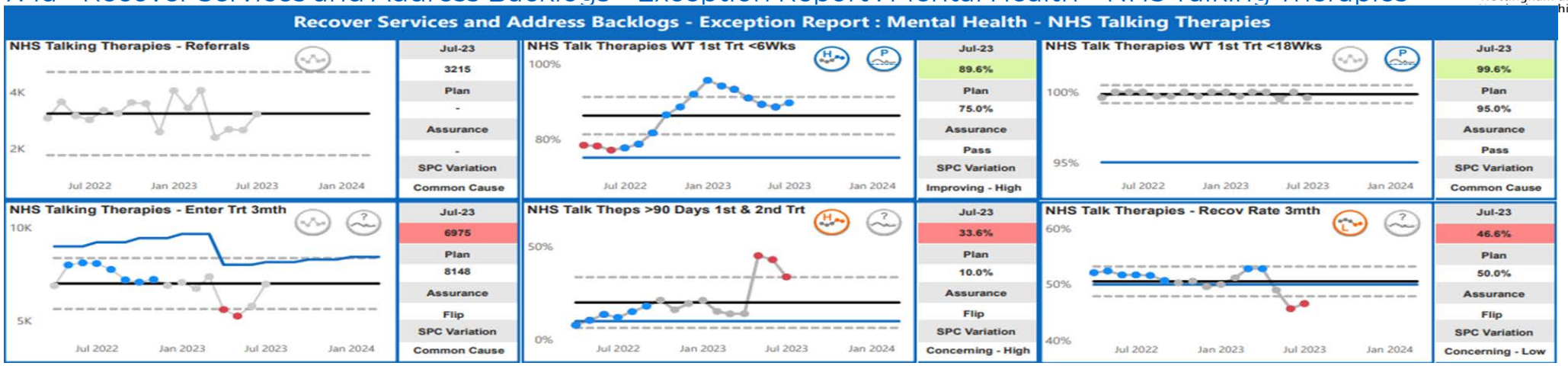
Recovery trajectories are in place to enable monitoring of waiting list and 6 week waiter volumes. These are closely tracked and reported routinely to the diagnostic board. A deep dive meeting took place on 22nd August with NHSE and system colleagues to enable a granular discussion around the latest performance and position against recovery trajectories. Based on data for April to August, the system is tracking well against these trajectories.

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

7.4 Service Delivery
Mental Health Performance

7.4a – Exception Reports Mental Health NHS Talking Therapies
7.4b – Exception Reports Mental Health Adult Services
7.4c – Exception Reports Mental Health Access
7.4d – Exception Reports Mental Health CYP

7.4a - Recover Services and Address Backlogs – Exception Report : Mental Health – NHS Talking Therapies



Summary

NHS Talking Therapies (formerly IAPT) referrals are above the mean showing common cause variation.

Treatment numbers (3-month) rolling access performance remains under target, however numbers entering treatment has increased to 6975 in July.
The service continues to achieve and exceed the 6 week (89.6%) and 18 week (99.6%) waiting time standards.

Patients **waiting over 90 days** between 1st and 2nd treatments has started to decrease but remains as a high alert as the performance is still above the mean.

Recovery Rate failed to achieve the 50% target with performance at 46.6% and has flip assurance and concerning- low variation.

Actions

- Local data will continue to be utilised to identify and address performance issues and agree actions to improve capacity and service delivery, including workforce issues, these include:
- Increasing referrals - the provider is implementing a marketing and engagement plan and activities for quarter 3 include:
- Digital tablets are being used by community engagement team to make live referrals from August. 6-week pharmacy bag promotional project commenced in July with expected impact during Q3 of up to 3% more referrals from over 6 5 s and people with long term conditions, 6-week digital campaign commenced in July with expected impact during Q3, attendance at over 30 events is planned for Q3 to raise awareness of the service, develop new partnerships and pathways, and increase referrals.
- Capacity - additional capacity was implemented in March 2023 to mitigate the closing of 2 of the 3 providers which reduced clinical capacity. The impact of this will be when March referrals complete treatment by October 2023.

Oversight Level – Enhanced

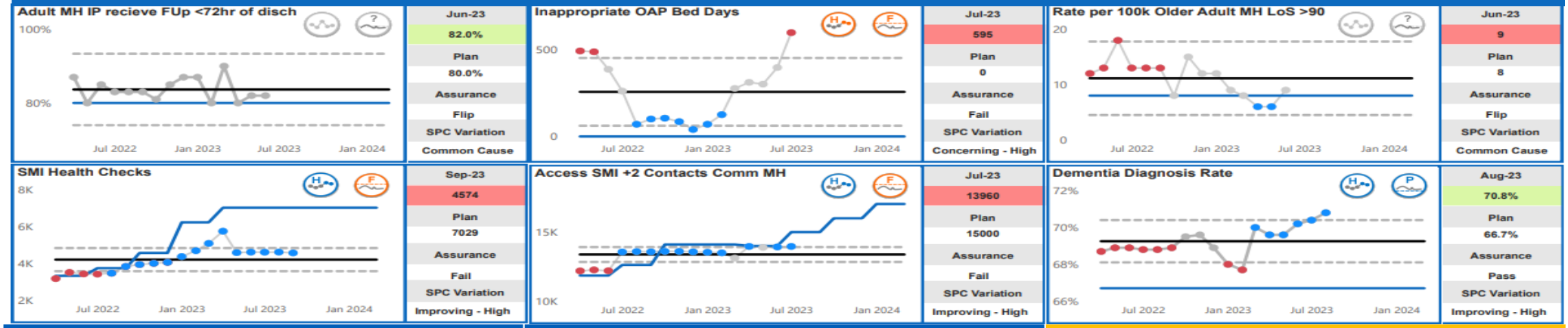
Monthly contract meetings in place to review delivery and performance. Remedial action plan is in place. Main area of concern is in relation to referral volumes into the service which are below benchmarked and expected levels.

First monthly contract executive group was held in September 2023

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

NHS Nottingham and Nottinghamshire

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



Summary

72 Hour Follow Ups - the performance is within the required range.
OAPs - In Q2 2023/24 there were 595 OBDs, against a trajectory of 0. This is a deteriorating position on the quarter 1 2023/24 position where 395 OBDs were reported. Performance impacted by demand for inpatient admissions, patient acuity, and complex delayed patients which means that there are still patients being placed out of area when local provision is full.

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

Dementia –The ICB continues to exceed the national dementia diagnosis rate standard (70.8%) in August 2023. Performance remains above the regional average (61%).

Actions

OAPS - Crisis Resolution and Home Treatment Teams (CRHT) delivering Intensive Home Support and in-reach to wards. CRHT are providing 24/7 home treatment. The 24/7 mental health crisis helpline is provided in partnership by NHT and Turning Point (VCS). A partnership with national charity TextShout went live in March 2023. A review of use of the text support offer will take place in September.
SMI Health Checks - An ICS recovery action plan is in place to support improvements in performance. Actions include:
Primary Care Engagement - Engagement with Primary Care Networks (PCNs) will continue into Q3 to understand the variation across the ICS, exploring practice processes in inviting patients in for checks, use of tools such as GP workflows, recording and reporting. Good practice will be shared between PCNs and support for making improvements offered. This will complement the Health Improvement Worker (HIW) review and will identify opportunities for sharing best practice and identifying support needs by end of Q3.

Dementia - MAS teams continue to flex staffing, to ensure equitable waits across the system. Two recovery clinics have been set up to provide an additional 8 clinic slots per week. These will initially be focussed within Newark & Sherwood to help tackle waiting times in the short term and ensure equity of waits across the system.

Oversight Level – Enhanced

OAPS - The Mental health Crisis and Urgent Care Steering Group, meets monthly to reviews actions. Partnership meetings are also in place to identify actions that can be taken to alleviate system pressures.

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

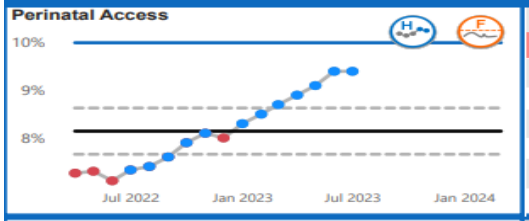
Dementia - An NHSE led audit of MAS took place in February 2023 and the MAS service signed up to the Memory Services National Accreditation Programme (MSNAP) process in November 2022 with results from the self-review published in April 2023. The results from these findings have been embedded into a new waiting time recovery plan.

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.

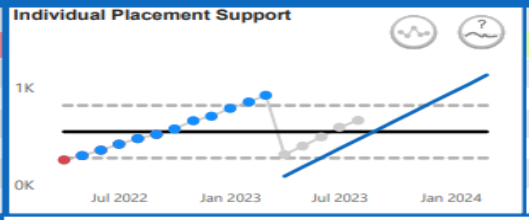
7.4c - Recover Services and Address Backlogs – Exception Report : Mental Health – Access

NHS Nottingham and Nottinghamshire

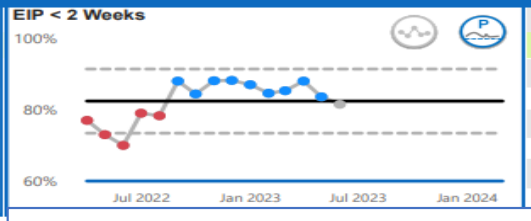
Recover Services and Address Backlogs - Exception Report : Mental Health - Access



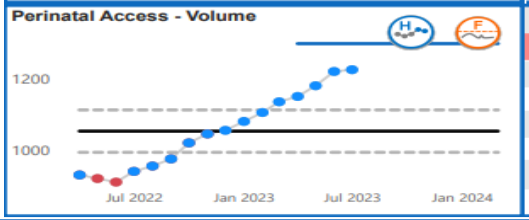
Jul-23
9.4%
Plan
10.0%
Assurance
Fail
SPC Variation
Improving - High



Aug-23
664
Plan
470
Assurance
Flip
SPC Variation
Common Cause



Jun-23
81.5%
Plan
60.0%
Assurance
Pass
SPC Variation
Common Cause



Jul-23
1225
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 664 people accessing IPS as of August 2023 against a target of 470.

EIP - The access standard has been consistently exceeded at an ICS level. All access standards are at Level 3, Performing Well or above with Access and Supported Employment and Education at Level 4, Top Performer. Data for June 2023 shows a decrease in performance with 81.5% of patients accessing EIP within 2 weeks, compared to 83.6% in May 2023.

