NHS
Nottingham and Nottinghamshire

Integrated Care Board Meeting Agenda (Open Session)

Thursday 11 May 2023 09:00 – 11:15

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

"We will enable each and every person to enjoy their best possible health and wellbeing."

Principles:

- We will work with, and put the needs of, our **people** at the heart of the ICS.
- We will be **ambitious** for the health and wellbeing of our local population.
- We will work to the principle of **system by default**, moving from operational silos to a system wide perspective.

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.

	Item	Presenter	Type *(For Assurance, Decision, Discussion or Information)*	Enc.	Time
Introductory items					
1.	Welcome, introductions and apologies	Kathy McLean	-	-	09:00
2.	Confirmation of quoracy	Kathy McLean	-	-	-
3.	Declaration and management of interests	Kathy McLean	Information	✓	-
4.	Minutes from the meeting held on: 09 March 2023	Kathy McLean	Decision	✓	-
5.	Action log and matters arising from the meeting held on: 09 March 2023	Kathy McLean	Discussion	✓	-
Leadership					
6.	Chair's Report	Kathy McLean	Information	✓	09:05
7.	Chief Executive's Report	Amanda Sullivan	Information	✓	09:15
Health inequalities and outcomes					
8.	Supporting the South Nottinghamshire Place-Based Partnership to be a delivery vehicle for ICS priorities *(This item will be introduced with a citizen story)*	Paul Devlin Dr Jill Langridge Lance Juby	Discussion	✓	09:35
9.	An integrated approach to Population Health Management Outcomes Monitoring	Dave Briggs	Discussion	✓	10:00

Assurance and system oversight

10.	Integrated Performance Report		Assurance	✓	10:20
	a) Finance	Stuart Poynor			
	b) Service Delivery	Lucy Dadge			
	c) Health Inequalities	Dave Briggs			
	d) Quality	Diane-Kareen Charles			
	e) Workforce	Philippa Hunt			
11.	Committee Highlight Reports		Information	✓	10:40
	a) Strategic Planning and Integration	Jon Towler			
	b) Quality and People	Marios Adamou			
	c) Finance and Performance	Stephen Jackson			
	d) Audit and Risk	Caroline Maley			
12.	Board Assurance Framework	Lucy Branson	Assurance	✓	10:55

Closing items

13.	Risks identified during the course of the meeting	Kathy McLean	Discussion	-	11:10
14.	Questions from the public relating to items on the agenda	Kathy McLean	-	-	-
15.	Any other business	Kathy McLean	-	-	-

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: 13 July 2023 at 9:00 (Arnold Civic Centre)

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	11/05/2023
Paper Title:	**Declaration and management of interests**
Paper Reference:	ICB 23 003
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, for the purposes of this meeting, from the ICB's full Register of Declared Interests.

• 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	National Institute for Health and Care Research	Member of Health Technology Assessment Prioritisation Committee			✓		01/07/2022	01/01/2023	Interest expired - no action required.
BRIGGS, David	Medical Director	British Medical Associaton	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.
DADGE, Lucy	Director of Integration	Care Workers Union	Director (not remunerated)			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Director of Integration	Cleaners Union	Director (not remunerated)			✓		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)	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.

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
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	Non-Executive Director		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
JACKSON, Stephen	Non-Executive Director	Derbyshire Health United CIC	Non-Executive Director	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
JACKSON, Stephen	Non-Executive Director	IBC Ltd (currently inactive)	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.
LIM, Dr Kelvin	Primary Care Partner Member	Primary Integrated Community Services	Director	✓				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 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	Present	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.
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.
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.

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
MCLEAN, Kathy	ICB Chair	Kathy McLean Limited - Private limited company to offer health related advice	Director	✓				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.
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	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	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.
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.
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.

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
WADDINGHAM, Rosa	Director of Nursing	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
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:										
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	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
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
09/03/2023 09:00-11:05
Chappell Room, Civic Centre, Arnot Hill Park

Members present:	
Dr Kathy McLean	Chair
Professor Marios Adamou	Non-Executive Director
Dr Dave Briggs	Medical Director
Stephen Jackson	Non-Executive Director
Caroline Maley	Non-Executive Director
Ifti Majid	NHS Trust/Foundation Trust Partner Member
Paul Robinson	NHS Trust/Foundation Trust Partner Member
Amanda Sullivan	Chief Executive
Jon Towler	Non-Executive Director
Catherine Underwood	Local Authority Partner Member
Rosa Waddingham	Director of Nursing
In attendance:	
David Armiger	Chair, Bassetlaw PBP and Chief Executive, Bassetlaw District Council (for item ICB 22 069)
Andria Birch	Chief Executive, Bassetlaw Community and Voluntary Service (for item ICB 22 069)
Lucy Branson	Associate Director of Governance
Lucy Hubber	Director of Public Health, Nottingham City
Victoria McGregor-Riley	Locality Director – Bassetlaw and Mid-Nottinghamshire (on behalf of Lucy Dadge)
Marcus Pratt	Programme Director System Finance (on behalf of Stuart Poynor)
Lindsey Sutherland	Head of System PMO and Programme Director for Greener ICS (for item ICB 22 071)
Sue Wass	Corporate Governance Officer (minutes)
Apologies:	
Lucy Dadge	Director of Integration
Dr Kelvin Lim	Primary Care Partner Member
Stuart Poynor	Director of Finance
Melanie Williams	Local Authority Partner Member

Cumulative Record of Members' Attendance (2022/23)

Name	Possible	Actual	Name	Possible	Actual
Kathy McLean	5	5	Caroline Maley	5	4
Marios Adamou	5	5	Stuart Poynor	5	4
John Brewin	1	0	Paul Robinson	5	4
Dave Briggs	5	5	Amanda Sullivan	5	5
Lucy Dadge	5	4	Jon Towler	5	5
Stephen Jackson	5	5	Catherine Underwood	5	4
Kelvin Lim	5	2	Rosa Waddingham	5	5
Ifti Majid	2	2	Melanie Williams	5	4

Introductory items

ICB 22 062 **Welcome, introductions and apologies**

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

A particular welcome was extended to Marcus Pratt, who was deputising for Stuart Poynor; and Victoria McGregor-Riley, who was deputising for Lucy Dadge.

ICB 22 063 **Confirmation of quoracy**

The meeting was confirmed as quorate.

ICB 22 064 **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 22 065 **Minutes from the meeting held on: 12 January 2023**

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

ICB 22 066 **Action log and matters arising from the meeting held on: 12 January 2023**

One action from the previous meeting remained open, which related to the outcome of a rapid review into excess mortality rates for younger, older adults. It was noted that initial findings had been presented to the Finance and Performance Committee and a full update would be given

to the next Committee meeting following receipt of updated national data.

Following discussion at the last meeting regarding the development of an anti-racism strategy, Ifti Majid confirmed his involvement in its development.

Leadership

ICB 22 067 **Chair's Report**

Kathy McLean presented the item and highlighted the following points:

a) Thanks, and gratitude was given to all colleagues working within the system for their continued hard work, as the combined impact of operational pressures and industrial action continued to make for a challenging working environment. It was therefore important for the Board to focus on the future and the transformation of services to ease the pressure and break the cycle for future years.

b) The principles of prevention, equity and integration needed to be at the forefront of this work. These principles were embedded in the Integrated Care Strategy, which would be brought to the Integrated Care Patronship for approval on 17 March 20023 and would guide all work going forward.

c) The expected publication of the Hewitt Review, which would recommend how local leaders can best focus efforts to improve outcomes for their populations, would also help to shape how the system came together to integrate services.

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

ICB 22 068 **Chief Executive's Report**

Amanda Sullivan presented the item and highlighted the following points:

a) Thanks was given for the continued professionalism of all staff working in the system during challenging times.

b) Although the proposed industrial action by ambulance workers had been called off, a huge amount of preparation had been undertaken within the system to prepare. Work was also underway to prepare for strike action by junior doctors, which would have a significant impact on planned care, community, and mental health services. Operational and emergency preparedness, resilience and response leads continued to work in the System Control Centre to

ensure that essential services were maintained, with the biggest priority being the safety of patients.

c) NHS England had recently published its planning guidance for the Joint Forward Plan, which would provide a longer-term set of priorities for NHS organisations within the system and provide the basis of the NHS contribution to the Integrated Care Strategy.

d) Board support was sought for sign up to the refreshed Nottinghamshire County and Nottingham City Declaration on Tobacco Control, which had recently been endorsed by both county and city health and wellbeing boards. The declaration was a single set of principles to commit to reducing smoking in our communities and included a commitment to developing and implementing an organisational action plan.

The following points were made in discussion:

e) Members discussed the Declaration on Tobacco Control. The local authorities were commended for their leadership; and Lucy Hubber provided an overview of initiatives in this area. Members proposed that the ICB as an organisation should be more ambitious, and it was agreed that there was a need to work more collaboratively to bring together resources to make the greatest impact. It was noted that the Better Care Fund was the main mechanism for joint action by the NHS and local authorities. An update on proposed actions would be brought to a future meeting.

f) Members queried the connection of the Joint Forward Plan to other strategies. It was noted that the Joint Forward Plan would detail the actions the NHS would undertake to ensure sustainability of services going forward, aligned to the Integrated Care Strategy and Health and Wellbeing Strategies.

Action:

- **Dave Briggs to provide an update on proposed actions around the Declaration on Tobacco Control to a future meeting.**

The Board **noted** the Chief Executive's Report, having confirmed the ICB's commitment to the Nottinghamshire County and Nottingham City Declaration on Tobacco Control.

Health inequalities and outcomes

ICB 22 069 Bassetlaw Place-Based Partnership Report

The presentation to this item began with a citizen story, which gave an insight into the Aurora Bassetlaw service, which aimed to make coping with cancer easier.

The Chair welcomed David Armiger and Andria Birch from the Bassetlaw Place-Based Partnership (PBP), who were in attendance to provide an update of the work of the PBP.

David, Andria and Victoria McGregor-Riley presented the item, and highlighted the following points:

a) Bassetlaw PBP had a long history of collaborative working to address the population needs of its citizens. The PBP had a mature, agile and pragmatic approach to partnership working, coming together to make the most effective use of resources.

b) Since July 2022, the PBP had also sought to actively engage in the delivery of the strategic priorities of NHS Nottingham and Nottinghamshire ICB, following its transition from the South Yorkshire and Bassetlaw ICS.

c) The priorities and their supporting programmes and initiatives were based on population health management, proactive care and prevention approaches, with specified metrics for delivery that were reported to the PBP via the Bassetlaw Health Inequalities Forum (HIF). The Bassetlaw HIF oversaw programmes of work, with multiple task and finish groups delivering specific projects to support the overall programme delivery. The HIF comprised almost 40 partner organisations that were proactive in Bassetlaw.

d) A number of achievements were discussed, including the development of a local response to the cost-of-living crisis, a collaborative approach to supporting people experiencing multiple disadvantage, and creating efficiencies by making best use of the public estate and primary and secondary care facilities.

e) Bassetlaw PBP partners were keen to continue to explore opportunities for the PBP to play a more supportive role in delivering system priorities and sharing best practice.

The following points were made in discussion:

f) Members recognised and applauded the strength of the partnership, its clear and measurable objectives, and its achievements to date, noting the need to ensure learning was disseminated with system partners.

g) Commenting on mental health outcomes, members noted that as PBPs matured there would need to be a move to differential investment to respond better to localised need.
h) Going forward a focus would be on identifying sustainable sources of funding.
i) Noting that PBPs required the right level of resource and support to deliver, members were keen to learn how the ICB could help to facilitate this. It was noted that a degree of autonomy and a closer relationship between the voluntary, community and social enterprise sector and the ICB would be welcomed.
j) Members agreed that it would be useful to see how local outcomes linked to the Integrated Care Strategy and it was suggested that an event to provide a forum for PBPs to have a stocktake of their development and to discuss the conditions for how further autonomy can be achieved could be a sensible way forward. Discussion on this would be progressed outside of the meeting.

The Board **noted** the item.

David Armiger and Andria Birch left the meeting at this point.

ICB 22 070 Strategic approach to transforming health and care within community services

Victoria Mc Gregor-Riley presented the item and highlighted the following points:

a) The report provided an overview of the strategic approach to improve community health service provision and reduce local health inequalities across Nottingham and Nottinghamshire.
b) Nottinghamshire Healthcare NHS Foundation Trust led the programme, with support from the ICB.
c) The programme encompassed health, social care and third sector provision and had been co-produced with service users.
d) The future vision for community health services was described. Health and social care resources and workforce are to be aligned to neighbourhood /place-based community teams, delivering a consistent model of care across the ICS, whilst ensuring services were responsive to local population need. The report provided several examples of how this approach was working.
e) There was an increasing demand on services, which was unsustainable in the current financial climate. This approach was a

whole system resource used in the most cost-effective way to deliver the best possible outcomes, with a move towards a prevention agenda in future years.

The following points were made in discussion:

f) Members noted the benefit that a focus on pathways, rather than organisations could bring, and discussed how to balance consistent service delivery against the need to respond to localised need.

g) Members queried whether population health management data was being used for decision making and urged the ICB to ensure it was used and shared to maximum effect.

h) The need to ensure that Primary Care Networks and Neighbourhood Teams were adequately engaged in this programme and supported to deliver was discussed. The need for pace in delivery was emphasised. It was noted that pathway transformation was also a cultural development, which required intensive support in the early days.

i) Clarity on outcomes, ensuring they aligned to the core aims of the Integrated Care Strategy of integration, equity and prevention was requested. It was agreed that a progress update should be presented to the Strategic Planning and Integration Committee in July 2023, with further detail on the alignment to the Integrated Care Strategy and outcome measures.

The Board **noted** the progress of the Community Care Transformation Programme and the system approach to co-production, strategic planning and service delivery to meet the needs of the population.

Action:

- **Lucy Dadge to present a progress update to the July 2023 Strategic Planning and Integration Committee meeting, with further detail on the alignment to the Integrated Care Strategy and outcome measures.**

Lindsay Sutherland joined the meeting at this point.

ICB 22 071 ICS Green Plan: Strategic Progress Update

Lindsey Sutherland was in attendance to present the item and highlighted the following points:

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

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

c) There had been several key achievements to date, which were detailed within the report. A programme management approach had been taken to ensuring each of the workstreams had leads, and action plans, which were reviewed regularly by a programme board.

d) NHS England had commended the approach taken and an Internal Audit Review, which would be undertaken shortly, would provide additional assurance of the robustness of the plan.

e) There were areas of challenge, notably around food and adaptation to climate change, and resourcing the programme remained an ongoing challenge. However new developments, such as establishing a faculty of sustainability should provide further opportunity.

The following points were made in discussion:

f) Members queried whether additional resource could be found within higher education. It was noted that local universities were helping with the faculty approach.

g) On a similar theme, there was a suggestion that other large local public bodies could also be asked to sign up to the Plan.

h) Members noted that the financial benefits of the Plan should also be captured.

i) It was agreed that the ICB should formally adopt the ICS Green Plan.

The Board **received** the item for assurance, having adopted the ICS Green Plan.

Lindsay Sutherland left the meeting at this point.