Actions

Perinatal
Action plans are in place to increase the number of women accessing the service this includes:

- Continuous ICS wide communications campaign•
- Continuous targeted work within areas where there is underrepresentation (BME groups) to understand reasons and increase engagement.
- Exploring alternative venues across the City and County where it is recognised that there are higher levels of disengagement within the service or that that access to clinics can be a barrier – complete.

EIP - The focus remains on maintaining a level 3 NICE compliant service and ensuring the access standard is met. The service received positive results from the National Clinical Audit of Psychosis (NCAP) in May 2023 with the service identified as 'Top Performing'.

An At-Risk Mental State (ARMS) pilot commenced in Q4 2022/23. The aim of the ARMS service is to reduce the transition rate to a first episode of psychosis (FEP) and the duration of untreated psychosis (DUP) both of which relate directly to improve recovery outcomes for the individual as early detection and intervention is key. The model is being tested with the North EIP Team and across the Children and Young People Head 2 Head service, before interim evaluation across the ICB.

Oversight Level – Enhanced

Perinatal - The team is commissioned to meet the LTP ambition. An ICS Perinatal Recovery Action Plan has been developed. The recovery improvement trajectory is March 2024 (12 months rolling performance). Performance against the recovery trajectory will be reviewed monthly.

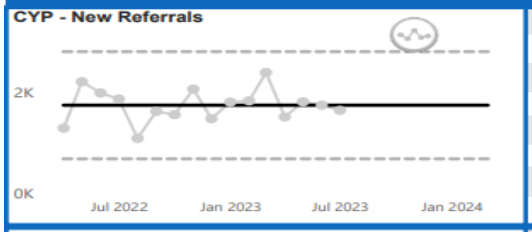
IPS - All four place-based IPS teams have completed fidelity reviews achieving centre of excellence status. Mid Notts have completed their fidelity review and have scored a 'good' fidelity rate of 108. Any action plan for further improvement will be reviewed at the IPS steering group on an ongoing basis.
The IPS steering group continues to meet bimonthly to monitor and address performance, issues, and risks as well as monthly meetings with providers during implementation in Bassetlaw. All vacant posts have now been recruited to and are operational. Further work is being undertaken in Bassetlaw to increase activity by connecting with referring services and drop-in sessions as well as further integration with PCN teams.

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

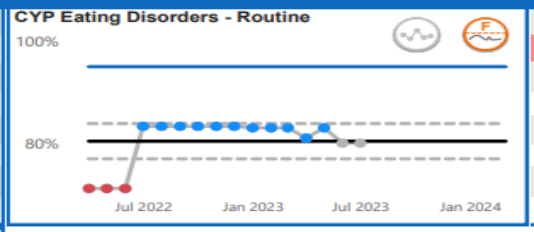
7.4d - Recover Services and Address Backlogs – Exception Report : Mental Health – Children & Young People

NHS Nottingham and Nottinghamshire

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

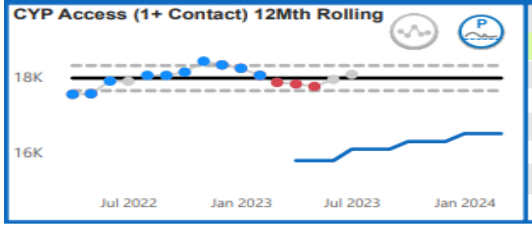


Jul-23
1645
Plan
-
Assurance
-
SPC Variation
Common Cause



Jul-23
80.0%
Plan
95.0%
Assurance
Fail
SPC Variation
Common Cause

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



Jul-23
18055
Plan
16100
Assurance
Pass
SPC Variation
Common Cause

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); 18,055 CYP were recorded as having at least 1 contact in the rolling 12 months ending July 2023 exceeding the annual plan of 16100.

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

CYP ED Urgent (<1 week) – Improving - High variation due to the improvement in performance over the past 3 quarters

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). This remains on track and scheduled to be operational by September 2023.

The service is working on several initiatives to eliminate the risk of service-related breaches including:
• Reviewing space utilisation to expand access to clinical room availability and where possible. This seems to have rectified the issues previously experienced, however will continue to be monitored.
• Continued protected time with Community CAMHs where joint assessments are required (to enable assessment within the routine timeframe).

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. Provider 'Talkzone' is due to make its first submission this quarter (Q2). The service APTCOO is also preparing for submission (expected within Q3).

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 commissioners, providers, and primary care 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. Themes are reviewed and these currently link to patient choice.
Recovery trajectory for 23/24 has been finalised which will see the delivery of the 95% target for routine referrals in Q4 2023/24.

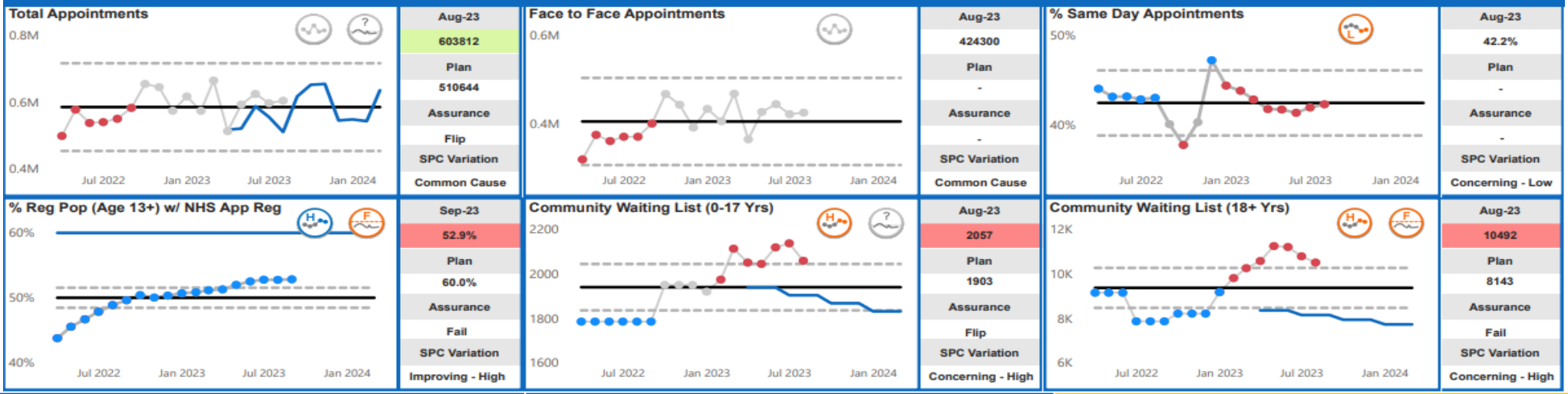
7.5 Service Delivery Primary & Community Performance

7.5a – Exception Reports Primary & Community

7.5a - Recover Services and Address Backlogs – Exception Report: Primary and Community Recovery

NHS Nottingham and Nottinghamshire

Recover Services and Address Backlogs - Exception Report : Primary and Community Recovery



Summary

Total GP Appointments in August were 16.7% above the planned level. The percentage of appointments held face to face remains relatively consistent with previous months at 70.2%. GP Appointments within two weeks data shows that 76.7% of appointments were offered within two weeks in August 2023.

NHS App - registrations onto the NHS App have continued to increase over the past few years. The ICB remains under the target of 60%, with the current position at 52.9% in August, however the position continues to increase steadily.

Community Waiting Lists - The August position reports significant pressures on the adult waiting list. However, the community waiting list for adults has reduced from the position reported last month (10,769) to 10,492 patients. The waiting list includes NHCT and CityCare community services for Nottingham and Nottinghamshire patients.

Actions

NHS App - Ensuring consistent promotion of the NHS App is being picked up via the Redmoor review and part of the excellence in PCIT programme; this is also a direct target for the PFDS programme as the strategic direction is NHS App as the single front door.

The DDAT team (Digital and Data team) have been supporting GP practices to promote the NHS App via specific targeted communication activities such as social media, radio ads and bus and tram advertisement, this appears to be supporting the increased progress towards the target 60% coverage.

Community Waits – validation of waiting lists data is being undertaken by NHT. Recovery action plans are in place for 3 frail services, including Speech and Language Therapy, Podiatry and Paediatric Diabetes. These are monitored through the contract meetings.

Oversight Level – Enhanced

There has been a reduction in the adult waiting list from July to August of 277 patients. This is driven by a reduction of 84 patients at NHCT and a reduction of 193 patients at CityCare.

In August, there were 5,360 adult patients waiting for services at NHCT and 5,132 adult patients waiting at CityCare. Across both providers, the largest waiting list is for the MSK service, which has 3,702 patients waiting. There are 52 adult patients and 1 child waiting more than 52 weeks across a number of services. The largest cohort with patients waiting more than 52 weeks is Community nursing services with 28 patients.

Content Author: Rob Taylor | ICB Programme Lead: Joe Lunn (PC) | Executive Lead: Lucy Dadge | System Oversight: Performance Oversight Group | ICB Committee: Finance & Performance Committee

NHS
Nottingham and Nottinghamshire

8.0 Finance

ICS Aim 3: Improving the Effective Utilisation of Our Resources (Enhance productivity & VFM)

8.1 Month 4 Financial Position

8.2 Organisational Analysis

8.3 Financial Recovery Plans

8.1 – Finance position – Month 6 2023/24 Key Metrics

- £79.3m deficit at month 6. £61.8m adverse to plan. In-month adverse variance of £21m.
- Year to date, there is a £17.5m planned deficit due to efficiency schemes planned for later in the year.
- The position assumes ERF shortfall of income at SFH of £1.6m and £7.4m at NUH. Given the ongoing uncertainty around adjustments for the impact of industrial action (IA), both SFH and NUH have made assumptions around funding for IA in this position. The amount assumed is £12.1m. This is the value of the risk in the ytd position if funding for IA is not received.
- 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 - £25.4m
  - Planned actions not delivered including MH subcontracted beds & UEC escalation beds, efficiencies, ERF - £15.1m
  - Unfunded workforce and pay increases arising from Increasing run rates compared to 22/23 - £21.3m
- In month 6 alone the system has experienced a £22.5m deficit. Much of this is driven by the adverse run rate seen throughout the year but there have been some one-off adverse factors including ERF from prior months, PDC charge at SFH and a change in funding for cost of capital.
- All partners continue to forecast to achieve break-even. There are significant risk to the achievement of this position. Current quantification of unmitigated financial risk is £124.7m.
- The nature of the risks remain as described in the plan. Key risks includes inflation, efficiency, urgent care pressures, elective recovery and CDC income.

Drivers of Variance £'m	NUH	SFH	NHT	ICB	Total
Prescribing/CHC pricing	0.0	0.0	0.0	-19.1	-19.1
Inflation & pay award pressures	0.0	0.0	-3.5	0.0	-3.5
Cost of Capital income reduction	0.0	-0.6	-0.9	0.0	-1.4
Industrial Action - direct costs	0.0	-1.4	0.0	0.0	-1.4
Mental Health sub-contracting beds (price)	0.0	0.0	-3.2	0.0	-3.2
Loss of ERF income - stretch/performance	-7.4	-1.6	0.0	0.0	-9.0
Escalation Beds	-1.9	-4.2	0.0	0.0	-6.1
Efficiency shortfall	-13.2	0.6	-1.6	15.4	1.1
Covid related spend not removed	-2.5	0.0	0.0	0.0	-2.5
CDC income in position ahead of plan	0.0	2.8	0.0	0.0	2.8
Other plan movements & NR actions	2.1	1.9	3.7	-6.0	1.8
Pay/agency run rate pressures above plan	-12.6	0.0	-7.3	0.0	-19.9
Premises (energy, PPM backlog etc.)	-1.4	0.0	0.0	0.0	-1.4
TOTAL	**-36.9**	**-2.5**	**-12.8**	**-9.7**	**-61.8**

Key

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

Month 6 Financial Position Year to date variance £'m	YTD Plan	YTD Actuals	YTD Variance	FOT
NUH	-5.3	-42.2	-36.9	0.0
SFH	-8.1	-10.5	-2.5	0.0
NHT	-4.1	-16.8	-12.8	0.0
N&N ICB	0.0	-9.7	-9.7	0.0
TOTAL	**-17.5**	**-79.3**	**-61.8**	**0.0**

8.2 Finance Position – Organisational Analysis

Integrated Care System
Nottingham & Nottinghamshire

By Organisation £'m	YTD Plan	YTD Actuals	YTD Variance	In-month Plan	In- month Actuals	In month Variance	Total FY Plan	FOT	Variance
NUH	-5.3	-42.2	-36.9	0.0	-13.1	-13.1	0.0	0.0	0.0
SFH	-8.1	-10.5	-2.5	-2.2	-3.2	-1.1	0.0	0.0	0.0
NHT	-4.1	-16.8	-12.8	0.5	-4.2	-4.7	0.0	0.0	0.0
N&N ICB	0.0	-9.7	-9.7	0.0	-2.1	-2.1	0.0	0.0	0.0
TOTAL	**-17.5**	**-79.3**	**-61.8**	**-1.7**	**-22.6**	**-21.0**	**0.0**	**0.0**	**0.0**

ICB

£9.7m year-to-date adverse variance:

- Main driver is price increases in primary care prescribing (£11.1m).
- Pressures also seen in CHC (£6m) & S117 (£2m) linked to both cost impact and number of patients.
- Offset by £15.4m efficiency ahead of plan and £6m other plan movements & NR actions.

SFH

£2.5m year-to-date adverse variance:

- £4.2m planned closure of escalation beds not enacted.
- £1.4m industrial action costs.
- £1.6m ERF lost income.
- £0.6m cost of capital income reduction.
- Offset by £0.6m efficiency ahead of plan and NR benefit from FIP delivery & CDC income assumptions £4.7m.

NHT

£12.8m adverse variance arising from:

- £1.6m efficiency shortfall (including stretch).
- £3.5m non-pay inflationary pressures.
- £3.2m sub-contracted bed costs.
- £7.3m agency spend over plan offset by recruitment slippage.
- £0.9m cost of capital income reduction.
- Offset by £3.7m of other plan movements & NR actions.

NUH

£36.9m adverse variance with key drivers being:

- £12.6m substantive pay run rate increase.
- £13.2m efficiency shortfall.
- £2.5m covid related spend not removed.
- £7.4m ERF lost income (incs adjustment for strike impact).
- £1.9m independent sector activity above planned levels
- £1.4m Premises (energy, PPM backlog etc.)
- £1.9m of other plan movements.
- Offset by £4.0m of NR actions released in M3.

8.3 2023/24 Financial Recovery Plan

Integrated Care System
Nottingham & Nottinghamshire

- Detailed financial recovery plans and forecast scenarios continue to be implemented across each of our partner organisations. The expectation is for these organisational plans to be consolidated into a single system recovery plan.
- The system financial recovery group (FRG) has agreed a common set of ambitions for inclusion within recovery plans as described in the table to the right.
- Exceptional risks and issues may lead to gaps against these ambitions due to competing pressures and operational requirements. These will be clearly described in our plans.
- All organisations are developing financial recovery plans which are being shared with their Boards and the ICB.
- All organisations have executive-led financial recovery groups in place overseeing the development and delivery of organisational plans.
- The system Financial Recovery Plan has requested monthly trajectories across key delivery areas (e.g. paybill, wtes, efficiencies) from all partners that will demonstrate ambitious delivery and enable the group to oversee performance.

System agreed ambitions for inclusion within Financial Recovery Plans
Clearly identified route from existing run rate to outturn position
Contain no more run rate growth above current levels as a starting point
Reduce agency spend to 3.7% of the paybill by the end of the year (sooner in orgs where trajectories are seeing improvement)
Ensure ambitious recurrent efficiency delivery in months 7-12, delivering recurrent efficiencies to at least the levels described in 23/24 plans.
Reflect the expected financial impact of MSFT ambitions described in the winter plan submitted in September
Assume acute productivity improvements that will lead to ERF improvement – original national assumption was 0.75% improvement per month.
Reflect any non-recurrent efficiency that remains available to organisations.

8.4 2023/24 Financial Recovery Plan

Integrated Care System
Nottingham & Nottinghamshire

Financial Controls' Audit

- A stocktake of financial controls has taken place with an organisational self-assessment against 83 NHSE standard and enhanced finance controls.
- Organisations have put programmes in place to address this, ensuring controls are put in place and are effective in their delivery.
- At a system level the ICB have commissioned a system-wide audit that will:
    - governance of the self-assessment - for each organisation, we will review the arrangements to produce any action plan where controls are not complete and in place, oversight and monitoring of actions, and any plans to re-visit the self-assessment
    - for all controls, sense check that the self-assessment is consistent with any supporting narrative provided by organisations
    - for a sample of controls, where organisations have assessed that controls are complete and in place (i.e. RAG rated green), test the design and operation of those controls.
- The testing of specific controls will cover the following areas:
    - Vacancy control panel: Establish a regular vacancy control panel (VCP) or equivalent to check and challenge recruitment to ensure all vacancies remain within authorised budgetary limits. Ensure that approval is at an Executive level.
    - Reconciliation of rosters for nursing and medical to financial budgeted establishment.
    - Ban on usage of non-clinical agency staff, with exceptions authorised by an executive director and then requiring onward double / triple lock approval.
    - Establish governance process to oversee temporary staffing with clear ToR (either at overall level or by key staffing group e.g. nursing, medical, corporate), with updates from key areas set out to drive action.
    - Review all areas for non-committed spend with a view to reduction/removal.
    - All requests for the use of consultancy services to be reviewed and approved by the Director of Finance and subject to national NHSE rules.
    - Ensure a process is in place for any investments over the agreed double /triple lock threshold.

NHS
Nottingham and Nottinghamshire

9.0 People and Culture

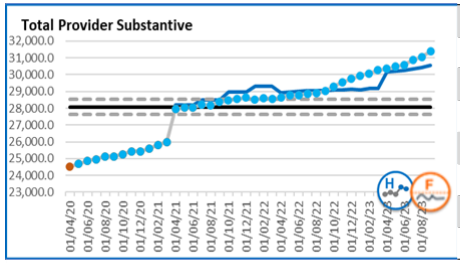
ICS Aims: All 4 (Outcomes, inequalities, productivity and social and economic development)

- 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

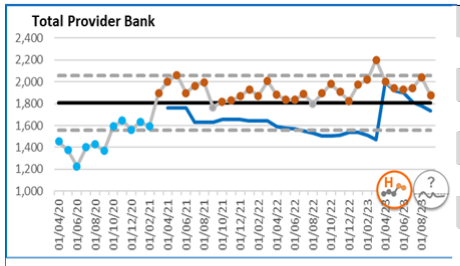
Total ICB Provider Workforce - Operational Plan v Actual 2023/24



Sep-23
31387.9
2023-24 Plan
30563.4
Assurance
Fail
SPC Variation
Improving - High

Trust Positions

	NUH				SFH (adjusted for hosted WTE)				NHCT			
	Sept Planned WTE	Sept Actual WTE	Variance to Plan	Variance to Plan %	Sept Planned WTE	Sept Actual WTE	Variance to Plan	Variance to Plan %	Sept Planned WTE	Sept Actual WTE	Variance to Plan	Variance to Plan %
›. Substantive staff	17391.2	17858.9	467.7	2.69%	4841.8	4906.8	65.0	1.34%	8330.4	8453.3	122.9	1.48%
›. Bank Staff	820.4	798.6	-21.8	-2.66%	511.9	434.8	-77.1	-15.06%	404.2	643.8	239.6	59.27%
›. Agency Staff	581.7	462.7	-119.1	-20.47%	122.6	131.0	8.4	6.84%	266.1	244.6	-21.5	-8.08%
›tal Workforce	**18793.3**	**19120.1**	**326.8**	**1.74%**	**5476.3**	**5472.5**	**-3.7**	**-0.07%**	**9000.7**	**9341.7**	**341.0**	**3.79%**



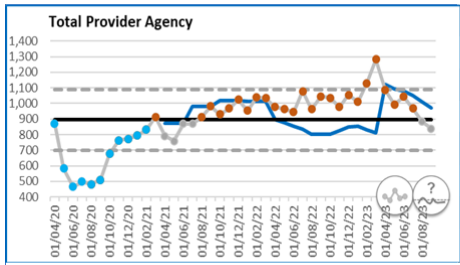
Sep-23
1877.2
2023-24 Plan
1736.5
Assurance
Flip
SPC Variation
Concerning - High

Actions

Trusts continue with action on recruitment and retention strategies to achieve the substantive staff in post position which includes both international and domestic recruitment.
Improved utilisation of bank staff is a positive position as is the reduction in agency usage. However, this needs to be assessed against the spend and in particular the off framework and above price cap as the rates of pay may well be at a premium it is not positively affecting the expected reduction in cost. The Agency Reduction working group will be reviewing the month 5 position in detail and assessing the impact of trust action plans.