Assurance and system oversight

ICB 22 072 **Integrated Performance Report**

Marcus Pratt, Victoria McGregor-Riley, Dave Briggs and Rosa Waddingham, presented the item and highlighted the following points:

a) At the end at the end of month ten, the NHS system reported a £36.4 million deficit position, which was £16.8 million adverse to plan. The adverse variance was mainly experienced in the two acute trusts, with the main drivers of the deficit relating to Covid costs, efficiency shortfalls, excess costs arising from urgent care capacity, and hospital discharge and interim beds. The ICB reported a breakeven position for the year to date against the plan.

b) All partners continued to forecast meeting the 2022/23 planned deficit of £16.9 million. This would still require the enactment of the NHS England protocol for changes in year. There were sufficient mitigations to off-set any risk to this position; however, they were non recurrent in nature. A recovery plan for 2023/24 and 2024/25 would form part of the Joint Forward Plan.

c) The system was failing to meet most service delivery targets and action was being taken in each area to target improvements, as detailed in the report. System flow remained the main driver and colleagues continued to work on actions to improve hospital discharge rates.

d) Length of stay had been increasing locally, which had been the focus of effort during February. Work had also been undertaken on admission avoidance initiatives.

e) System flow continued to impact on elective care and staffing challenges associated with the industrial action had limited the volume of elective care activity. Cancer treatment had been prioritised. Although the volume of patients waiting beyond targets had increased slightly, the trajectory was for a reduction by the end of March.

f) Waiting list volumes exceeded planned levels for all diagnostic services. Additional capacity had been established at Nottingham University Hospitals NHS Trust, which should increase capacity.

g) Staffing levels in mental health services continued to be a concern; however, some local recruitment approaches had proven successful. The Sherwood Oaks facility was now fully operational, which had increased the number of acute beds.

h) The number of GP appointments were above plan in December 2022. GPs continued to offer a blended model, with 68% of appointments being delivered face-to-face.

i) Following work by the System Analytics and Intelligence Unit, the May Integrated Performance Report would be able to present more pertinent in-year metrics relating to health inequalities.
j) Work commenced in February on diabetes and pulmonary heart disease trials in the system's most deprived areas.
k) The Learning Disability/Autism (LDA) Partnership programme remained under enhanced surveillance due to adult inpatient numbers and forecasts indicated non-compliance against the 2023/24 trajectory. This had been a focus for the Quality and People Committee and NHS England. There was, however, a significant level of assurance around discharge rates.
l) The target for LDA annual health checks had not been met. However, focus had been on targeting heard to reach groups and significant improvement had been made in recent months.
m) Congratulations to Sherwood Forest Hospitals NHS Foundation Trust was offered for the receipt of a 'good' rating for their maternity services following a recent inspection by the Care Quality Commission. The Local Maternity and Neonatal System programme remained under enhanced surveillance due to capacity concerns to transform services in line with requirements, given operational pressure and demands. However, this quarter had seen a significant improvement in quality, which reflected the introduction and embedding of an additional executive-led internal review at Nottingham University Hospitals NHS Trust.
n) Children and young people's service transformation had been subject of increased focus due to concerns about access. Partners were reviewing the impact of plans around transforming services and had instigated recovery plans to focus on improving access in key areas.
o) Workforce metrics showed an improving position on agency staffing levels, albeit the position remained above plan.
p) The ICB had recently appointed a Chief People Officer, who would continue to focus collective efforts on supporting existing staff and the recruitment of new staff.

The following points were made in discussion:

j) The Chair of the Finance and Performance Committee asked members to note that the report was consistent with the detail received by the Committee; and assurance had been taken that the ICB was doing everything it could to meet the financial targets. The Committee had raised issues relating to ostensibly contradictory workforce metrics, but work was underway to resolve this.

k) Members discussed the value of predicted trajectories for the metrics, and it was agreed that this would be considered by the System Analytics and Intelligence Unit.

l) Members queried the issues regarding children and young people's services. It was noted that this was also a regional and national issue and there was a need to gain a more consistent picture of the current situation. There would be a focus on this at a future Quality and People Committee meeting.

m) Members noted that the quality of care provided by some non-NHS health providers was impacting on LDA adult inpatient numbers; and this was noted as a known issue.

n) Regarding workforce, it was noted that workforce issues at Rampton Hospital may potentially have implications for the system's mental health workforce.

o) Members emphasised the importance of addressing productivity in workforce plans.

Action:

- **Stuart Poynor to consider adding predicted trajectory rates on key metrics in the Integrated Performance Report.**

The Board **noted** the report.

ICB 22 073 **Committee Highlight Reports**

The report presented an overview of the work of the Board's committees since its last meeting in January 2023; it aimed to provide assurance that the committees were effectively discharging their delegated duties and included assessments of the levels of assurance the committees had gained from their work during the period.

Stephen Jackson, Marios Adamou, Jon Towler and Caroline Maley, as committee chairs, confirmed that there were no issues from the business conducted by the committees during January and February that required escalation to the Board.

The Board **noted** the report.

Closing items

ICB 22 074 **Risks identified during the course of the meeting**

No new risks were identified.

ICB 22 075 Questions from the public relating to items on the agenda

One question had been received in advance of the meeting relating to a new commissioning framework around Covid therapeutics for Non-Hospitalised Patients that had recently been published by NHS England.

Dave Briggs provided a response to the question, noting that the ICB had been working with system partners across the ICS and with other systems to understand the new commissioning framework and to develop a response for the local population. There were several outstanding issues that required confirmation from NHS England and the National Institute for Health and Care Excellence (NICE) before the model could be finalised.

A written response would be provided to the individual.

ICB 22 076 Any other business

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

Date and time of next Board meeting held in public: 11 May 2023 at 9:00 (Arnold Civic Centre)

NHS
Nottingham and Nottinghamshire

ACTION LOG from the Integrated Care Board meeting held on 09/03/2023

Status	Meeting Date	Agenda Item	Action	Lead	Date to be Completed	Comment
Closed	12.01.23	ICB 22 057: Integrated Performance Report	To present the outcome of a rapid review into excess mortality rates for younger, older adults to the Finance and Performance Committee.	Dave Briggs	11.05.23	Presented at the April meeting of the Finance and Performance Committee and included within this month's Committee Highlight Report to the Board.
Open – On track	09.03.23	ICB 22 068: Chief Executive's Report	To provide an update on proposed actions around the Declaration on Tobacco Control to a future meeting.	Dave Briggs	13.07.23	To be incorporated within the Joint Forward Plan, scheduled to be presented to the Board in July 2023.
Open – On track	09.03.23	ICB 22 070: Strategic approach to transforming health and care within community services	To present a progress update to the July 2023 Strategic Planning and Integration Committee meeting, with further detail on the alignment to the Integrated Care Strategy and outcome measures.	Lucy Dadge	13.07.23	Incorporated within the Strategic Planning and Integration Committee 2023/24 Annual Work Programme. This will be reported back to the Board via the Committee's Highlight Report to the July 2023 meeting.
Open – On track	09.03.23	ICB 22 072: Integrated Performance Report	To consider adding predicted trajectory rates on key metrics in the Integrated Performance Report.	Stuart Poynor	13.07.23	Scheduled to be considered by the Finance and Performance Committee in June/July and reported back to the Board in July 2023.

Key:

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

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	11/05/2023
Paper Title:	**Chair's Report**
Paper Reference:	ICB 23 006
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: Board Work Programme 2023/24

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. We are now firmly into this year – six weeks, over ten percent, of the way through 2023/24. I mention this to underline the need for pace and urgency to deliver on our ambitions for how we want to transform the health and care services our population need. Below I set out some updates on the scaffolding of this transformation – our Integrated Care Strategy, the Review by Patricia Hewitt, our emerging NHS Joint Forward Plan – and urge us to reflect on if we are making the changes we need at the pace required.
2. Executive colleagues will update in more detail on current matters but I wanted to highlight a few topics to the Board.
3. We have just had the elections for our City Council and District/Borough Councils and look forward to working with our new elected member colleagues as we move forward. Any changes in political leadership will inevitably cause some disruption but I know that the officer relationships both at a system level with our top-tier authorities and through our Place Based Partnerships with the Districts and Borough will carry us through.
4. One of the consequences of the election period is that we are still waiting on news regarding the budget allocation for the Government’s New Hospital Programme, which will inform our next steps on Tomorrow’s NUH (Nottingham University Hospitals NHS Trust) and also we still anticipate the NHS Workforce Plan and an update on GP Access. These may now emerge now that the elections have concluded.
5. I am, once again, enormously grateful to everyone who has contributed to managing the impact of the recent wave of industrial action by nurses, other Agenda for Change staff and junior doctors. The whole-system response to managing this and ensuring that patients remained safe was impressive.
6. One of the consequences of the industrial action has been a requirement to reschedule a number of elective operations and tests. I regret the impact that this will have had on our population and on the staff who have had to break that bad news to people who may have been waiting a long time already. I know that colleagues are working hard to recover this impact as quickly as possible and aim to hit NHS England’s targets for long waiters in line with expectations.
7. I have also been involved across this last period in several discussions regarding the system’s financial submission for the current planning round. I am pleased that we are now moving towards a position in line with the operational planning assumptions issued by NHS England and the Department of Health and Social Care. Our focus now rapidly needs to turn to ensuring that we deliver on the commitments made in those operational and financial plans.

Developing the system for tomorrow

8. April saw the publication of the Review into Integrated Care Systems by Patricia Hewitt who is Chair of NHS Norfolk and Waveney ICB. I was pleased to have co-chaired the 'autonomy, accountability and regulation' workstream and contributed to the overall shaping and writing of the report.

9. The Review sets out the ways in which ICSs can thrive and deliver on the expectations of their populations and the government. Six key principles for success are identified. They are collaboration within and between systems and national bodies; a limited number of shared priorities; allowing local leaders the space and time to lead; the right support, balancing freedom with accountability and enabling access to timely, transparent and high-quality data.

10. I am pleased that members of the Board were able to discuss the Review in detail at the April Development Session, and while we await a formal response from Government on the Review's recommendations, there is much that we can implement and enact in our system straightaway.

11. At that same Development Session, members of the Board were also able to discuss the recent letter from NHS England setting out the requirements on ICBs to reduce their Running Costs by 20% for the 2024/25 financial year. This will clearly require careful work and Executive colleagues are already focussed on that task, but I was pleased to hear at the Development Session a clear commitment to using this requirement as a catalyst for developing the operating model for the ICB to set up the system for the future.

12. Linked to these discussions, I am pleased to be working closely with the leadership team of NHS Derby and Derbyshire ICB to understand how we can work together to serve our populations. With the opportunities presented by Devolution to a new Combined Authority for our local government areas and a new Mayor, the two ICBs will be looking to work together to deliver on the 'fourth aim' of ICSs, that of local economic and social development as well as thinking about how we can find efficiencies and overhead savings where appropriate.

Our Integrated Care Strategy and the NHS Joint Forward Plan

13. In my last Board update I signalled that we were just a few days away from receiving the Integrated Care Strategy for approval at the Integrated Care Partnership (ICP), the joint committee between the ICB and the City and Council Councils. I am pleased to say that at that meeting on 17 March, the Strategy was approved.

14. The discussion at the ICP was helpful in setting the future work of the implementation of the strategy (more on which below) and also for how we need to ensure this Strategy remains a living document that we continually

check our work against and refresh on a periodic basis. It was great to hear from our wider partners including the Voluntary Community and Social Enterprise Sector and education colleagues as well as understanding the role of faith groups in our communities too.

15. The same day as the ICP meeting I briefed Members of Parliament for our area on the contents of the Strategy, which was well received. The MPs are of course keen to understand the practical difference this will make for their constituents as well as the strategic framework that underpins it. We share that ambition but it did strike me during the conversation that the framework of our four 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) and three principles (prevention, equity, integration) is rapidly becoming the common currency or mantra for our work. The more that we can ensure that staff, stakeholders and other partners are able to understand and step into this new way of thinking and working the better.

16. I am therefore delighted that we have now launched the Strategy to our population and staff across the health and care partnership. This builds on the extensive engagement undertaken to develop the strategy – ensuring that we heard from as diverse a cross-section of our population as possible. The embedding of the Strategy into the DNA of our system and organisations will be a long-term endeavour and will need the commitment of leaders and managers across our organisations but we have a made a strong start. All organisations within the system now have access to the key materials setting out our strategy including a summary version, a plan-on-a-page, a video, translated materials and much more. I know that colleagues working in the organisational development and culture space will shortly be considering how they can take this to the next stage.

Transformation in action

17. Over the past few weeks, I have continued my regular programme of visits to see services being delivered on the frontline. I am always keen to hear from anyone who might want me to visit their service, particularly if it is a great example of delivery on equity, prevention or integration.

18. It was excellent to visit the teams from Nottinghamshire Healthcare NHS Foundation Trust at Rampton Hospital. The care which is delivered there to some of the most vulnerable members of our society is inspiring to see. Working in challenging conditions in what is essentially a ‘closed’ environment means that the resilience and interdisciplinary working on display really is first rate. Thanks to everyone who I was able to speak to when I was there.

19. I was also pleased to learn more about the Small Steps, Big Changes (SSBC) programme, the lottery funded programme which has made such a difference to some of most vulnerable communities in Nottingham City. As a good example of equity-based provision of services, I was pleased to see more detail of the programme's delivery and also the plans for how elements of it will be moved into the mainstream of our provision as we move towards the end of the initial ten-year period. SSBC is also a good example of designing services with our population, using a co-production methodology, and in particular for this service a father-inclusive approach.
20. During this most recent period I have also been pleased to be part of several conversations around integration, transformation and devolution hosted by NHS Confederation, sessions with NHS Employers and regular interactions with the NHS England Regional leadership team and other Chairs in the region.

Looking forward

21. Our second ICS Partners Assembly will take place on 15 May at MediCity in Beeston. I am looking forward to seeing lots of colleagues from our health and care organisations and also representatives from our vibrant Voluntary Community and Social Enterprise sector and also patient representatives and interested citizens. The Assembly will build on the adoption of the Integrated Care Strategy and start to open further conversations about how the Strategy will be implemented and also where NHS organisations need to focus their efforts when developing the Joint Forward Plan.
22. Later that week on 18 May we will also hold the next of our ICS Reference Group meetings. This is a chance for wider partners to come together and explore our shared strategic intent and connections.
23. We are now firmly into the implementation stage of our strategy, and I look forward with eager anticipation to see how we are going to start to make the difference I know we all want.

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	11/05/2023
Paper Title:	**Chief Executive's Report**
Paper Reference:	ICB 23 007
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.

The report also includes items for formal ratification following the exercise of the Board's emergency powers for urgent decisions.

Recommendation(s):

The Board is asked to:

- **Receive** this item for information.
- **Ratify** the urgent decisions made during March and April 2023 using the Board's emergency powers.

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: Nottinghamshire Violence Against Women and Girls Strategy 2023-2028 (Final Draft)

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

ICB updates and developments

Use of emergency powers for urgent decisions

1. The Board's urgent decision-making powers (as defined in the ICB's Standing Orders) are exercised when necessary due to exceptional circumstances. The following urgent decisions were made during March and April, having been initially discussed at previous Board and committee meetings, and are now presented to the Board for formal ratification:

    a) **2023/24 Operational and Financial Plans** – Following discussion at meetings of the Board on 9 March and the Finance and Performance Committee on 29 March, the Chair and Chief Executive approved the submission of the 2023/24 Operational and Financial Plans. These approved plans have since been updated and resubmitted following Board approval at an extraordinary meeting on 4 May (See paragraph 2 below).

    b) **2023/24 Joint Capital Resource Use Plan** – The ICB's Director of Finance met with partner NHS Trust and NHS Foundation Trust Directors of Finance on 6 April 2023 and endorsed the 2023/24 Joint Capital Resource Use Plan, which had been produced following issuance of Secretary of State's directions on 2 March 2023 and in line with national NHS England guidance. As the plan was required to be submitted by 21 April 2023, approval was granted by the chair and Chief Executive utilising emergency powers.

    c) **Delegation Agreement in relation to primary pharmacy and optometry services and primary and secondary dental services (referred to as 'POD services') and associated joint working arrangements across the East Midlands ICBs** – Further to discussions at the Board meeting on 9 March 2023, the ICB received the final version Delegation Agreement for POD Services on 10 March 2023, with no material changes from the version previously shared with Board members. This was signed the NHS England Regional Director and the ICB's Chief Executive prior to 1 April 2023 when the agreement came into effect. At its 9 March 2023 meeting, the Board approved the establishment of a formal joint working arrangement between the five ICBs in the East Midlands for the commissioning of POD services. The Board considered the draft Joint Working Agreement to define the terms of these collaborative commissioning arrangements, and due to a misalignment between the national and regional timeframes for sign-off and the multiple ICB Boards' meeting dates, the Board delegated final approval of the Joint Working Agreement to the ICB's Chair and Chief Executive. This has subsequently been approved prior to the arrangement

coming into effect on 1 April 2023, with a small number of non-material changes to the version endorsed by the Board. A financial risk sharing agreement between the five ICBs has also been agreed following consideration by the Finance and Performance Committee.

d) **Joint working arrangements with NHS England and the East Midlands ICBs for certain specialised services** – As a step towards the formal delegation of specialised commissioning functions from 1 April 2024, NHS England's Board agreed to establish nine joint committees between NHS England and multi-ICB collaborations for 2023/24 to oversee and take commissioning decisions on 59 specialised services. One joint committee will cover the East Midlands geographic area and the Board considered the draft Joint Working Agreement to define the terms of these collaborative commissioning arrangements at its meeting on 9 March. Due to a misalignment between the national and regional timeframes for sign-off and the multiple ICB Boards' meeting dates, the Board delegated final approval of the Joint Working Agreement to the ICB's Chair and Chief Executive. This has subsequently been approved prior to the arrangement coming into effect on 1 April 2023, with a small number of non-material changes to the version endorsed by the Board.

Nottingham and Nottinghamshire NHS Operational and Financial Plans 2023/24

2. As part of the planning process, operational and financial plans for the NHS partners within the Nottingham and Nottinghamshire system had been submitted to NHS England by the national prescribed deadline of 30 March 2023, following approval by partner NHS Trust and NHS Foundation Trust Boards and the ICB. The submitted plan had included a £43.3 million deficit and two areas of operational non-compliance. The national NHS England Finance Director had subsequently written to all ICBs requesting that significant gaps in plans be closed. Intensive work has consequently been undertaken with NHS partners to improve the financial balance of the plans and as a result, the revised plans had been balanced, with most operational areas compliant with national guidance. The plans were approved by partner NHS Trust and NHS Foundation Trust Boards and the ICB and were submitted by the nationally prescribed deadline of 4 May 2023.

System resilience and response

Industrial action

3. Junior doctors took industrial action between 11 and 15 April and the Royal College of Nursing (RCN) took strike action from 30 April to 2 May, which fell over the bank holiday weekend, where services are usually under more

pressure. For the first time, the RCN's strike involved staff working in Emergency Departments, intensive care units, cancer care and other services that were previously exempt from strikes. We issued a warning of potential disruption to the public and asked for their support by using services appropriately. The system response structure, which brings together people, operational and emergency preparedness resilience and response leads in a System Control Centre, continues to ensure that essential services were maintained.

Partner updates

Nottinghamshire Violence Against Women and Girls Strategy

4. The Nottinghamshire Police and Crime Commissioner recently launched a strategy for public consultation that aims to reduce the prevalence of violence against women and girls, to bring more perpetrators to justice and to increase support for all survivors. The draft strategy, which can be found at Appendix A, has been co-produced by several public and specialist organisations in this field, including the ICB. The consultation on the draft strategy recently closed on 30 April 2023, and I am planning to meet with the Police and Crime Commissioner’s Office to discuss how we will be involved in the development of an action plan to underpin the aims of the final strategy.

2022 NHS National Staff Survey: Sherwood Forest Hospitals NHS Trust

5. Sherwood Forest Hospitals NHS Foundation Trust remains the best Trust to receive care and to work for in the Midlands for the fifth year in a row, according to the results of the 2022 NHS national staff survey. The results rank the organisation that staff would most recommend as a place to work anywhere in the East and West Midlands.

Chief Executive of Nottingham University Hospitals NHS Trust appointed as a Deputy Lieutenant for Nottinghamshire

6. Anthony May has joined a team of 53 Deputy Lieutenants who serve the communities of Nottinghamshire, helping the Lord Lieutenant in his role as The King’s representative. The appointment further strengthens the Trust’s ties with patients, staff and partners in Nottingham and Nottinghamshire.

Health and Wellbeing Board updates

7. The Nottingham City Health and Wellbeing Board met on 29 March 2023. The meeting received a Gambling Health Needs Assessment; an update on the joint Health and Wellbeing Strategy; a Smoking and Tobacco Control Delivery Plan;

and a report on the Nottingham and Nottinghamshire Joint Forward Plan. 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

8. The Nottinghamshire County Health and Wellbeing Board met on 8 March 2023. The meeting received a report on an assessment of impact of the Covid-19 pandemic on the health and wellbeing of the population of Nottinghamshire with a specific focus on behavioural risk factors; and a Joint Strategic Needs Assessment on Special Educational Needs and Disability. 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.

National updates

Health and Social Care Committee's Inquiry – Integrated Care Systems: Autonomy and Accountability

9. The House of Commons Health and Social Care Committee has recently concluded its inquiry into ICSs. The principal driver of the inquiry was to explore the balance between autonomy and accountability. Whilst the Committee acknowledges that there needs to be a level of accountability and performance management, it stressed that this must be done in a way that does not infringe on the flexibility at the heart of the design of ICSs. The report recognises that ICSs have been designed to support a focus on longer-term issues, like population health and tackling health inequalities. However, it recognises that there is a risk that the current short-term intense challenges dominate ICS capacity and resources. The Committee calls for this tension to be recognised by the Department of Health and Social Care and NHS England and asks them to make active efforts to ensure ICSs have the capacity they need to focus on public health and prevention. The full report can be found here: https://publications.parliament.uk/pa/cm5803/cmselect/cmhealth/587/summary.html

The Hewitt review: An independent Review of Integrated Care Systems

10. In November 2022, the Department of Health and Social Care announced that an independent review of Integrated Care Systems (ICSs) would be undertaken. Led by former Health Secretary the Rt Hon Patricia Hewitt who is currently Chair of NHS Norfolk and Waveney Integrated Care Board, the review set out to consider the oversight and governance of ICSs. The review was published on 4 April 2023 and has concluded that ICSs represent the best opportunity in a generation for a transformation in the health and care system.

That effective change will require the combination of new structures with changed cultures; that everyone needs to change, and everyone needs to play their part. The scope of the report is wide and makes several recommendations in areas such as workforce, both health and social care, finances and the need to focus on prevention. Of note are:

a) **Fewer central targets** – The review recommends that government and NHS England set fewer central targets, to enable systems to prioritise how they use their resources based on the needs of their local populations.

b) **Upstream investment in prevention** – A combination of increased prevention funding and attention are needed to embed health promotion at all levels to improve population health and ensure the longer-term sustainability of the health and care system.

c) **Multi-year funding** – The government and NHS England should end the use of small in-year funding pots with extensive reporting requirements for the NHS and social care. Instead, budget and grant allocations for local government and the NHS should be aligned, so that systems can more cohesively plan their local priorities over a longer time period.

d) **Payment mechanism flexibility** – NHS England should give ICSs more flexibility to determine allocations for services and appropriate payment mechanisms within system boundaries.

e) **Defining accountabilities** – Guidance on system accountabilities, including NHS England's operating framework, should be updated so that national support and intervention in providers should be exercised 'with and through' ICBs as the default arrangement.

f) **Data available to ICSs** – Data held by NHS England (including regions) about performance within an ICS, including benchmarking with other providers and systems, should be shared with ICSs themselves.

g) **An enhanced role for the CQC in systems** – CQC and ICSs should work together to develop a long-term approach to system inspections and ensure that CQC develops the capabilities and skill sets needed to support successful development of ICSs. However, CQC should not provide a single rating as this would be inappropriate for an entire ICS, which is not a single organisation.

h) **Reconsider Running Cost Allowance cut** – The government should reconsider the further ten per cent cut in ICBs' running cost allowances scheduled for 2025/26.

11. The government is now considering the recommendations made by the review, which can be found here: https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems

Maximising the benefits of research: Guidance for integrated care systems

12. NHS England recently published guidance that sets out what good research practice should look like to support ICSs to fulfil their duties around research. The key recommendations in the guidance are:

    a) All ICBs are encouraged to have an executive lead responsible for fulfilling the research duties conferred by the 2022 Act

    b) ICSs have a dedicated research group, board or forum

    c) ICSs map their research infrastructure

    d) ICSs develop a research strategy

13. Our ICB has fulfilled the first three recommendations and our next step is to develop a research strategy in collaboration with system partners.

14. It is pleasing to note that the Nottingham and Nottinghamshire Integrated Care System Research Partners Group is referenced as a case study in the guidance at paragraph 3.4, which can be found here: https://www.england.nhs.uk/long-read/maximising-the-benefits-of-research/.

NHS Pay Deal

15. On 2 May, the NHS Staff Council accepted the pay offer made by the government for Agenda for Change staff in England. As a result, ministers have been asked to now implement this offer, which covers the 2022/23 and 2023/24 pay years. The additional payments for the previous pay year (2022/23) will be paid as a non-consolidated lump sum, and the new salary rates for this year (2023/24) will take effect from 1 April 2023.

16. The Staff Council has an expectation that the NHS Pay Review Body pay-setting process will be set aside for this year.

Health Education England Merger

17. NHS England and Health Education England have legally merged to create a new, single organisation to lead the NHS in England. This follows the merger of NHS Digital and NHS England on the 1 February 2023, and brings the NHS' people, skills, digital, data and technology expertise together into one national organisation. The transfer sees NHS England assume responsibility for all activities previously undertaken by Health Education England, including planning, recruiting, educating and training the health workforce. It is expected that, by the end of 2023/24, the new organisation will be between 30-40% smaller than the current combined size of NHS England, Health Education England and NHS Digital. It will also support and accelerate the move to

greater partnership working through integrated care systems, by speaking with a single national voice and modelling effective joint working.

Appointment of National Director for System Development

18. Adam Doyle, Chief Executive of NHS Sussex ICB, has recently joined NHS England as a new national director to develop new ways of working with ICBs. Bringing his insight and advice as an experienced Chief Executive in the system, he will be working with NHS England alongside his current leadership role.

British Social Attitudes Survey 2023

19. The 2023 British Social Attitudes survey has found that public satisfaction with the NHS fell by 17% between 2020 and 2021. Overall satisfaction with the NHS is now at 36%, the lowest level recorded since 1997 and the largest year-on-year drop in the history of the survey. This fall in satisfaction is mirrored across all NHS services: inpatients; outpatients; accident and emergency; general practice and dentistry.

Lessons from Early Delegation of Primary Pharmacy, Optometry and Dentistry Commissioning to Primary Care Boards

20. The delegation of primary pharmacy, optometry and dentistry (POD) services from NHS England to ICBs provides an opportunity to join up fragmented pathways. To test the process and provide insight into how this transition might work, nine early adopter systems took responsibility for commissioning some or all the POD services in July 2022. The NHS Confederation has recently published a synopsis of the experience of the pilot sites. The key points are:

    a) Closer local collaboration between NHS systems and frontline providers can be the single biggest to driver to address local provision challenges.

    b) Early adopter POD commissioners identified immediate transition challenges including ensuring adequate governance is in place, understanding and meeting commissioner and provider data requirements and developing effective engagement mechanisms with local providers.

    c) Access to and capacity to use appropriate data is most urgent to identify unmet patient need and ensure service quality. Meanwhile, clarity over flexibility within national contracting arrangements, particularly for dentistry, is needed and opportunities for further reform considered.

    d) NHS England needs sufficient ICB capacity, particularly in relation to dentistry where there is mounting evidence that some dentists have been reducing their NHS activity or ceasing to offer NHS services. Within its

broader workforce planning, the government must develop a clear approach to the dentistry workforce crisis.

e) Delegation provides an opportunity to support increased autonomy at a local system level, backed up by appropriate regional and national support, which can improve access to services and improve health outcomes. To maximise the potential benefits, support from NHS England needs to avoid risk aversion, permit innovative approaches to improving health outcomes and reducing health inequalities, and not create barriers to implement different approaches.

f) For ICBs, the immediate task will be to manage the logistical and governance challenges of shifting the management of these contracts and they should invest time and effort in building relationships with POD service providers, as well as wider stakeholders.

21. The full report can be found here: From delegation to integration | NHS Confederation

Tackling Loneliness Annual Report: Year Four

22. The Government has recently released its progress on the cross-government strategy to tackle loneliness, which acknowledges the impact that chronic loneliness can have a on people's physical and mental health. The report showcases the achievements made to date and points to ongoing and new actions that the Government will be taking forward. Of note for health and social care is the development of a suicide prevention strategy during 2023 and the roll out of social prescribing in the NHS by 2025, with a separate evaluation taking place for the green social prescribing programme, which will be published in summer 2023.

23. The full document can be found here: https://www.gov.uk/government/publications/loneliness-annual-report-the-fourth-year/tackling-loneliness-annual-report-march-2023-the-fourth-year

Voluntary, Community, and Social Enterprise (VCSE) Health and Wellbeing Alliance: Tackling the cost-of-living crisis and impacts on health and wellbeing

24. This resource, launched by members of the VCSE Health and Wellbeing Alliance, discusses how the ongoing cost-of-living crisis is having a significant impact on health and wellbeing, with particularly acute challenges being faced by those who already experience health inequalities. It identifies six key actions health and care policymakers, commissioners and provider organisations can take to mitigate the impact of the cost-of-living crisis on people's health and wellbeing:

a) Understand the scale and nature of the cost-of-living crisis on people using health and care.

b) Adapt and reconfigure services to better suit the needs of people impacted by the cost-of-living crisis.

c) Ensure advice, support and treatment given to people takes into account their financial situation.

d) Ensure staff using health and care services know what support is available to people impacted by the cost-of-living crisis.

e) Work with the voluntary sector to stand-up support systems and networks established during the pandemic.

f) Track and urgently take action to mitigate the long-term impacts of the cost-of-living crisis. Recognise that the impacts of the cost-of-living crisis are likely to be long term and significant.

25. The full report can be found here: final_-_hwalliance_-_tackling_the_cost_of_living_crisis_and_impacts_on_health_and_wellbeing.pdf (nationalvoices.org.uk)

NHS Delivery and Continuous Improvement Review

26. Last year, NHS England co-ordinated a continuous improvement review to consider how to develop a culture of continuous improvement, whilst focusing on the most pressing priorities. The review has had wide ranging engagement from patients and from healthcare leaders and front-line staff across a broad spectrum of providers, partners and regulators. The review has now been published and ten recommendations have emerged that have been consolidated into three actions:

a) **Describe a single, shared NHS improvement approach**. NHS England will set an expectation that all NHS providers, working in partnership with their ICBs, will embed a quality improvement method aligned with the improvement approach to support increased productivity and enable improved health outcomes. This will require a commitment from NHS England itself to work differently, in line with the improvement approach and the new Operating Framework.

b) **Co-design with our health and care partners a leadership for improvement programme**. This will be commissioned and supported by NHS England, enrolling all providers and systems (including primary care) in it to support a whole system focus on improving healthcare outcomes with our workforce, patients and communities.

c) **Establish a national improvement board**. This will agree the small number of shared national priorities on which NHS England, with

providers and systems, will focus our improvement-led delivery work, with national co-ordination and regional leadership. The new board will support more consistent, high-quality delivery of services to improve performance and reduce unwarranted variation

27. The full report can he found here: https://www.england.nhs.uk/long-read/nhs-delivery-and-continuous-improvement-review-recommendations/#utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=13883755_NEWSL_HMP_Library_2023_04_21&dm_i=21A8,89KRV,3S0702,XZ3YQ,1

Appendix A

Nottinghamshire Violence Against Women and Girls Strategy 2023-2028

Co-creating a safe Nottinghamshire for women and girls

Foreword

"Foreword from PCC, partners logos and signatures to be added"

How did we develop this strategy?

The foundations of the Violence Against Women and Girls (VAWG) strategy are rooted within an extensive theory of change model, which was developed alongside various VAWG sector leads and enhanced by independent research with survivors of VAWG. This was key to ensure the content of the strategy was robust, meaningful and informed, and also to provide us with insight into the survivors' journey, lived-experience and recovery. Incorporating a theory of change ensures long-term change is embedded into the strategy to improve the environment of the VAWG sector. Finally, the strategy has been encompassed with a vast array of public consultation to ensure the people of Nottinghamshire have informed the strategies delivery and direction.

Contents

What is VAWG?

Violence against women and girls (VAWG) is an umbrella term used to cover a wide range of abuses against women and girls such as domestic homicide, domestic abuse, sexual assault, abuse experienced as a child, female genital mutilation, forced marriage and harassment in work and public life. It is important to note that while men and boys also suffer from many of these forms of abuse, these are offences that disproportionately affect women and girls.

Why do we need a VAWG Strategy?

We know that crimes such as domestic abuse and sexual violence is gendered and women and girls in Nottinghamshire are at higher risk of harm than boys and men. Violence against women and girls can have a major effect in terms of mental health, substance misuse, homelessness, loss of employment and lower educational outcomes and life chances.