Actrion plans are made up of improvements to systems and processes within Trusts, gaining bettter control and management of bank and agency but also include approaches to reduce the movement of staff, increase the retention of staff linked to staff experience. There remain areas of workforce that are hard to recruit to which relate to small numbers but highly skilled roles.

The opportunity created through the system being accepted as a Scaling Up Services Vanguard will enable through the discovery phase a review of areas where scaling up services across providers may be beneficial to supporting the system position (a single recruitment hub and collaborative bank being examples. The scope of the discovery phase is in development with Trust CPO/Exec HR Directors, overseen through a system CEO SRO.



Assurance
838.3
2023-24 Plan
970.4
Assurance
Flip
SPC Variation
Common Cause

Total Provider Current position:

A stepped change in the plan for 2023-24 compared to the plan for 2022-23 is seen which is as a result of improved processes in determining the plans and stronger alignment with the financial plan. The total provider WTE position for substantive and bank are above the year to date plan with Agency below plan. This represents a positive position. However, when looking at the separate Trust positions there are differential areas of delivery: a significant change seen in NUH Agency usage to achieve this improved system position, SFH are on plan and NHT is above plan in all three area of substantive, bank and agency. These positions need to be considered against the pay bill and run rate position alongside productivity changes that could be assumed from these positive

P&C Group Limited Assurance - Further Information Required

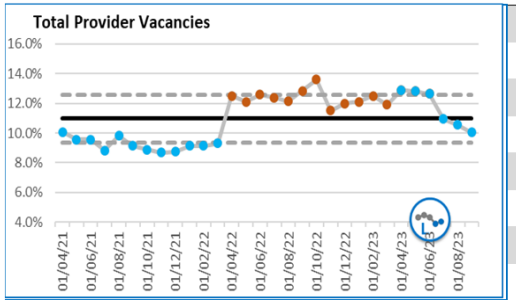
Total Providers:
Plans are in place as per the submitted operational plan, improved monitoring of in- year performance in progress impacted by national return changes to the PWR. Work continues to determine the drivers behind the WTE positions in substantive, bank and agency along with alignment around the pay bill run rates.

Provider information taken from PWR's and is a count of WTE's.

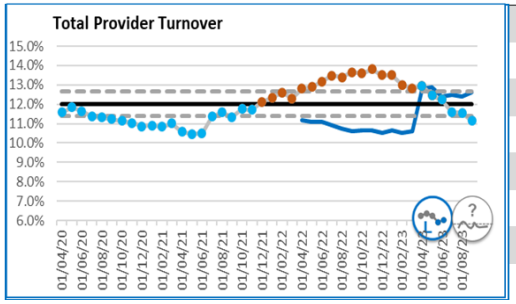
9.2 - Workforce – Exception Report Provider Workforce –Turnover & Sickness Reports

NHS Nottingham and Nottinghamshire

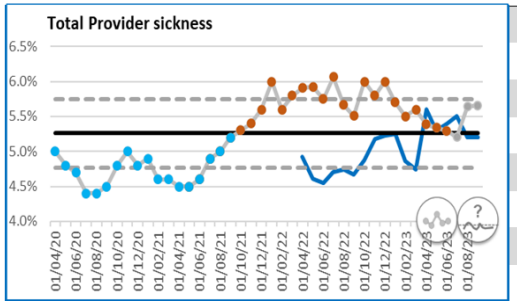
Workforce - Vacancies, Turnover & Sickness Absence



Sep-23
10.0%
2023-24 Plan
Assurance
SPC Variation
Improving - Low



Sep-23
11.1%
2022-23 Plan
12.4%
Assurance
Flip
SPC Variation
Improving - Low



Sep-23
5.66%
2022-23 Plan
5.20%
Assurance
Flip
SPC Variation
Common Cause

Summary

Vacancies have decreased slightly in all providers with a wide variation across providers: 5.5% - 13.7%

Turnover - all three trusts are below the plan trajectory ie. improved positions with reduced turnover over the last three months

Sickness levels remain higher than pre covid levels across the Total Providers with a reduction seen in month. It is unlikely that the sickness levels will return to pre-covid levels that we were asked to set as a target from the 22-23 planning guidance, reflected in changed guidance for 23-24 to reflect experience of last 12 months. All three trusts are slightly above teh plan trajectory for this month with upturns seen over tha last two months.

Actions

Trusts are seeing variation in levels of vacancies across the different staff and professional groups, nursing and clinical support remain the highest but are linked to establishment changes made as a result of agreed investments in year. Trusts are also reviewing recruitment capacity to support the recruitment intentions, targeting those services where higher vacancies are being seen.
Exit interviews are being conducted and will be linked to staff survey responses.
Workforce development such as leadership training, growing new roles and increased capacity to support recruitment areas are in place or being enhanced in Trusts.
Increased options around flexible working being piloted.

Turnover seen in the Total Providers continues to improve. Each Trust has completed a retention assessment and are developing action plans working with regional leads on targeted areas. Promotion and work life balance continue to be common reasons for leaving. Flexible working remains a key area of development. A review of this years Staff Survey outcomes will inform system decisions.

Trusts continue to review and enhance their wellbeing plans including mental health First aiders and Professional Advocate roles. OH and wellbeing has been included in teh diagnostic phase of the Scaling Up Services Vanguard

People & Culture Group Assurance - Further Information Required

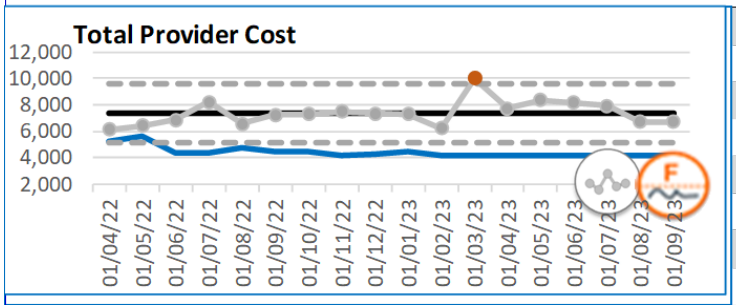
Plans are in place with a positive impact seen throughout the year on all three metrics. These downward trends need to monitored to assess sustainability of plans particularly as we move into winter months.

There are plans to review opportunities for collaboration across providers as set out in the Integrated Care Strategy through the diagnostic phase of the Scaling Up Services Vanguard (single recruitment hub, collaborative bank and system occupational health offer).

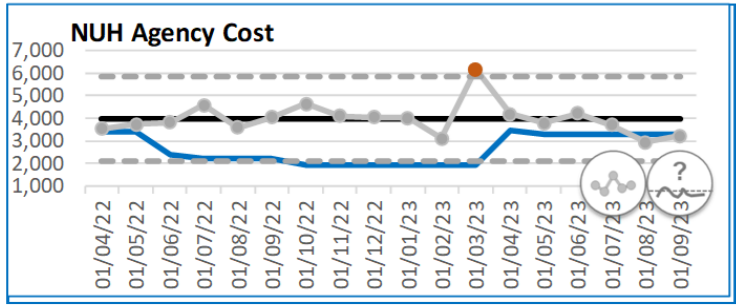
9.3 - Workforce – Exception Report Provider Workforce –Agency Costs

NHS Nottingham and Nottinghamshire

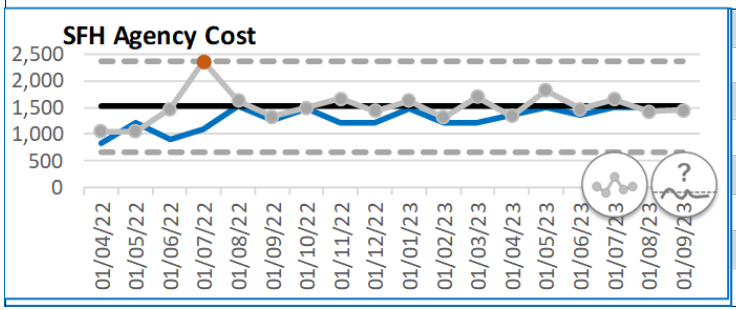
Total Provider Agency Cost



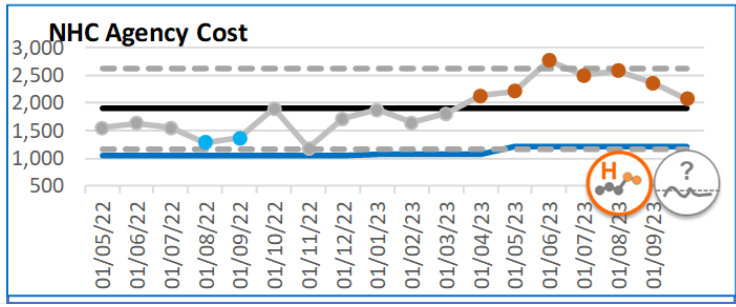
Sep-23
£6,728
Assurance
Fail
SPC Variation
Common Cause



Sep-23
£3,218
Assurance
Fail
SPC Variation
Common Cause



Sep-23
£1,443
Assurance
Flip
SPC Variation
Common Cause

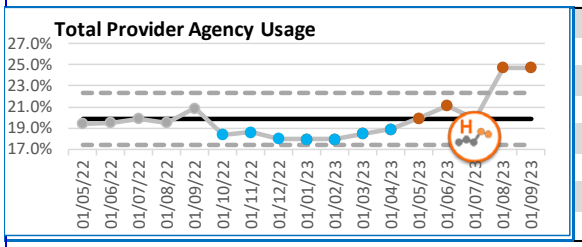


Sep-23
£2,067
Assurance
Fail
SPC Variation
Concerning - High

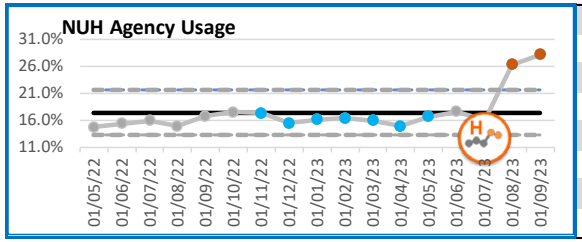
9.3 - Workforce – Exception Report Provider Workforce –Agency Usage

NHS Nottingham and Nottinghamshire

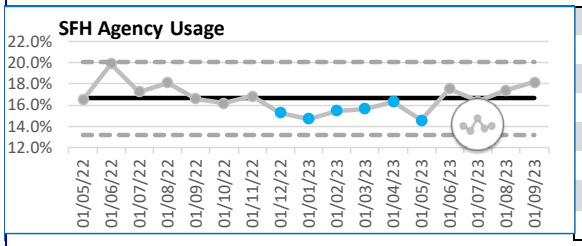
Total Provider Agency Usage



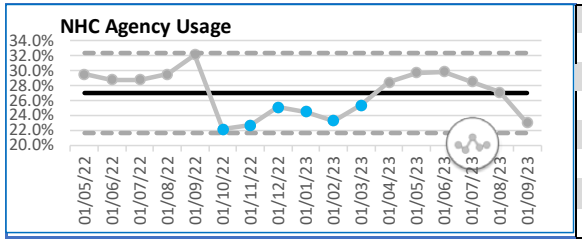
Sep-23
24.72%
2023-24 Plan
-
Assurance
-
SPC Variation
Common Cause



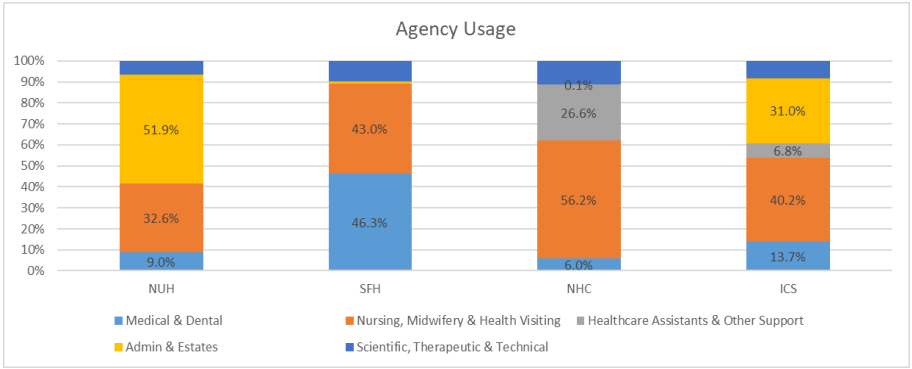
Sep-23
28.12%
2023-24 Plan
-
Assurance
-
SPC Variation
Common Cause



Sep-23
18.18%
2023-24 Plan
-
Assurance
-
SPC Variation
Common Cause

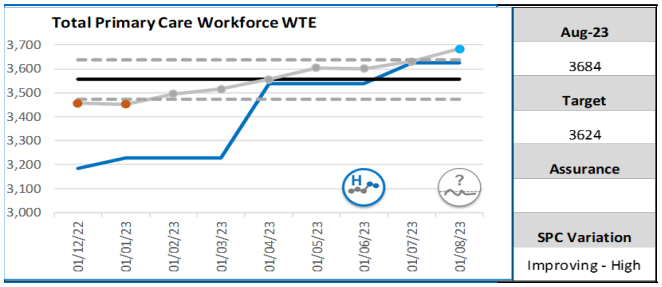


Sep-23
23.04%
2023-24 Plan
-
Assurance
-
SPC Variation
Common Cause



9.4 - Workforce – Exception Report General Practice Workforce – Operational Plan v Actual

NHS Nottingham and Nottinghamshire



Aug-23
3684
Target
3624
Assurance
SPC Variation
Improving - High

Total ICB Primary Care Workforce - Operational Plan v Actual 2023/24

Primary Care	Plan Q1	Actual Q2	Plan Q2		Plan Q3	Plan Q4
Nottingham And Nottinghamshire Health And Care STP	As at the end of Jun-23	As of the end of Aug-23	As at the end of Sep-23	Variance to Plan	As at the end of Dec-23	As at the end of Mar-24
Workforce (WTE)	Total WTE	Total WTE	Total WTE	WTE	Total WTE	Total WTE
Total Workforce	**3539**	**3684**	**3624**	**60**	**3687**	**3731**
GPs excluding GPs in Training Grade	574	573	571	2	576	570
GPs in Training Grade	226	272	254	18	263	256
Nurses	356	366	356	10	359	359
Direct Patient Care roles (ARRS funded)	546	589*	596	-7	634	679
Direct Patient Care roles (not ARRS funded)	270	274	272	2	273	277
Other – admin and non-clinical	1568	1610	1574	36	1582	1589

Total Primary Care Current position:

Data collection at practice level shows variation due to unclear definitions on the workforce detail to be recorded. The workforce data is therefore indicative data.

Actions

The overall workforce position is being maintained with an established retention/workforce development programme in place for General Practitioners and Practice nurses.

Recruitment continues in to the additional roles but not to the full potential of funding allocations. Training Hub support is being provided to establish and embed roles into PCNs.

Primary Care Workforce Group aligning workforce development plans to match the Primary Care Strategic objectives. A workforce programme for 23-24 has been submitted to region awaiting national team feedback. This comprehnsive workforce development programme has been approved funded through SDF

P&C Group Limited Assurance - Further Information Required

Primary Care - General Practice:
Plans are in place and are effective but more needs to be done to make general practice an attractive offer supporting staff, offering flexibility in working and cultural shift to integrated working.
Leads from the Primary Care Workforce group are engaging with PCN leads to determine next steps in supporting retention and recruitment challenges being experienced.
The system has completed the national Staff Survey Pilot in General Practice and are also involved in the first phase of the national roll out this autumn. The learning around staff experience at practice, PCN and Place level will support local approaches on wellbeing as well as better inform system wide interventions required.
The re-establishment of the Primary Care Strategy Delivery Group will provide direction in relation to requirements in delivering the primary care strategy noting changed models of care, at scale and move to integration. A plan on a page outlining delviery objectives supporting the implementation of the strategy has been developed with further work on measurement of impact, noting this will be under continuous review to ensure alignment with care models and ways of working as they emerge and are implemented across the localities.

NHS Nottingham and Nottinghamshire

Nottingham and Nottinghamshire Social Care

In the **local authority and independent sector:**

38,000 total posts

34,000 filled posts

26,000 FTE filled posts

(full-time equivalent filled posts)

Change in **filled posts** and **vacancies**

There was a change of **1,000 filled posts (3%)** since 2021/22 in **local authority and independent sectors.**

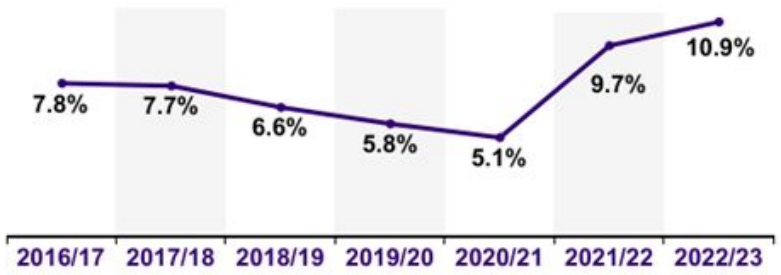
Average hourly pay for care workers

Local authority **£10.89**

Independent sector **£10.40**

Recruitment and retention

Vacancy rate



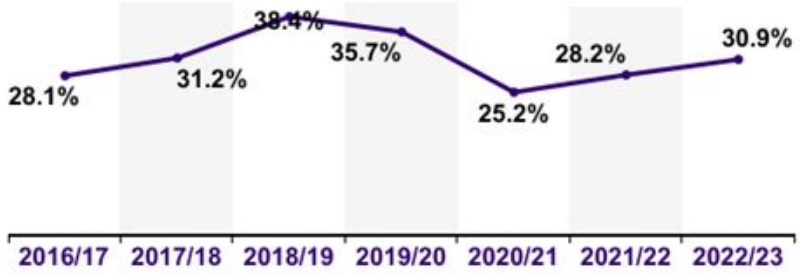
10.9% vacancy rate (or 3,800 vacant posts) in 2022/23

57% of **recruitment** is from **within adult social care**

30.9% turnover rate (or 9,600 leavers) in 2022/23

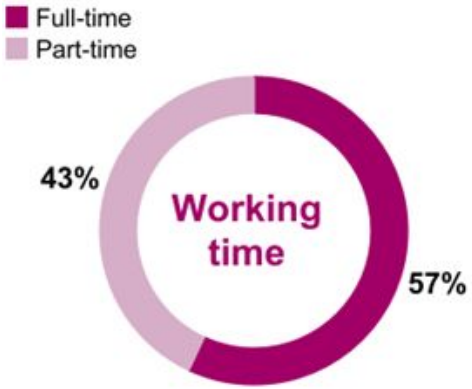
7.9 average **sickness days** taken in 2022/23

Turnover rate



Data and visualisations taken from Skillsforcare website based on Adult Social Care Workforce Data Set (ASC-WDS) 22/23.
Next update Oct 24

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**).

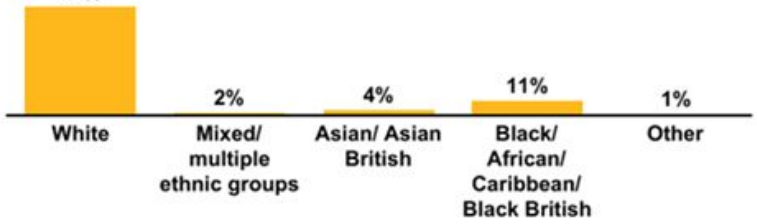
Demographics

Gender

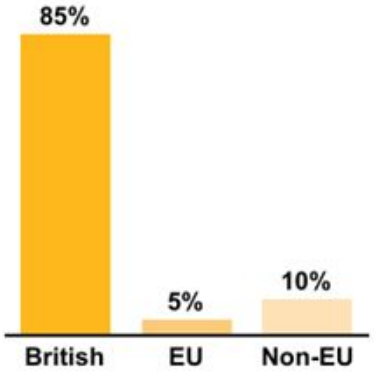
82% of the workforce were **female**

18% of the workforce were **male**

Ethnicity



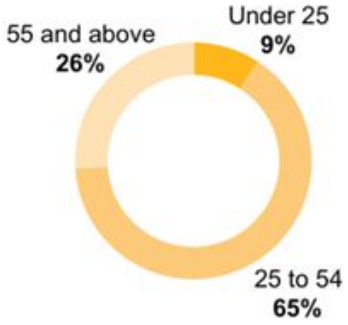
Nationality (2022/23)



Age

The average **age** was

43 years old

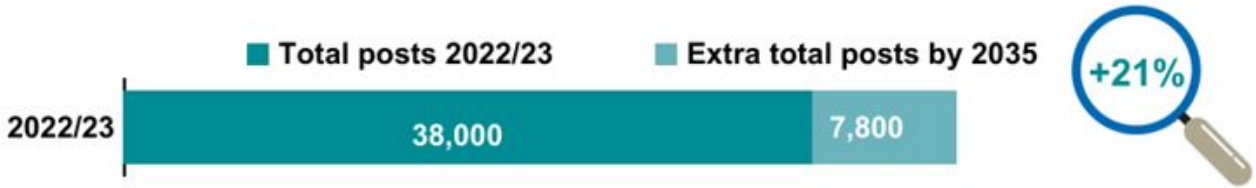


Data and visualisations taken from Skillsforcare website based on Adult Social Care Workforce Data Set (ASC-WDS) 22/23.
Next update Oct 24

NHS
Nottingham and Nottinghamshire

Workforce projections

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.