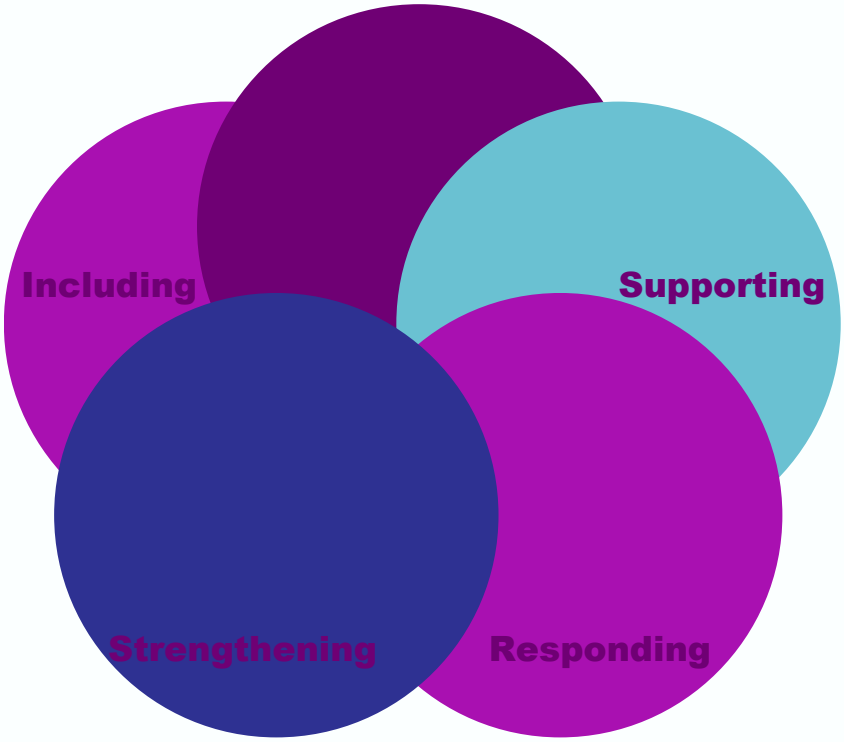
Nottinghamshire has a well-developed range of skilled specialist organisations working to meet the needs of victims and survivors, but there are opportunities to enhance prevention activity and improve access to services among some communities and how effectively agencies work together. There are also opportunities to improve our knowledge of what works in tackling violence against women and girls and ensure that the work we do is evidence-led and robustly evaluated.

Introduction

Our Mission

To reduce the prevalence of violence against women and girls, bring more perpetrators to justice and increase support for all survivors.

Our mission is upheld by five pillars, each informed by the views of survivors, Nottinghamshire front line service providers, and members of the general public.



"I think all of this will work, like I say, as long as it's all put together good. With the right people in the right places." - VAWG Survivor

Our 5 Strategic Pillars

Preventing:
Embed a zero-tolerance approach to VAWG across all activity to instill social change in perceptions of women and girls. This will deliver a change in social views from victim-blaming to perpetrator-blaming.

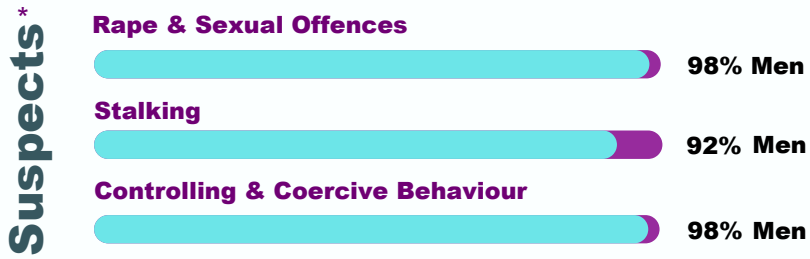
Responding:
Work towards reducing the levels of harm experienced by women and girls. Increase the number of women and girls referred into support and recovery services.

Supporting:
Ensure that survivors are safe and feel safe and supported so that they can lead a full-filling life.

Including:
Ensure our services are culturally competent and meet the needs of women and girls from all protected characteristics. Enhance the awareness of the needs and barriers women and girls from marginalised groups face.

Strengthening:
Ensure we have a comprehensive joined up system of strong and suitable services casting a wide net of support.

Snapshot of VAWG in Nottinghamshire



**Police recorded data from October 2021 to September 2022*

Preventing

No one should ever face abuse or harassment because of their gender. We need to change the way people see woman and girls, promote and empower positive role models and work with communities to ensure that perpetrators of violence against women and girls are held to account for their actions – not victims and survivors themselves.

"First is the mentality that men and women are equals, in certain communities that we represent. Women are not seen as equal. Yep. So to shift that mindset is quite difficult." - VAWG Survivor

What we plan to do:

- Roll out and further develop schools-based healthy relationship programmes in order to support the development of healthy attitudes.
- Targeted prevention activity including one-to-one and group support for children affected by VAWG.
- Work with families to complement school initiatives to strengthen our communities response.
- 'Bystander training' to ensure people have the confidence to speak out against VAWG and misogyny, to intervene and protect women and girls.
- Long-term communications and campaigns to raise awareness and combat harmful attitudes and misogyny.
- Ensure a range of evidence-led programmes are in place to address the behaviours and attitudes of those that commit abuse.
- Create safe spaces for women and girls to reduce levels of fear, especially in areas where women and girls feel more fearful.

Outcomes we aim to achieve:

- We want to see more children and young people have a greater understanding of consent and healthy relationships. This is key to preventing the development of misogynistic and harmful attitudes.
- Increased safe spaces for children and young people in education to ensure they feel protected and safe.
- Ensure children and young people have better coping strategies which can mitigate the harm caused by VAWG offences.
- We want men to understand what women have to consider to reduce their risk of harm.
- Expand the number of tools people have to challenge harmful beliefs and behaviours which relate to VAWG.
- Increase the number of allies women and girls have within the community.
- Ensure that perpetrators take responsibility for the negative consequences of their offending behaviour.
- Move away from a victim-blaming culture to create social change

How we will measure success:

- Positive improvements in attitudes and behaviours among those accessing the range of programmes and interventions we commission. (Nottinghamshire Office of the Police and Crime Commissioner)
- Increased early intervention and use of protection orders and notices for VAWG related offences. (Nottinghamshire Police)
- Reductions in serious harm associated with VAWG offences, including reductions in domestic homicide rates. (Recorded crime)

Responding

We need to ensure that women and girls have trust in our Criminal Justice System, especially the police. To respond to violence against women and girls we need to increase the number of people referred into support services, and ensure responsible bodies know what to do when dealing with a violence against women and girls incident.

"It's almost like maybe someone who's like part of the police but has a different role. To be there to comfort" - VAWG Survivor

What we plan to do:

- Raise awareness of the specialist support and help available among both professionals and communities. This is key to ensuring all survivors of violence against women and girls receive support.
- We also need to ensure that professionals and communities not only know how to respond to violence against women and girls, but also do respond to violence against women and girls.
- We need to continue to work with partners to ensure women and girls are believed and feel believed and understood when accessing services.
- Introduce a range of criminal justice programmes and activity, including listening exercises and violence against women and girls Upstanders.
- Improve our monitoring of violence against women and girls offences to improve our overall response.
- Expand our work with partner agencies to improve the collective response to emerging trends, issues, risks and threats.

Outcomes we aim to achieve:

- Increased take up of support by those affected by violence against women and girls.
- An overall reduction in the level of harm experienced by women and girls.
- A marked improvement in women and girls' levels of trust and confidence in the police and criminal justice system, with subsequent increase in reporting.
- Improved survivor support and criminal justice outcomes for those affected by violence against women and girls.
- A swifter and more co-ordinated response to emerging issues, risks and threats to ensure our response is pro-active and not reactive.

How we will measure success:

- Improvements in feelings of safety among women and girls across Nottinghamshire, particularly at night. (Police and Crime Survey)
- Increase in perpetrators of violence against women and girls offences being charged, prosecuted and held to account for their actions. (Police and Crown Prosecution Service)
- Improvements in trust and confidence in the police and criminal justice system, particularly among women and girls. (Police and Crime / Criminal Justice System Survey programme)

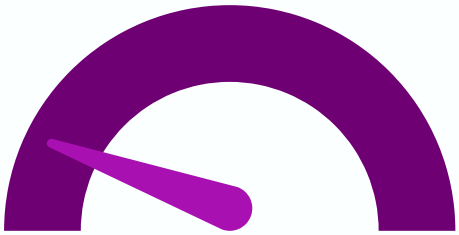
Supporting

We need to make sure that all women and girls can access and receive high quality support services in order to lead fulfilling lives. This comes through ensuring we have the right support in place to survivors at the right time, which is accessible across Nottingham and Nottinghamshire.

Outcome of contact from referrals in Nottinghamshire*

61%

Accepted support and went on to receive it



14%

Declined support or withdrew

What we plan to do:

- We need to ensure that a consistent range of trauma-informed and gendered support services are in place for all survivors.
- Implement long-term advocacy, therapy, and peer support to empower survivors' recovery and resilience.
- Ensure services are streamlined and joined up to work most effectively together. This is key to ensuring survivors receive full access to a range of support from our specialist and generic services.

**Service Provider data of new cases from April 2022 to December 2022*

Outcomes we aim to achieve:

- Increased safety for survivors of violence against women and girls.
- Reduced repeat victimisation.
- Survivors having improved mental and physical wellbeing
- A more sustainable and resilient network of local services across Nottingham and Nottinghamshire

How we will measure success:

- Increased reporting of violence against women and girls offences, particularly among marginalised or harder to hear communities. (Police recorded crime)
- Reductions in attrition within the survivor services referral and support process. (Nottinghamshire Police and local victim support services)
- Increase in the number of survivors of violence against women and girls offences that are supported to cope and recover from the harm they have experienced. (Victim support services)

Including

We must ensure that our services are informed by the views of people with lived experience of violence against women and girls in order to ensure that they understand and truly reflect their needs. We have a diverse community throughout Nottingham and Nottinghamshire, it is paramount that no one is left behind.

Service user demographic in Nottinghamshire*

9% Learning or developmental disability

22% Ethnic Minority

32% Mental health related needs

What we plan to do:

- We will actively reach and engage with underrepresented communities in the development of initiatives.
- We will ensure all our services are accessed by all Nottingham and Nottinghamshire's diverse communities.
- We will ensure issues of inclusion are considered in all violence against women and girls related commissioning and service delivery.
- We will build, develop and expand partnerships between specialist and mainstream services.
- We will place lived experience at the heart of our service design and delivery.

**Service Provider data of new cases from April 2022 to December 2022*

"I think it's just as helpful for us to feel empowered to feel like they have a voice and to know that they take those concerns seriously, and are keen and are actually wanting to make a change for me." - VAWG Survivor

Outcomes we aim to achieve:

- Greater awareness of needs of marginalised groups and the barriers they face when accessing support.
- Services are informed and shaped by survivors.
- A more inclusive and adaptive network of support services.
- Increased trust in service providers among survivors of violence against women and girls.
- Increased take up of services from under-represented groups.

How we will measure success:

- Monitor and reduce disproportionality in access to services and service outcomes.
- Gather survivor perceptions via exit surveys based on their experiences in service and use this to inform development and improvement of services.
- Scrutinise the extent to which services are informed by the views of people with lived experience of violence against women and girls by supporting providers to complete routine self-assessments.

Strengthening

We need to ensure that the network of specialist services working to support survivors of violence against women and girls remains strong, resilient, capable and equipped to manage future demand. This ranges from ensuring our services are well informed with the most up-to-date research to keeping our partners equipped with the right tools to tackle violence against women and girls across Nottingham and Nottinghamshire.

What we plan to do:

- Utilise gender-based qualitative and quantitative data to understand the needs and risk of women and girls.
- We will develop a shared research and evidence base for all delivery partners to ensure all delivery is informed by the most robust up-to date evidence.
- Mainstream violence against women and girls into all relevant strategies and policies to build a stronger, wider response.
- Develop employer violence against women and girls policies to ensure safer and more supportive workplaces.

Outcomes we aim to achieve:

- Improve our understanding of gender-specific needs and risks that inform how our services are developed and delivered.
- A wider shared understanding of the evidence bases in respect of violence against women and girls.
- We will have services that are fit for purpose, safe, effective and resilient.
- Tackling violence against women and girls will be embedded in all public sector policies and strategies.
- Employers will be aware of violence against women and girls and how to respond.

How we will measure success:

- Agencies feel better informed and have greater awareness of the support pathways available to survivors of violence against women and girls related offences. (Agency self assessments)
- Agencies report improvements in their capacity and capability to provide trauma informed and gender specific support to survivors of violence against women and girls offences. (Agency self assessments)
- Reductions in waiting times for key services across the violence against women and girls sector. (Victim support services)

In an emergency always dial 999

Contact details for support

The specialist support services below have been commissioned by the Nottinghamshire Police and Crime Commissioner, Nottingham City Council, Nottinghamshire County Council, NHS England and the Nottingham and Nottinghamshire Integrated Care Board.

All services are independent, confidential and free. You do not need to report the crime to the police to get help.

Domestic Abuse

Women's 24 hour free domestic abuse helpline and access to services

0808 800 0340
www.junowomensaid.org.uk

Men's domestic abuse helpline and access to services

0115 960 5556
www.equation.org.uk

Sexual Violence - Adults

Sexual Assault Referral Centre (Topaz)

0800 085 9993
www.topazcentre.org

Sexual violence helpline and access to services

0115 941 0440
www.nottssvss.org.uk

Sexual Violence - Children and Young People

East Midlands Children and Young People's Sexual Assault Service

0800 123 0023 | www.emcypsas.co.uk

Stalking

Nottinghamshire Stalking Advocacy Service

Women's helpline: 0115 941 0440 | Men's helpline: 0115 960 5556

For support with any other crime

Nottinghamshire Victim Care

0800 304 7575 | www.nottsvictimcare.org.uk

For up to date details of support services please visit:

nottsvictimcare.org.uk or equation.org.uk/need-help

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	11/05/2023
Paper Title:	**South Nottinghamshire Place-Based Partnership Report**
Paper Reference:	ICB 23 008
Report Author(s):	Helen Smith, Programme Director Fiona Callaghan, Locality Director
Report Sponsor:	Lucy Dadge, Director of Integration
Presenter(s):	Paul Devlin, South Nottinghamshire PBP Convenor and Chair of Nottinghamshire Healthcare NHS Foundation Trust Dr Jill Langridge, South Nottinghamshire PBP Clinical Lead Lance Juby, Head of Communities and Leisure, Gedling Borough Council and South Nottinghamshire PBP Executive Lead for Community Development

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

Summary:

The Health and Care Act 2022 has facilitated significant opportunities for collaboration and partnership working at all levels within the health and care system. Place-Based Partnerships (PBP) are recognised as significant contributors to partnership working by bringing together key stakeholders in formal collaborative mechanisms. As such, the PBP is well placed to support Integrated Care Systems (ICS) to deliver their core aims, priorities and objectives. By bringing local voices together, across health and care sectors as well as communities, they are ideally suited to designing and delivering transformational initiatives sensitive to the distinctive needs and characteristics of local populations at a sub-system level.

South Nottinghamshire PBP (the PBP) partners have a long history of collaborative working to address the population health needs of its communities. The PBP described a vision for South Nottinghamshire 'to enable people in South Nottinghamshire to live healthier lives and get the care and support they need when they need it'. The partnership has developed a set of 2022/23 priorities which align with the Nottinghamshire Health and Wellbeing Strategy (The Joint Health and Wellbeing Strategy for 2022 – 2026) and the Nottingham and Nottinghamshire Integrated Care Strategy 2023 - 2027.

The PBP has Executive level representation from a wide range of local statutory and voluntary, community and social enterprise (VCSE), health and care organisations (see Appendix 1).

Whilst overall health and wellbeing outcome data for South Nottinghamshire is broadly above the national/ICS average, there are localised pockets of significant deprivation at sub-ward level. Within these more deprived communities, there are health inequalities that need to be targeted including mental health, alcohol and smoking, some cancers, and respiratory diseases. The PBP has a focus on supporting these communities and adding value in its partnership approach.

For 2022/23, the PBP agreed four priority areas on which to focus its collective efforts, to explore and deliver new ways of working together to address local challenges, to identify

Summary:

better collective solutions that add value and achieve improved outcomes for the SN population. Sitting under each priority is a series of work programmes.

- **Community Development** – To leverage community assets and building social capital we will develop strong, resilient, and connected communities.
- **Population Health Management** – To utilise population health management data, local intelligence, and experience to address with partner agencies the wider determinants of health and wellbeing and ensure our most vulnerable groups are able to access the right care at the right time.
- **Personalised care and support** - All partners will work collaboratively to deliver care and support to meet the needs of the individual.
- **Communication, involvement, and engagement** - To listen consistently to, and collectively act on, the experience and aspirations of local people and communities to support their health and wellbeing.

The PBP has made significant impact as a partnership working with our communities: supporting grass root community groups' development and resilience to accept referrals from Social Prescribing Link Workers (SPLW); reducing the waiting list for people with heart failure through a jointly developed delivery model; working collaboratively with City PBP to deliver social prescribing in the emergency department optimising the opportunity for wider support from this urgent contact; distributing a regular newsletter with health and wellbeing messaging, sharing good practice and citizen stories; securing national non- recurrent funding to tackle health inequalities.

Our developing place plan builds on our achievements so far and further delivers our ambition with a significant focus on ageing well, integrated neighbourhood working and aligning early help and prevention offers.

Recommendation(s):

The Board is asked to **discuss** the South Nottinghamshire Place-Based Partnership Report.

How does this paper support the ICB's core aims to:	
Improve outcomes in population health and healthcare	South Nottinghamshire PBP has a Population Health Management (PHM) programme focusing on improving the mental health of children and young people through green social prescribing, along with PCN led PHM work focusing on fuel poverty, respiratory conditions, and health promotion.
Tackle inequalities in outcomes, experience, and access	Areas across South Nottinghamshire with greatest need have been identified using Public Health and Local Authority data and insight. South Nottinghamshire PBP initially commenced targeted community neighbourhood work in Killisick in Gedling and Butlers Hill / Broomhill in Hucknall to understand what is important to the communities' health and wellbeing and how partners can respond to support this. Learning from this work will be used to inform our integrated neighbourhood model across the four district / borough footprints supported by an application to the Health Inequalities and Innovation Investment Fund.
Enhance productivity and value for money	Collective data, intelligence and insight from partners has been used to inform the focus and priorities of place work.

How does this paper support the ICB's core aims to:	
	Opportunities to align and jointly commission to enable greater value for money are being explored. South Nottinghamshire PBP is keen to support the development of outcome-based reporting and understanding of the social return on investment of interventions, including those of our voluntary sector partners / community-centred approaches to support the shift to prevention.
Help the NHS support broader social and economic development	South Nottinghamshire PBP brings together local government and voluntary sector partners to support the broader social and economic development agenda. Partners are currently working to align the 20-minute neighbourhood approach with our integrated neighbourhood development and are looking at ways to maximise the opportunities of the UKSPF to ensure alignment with the wider determinants of health.

Appendices:

- Appendix 1 – Our Partners
- Appendix 2 – Our Population
- Appendix 3 – Our priorities
- Appendix 4 – Delivering our Place Plan 2023/24
- Appendix 5 – High level South Nottinghamshire PBP Plan summary

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 3: Transformation (for Making Tomorrow Better) – Effective system working may not transform (reform) and improve services to ensure best possible future health outcomes within available resources.
- Risk 4: Citizen Voice – Failure to effectively work in partnership with citizens and communities.
- Risk 6: Quality Improvement – Failure to maintain and improve the quality of services.

Report Previously Received By:

Not applicable.

Are there any conflicts of interest requiring management?

No.

Is this item confidential?

No.

South Nottinghamshire Place-Based Partnership Report

Background of the Partnership

1. South Nottinghamshire Place-Based Partnership (the PBP) is hosted by Nottinghamshire Healthcare NHS Foundation Trust and is a collaboration of health and care providers and commissioners, local authorities, and community and voluntary organisations working together with the ambition '*to enable people in South Nottinghamshire to live healthier lives and get the care and support they need when they need it.*'
2. The partnership is made up of six Primary Care Networks (PCNs) – Rushcliffe, Nottingham West, Arnold and Calverton, Arrow Health, Byron and Synergy.
3. Our partners' responsibilities for the residents of South Nottinghamshire vary from a distinct sub area of the footprint to more than the South Nottinghamshire footprint.
4. Local Authority and PCN boundaries are not coterminous across Gedling and Hucknall. Hucknall is the area where this is most significant. To support partnership working for the benefit of the residents, Ashfield District Council (ADC) and Ashfield Voluntary Action (AVA) are active members of both Mid Nottinghamshire and South Nottinghamshire PBPs.
5. There is variation in Community and Voluntary Sector (CVS) infrastructure across the PBP and is only formally in Rushcliffe (Rushcliffe CVS) and Hucknall (AVA). Voluntary Sector infrastructure organisations provide a range of vital services and support that enable our community groups and organisations to build greater resilience and sustainability.

Our population

6. The population of South Nottinghamshire's health outcomes are better or equal to the UK average, although the Health Index for England (Appendix 2a) shows this is on a downward trajectory.
7. On average people in Rushcliffe, Broxtowe and Gedling respectively have the highest levels of education and highest median salaries in Nottinghamshire. Rushcliffe is the least deprived population in Nottinghamshire and one of the least deprived in the UK.
8. The area has an ageing population, and one where older people are living with one or more complex condition.
9. When viewed at a PBP, PCN, district or borough level the good health outcomes associated with the population living in areas of lower deprivation overshadow several localised pockets of deprivation at the sub-ward level (Appendix 2b). Key areas of health inequalities have been identified including mental health, alcohol

and smoking, some cancers, and respiratory diseases. The PBP has a focus on supporting these communities and adding value in its partnership approach.

Developing our Partnership

10. In establishing the PBP, building relationships and trust were prioritised. Shared principles, behaviours and ways of working were agreed. Board Development sessions commenced, initially to support partners' understanding of each other's organisation's role, plans, health and wellbeing priorities and challenges to identify areas where collaboration could add value.
11. The PBP participated in the National Place Development Programme in 2022, which supported strong relationships and high levels of participation across the partners.
12. Engagement with our residents was vital in shaping the partnership. In 2020, Community Voices events commenced alongside Community Development Groups and regular Community Engagement Meetings.

Our Priorities

13. Priorities were identified and a framework established based on four themes: Community Development, Population Health Management, Personalised Care and Support and Communication, Involvement and Engagement (Appendix 3). Projects were initiated under these four themes, some supported by short term funding opportunities and others through partners collaborating in their usual work.
14. Our priorities and approach align and support delivery of the Nottinghamshire Health and Wellbeing Strategy (2022 – 2026) and the Nottingham and Nottinghamshire Integrated Care Strategy (2023 – 2027).

Our achievements and delivery

15. Below are some examples of the work of SN PBP.
16. Community Development:

Community Development Officer role

Supported grass roots community groups to:

- Increase capacity to accept referrals from Social Prescribing Link Workers (SPLW)
- Successfully obtain funding opportunities to grow and be resilient

Established and maintained a spreadsheet with community groups available to SPLWs, District colleagues and South Notts Community Development Forums (currently 368 groups).

Supported community members to co-produce new groups reducing social isolation and loneliness.

NHSEi work in Killisick and Butlers Hill/Broomhill

Engaged with member of these communities to understand the factors impacting on their health and wellbeing.

Generated collaborative approaches from partners including non-judgemental cookery classes, baby sensory six-week course led by Nonsuch studios working with the Children's Centre, health weight and activity courses for families, intergenerational events.

17. Population Health Management

Heart Failure – System partners worked collaboratively to address the backlog of care to heart failure patients in Gedling/Hucknall PCNs. A Clinical Pharmacist role was piloted working alongside community, primary and secondary care services. Waiting time for first review reduced from 52 week to seven weeks. Patients awaiting first review down from 95 to 17.

Children and Young People's (CYP) Mental Health – Cohort identified via PHM approach: 15 to 19-year-olds attending Emergency Departments with mild common mental health problems. Survey for CYP identified activities to be considered and proposal developed using Green Social Prescribing to enable improvements in health and wellbeing.

18. Personalised Care and Support:

Social Prescribing in Emergency Department (City and South Notts PBP teams) – July to March over 1,000 patients offered social prescribing intervention from Emergency Department identification. Service positively received by people accessing / staff working in the Emergency Department. Those presenting in the emergency Department offered a social prescribing intervention related to mental health. Winner of the Social Prescribing Partnership of the Year (2023) award by the National Association of Link Workers.

Community nursing and practice nursing – worked together to improve referrals between their services to ensure no one falls between services and making best use of skills and capabilities. This further strengthens the patient at the centre of care and adapting services to meet their needs. Ongoing evaluation of the process will understand the success/challenges of this approach**.**

19. Communication, Involvement and Engagement:

Monthly newsletter – an electronic newsletter, delivered to around 300 stakeholders, decision makers and local people across South Nottinghamshire. Content includes local health and wellbeing news, good practice initiatives from across the PBP and stories of integration told by local people and communities. It is also shared across social media. South Notts PBP News has received positive feedback from community groups, partners and NHSE.

Community Voices events – local events for stakeholders, community leaders and local people. These events were initially held online via zoom during the pandemic but in July 2022, we held our first in person Community Voices event. This event was designed specifically for young people and took place at Nottingham Arena.

Community engagement – three Community Development Forums are well established and thriving. All nine Community Engagement groups are in place and meeting monthly.

Delivering our Place Plan (2023/24)

20. The PBP has developed a draft Place Plan aligned to the Joint Health and Wellbeing Strategy, the Integrated Care Strategy and the system blueprint for PBPs (Appendix 4a). In addition to our response to the ICS aims (Appendix 4b), we have identified three significant programme areas where partnership collaboration will improve health and wellbeing (Appendix 5):

    a) Ageing Well

    b) Achieving integrated care through community and neighbourhood working

    c) Opportunities to align early help and prevention offers

21. As part of locality working there is also a partnership focus on supporting NHS priorities, which includes supporting primary care access and developing PCNs, ensuring a population health management approach, proactive care, and referral optimisation.

22. This high-level plan will be approved at the PBP Board in May (Appendix 5).

23. Fundamental to the progression of these areas is working with ICB and Public Health partners to develop agreed outcomes and metrics for the work of the PBP aligned to the outcomes of the Integrated Care Strategy and Joint Health and Wellbeing Strategy.

24. The progression and opportunities of these key pieces of work will continue to mature the function and identity of the partnership as a trusted system delivery partner.

Resourcing our Plan

25. The PBP has worked effectively to maximise the resources available to help shape and develop its role. These are currently:

    a) Internally allocated
        - Partners offering funding and resources directly
        - In kind resources to support leadership and delivery of projects

    b) System allocated
        - ICB Locality Team (for primary care support for PCN development, integrated care pathways, service transformation and population health improvement)
        - ICB supported clinical leadership team
        - Aligned support from ICB teams

    c) Non-recurrent programme resources which are targeted time limited, and ring fenced

26. Opportunities for additional flexible resources from partner organisations to meet the delivery requirements of the PBP Plan will be explored. Any resources aligned/delegated to place e.g., through Better Care Fund, joint commissioning, should support a ‘place-first’ culture to re-focus on prevention and wellbeing.

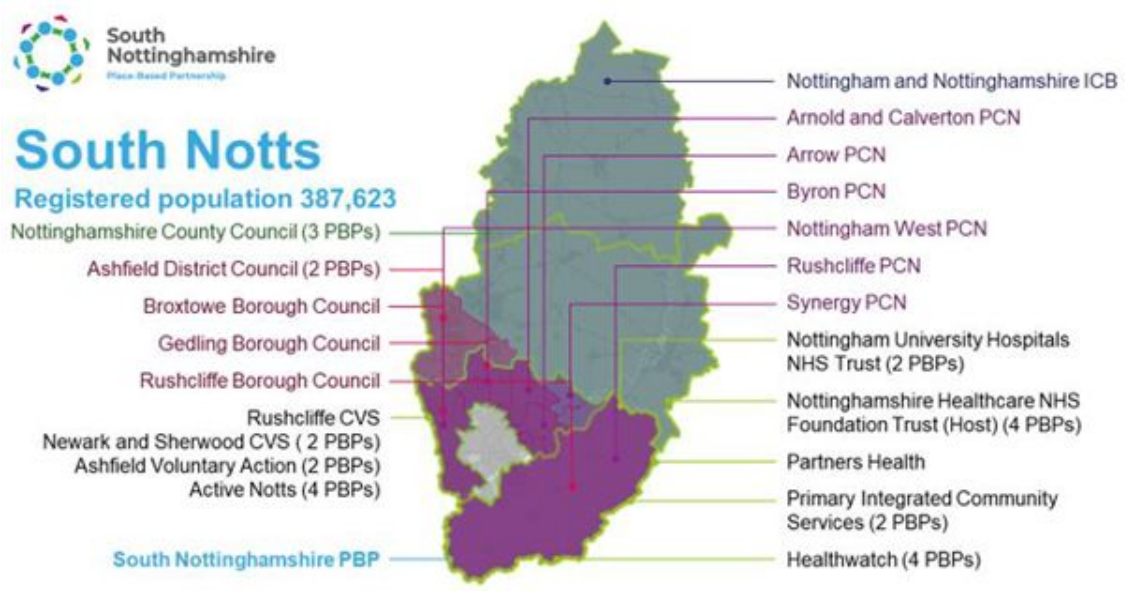
Conclusion

27. The South Nottinghamshire PBP has developed into a strong, cohesive, and active collaboration of equal partners working to achieve its vision. The contribution of each partner allows the population to be seen in the context of their life, and the building blocks of health, and working collectively is the key to improving the health and wellbeing of the population.

28. The strength of the collaboration means the PBP is well placed to support the delivery of the system ambition of enabling each citizen to enjoy their best possible health and wellbeing.

Appendix 1: Our Partners

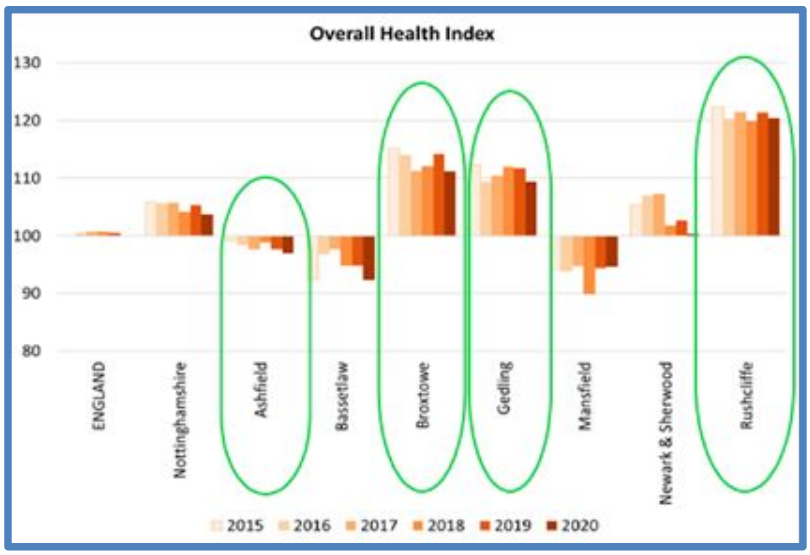
South Nottinghamshire PBP has Executive level representation from a wide range of local statutory and voluntary, community and social enterprise (VCSE), health and care organisations.



Appendix 2: Our Population

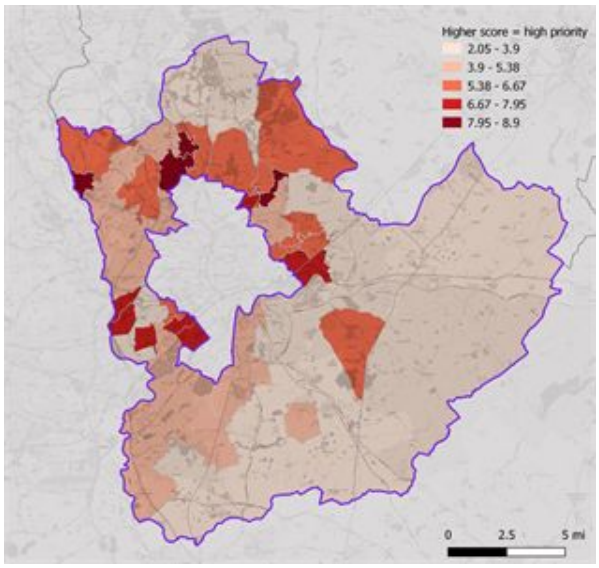
Appendix 2a: Health Index for England – Nottinghamshire Health Profile

The Health Index is a national measure of health providing a single value that can show how health changes over time. The overall Health Index score can be broken down into three areas of health: Healthy People, Healthy Lives and Healthy Places. Each of these is formed by groups of indicators that can be tracked over time. The latest release includes data from 2015 to 2020.



Appendix 2b: Heat map identifying levels of health inequalities across the South Notts footprint

Information provided by the Public Health Intelligence Team at Nottinghamshire County Council in November 2022 looking at indicators for each Joint Health and Wellbeing Strategy theme across South Nottinghamshire. The darker the shading the higher the level of indicators of poor health with the maximum score being 10 (highest priority) and the lowest score being 1 (lowest priority).