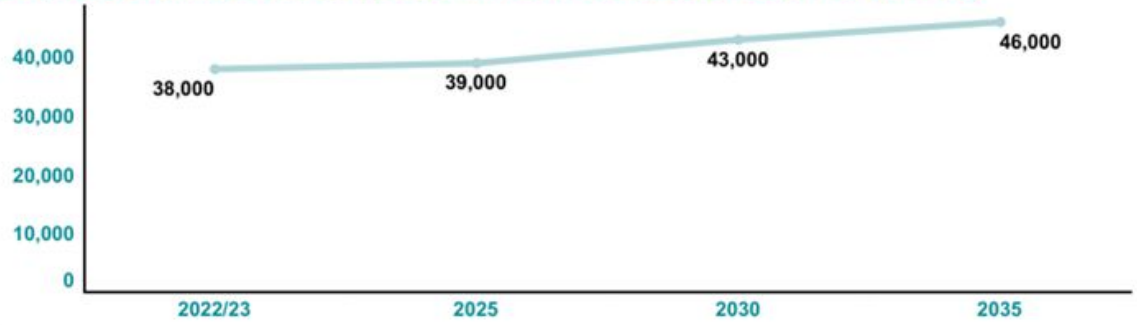


If the adult social care workforce grows proportionally to the projected number of people aged **65 and over** in the population then the number of adult social care filled posts will...

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



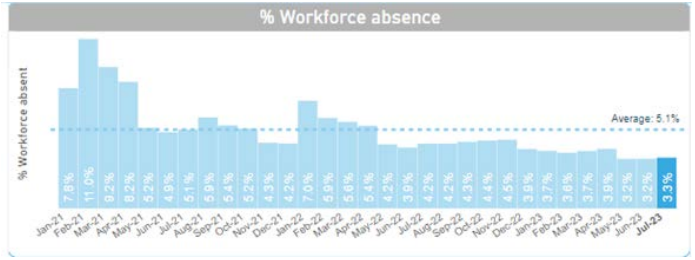
Data and visualisations taken from Skillsforcare website based on Adult Social Care Workforce Data Set (ASC-WDS) 22/23.
Next update Oct 24

9.6 Care Homes Workforce

Workforce absence and agency staff

Monthly staff trend: All staff

Aligned PBP	Employed	Absence	%	Agency	%
Bassetlaw	1,591	36	2.3%	160	9.1%
Mid Notts	4,352	157	3.6%	231	5.0%
Nottm City	2,649	87	3.3%	128	4.6%
South Notts	4,620	155	3.4%	216	4.5%
Total	**13,212**	**435**	**3.3%**	**735**	**5.3%**



Care Home workforce absence is a currently 3.3% across all staff groups. This is lower than 5.1% during Jul 21 and 4.2% during Jul 22. For Jul 2023, nursing staff have the lowest reporting with only 8 out of 573 (1.4%) staff absences. Compared with Apr 23 reporting, overall CH staff employed has increased from 12,944 to 13,212 (2.1%).

As reported in Apr 23, Agency staff percentage continues to decrease 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 Apr 23 reporting, overall CH agency staff has decreased from 928 to 735 (-20.8%).

SAIU SYSTEM ANALYTICS INTELLIGENCE UNIT

Data and visuals taken from the Care Home & Home Care SIR July 2023 on the SAIU Portal

NHS
Nottingham and Nottinghamshire

10.0 Health Inequalities

ICS Aim 2: Tackle inequalities in outcomes, experience and access

- 10.1 – Health Inequalities Headlines
- 10.1a – Health Inequalities and Innovation Investment Fund Schemes
- 10.2a – Core20+5 Adults
- 10.2b – Core 20+5 Children – CYP Mental Health
- 10.3 – A Neighbourhood Overview
- 10.4 – Access and Experience – Waiting Lists & ED

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.		
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) • Nottingham City SMD Infrastructure and Delivery Model covering • County Integrated Severe and Multiple Disadvantage Clinical Team	**Integrated Community Working** • Integrated Neighbourhood Teams – Bassetlaw • Integrated Neighbourhood Teams – Mid Notts • Integrated Neighbourhood Workiing – South Notts • Co=designed Community Hypertension Case Finding	**Best Start in Life** • Family Mentor Programme • Childhood Vaccs and Imms in Nottingham City • Obesity in Children and Young Poople
24/25		
The 23/24 criteria will continue as principles that underpin the HIIF. Innovation and equity are fundamental elements as part of this. Utilising feedback received from across partners, the ICS Health Inequalities Oversight Group will develop a proposal for criteria for 24/25 that will allow for a targeted approach taking into consideration the following: • To focus on three principles of ICS Strategy – prevention, integration, equity • To reflect the financial position for 24/25 recognising the high costs of emergency and unplanned care • To support working differently • To recognise the value in learning and the opportunity of a quality improvement approach • Targeted to areas of greatest need which may be relevant to conditions and/or under-represented groups • Recognising the opportunity for PBPs to support the collaborative element		

10.2 Cardiovascular Disease

Cardiovascular Disease (CVD) is one of the leading causes of the gap in life expectancy between the least and most deprived across Nottingham and Nottinghamshire, contributing between 17-24%. Nottingham City has the 2nd highest rate of CVD mortality in under 75s across England, with 131 per 100,000, for comparison, the rate in Rushcliffe is 58 per 100,000. the neighbourhood view on slide 102 provides a good illustration of the disparities in conditions and risk factors across the ICS.

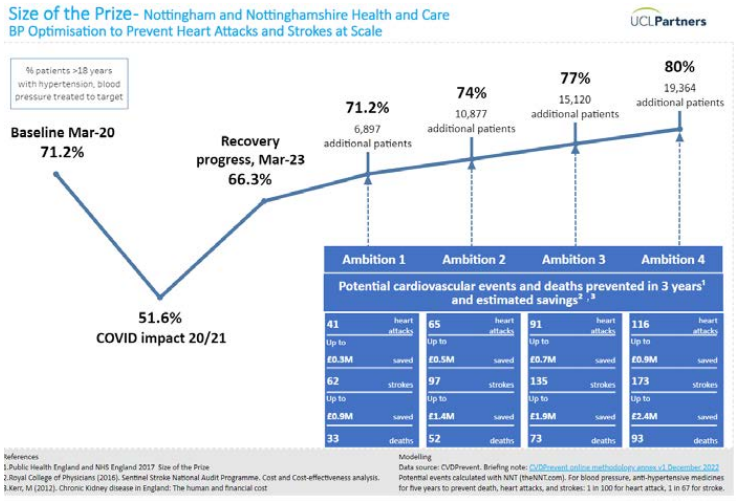
Diagnosing and management of hypertension is the leading preventable risk factor for CVD development and mortality. Slide 101 outlines actions being taken at a primary care and neighbourhood level, where there is the greatest opportunity to prioritise prevention.

The Clinical Design Authority (CDA) has carried out a comprehensive review with recommendations on actions that can be taken across the system.

Total Patients with CVD conditions: 212,280, which translates to 16.9% of the entire population.
- **Hypertension** is the most widespread, affecting 179,475 patients or 14.3% of the populace.
- **Coronary Heart Disease (CHD)** trails behind with 38,945 patients (3.1%).
- **Atrial Fibrillation** has a prevalence in 27,485 patients, equating to 2.2%.
- **Stroke** impacts 16,375 patients or 1.3%.
- **Heart Failure**, though less common, still affects 13,835 patients, representing 1.1%.

From a resource allocation and cost perspective CVD has the following impact:-
- CVDs account for 2% of all Elective Admissions, with 4,600 cases incurring a cost of £13 million.
- Emergency Admissions related to CVD are notably higher, comprising 11% of the total with 13,100 admissions that cost the healthcare system £58 million.
- When we assess bed occupancy, CVD conditions lead to 4% of all Elective bed-days, amounting to 9,000 days.
- More crucially, 16% of all Emergency admission bed-days, which equals a staggering 110,000 days, are occupied by patients with CVD.

10.2 Cardiovascular Disease - Hypertension



Hypertension Case Finding & Management

1. Core20+5 Accelerator – The ICS are focusing on hypertension case finding and management, including adherence, as part of the Core20+5 accelerator. Based on the analysis, the population groups being focused on are Black males in Nottingham City and White males in the Core20 communities in Nottingham West and Mansfield. Over 50% of the Black / African Caribbean population are in the most deprived 20%. The programme is starting with case finding, along with exploring opportunities for diagnosis.
2. Community Pharmacies – As part of Core20+5 Accelerator will be developing programme with community pharmacies
3. PCN Programmes – Select PCNs in areas of deprivation are focusing on hypertension case finding, in addition to the work for the CVD PCN DES. Based on the analysis in the chart above, Mid Notts are focused on blood pressure checks within the last five years and diagnosis.
4. Proactive Care Funding – Proactive care funding has supported the BP@home initiative. The funding was distributed to GP Practices with the highest registered population in the Core20.
5. Specsavers – A pilot for opportunistic BP checks is being undertaken with Specsavers.
6. Community Pharmacy – Community pharmacies within Nottingham and Nottinghamshire are undertaking BP checks
7. SMI Healthchecks – ensuring that there is a specific focus on BP checks. PCN initiatives to reach out to registered population with SMI in order to complete healthchecks.
8. SMD programmes include healthchecks.