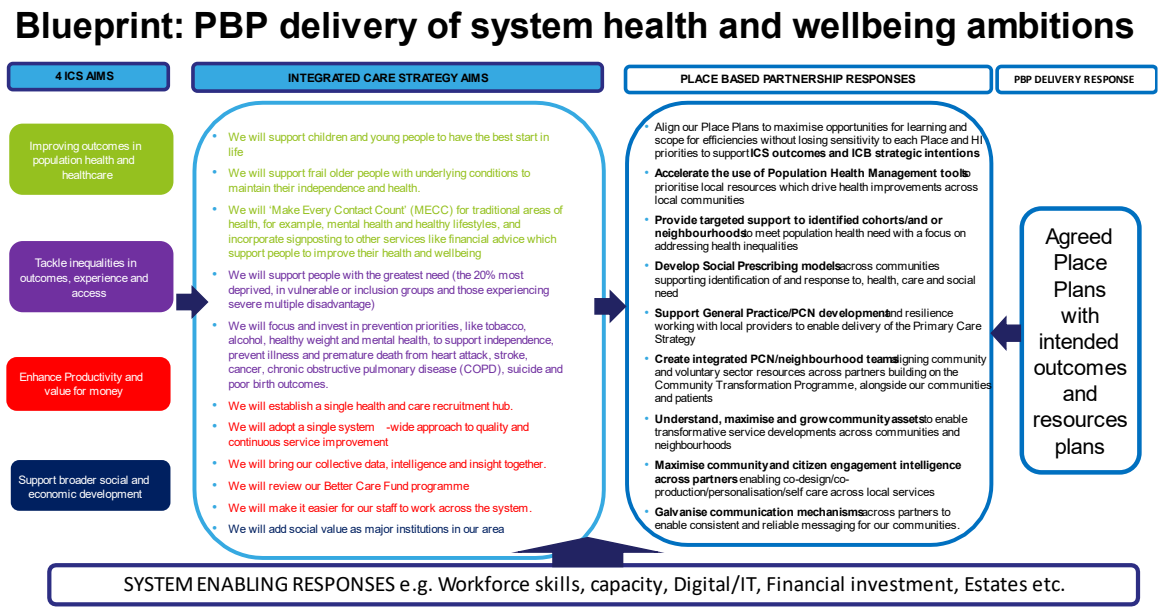
Appendix 3: Our Priorities

Priorities for SN PBP are based on four themes: Community Development, Population Health Management, Personalised Care and Support and Communication, Involvement and Engagement.

Theme	Community Development	Population Health Management	Personalised care and support	Communication, Involvement, and Engagement
Strategic objective	To leverage community assets and build social capital we will develop strong, resilient, and connected communities.	To utilise population health management data, local intelligence, and experience to address with partner agencies the wider determinants of health and wellbeing and ensure our most vulnerable groups are able to access the right care at the right time.	All partners will work collaboratively to deliver care and support to meet the needs of the individual.	To listen consistently to, and collectively act on, the experience and aspirations of local people and communities to support their health and wellbeing.

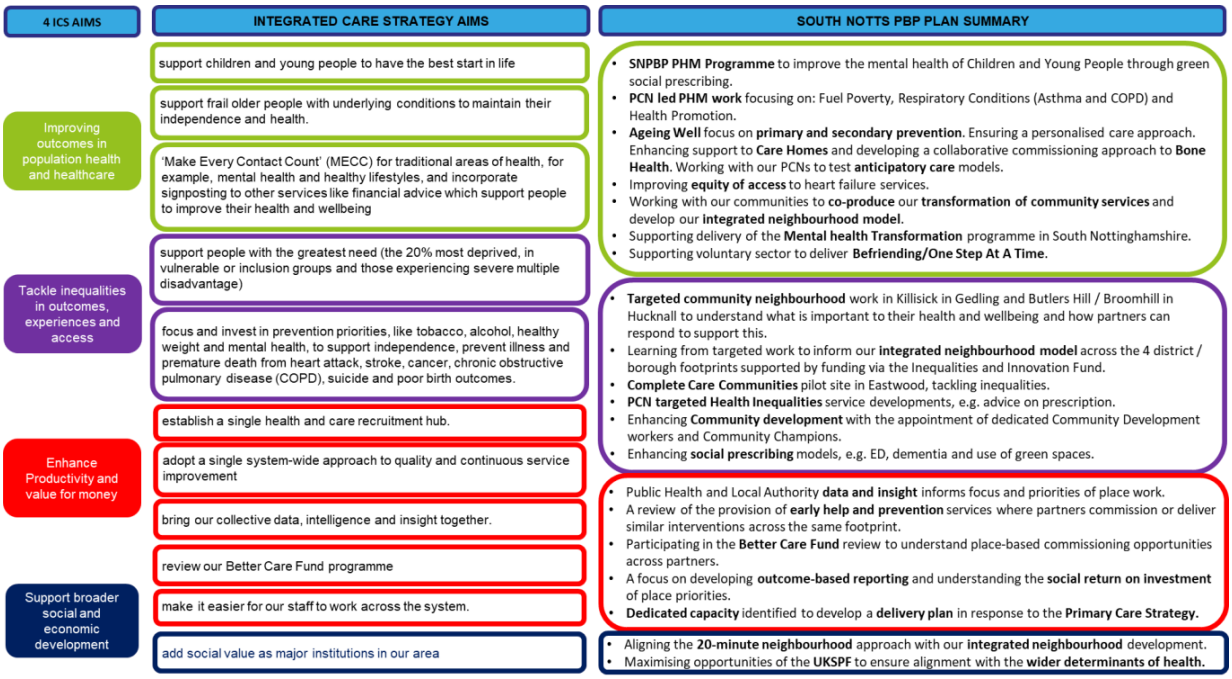
Appendix 4: Delivering our Place Plan 2023/24

Appendix 4a: System Blueprint for PBPs



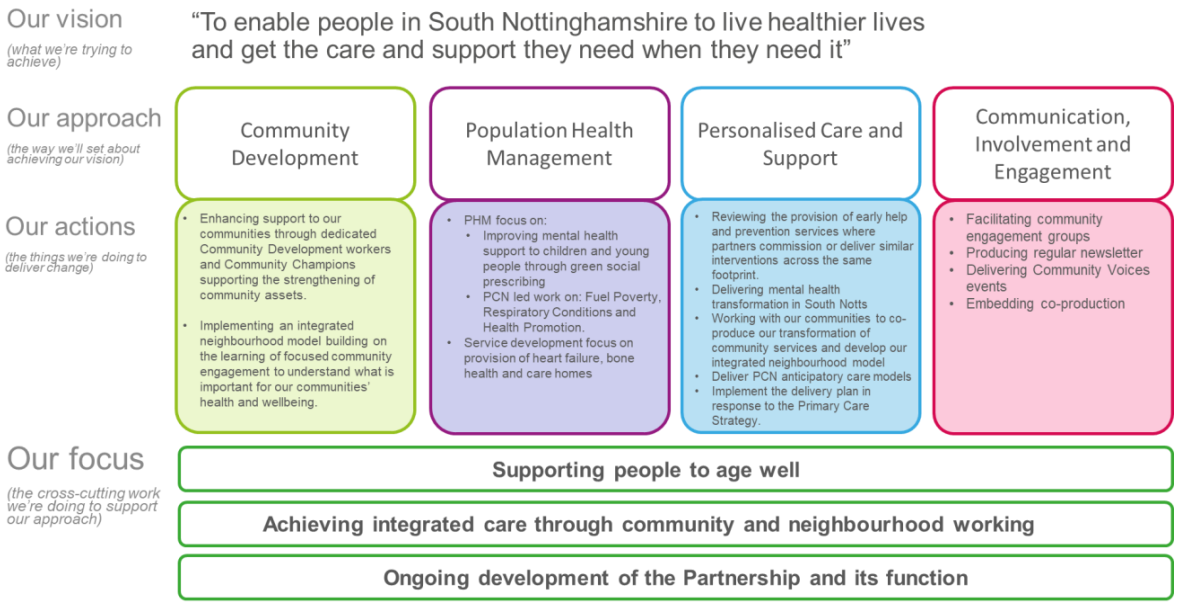
Appendix 4b: SN PBP Plan Summary

The summary highlights SN PBP's response to the Integrated Care Strategy aims



Appendix 5: High level SN PBP Plan summary

SN PBP has identified three significant programme areas where partnership collaboration will improve health and wellbeing: Ageing Well; Achieving integrated care through community and neighbourhood working and Opportunities to align early help and prevention offers. This high-level plan will be taken to the PBP Board in May 2023 for approval.



The following three plans are in draft form awaiting approval from the SN PBP Board.

Ageing Well

Objective: To promote healthy lifestyles and services to prevent health problems in the first place, prevent disease progressing or reduce its impact on quality of life.

What we will do and how we will do it	Partnership processes	Outcomes for residents
• Engagement and co-production with our population e.g. focused patient groups / community engagement sessions / involvement in decisions about treatment • Understand and align partners contributions in all layers of the prevention pyramid • Implement an all age preventative model building on PCN pilots • Implement a coordinated approach to the management of frailty	• All partners support engagement / representation and co-production • All partners adopt strength-based approaches • All partners seek structured feedback and collect patient / individual reported outcome measures • All partners adopt Making Every Contact Count approaches to promote prevention • Agree relevant measures (e.g. CUS (Concern, Uncomfortable, Safety)	• Improved quality of life e.g. reduction of people reporting feeling lonely, delayed progression of frailty, more people living in good quality homes • Improvement in patient / individual reported health and wellbeing • Reduced likelihood and impact of preventable diseases e.g. stroke, diabetes • Better identification and management of long term conditions

Integrated Neighbourhood working

Objective: To develop an integrated neighbourhood working model which can be adapted with communities and partners, and rolled out across the South Notts

What we will do and how we will do it	Partnership processes	Outcomes for residents
• Understand needs and access through meaningful engagement with communities • Prioritise needs within each area based on What Matters to Me and aligned to population health analytics • Understand neighbourhood assets across voluntary, community and public sectors • Identify potential new partners from within our communities to support the delivery of interventions • Connect with communities to co-create / co-produce interventions and approaches which best meet their needs • Work with our communities and partners to co-design our integrated neighbourhood teams using learning from the Community Services Transformation work • Embed 'Making Every Contact Count' approaches • Develop a communication, engagement and involvement strategy for our communities and partners with a focus on ensuring consistency and accessibility of messages	• Map existing and planned future community assets • Identify existing and potential resources to align and maximise neighbourhood working • Identify capacity to align to neighbourhood working to shape development • Share existing good practice to inform collaboration • Evaluate the impact of the approach to enable shared learning and roll out of integrated neighbourhood working	• Improved healthier lifestyles • Improved ability for people to self-care • Improvements in health and wellbeing including quality of life and mental wellness • Prevent early onset of illness (e.g. longer term reduction in Type 2 diabetes linked to improvement in the rates of childhood obesity) • Access to the most appropriate primary, community-based or voluntary health or care setting at the right time

Aligning early help and prevention offers

Objective: To scope out and review early help and prevention offers with a view to aligning / jointly commissioning services where appropriate

What we will do and how we will do it	Partnership processes	Outcomes for residents
• Understand existing early help and prevention services commissioned and provided by all partners • Understand population health needs and align resources and service capacity to match needs • Identify overlap of commissioned offers and consider realignment of resources • Co-design and co-produce early help and prevention services with residents • Identify effective joint commissioning opportunities to manage and deliver services with regular commissioning review	• Develop pathways jointly • Have shared performance indicators, funding and governance structures in place • Consider PBP oversight of related budgets • Raise awareness using clear, simple, consistent terminology • Design metrics to ensure we reach the right people • Measure wellness of the workforce – those delivering care have a better work experience	• Joined up, seamless care with no duplication or gaps • Better understanding of available services • Improved and timely access to advice and support • Support provided is taken up and is relevant and helpful • Work to prevent health problems in the first place, prevent disease progressing or reduce its impact on quality of life.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	11/05/2023
Paper Title:	**An integrated approach to Population Health Management Outcomes Monitoring**
Paper Reference:	ICB 23 009
Report Author:	Maria Principe, Director System Analytics and Intelligence Unit Jack Rodber, Chief Analyst
Report Sponsor:	Dr Dave Briggs, Medical Director
Presenter:	Dr Dave Briggs, Medical Director

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

Summary:

Outcomes within our local system is vital as they provide an objective measure of the quality of health and care provided to patients and citizens. They can range from patient satisfaction to clinical outcomes such as mortality rates, readmission rates, and complication rates. By measuring outcomes, we can identify areas for improvement, make evidence-based decisions, and ensure that resources are being used effectively and meeting the needs of our diverse population, providing a measure of how well we are addressing health inequalities and disparities.

The Nottingham and Nottinghamshire Outcomes Framework is a set of indicators that were developed to measure the effectiveness of local public services and help improve the quality of life for people living in Nottingham and Nottinghamshire. It was produced in 2019 and signed off by the ICS Board, in partnership with other local agencies and stakeholders.

This paper describes the approach taken to refresh and develop the systems outcomes framework in a structured way that aligns with our Population Health Management (PHM) approach, supporting the appropriate metrics and data to be captured, collated, analysed and reported to give a comprehensive view of the health and wellbeing of local communities. This will include a range of indicators covering areas such as physical health, mental health, education, and potentially wider determinants such as employment and crime.

Recommendation(s):

Our PHM Outcomes Framework plays a crucial role in tackling health inequalities within our system. By measuring outcomes for specific diseases and conditions, we can identify groups of people who are at higher risk of poor outcomes due to social, economic, or environmental factors. Therefore, the Board is asked to **discuss** and support:

- The phased approach to timescales for delivery.
- Our ongoing work with programme leads to undertake a ‘running refresh’ ensuring that our current outcomes are still fit for purpose.
- The need for system partners to engage, inform and share data.
- Our ongoing work with public health colleagues and the ICS Strategy metrics task and finish group to confirm and set PHM outcome targets/ambitions.

How does this paper support the ICB's core aims to:	
Improve outcomes in population health and healthcare	This paper describes how we propose to monitor and assure our system in delivering its population health outcomes.
Tackle inequalities in outcomes, experience and access	This paper supports a process to identify inequalities in outcomes, experience and access.
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 1: Health Inequalities and Outcomes – Failure to adequately address health inequalities and improve health outcomes for the population of Nottingham and Nottinghamshire.
- Risk 3: Transformation (for Making Tomorrow Better) – Effective system working may not transform (reform) and improve services to ensure best possible future health outcomes within available resources.
- Risk 8: Equality, Diversity and Inclusion – Failure to comply with the general and specific Public Sector Equality Duties.

Report Previously Received By:

Not applicable.

Are there any conflicts of interest requiring management?

No.

Is this item confidential?

No.

An integrated approach to Population Health Management Outcomes Monitoring

Introduction

1. Our system's primary objective is to provide services that are safe, effective, and equitable. The importance of outcomes within the NHS is paramount, as they provide a measure of the quality of health and care provided to patients and citizens. This paper will explore the importance of outcomes within the NHS, how outcomes support our population and teams, the actions taken locally to ensure we can deliver outcomes successfully, including a view of the challenges we have faced in implementing a sustainable approach to our systems outcome's framework.
2. The System Analytics and Intelligence Unit, working with key partners, is proposing a comprehensive programme to implement and embed a population health outcome monitoring and modelling approach. This includes an overarching outcomes framework that is automate based on a comprehensive set of metrics based using local patient-level population data covering the full life course to understand improvements and reduce inequalities.
3. This approach will take 3 years to complete, with an interim dashboard available by March 2024. The approach uses segmentation and stratification techniques to aid understanding of the local population, allowing for effective primary, secondary, and tertiary prevention interventions to improve outcomes. A logic model approach will be used to monitor and report improvements in a timely manner. A local secure data platform will be used to process, link, analyse, and report data from health, care, and wellness partners, and eHealthScope will be used to target individuals and offer interventions to reduce health inequalities for disadvantaged groups throughout the Integrated Care System.

Background

4. Outcomes within our local system is vital as they provide an objective measure of the quality of health and care provided to patients and citizens. They can range from patient satisfaction to clinical outcomes such as mortality rates, readmission rates, and complication rates. By measuring outcomes, we can identify areas for improvement, make evidence-based decisions, and ensure that resources are being used effectively and meeting the needs of our diverse population, providing a measure of how well we are addressing health inequalities and disparities.
5. The Nottingham and Nottinghamshire Outcomes Framework is a set of indicators that were developed to measure the effectiveness of local public

services and help improve the quality of life for people living in Nottingham and Nottinghamshire. It was produced in 2019 by the Nottinghamshire Health and Wellbeing Board, in partnership with other local agencies and stakeholders. The framework is designed to provide a comprehensive view of the health and wellbeing of local communities and includes a range of indicators covering areas such as physical health, mental health, education, employment, crime, and the environment. Some of the key points of the framework include:

a) **Improving health and wellbeing** – The framework aims to improve health and wellbeing outcomes for local people by focusing on key areas such as reducing health inequalities, promoting healthy lifestyles, and improving access to healthcare services.

b) **Tackling poverty and deprivation** – The framework recognises the link between poverty and poor health outcomes and seeks to reduce poverty and deprivation in the local area by improving education and employment opportunities, increasing access to affordable housing, and providing support for vulnerable groups.

c) **Improving education and skills** – The framework aims to improve educational attainment and skills levels among local people, particularly in areas of social deprivation.

d) **Reducing crime and antisocial behaviour** – The framework includes indicators related to crime and antisocial behaviour and seeks to reduce these issues by working with local partners to improve community safety and reduce the fear of crime.

Challenges we have faced

6. There are several challenges that we have faced when looking at a process to monitor outcomes sustainably and effectively. The biggest being our system data collection strategy. We note that while our outcomes will in time deliver us an effective framework, providing oversight across our system. This is heavily dependent on the consistency and accuracy of data that we collect, in particular data relating to interventions. In general we have found the following challenges:

    a) **Relevance of current framework** – Delivering successful outcomes requires a multi-faceted approach that involves all stakeholders within the health and care system. We still believe that the Outcomes framework developed in 2019 is meaningful, relevant, and reflective of the needs of the population being served. That said, we have found some elements that may need ‘refreshing’ and would suggest that we continue a running review, in which we have a particular focus on patient experience, as we feel outcomes in this area could be more robust and aligned.

b) **Data recording** – As a system we are effective in recording the number of referrals activity, and DNAs. However, the approach to recording and reporting data relating to interventions and outcomes is more variable. This makes it difficult to draw meaningful conclusions that feeds into the reporting of outcomes. There are three separate challenges:

- Some data is not captured at all
- Data is captured by providers but not visible to the system
- Data is captured in an inconsistent way, with no clear standards and terminology

c) **Targets/Ambitions** – As a system we have a clearly defined outcomes framework, which will be refreshed. However, we also need to set targets to these outcomes. Currently there is inconsistency in the approach to target setting.

d) **Ownership and Delivery** – Since creation of the Outcomes Framework in 2017, the system has changed significantly and has diluted the ownership of this agenda. This will require clear lines of accountability for delivery of outcomes and interventions.

Proposed Approach

7. Our aspiration is that by March 2024 we will produce an automated PHM Outcomes Monitoring dashboard that presents our strategic system outcomes with targets, monitoring key delivery priorities which will be in a form of intervention monitoring. We will need to ensure we are capturing this data accurately in a timely manner and stored in our GPRCC warehouse. This will result in thousands of data lines being recorded. Therefore, this is a large proposal that will require a phased approach:

8. **Phase one (August 2023)** – By August 2023 we will agree with subject matter expects the appropriate interventions/metrics required to monitor these metrics. We will then pull this data into a dashboard which reflects how as a system we are performing against our high-level strategic outcomes. These high-level outcomes being:

   a) Reduction in Avoidable/Premature Mortality

   b) Increase in healthy Life Expectancy

   c) Emergency Admissions

   d) Prevalence of Long-Term Conditions

   e) Healthy Life Expectancy

9. These will be available and refreshed to the Board via a dashboard held on SharePoint so that all partners have access to it. This dashboard will contain a

baseline of current compliance, broken down by place with (when agreed) a target. This will be available and updated monthly, noting that improvement may not be seen in the short term due to the nature of shifting population health.

10. **Phase two (September 2023)** – By October 2023 we will have worked with our programme leads and produced a list of metrics required to monitor our outcomes (high level and cohort specific outcomes) including metrics for interventions. This will require working with public health colleagues and subject matter experts from across the system. An example of the cohort specific outcomes being:

    a) Smoking prevalence at time of delivery

    b) Increase in school readiness

    c) Smoking rates

    d) Fuel poverty

    e) % Year 6 children obese

    f) Increase in mental wellness – reduced Emergency Department attendances with a mental health problem and/or self-harm

    g) Increase in mental wellness – prevalence of anxiety and depression

    h) % Cancer diagnosed at stages 1 and 2 versus stages 3 and 4

    i) Proportion of people with learning disability and support needs in long term care home accommodation

    j) Proportion of older people (65 and over) still at home 91 days after supported discharge from hospital

    k) Rate of admissions to long term care homes - older people (75+)

    l) Proportion of end-of-life patients dying in hospital

    m) Proportion of end-of-life patients on GP end of life register three months before death

    n) Proportion of people who have three or more emergency hospital admissions during the last 90 days of life

11. **Phase three (December 2023)** – By December 2023 we will have a good idea of the metrics we need and will then need to identify where (if available) the data is held, working with providers to pull data into GPRCC. This will require:

    a) Pulling in known data (i.e. data already available to us),

    b) Working with providers to identify and feed their data into GPRCC

    c) The data does not exist, and we need to work out how to capture this. This will require working with providers, place, and the digital team.

12. **Phase 4 (March 2024)** – Data from all phases be made available within GPRCC and turned into a PHM Outcomes Dashboard held on SharePoint. This enables all partners to have access to it. This data will be broken down by place (and deprivation quintile) with an agreed target and current compliance.

Engagement

13. This approach requires significant support and buy-in at system level, particularly as this will require adoption in relation to data recording, capture and sharing. The approach to the PHM Outcomes Framework has been shared, and supported at the following groups, with members agreeing to support the direction (once agreed) in relation to metrics and data.

    a) ICB Executive and Senior Leadership Team

    b) ICB Strategic Planning and Investment Committee

    c) ICS Performance Oversight Group

    d) Outcomes Working Group

    e) System Analytics Intelligence Oversight Group

    f) Aging Well Programme Board

    g) Place Based Partnership monthly meetings

    h) ICS Learning Disabilities and Autism Group

    i) Clinical Design Authority

    j) End of Life Board

    k) Cancer Board

    l) Respiratory/CVD Diabetes Steering Group

    m) Health Inequalities Prevention and Wider Determinants Strategy Group

    n) *Mental Health Programme Board

    o) *Children and Young People Programme Board

    **Date to be confirmed*

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	11/05/2023
Paper Title:	**Integrated Performance Report**
Paper Reference:	ICB 23 010
Report Author:	Sarah Bray, Associate Director of Performance and Assurance
Report Sponsor:	Stuart Poynor, Director of Finance
Presenter(s):	Stuart Poynor, Director of Finance Lucy Dadge, Director of Integration Dave Briggs, Medical Director Diane-Kareen Charles, Deputy Director of Nursing Philippa Hunt, Chief People Officer

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 2022/23. The report includes progress and exception reports for areas of concern including quality, service delivery, finance, workforce, and health inequalities. Areas of particular concern identified as low assurance and high risk for delivery include:

Finance:

- Revenue Finance – deficit target position has been achieved (page 45).
- Capital Finance – capital expenditure is currently overspent against CDEL system envelope (page 45).
- Financial risks have been identified and are being actively managed (page 45-46).

Service Delivery:

- Urgent care – Length of stay over 21 days, ambulance conveyances and hospital handover delays over 60 minutes are over planned levels (pages 28-30).
- Elective care – Rising waiting lists and long waiters (page 32).
- Cancer – Cancer 62-day low performance and 62-day backlogs (page 35).
- Mental health – The volume of patients accessing perinatal services as well as the children and young people eating disorders (routine) indicators are below plan (page 40-41).
- Community – High levels of community waiting lists (page 43).

Health Inequalities:

- The IPR includes a focus on the Core20+5 (page 59).

Quality:

- Maternity concerns and oversight arrangements (page 18-19).
- Learning disability and autism, inpatient and health checks not achieving plan (page 13-14).
- Infection prevention and control areas of concern (page 20-21).

Workforce:

- Agency – Despite a slight improvement in the vacancy position during March there has been an increase in the use of agency and bank staff due to the industrial action by nurses and junior doctors during the period. Agency cost information for March was not available at the time of writing. The Chief People Officer is now joint Senior

Summary:
Responsible Officer with the Sherwood Forest Hospitals Foundation Trust Director of Finance leading the Hi Impact Agency Reduction work across the system (page 51). • Vacancies – There has been a slight improvement in the level of vacancies being carried across all providers reflecting successful recruitment campaigns and activity (page 49). • Sickness absence – The system has higher levels of staff absence than planned with little change in levels during March (page 49). A table has been provided at the end of this report 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 the progress against service delivery plans and targets.

How does this paper support the ICB's core aims to:	
Improve outcomes in population health and healthcare	Provides an overview of the performance of services, including timely access, which will impact upon the outcomes in population health
Tackle inequalities in outcomes, experience and access	Provides information relating to performance 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:
Appendix 1 – Integrated Performance Report

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. • 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:
Sections of the IPR are reviewed by the relevant committees of the Board.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Integrated Performance Report – Key Issues

Executive Summary

1. An ICB Scorecard has been provided on page 4 of Appendix 1, 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 of the ICS aims.
2. During March and April, there were two periods of industrial action by junior doctors, which took place for 72 and 96 hours, respectively. This strike action significantly constrained the volume of elective activity that providers were able to undertake and plan for and resulted in cancellation and rescheduling of high volumes of activity. Further detail is included for metrics that have been materially impacted by the strike action, such as those relating to long waiting times.
3. The operational plan for 2023/24 was required to be submitted on 4 May, which included revisions for elective activity plans, bed occupancy and long stay patients. Future iterations of the Integrated Performance Report will include the new plan, as reporting commences for month one of 2023/24.

Finance

4. **Final position** – at the end of month twelve, the NHS system reported a £13.9 million deficit position, which is £3 million favourable to plan. The ICB and Nottinghamshire Healthcare NHS Foundation Trust (NHT) both reported a breakeven position, with the adverse variance experienced in the two acute Trusts (Nottingham University Hospitals NHS Trust (NUH) and Sherwood Forest Hospitals NHS Foundation Trust (SFH)). The main drivers of the March 2023 adverse variance, remain as in previous months, Covid related sickness, excess costs arising from urgent care capacity, hospital discharge and interim bed capacity, mental health out of area beds, and continuing health care.

   The run rate improvement from month 11 is due to support received from NHS England (NHSE) relating to surge funding, No Cheaper Stock Obtainable (NCSO) on prescribing and direct commissioning income. The ICS reported year-end position of £13.9 million deficit is in line with the final system target position as agreed with NHSE.
5. **Capital** – The system capital envelope is overspent by £1.1 million to the end of month twelve. This relates to the misclassification of £1.6 million of capital at NHT. The expenditure was originally recognised as a capital lease under International Finance Reporting Standard 16 (IFRS16), which attracted separate funding. However, after a year-end review this has now been recategorised against the system envelope, leading to an overspend. The ICS

is working with regional and national colleagues to rectify this through utilisation of national slippage to increase the capital envelope value. There is some risk that this will lead to a reduction in capital envelope available in 2023/24.

6. **Agency** – NHSE introduced an agency cap of £54.6 million for the ICS. The final position is that the ICS has exceeded the agency cap by £32.5 million. The breach relates to the areas of overspend described above (Covid, efficiency shortfall, and urgent care capacity requirements).

Service Delivery

7. Industrial action from junior doctors for a 96-hour period between 11th and 15th April caused a high volume of elective procedures to be cancelled within the system and generated additional pressure on non-elective services. This will be reflected in the reported position in due course.

8. The industrial action has also been a key driver behind increases in the forecast volume of long waiting patients, which is detailed on page 32 of the exception report.

Urgent Care

9. The challenges in discharging patients from acute episodes of care continue, which impacts acute and mental health services. These issues are exposed within the medically safe for transfer and length of stay measures.

10. Discharge pressures continue to impact the front door of our Emergency Departments as reported through the high levels of people waiting over 12 hours in accident and emergency settings and increased delays in handover from ambulances into Emergency Departments. Targeted work through admission avoidance initiatives to reduce footfall into Emergency Departments is taking place, which includes maximising discharge profiles for simple and supported discharges, as well as a focus on pre-noon discharges. There is also a thematic review of long waits to identify specific high impact actions that can be implemented.

11. Long Lengths of Stay (LLOS) over 21 days have significantly increased during the financial year. Focused work has been undertaken as part of the 100 Day Challenge to identify patients and wards with the highest volumes of long stays. A system LLOS task force is being set up and will be chaired by the ICB's Medical Director. Transformation work planned for 2023/2

12. 4 will focus on reducing lengths of stay, through acute trust internal actions as well as improved discharge processes.

13. The system received a visit from the national team to review performance related to the delayed discharges. Several key actions were identified for health and social care partners at the meeting, which included preparing an

improvement trajectory for delayed discharges, developing a strategy to support patients in their usual place of residence and for community health to develop a rehab model to ensure patients are optimised for discharge. An action plan was submitted to the national team on the 18 April 2023.

Planned Care

14. As a system, the ICS performs relatively well regionally for elective care delivery.

15. Prior to the industrial action that took place in April, the system forecast for the volume of 78-week waiters by the end of April 2023 to be zero. Following the strike action, the confirmed position for the end of April was 172 patients across NUH, SFH and the independent sector. In addition to the direct impacts of the industrial action, there have also been significant indirect impacts that have contributed to the rise. These include lower booking levels, increased time planning as well as an impact post-strike to return to normal working practices.

16. The forecast for the volume of patients waiting 78 weeks or more for the end of May is nine patients, of which eight patients expressed a preference to be treated in June, rather than at an earlier opportunity.

17. The confirmed volume of patients waiting more than 104 weeks for treatment at the end of April was one patient for the system, due to a patient preference to be treated in May.

18. The forecast volume patients waiting 78 or 104 weeks or more at the end of June is zero.

19. The end of year cancer backlog position for the system was 372 patients (324 at NUH and 48 at SFH), which achieved the regional expectation to be below the March 2022 level (417 patients). Both providers continue to work towards reducing the backlog levels further, despite high demand for cancer services as well as an increased number of late tertiary referrals being received into the system, particularly to NUH.

20. There are challenges with MRI, Echocardiography, and non-obstetric ultrasound diagnostic modalities due to the high volume of patients waiting over six weeks at system level. There is also wide variation in performance within the system between providers at modality level. An example of this is in MRI with SFH at 2.84% over six weeks and NUH performing at 59% over six weeks. Other examples of wider variation can be seen within Audiology, Colonoscopy and Gastroscopy. Specific reviews are being undertaken with each provider to assess the positions and improvement actions being taken.

Mental Health

21. As a programme, mental health performs well, with improvements being made across many service areas. However, there are a few areas which have been experiencing declining performance, including Talking Therapy (previously

IAPT – Improving Access to Psychological Therapies) waits between first and second treatment, Talking Therapy Recovery Rates, and Dementia Diagnosis rates.

22. Areas which consistently fail the target, and which are unlikely to achieve the targeted levels, have improvement plans in place to progress towards delivery, in 2022/23 and into 2023/24, these include Talking Therapies access, Out of Area Placements, SMI Health Checks, Perinatal access and Children and Young People Eating Disorders.

23. Staffing levels remain an issue due to staff absences and sickness levels, and revised approaches to bank arrangements have been implemented. In addition, there has been some local success in recruitment to Healthcare Assistant posts.

24. The opening of Sherwood Oaks in November increased the number of acute beds by 14 and supported a significant reduction of Out of Area Placements in January. Recent continued pressures have led to some additional Out of Area placements being required. There are further plans for 2023/24 to reduce the reliance on sub-contracted beds and support the reduction of Out of Area Placements and the eradication of dormitory accommodation.

25. Discussions have been held with NHSE regarding the Perinatal access volumes requirements, as due to a declining birth rate, the achievement of the increased access will be increasingly difficult for the system. NHSE has confirmed that no national adjustments will be made to the target to be achieved, which will lead to a risk for the system to deliver against the requirement in year.

Primary Care and Community

26. Total GP appointments in February were 8.3% above the planned level. The percentage of appointments held face-to-face remains consistent with previous months at 71%. There has been a stepped increase in home visits since March 2022 as the average number per month is 2,909 in 2022/23, compared to an average of 2,033 per month in 2021/22. GP appointments within two weeks data shows that 81% of appointments were offered within two weeks in February 2023.