Risk Factors

1. Smoking cessation – NHSE evidence based programmes for in-patient, mental health. PCN targeted initiatives. Nottingham and Nottinghamshire Vision through the Smoking Cessation Alliance.
2. Alcohol – Continued commitment to Alcohol Care Teams. Expanded service in Notts through HIIF. Progressing with Brief Advice
3. Weight Management – Promotion of Digital Weight Management Service. Ongoing commitment to the Low Calorie Diet programme. Both Public Healths commissioning integrated lifestyle management services. Risk in relation to access to diet medicines including Semaglutide.
4. Diabetes – Increasing access to the Diabetes Prevention Programme. Through the Diabetes equity payment, supporting practices in highest areas of deprivation to engage with local populations to increase uptake of care processes and treatment targets. Implementation of NICE Guidance for continuous glucose monitoring.

10.3 Preventing Ill Health and Reducing Health Inequalities – Neighbourhood Overview

PCN Neighbourhood	BACHS	Clifton & Meadows	Bulwell & Top Valley	Radford & Mary Potter	Nottingham City East	Bestwood & Sherwood	Ashfield North	Mansfield North	Rosewood	Ashfield South	Byron	Newgate	Larwood & Bawtry	Sherwood	Retford And Villages	City South	Eastwood/ Kimberley	Synergy Health	Newark	Stapleford	Arnold & Calverton	Arrow Health	Beeston	Rushcliffe North	Rushcliffe Central	Rushcliffe South
Number of patients	61,680	34,203	45,878	47,166	65,793	54,040	51,540	59,164	50,717	40,460	38,408	30,076	40,191	62,794	53,960	38,198	37,549	30,275	78,719	22,086	33,759	44,875	49,501	41,925	52,570	42,646
IMD	2.4	2.5	2.6	2.7	3.0	3.5	3.9	4.1	4.1	4.3	4.5	4.6	5.1	5.3	5.3	5.6	5.9	5.9	6.0	6.1	6.5	6.6	7.4	8.5	8.8	9.0
Income	2.5	2.9	2.7	3.5	3.2	3.5	4.1	4.5	4.5	4.3	4.3	5.1	5.4	5.5	5.8	5.9	5.5	5.4	6.3	5.7	5.9	6.0	6.6	7.8	8.0	8.2
Employment	2.4	2.9	2.4	4.1	3.2	3.4	3.3	3.6	3.8	3.6	4.1	4.0	4.5	4.4	4.9	5.9	4.6	5.0	5.8	5.3	5.1	5.4	6.6	7.5	7.9	8.1
Education, Skills and Training	2.6	2.2	2.5	2.7	3.2	4.6	3.1	3.3	3.4	3.2	3.3	4.1	4.5	4.3	4.9	6.0	4.7	5.0	5.4	4.9	5.5	5.7	6.9	7.8	9.4	8.2
Health and Disability	2.5	2.2	2.4	2.2	2.7	3.0	3.0	2.9	2.9	3.6	4.1	3.2	3.5	4.4	4.6	4.4	5.5	5.8	6.4	6.1	6.1	6.3	6.8	8.7	8.5	9.0
Crime	3.0	3.9	3.6	2.3	4.0	3.7	4.3	5.0	4.4	5.0	4.9	4.9	5.1	6.7	6.4	6.1	6.0	6.6	6.6	5.0	6.8	6.7	7.5	9.1	8.3	8.9
Living Environment	4.2	4.5	5.3	2.4	3.4	3.6	7.2	7.2	6.8	8.0	7.5	7.2	8.0	8.0	6.1	4.5	7.2	6.2	5.8	5.4	7.5	6.6	5.6	8.4	6.6	7.6
Housing and Services	4.9	4.7	4.9	3.8	4.7	6.0	6.7	6.4	6.5	7.0	6.4	6.9	6.6	6.5	5.1	5.2	8.4	7.7	5.7	9.3	7.3	7.4	8.4	6.4	7.9	7.3
Obesity	21.5%	21.6%	22.8%	17.5%	17.7%	18.7%	24.6%	22.9%	20.6%	24.4%	21.4%	21.5%	22.3%	22.3%	21.7%	15.9%	21.4%	20.0%	18.2%	21.7%	19.0%	17.9%	16.7%	17.5%	12.9%	16.4%
Current smoker	16.9%	17.2%	18.6%	17.0%	16.9%	13.9%	15.0%	13.9%	16.7%	14.3%	13.1%	16.3%	13.1%	12.6%	11.7%	9.8%	10.9%	13.0%	12.5%	12.5%	11.0%	11.0%	9.9%	8.8%	6.0%	7.7%
Hypertension	16.8%	16.7%	16.4%	16.9%	14.7%	13.9%	14.8%	15.4%	13.6%	14.0%	13.9%	11.6%	14.3%	14.8%	13.1%	13.9%	13.3%	13.3%	13.1%	14.8%	12.9%	13.2%	13.2%	12.1%	12.0%	12.2%
Diabetes Type 2	7.9%	7.2%	7.1%	10.4%	7.3%	6.2%	6.4%	6.3%	6.2%	6.4%	6.0%	6.0%	6.6%	6.0%	5.4%	5.4%	5.6%	5.1%	4.8%	5.8%	4.9%	4.8%	5.0%	4.0%	4.2%	4.0%
COPD	3.1%	3.0%	3.0%	2.2%	2.7%	1.9%	2.4%	2.3%	2.4%	2.4%	2.2%	3.3%	3.2%	2.2%	1.9%	1.6%	1.9%	1.7%	1.4%	1.9%	1.6%	1.4%	1.5%	1.3%	1.0%	1.0%
Heart Failure	1.6%	1.4%	1.3%	0.9%	1.3%	1.2%	1.5%	0.9%	1.1%	1.0%	1.0%	1.1%	1.8%	1.0%	0.9%	0.8%	1.4%	0.9%	1.0%	1.2%	0.7%	0.9%	1.1%	0.8%	0.8%	0.9%
Stroke	1.6%	1.7%	1.6%	1.4%	1.5%	1.5%	1.4%	1.3%	1.3%	1.3%	1.4%	1.2%	1.4%	1.4%	1.1%	1.2%	1.3%	1.4%	1.1%	1.0%	1.4%	1.2%	1.2%	1.2%	1.1%	1.1%
CHD	3.6%	3.6%	3.5%	4.2%	3.3%	3.3%	3.5%	3.4%	3.5%	3.2%	3.1%	2.8%	3.6%	3.5%	2.7%	3.3%	3.1%	2.9%	2.8%	3.0%	2.8%	2.7%	2.7%	2.6%	2.6%	2.4%
Cancer	3.9%	3.7%	4.1%	3.2%	3.8%	3.8%	4.4%	4.0%	3.8%	4.0%	4.3%	4.0%	4.1%	4.2%	4.1%	4.0%	4.3%	4.4%	4.5%	4.2%	4.3%	4.2%	4.4%	4.3%	4.4%	4.2%
Serious Mental Illness	1.0%	0.9%	0.9%	1.5%	1.4%	1.0%	0.7%	0.6%	0.8%	0.7%	0.5%	0.7%	0.7%	0.6%	0.5%	0.7%	0.6%	0.7%	0.5%	0.6%	0.7%	0.6%	0.7%	0.3%	0.6%	0.4%
Moderate/ Severe Frailty	3.9%	2.1%	1.5%	4.0%	3.4%	2.0%	1.7%	2.2%	2.0%	1.9%	1.7%	1.6%	3.6%	2.5%	2.0%	2.6%	1.8%	5.5%	1.7%	1.9%	2.0%	1.3%	2.4%	1.7%	1.2%	1.0%
NELs 1+ LOS (age-adjusted) -TOTAL	8,004	8,400	8,227	8,869	7,730	7,076	7,586	7,295	7,291	7,312	7,496	5,917	6,427	6,726	5,246	6,975	6,991	6,653	5,698	6,637	6,453	6,400	6,141	5,811	5,126	5,169
NELs 1+ LOS (age-adjusted) - Cancer	282	267	309	300	265	226	210	200	206	220	263	188	187	169	218	232	240	202	187	267	266	278	176	215	224	207
NELs 1+ LOS (age-adjusted) - CVD	1,070	1,125	1,081	1,299	1,134	907	947	917	933	913	1,043	809	891	846	813	994	989	967	789	948	868	882	839	801	761	713
NELs 1+ LOS (age-adjusted) - COPD	576	542	550	465	360	379	447	382	366	401	448	316	382	336	233	279	302	305	209	288	327	281	192	130	83	119
Avoidable deaths (age-adjusted)	355	329	349	429	380	296	323	326	294	294	278	300	251	221	207	228	240	274	235	233	203	219	235	163	171	165
Av deaths (age-adjusted) - Cancer	92	97	109	97	90	89	99	106	87	85	89	91	85	61	78	54	72	84	80	74	74	83	69	64	56	65
Av deaths (age-adjusted) - CVD	103	110	93	124	107	92	77	93	68	84	78	88	63	66	57	61	76	70	64	60	54	65	64	39	56	43
Av deaths (age-adjusted) - COPD	23	19	21	32	26	17	26	19	27	17	17	12	17	11	14	18	8	16	9	-	9	-	10	-	-	-
Median age of death	78	83	80	74	76	81	80	79	81	79	81	80	81	81	82	82	81	81	81	80	83	83	84	83	84	84

This table provides a breakdown to neighbourhood level on deprivation, risk factors and contributors to health inequalities. This is a high level view that is supported by more detailed analysis to understand the complexities in relation to health inequalities. Understanding the complexities is important in order to identify disparities and define how best to target resources.

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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 @25th October 2023

NHS Nottingham and Nottinghamshire

Quality of care, access and outcomes

(35 out of 38 metrics populated @25.10.2023)

Lower Quartile Areas:

- A&E - percentage of patients managed within 4 hours (ICB)
- Inpatients with a learning disability and/or autism per million head of population (ICB)
- Access rate for IAPT services (ICB &BICB)
- Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted (ICB)
- Diagnostic activity waiting times - percentage of patients seen within 6 weeks (NNICB)
- Inappropriate adult acute mental health placement out of area placement bed days (NNICB)
- GP appointments - percentage of regular appointments within 14 days (NNICB & BICB)
- Clostridium difficile infection rate (BICB)

Higher Quartile Areas:

- Total patients waiting more than 65 weeks to start consultant-led treatment (ICB)
- Proportion of patients meeting the faster cancer diagnosis standard (ICB &BICB))
- Number of children and young people accessing mental health services as a % of population (ICB)
- Dementia diagnosis rate (ICB &BICB)
- Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours (ICB)
- Methicillin resistant Staphylococcus aureus (MRSA) bacteraemia infection rate (NNICB)
- Clostridium difficile infection rate (NNICB)
- Antimicrobial resistance: total prescribing of antibiotics in primary care (NNICB)
- Inappropriate adult acute mental health placement out of area placement bed days (BICB)
- Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care (BICB)

Preventing ill-health and reducing inequalities

(7 out of 7 metrics populated @25.10.2023)

Lower Quartile Areas:

- Population vaccination coverage: MMR for two doses (5 year olds) (ICB)

Higher Quartile Areas:

- N/A

People

(14 out of 14 metrics populated @25.10.2023)

Lower Quartile Areas:

- Sickness absence rate (ICB)

Higher Quartile Areas:

- Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers (ICB)
- Leaver rate (ICB)

Finance and Use of Resources

(0 out of 4 metrics populated @25.10.2023)

Finance Metrics Identified in NOF:

- MHIS
- Finance Efficiency
- Financial Sustainability
- Agency Cap

Leadership & Capability

(0 out of 0 metric populated @25.10.2023)

There are no ICB Leadership & Capability metrics in the 2023/24 NHSOF

Local Strategic Priorities

(No specific metrics)

- NUH - Maternity
- NHT – CQC, Well led, Staffing, Governance
- Financial Sustainability – Recurrent exit position
- Elective Recovery – activity v 19/20

62 of the metrics have been populated as at 25th October 2023. Majority as ICB are in the inter quartile area.

Content Author: Sarah Bray | Executive Lead: Amanda Sullivan | System Oversight: System Oversight Group | ICB Committee: Finance & Performance Committee

NHS
Nottingham and Nottinghamshire

Appendices

i – ICS Assurance Escalation Framework

ii - Key to Variation and Assurance Icons (SPC) iii - Glossary of Terms

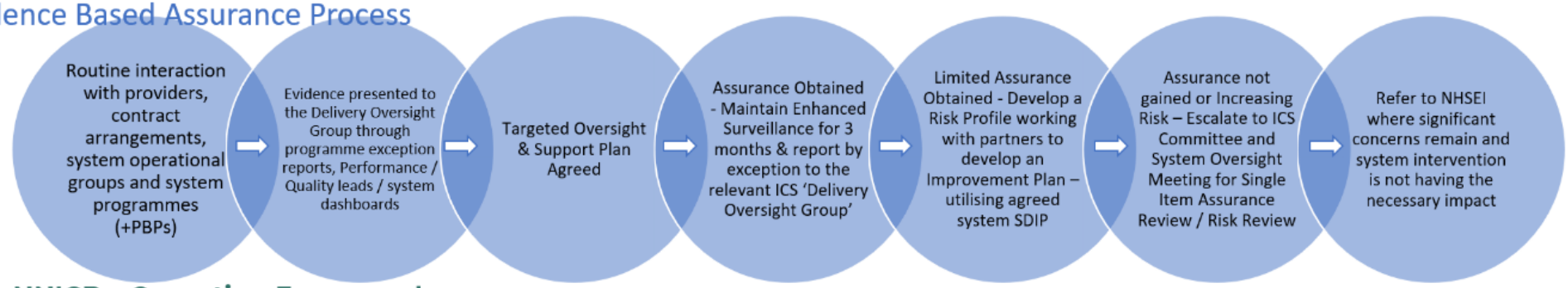
NHS Nottingham and Nottinghamshire

i – ICS Escalation Framework

Each key deliverable programme or oversight group will propose a level of assurance, aligned to **the escalation framework**, following discussion of reported metrics and key milestones at each group. This approach is still being developed and rolled out across the ICB. The 4 levels are as follows:

Oversight Monitoring Level	1. Routine	2. Further Information Required	3. Enhanced	4. Escalated Risk
What does this mean? What is the assessment of risks relating to delivery / quality				
	No Specific areas of concern identified	Potential for concern. Key milestones not achieved. More information required to determine level of risk	Delivery or quality concerns identified	Serious, specific risk to delivery or quality identified, including where there is a need to act rapidly to protect patients or staff
What actions may be taken by the relevant 'Delivery Oversight Group' in response to this assessment				
	Actions to be taken by Relevant Delivery Oversight Group	Agree route to follow up to gain necessary information to assess risk and agree who will lead	Agree actions, and schedule for discussion at each 'Delivery Oversight Group' until concerns are resolved	Trigger Escalation Single Subject Review/ Deep Dive / Risk Summit

Evidence Based Assurance Process



NNICB – Operating Framework

ii – Key to Variation & Assurance Icons (SPC) and Assurance Escalation Framework

This performance report incorporates Statistical Process Control (SPC) charts, which plot data over time around a centre line (the average). They help us to understand variation which guides us to make appropriate decisions.
The Upper Control Limit (UCL) and Lower Control Limit (LCL) are derived by the variability of the data. It is expected that 99% of data points will fall within the process limits (probability) and SPC are therefore useful to identify / consider how likely it is that the target will be achieved.

The **Variation Icons** are derived from the movement of the actuals, either as an indication of run rate over 6 data points, or against the mean (higher or lower than the mean), showing whether the process is improving, deteriorating or having no significant change.

The **Assurance Icons** are derived from the position of the Lower Control Limit against the plan or standard – and the confidence level that provides as to whether the target or plan is expected to be achieved in the future. If the plan or target is higher than the lower control limit this will indicate 'inconsistent' passing or falling short. If plan or target is lower than the lower control limit this indicates that the target is being consistently passed. If the plan is higher than the higher control limit, this will indicate consistent falling short.

Essentially, the assurance icon is all about the future not the past. We don't need SPC to tell us whether we've hit our target in the past, we know if we have or not and we can report on that as is customary. However that approach doesn't give much assurance about what happens in future. Even if we've consistently missed our target for the past 10 months, what's the likelihood that we will do so again next month? Traditional reporting does not have an answer for that but SPC does. SPC charts allow us to see how the process we are monitoring is behaving. We can therefore use the mean and limits to 'predict' future performance which is what the assurance icon does.

Variation			**Assurance** (capability of meeting target)		
			?	P	F
Common Cause - no significant change Up/Down arrow no special cause	**Special Cause** of *concerning* nature or *higher pressure* due to (H)igher or (L)ower values	**Special Cause** of *improving* nature or lower *pressure* due to (H)igher or (L)ower values	Variation indicates ***inconsistent*** passing or falling short of target - random	Variation indicates ***consistently (P)assing*** the target	Variation indicates ***consistently (F)alling short*** of the target

Blue lines on the charts represent the operational plan for 2022/23
Red Lines on the charts represent a required target position

Exception Reporting Rules

'Exception Reports' will be triggered if:

- An 'Orange' Variation icon or a 'Falling' short Assurance icon
- A Special Cause Variation (positive or negative)
- An area of escalation proposed via a sub-committee
- An area of escalation highlighted through the Executive Director from ICS Oversight Groups
- An area of escalation relating to sub-organisational level concerns

Further Reading / other resources
The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes are number of videos explaining the approach and a series of case studies – these can be accessed via the following link - https://improvement.nhs.uk/resources/making-data-count

iii – Glossary of Terms

NHS Nottingham and Nottinghamshire

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:	09/11/2023
Paper Title:	**2023/24 Board Annual Work Programme**
Paper Reference:	ICB 23 069
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. *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. *Note: The Joint forward Plan will be subject to an annual review and refresh, which will be factored into the Board's 2024/25 work programme.* *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: The final two delivery updates are shown for completeness and will be presented in 2024/25.* *Note: Strategic updates on Mental Health Services and Children and Young People Services are also being scheduled.* *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*	-	-	-	✓	-	-	-
Infrastructure Strategy To present an ICS Infrastructure strategy for approval. *Item sponsor: Stuart Poynor, Director of Finance*	-	-	-	-	✓	-	-
Green Plan To present a strategic update on the delivery of the ICS Green Plan. *Item sponsor: Stuart Poynor, Director of Finance*	-	-	-	-	✓	-	-

Agenda item (and purpose)	11 May	13 Jul	14 Sep	9 Nov	11 Jan	14 Mar	28 Mar *(Extra-ordinary)*
Research Strategy To present an ICS Research Strategy for approval. *Item sponsor: Dave Briggs, Medical Director*	-	-	-	-	-	✓	-
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*	-	-	-	-	✓	-	✓

Agenda item (and purpose)	11 May	13 Jul	14 Sep	9 Nov	11 Jan	14 Mar	28 Mar *(Extra-ordinary)*
Assurance and system oversight							
Population Health Management (PHM) Outcomes Framework To receive strategic updates on the development and implementation of the PHM Outcomes Framework. *Item sponsor: Dave Briggs, Medical Director*	✓	-	✓	-	-	✓	-
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. On a quarterly basis, the reports will also include the latest segmentation ratings under the NHS Outcomes Framework. *Item sponsors: Stuart Poynor, Director of Finance, Lucy Dadge, Director of Integration, Dave Briggs, Medical Director and Rosa Waddingham, Director of Nursing*	✓	✓	✓	✓	✓	✓	-
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*	✓	✓	✓	✓	✓	✓	-

Agenda item (and purpose)	11 May	13 Jul	14 Sep	9 Nov	11 Jan	14 Mar	28 Mar *(Extra-ordinary)*
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*	-	-	✓	-	-	-	-
Meeting the Public Sector Equality Duty 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. *Item sponsor: Rosa Waddingham, Director of Nursing*	-	-	-	-	✓	-	-
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*	-	-	-	-	-	✓	-

Agenda item (and purpose)	11 May	13 Jul	14 Sep	9 Nov	11 Jan	14 Mar	28 Mar *(Extra-ordinary)*
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*	-	-	-	-	-	-	-
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*	-	-	-	-	-	-	-

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 (facilitated by the NHS Leadership Academy)	-	-	-	-	✓	-
• Leading a Pro-Equity Organisation (facilitated by Getting to Equity, as part of the Building Equitable Systems Programme)	-	-	-	-	-	✓

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 • ICS Digital Strategy / ICS Infrastructure strategy (tbc)	-	-	✓	-
• ICS Research Strategy • ICS People Plan	-	-	-	✓