Health Inequalities

27. Smoking is the single largest driver of health inequalities and as such, smoking cessation is a key element of Core20+5. Starting from 1 April 2023 we have in place the foundations for smoking cessation services across the NHS (inpatient, maternity, and mental health), alongside those in the Local Authority. Also, Nottingham and Nottinghamshire benefits from an NHS staff offer which is

funded non-recurrently. Funding is moving into the baseline and ongoing commitment to smoking cessation will be required as a system.

28. Health inequalities dashboards have been provided on pages 62-63 of the exception report. These have been established by the National Commissioning Data Repository and provide an overview of metrics for ethnicity and deprivation and how the indicators vary for the different patient cohorts relative to the population mean, for Nottingham and Nottinghamshire population.

Quality

29. Appendix 1 provides detail in relation to delivery against quality plan requirements and trajectories across learning disability and autism, personalisation, co-production, maternity, infection prevention and control, vaccinations, patient safety and safeguarding (pages 12-24).

30. Based on National Quality Board guidance, there is one NHS provider subject to intensive surveillance: NUH. A system-wide Improvement Oversight and Assurance Group (IOAG) is in place, which includes oversight of partnership support and mutual aid arrangements. In March 2023, the IOAG heard that the Trust is confident of a step-change in improvement during 2023, with a national review of progress and a potential exit date anticipated later in the year. The 'People First' plan has been developed to reflect an alignment of existing strategies into an overarching implementation programme.

31. One NHS provider is subject to enhanced surveillance: NHT. The terms of reference for the Quality Improvement Group have been refreshed; and the meeting in April 2023 focussed on response to CQC reports for commissioned and sub-contracted services.

32. Care sector and home care capacity: both Nottinghamshire County and Nottingham City Councils continue to see reductions in home care waits, with minimal waiting lists and providers stating they have capacity. Nottinghamshire County Council has been contacted by providers who are actively seeking care packages to ensure they have enough work to retain their workforce. Precious Nursing and Residential Home has given notice to close the service; and ‘resident and relatives’ meetings have been held with support from the ICB and Nottingham City Council. Weekly operational meetings are taking place and operational placement teams are supporting identification of new placements. There is currently one nursing home suspended and seven residential homes suspended – all homes are being supported to embed service improvement. Workforce continues to be an area of concern for most providers, which can impact on the quality of service delivery; however, there have been no recent reports of nursing homes without a nurse on duty.

33. System partners continue to work closely with NUH and regulators in relation to Maternity Services, to oversee and support improvements. The Trust has

shown progress and commitment to investigating a specific cohort of 61 maternity serious incidents. As of 31 March 2023, 59 of those had been reviewed at a system-wide panel and subsequently closed. There has been clear development and enhancement of the existing processes around the oversight and management of serious incidents across the Trust, with case studies identifying the evidence of impact of improvements in fetal monitoring training and interpretation. The Independent Review led by Donna Ockenden commenced on 1 September; and the ICB continues to provide all information requested by Donna Ockenden's team and remain available to feed in other relevant information and data as required.

34. The Local Maternity and Neonatal System (LMNS) programme remains under enhanced surveillance due to capacity concerns to transform services in line with requirements, given operational pressure and demands. The Single Delivery Plan was published on 31 March 2023 and the focus now will be to interpret the Single Delivery Plan and translate it into local transformation delivery. LMNS funding allocations were received on 7 March 2023, however finance colleagues are seeking further clarity with the national team regarding these allocations. This lack of clarity is creating significant challenges for fully informed planning for 2023/24. Work progresses in line with the local plans and priorities to drive work forward while we interpret the Single Delivery Plan. There is a potential need for reprioritisation across the programme to align with the plan (see Appendix 1, page 18-19).

35. The Learning Disability and Autism (LDA) Partnership programme remains under enhanced surveillance due to adult inpatient numbers, rapid response to the Five Eyes recommendations and increased host commissioner responsibilities (ensuring quality and safety of the increasing numbers of non-Nottinghamshire inpatients placed in Nottinghamshire settings). As of 31 March 2023, there have been 5,220 health checks completed in 2022/23 across the ICS, putting performance against this year's denominator set by NHSE at 76%. Against the end-of-year target of 4,649, the ICS has over-performed by 571 health checks. This is a significant achievement and means the ICS has not only met the 70% target for 2022/23, but also met the Long Term Plan ambition of 75% for 2023/24 a year early. Revised adult inpatient forecasts have been agreed with the ICS LDA Board, system executives and NHSE, and have been submitted as part of the 2023/24 Operational Plan. The revised forecast aims to achieve 37 adult inpatients by March 2024, with a plan to achieve 27 inpatients by March 2025. Work will be undertaken with the ICS LDA Board to agree an additional internal stretch target to increase the likelihood of full compliance by March 2025. A Local Government Association Peer Review will be undertaken in July 2023 to support the system to improve performance in this area (see Appendix 1, page 13-14).

36. Infection Prevention and Control and Hospital Acquired Infections (HCAIs) remain an area of focus due to breaches against plan positions across a range of the new reduction targets. Covid-19 and Flu A related admissions continue to reduce following the peak in late December and outbreaks are starting to subside across services including care homes. Infection Prevention and Control measures to reduce HCAI in secondary care continue to be impacted by winter pressures, including high bed occupancy and measures to improve flow 'one over' on wards (see Appendix 1, page 20-21).
37. As the Universal Personalised Care Memorandum of Understanding (MOU) ended in March 2023, the team is developing a refreshed priority plan aligned to known strategic goals; this is expected to be discussed and agreed in May 2023 by the ICS Personalised Care Strategic Oversight Group (see Appendix 1, page 15-16).
38. The Coproduction Strategic Group is developing through its formation stage; relationships with Place are strengthening, with a development session being facilitated at City's GP Thriving showcase event (see Appendix 1, page 17).
39. We have increased the focus on Children and Young Peoples Service Transformation due to concerns about access and the ability to deliver integrated services. Partners are reviewing the impact of plans around transforming services and have instigated recovery plans to focus on improving access in key areas such as health checks for looked after children, children with special educational needs and access to therapies. Key performance and quality metrics are being compiled, which will bring together reporting on these areas into a clearer format.

Workforce

40. The workforce report focuses on the three acute, community and mental health trusts within the system, reporting on the March 2023 position against the Operational Plan for 2022/23. The collective position shows the Trusts are above plan on substantive staff (1,143 wte) yet seeing a continued use of bank and agency, with increases compared to February. Bank usage was 725 wte above plan (2,199 actual, 1,474 plan) and agency usage was 475 wte above plan (1,284 actual, 809 plan). See Appendix 1, page 48.
41. Sickness absence in the acute, community and mental health trusts remained relatively stable across February and March, with an increase from 5.5% to 5.6%. This remains higher than the pre-Covid levels needed to be achieved of 4.6%. Trusts continue to review and enhance their wellbeing plans with investment in additional capacity including professional advocate roles. The offer from the System Staff Support Hub on mental wellbeing will end in June following loss of funding and future arrangements are being discussed by the ICS People and Culture Group.

42. 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 recruitment in progress. Turnover in all Trusts has improved this month but remains higher than plan in NUH (11.7%) and NHT (17.5%) with SFH meeting its target of 8%. It should be noted that at a national level, NHS Employers are reflecting on higher than usual turnover rates, which they suggest is due to a delay in NHS employees leaving the service during the pandemic i.e., people have stayed on longer than they planned to in supporting the response to the pandemic.

43. Successful recruitment is continuing with a slight reduction in vacancy levels in March. However, there remains a group of hard to recruit roles due to national shortages, particularly in psychiatric medical roles with a significant increase in cost of agency cover being seen for those roles. International recruitment continues with low risk to both NUH and SFH around meeting their trajectories. NHT is on track to see 29 further posts join the Trust by spring 2023.

44. Joint work with finance colleagues continues in the Agency High Impact Action Group, analysing agency usage, aligned to an analysis developed on understanding the substantive workforce and its deployment in delivery of the 2023/24 Operational Plan, with a collaborative action plan being developed. Greater pace and impact will be needed to reduce the cost to 3.7% of the pay bill (currently at 5%). The ICB's Chief People Officer will act as joint Senior Responsible Officer on this high impact action along with the Chief Financial Officer from SFH.

45. Primary Care General Practice data, which includes the additional roles position, a national priority for growing our general practice workforce, is presented at high level, showing indicative workforce numbers against the 2022/23 Operational Plan. The general practice workforce position is collected from practices through a National Workforce Reporting Service (NWRS) support. The data collected is limited, with variations in submissions linked to unclear definitions. The system is working with the national development team in NWRS to improve standardisation through clear definitions of data capture alongside consideration of local agreements to increase the utilisation of NWRS functionality.

46. 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 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.

47. 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.

48. The Primary Care Workforce Group is aligning workforce development plans to match the primary care strategic objectives.

49. Following the State of Adult Social Care Sector and Workforce 2022 report, published by Skills4Care (October 2022) and presentation from Skills4Care on the Nottinghamshire position at the ICS People and Culture Group in October, which showed notable change in the net reduction in workforce despite increased recruitment, suggesting higher numbers of leavers added to the continual churn of turnover within the sector, a workforce planning approach is being developed with both Local Authorities. Skills for Care has been commissioned to carry out a deep dive into the independent sector social care workforce to develop a workforce plan that will identify opportunities for collaborative interventions between health and social care.

Table 1: Non-Compliant Performance Areas – Recovery Overview

Programme Area	Performance Metric	Latest Performance	Recovery Trajectory
Quality	LDA inpatients	Adult commissioned by ICB is 14 against a plan of 12 inpatients. Adult commissioned by NHSE is 33 against a plan of 27 inpatients. CYP commissioned by NHSE is one against a plan of three inpatients. Further detail is shown in Appendix 1, page 13.	Ended the 2022/23 year on 47 inpatients (against target of 39), which was two inpatients better than previously forecast due to partnership commitment to accelerating discharge activity wherever possible. Despite good levels of adult inpatient discharge activity during 2022/23 (28 discharges), admission rates remained high (22 admissions) which has affected total performance. There are significant system plans in place to focus on admission avoidance as well as increasing discharges for our longer stay patients (those over five years). The current plan submitted to NHSE and supported by the ICS LDA Board, is for 37 adult inpatients by March 2024 (ten for the ICB and 27 for NHSE) and achievement of the long term plan commitment of 27 inpatients by March 2025. In addition, a stretch target for 2022/23 will be overseen by the ICS LDA Board to support early achievement where possible and increase confidence in achieving the March 2025 target. It is forecast that significant commissioning and market development activity across health and social care will have matured by this time to support discharge activity. NHSE is providing further support via an LGA Peer Review (likely to take place in Q1) as well as clinical review of complex cases. All system partners are fully engaged and it is intended that this will support all partners in the system to provide critical challenge and apply learning to improve approaches and system performance. Forecast trajectories will be reviewed by the ICS LDA Board following the Peer Review.

Programme Area	Performance Metric	Latest Performance	Recovery Trajectory
			The system recognises that admission volume is a key challenge in this area and there will be focused activity undertaken to address this. The ICS LDA Board will maintain oversight of performance and progress, with governance reporting through to the ICB's Board and committees to ensure a robust grip on assurance.
Urgent Care	12 Hour Breaches	883 in March 2023 against a target of zero.	Providers are forecasting to achieve the four-hour standard for A&E (Types 1, 2 and 3), which is 76% by March 2024. Improvements in process and flow will be required which will also reduce the volume of 12-hour breaches.
	Ambulance Handover Delays > 60 minutes	338 in March 2023 against a target of zero. This was 95.4% within 60 minutes.	Operational plans have been received from NHS Derby and Derbyshire ICB as lead for the EMAS contract. These illustrate a plan to reduce handovers to the equivalent of 99% of handovers taking place in less than 60 minutes in April 2023, which will improve to 99.5% by August 2023.
	Length of Stay > 21 days	411 in January 2023 against a plan of 241.	Trajectories submitted to NHSE show that this is planned to reduce to 395 by April 2023. Increases are predicted in September and October to 465 and 450, respectively. However, December and January are forecast to be 404 and 415, which is below historical levels.
Planned Care	Long Waits +104 & +78 weeks	104 week waits – four patients at end of February 2023 78 week waits – 311 patients at end of February 2023	At the end of April, there was one patient breaching 104 weeks due to complexity. The forecast for May is zero breaching 104 weeks. Industrial action during March and April reduced the volume of elective activity that could be delivered and impacted achievement of the waiting time standards. There were 172 patients exceeding 78 weeks (NUH, SFH and Independent Sector). The

Programme Area	Performance Metric	Latest Performance	Recovery Trajectory
			forecast for May is nine patients waiting 78 weeks or more, of which eight are due to patient preference to be treated in June.
	Cancer 62-day backlogs	377 at February 2023 against a plan of 291. The position at the end of March was 372 patients.	More recent data shows that the system achieved the required backlog volume by the end of March that was equivalent to the position at the end of March 2022 (417 patients). This is in line with the request from NHSE. The system plans to achieve a further reduction to 288 patients by March 2024.
Mental Health	NHS Talking Therapies	7065 patients against a plan of 9648 at January 2023 (3three-month rolling position).	The system is working to achieve the NHS Talking Therapies Entering Treatment by the end of March 2023.
	Out of Area Placements	70 at January 2023 against a zero national target.	Performance had improved with zero patients being in inappropriate out of area beds at the end of January, however increased demand has led to more patients being placed out of area in February and March. There are plans during 2023/24 to improve this further.
	SMI Physical Health Checks	4377 at January 2023 against a plan of 6237.	The position continues to increase however not at the rate required. As in previous years, the performance is expected to increase in Q4 as primary care focus on the LES element of the checks, however this is not expected to be sufficient to deliver to target.

NHS
Nottingham and Nottinghamshire

Nottingham & Nottinghamshire Integrated Care Board

Integrated Performance Report

Reporting Month: March 2023

Board Month: May 2023

Integrated Performance Report 2022/23 – Report Contents

NHS
Nottingham and Nottinghamshire

Introduction

This report presents progress against the key performance targets, across quality, service delivery, finance and workforce, and to note key developments and actions being taken to address performance issues. Where appropriate, information is provided for total Nottingham and Nottinghamshire population, and total provider responsibilities for those providers geographically located within Nottinghamshire, Sherwood Forest Hospitals (acute), Nottingham University Hospitals (acute) and Nottinghamshire Healthcare NHS Trust (mental health). The indicators included in the Board IPR are reviewed annually and are based on the system operational plan for 2022/23, 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 60) which will support the escalation of issues to the ICB Board. This will continue to develop and embed as an approach over the next few months.

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 66 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 and elective pathways. The system reported a £13.9 million deficit position which is £3 million favourable to plan at month 12. Despite improvements in recruitment in line with substantive staffing plans, high vacancy and sickness absence are leading to higher levels of bank and agency usage than planned.

During March and April there were two periods of industrial action from Junior Doctors which significantly constrained the elective services 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 –11. 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 12 – 63.

NHS Nottingham and Nottinghamshire

1. ICB Scorecard by ICS 4 Aims – Reporting Period March 2022/23

AIM-01 Improve Outcomes in Population Health and Healthcare

ID	Key Performance Indicators	Date	Plan	Actual	In Month	Variation	Assurance
	Quality						
	LD&A Annual Health Checks	Mar-23	70%	79%	✓	-	-
	Total LD&A Inpatients	Mar-23	42	48	✗	-	-
	No. Personal Health Budgets	Q3 22/23	7250	5860	✗	-	-
	MRSA	Mar-23	0	0	✓	-	-
	CDI	Mar-23	22	17	✓	-	-
	Ecoli BSI	Mar-23	71	73	✗	-	-
	Klebseilla BSI	Mar-23	22	14	✓	-	-
	Pseudomonas BSI	Mar-23	7	4	✓	-	-
	No. stillbirths per 1000 total births	Jan-23	4.1	5.8	✗	-	-
	No. neonatal deaths per 1000 live	Jan-23	2.3	2.3	✗	-	-
	Urgent Care						
	12 hour breaches	Mar-23	0	883	✗	~	F
	Handover delays > 60 minutes	Mar-23	0	338	✗	~	?
	Length of Stay > 21 days	Mar-23	241	411	✗	~	F

AIM-03 Improving the Effective Utilisation of Our Resources

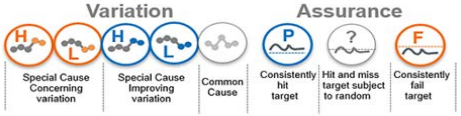
ID	Key Performance Indicators	Date	Plan £m	Actual £m		Variance £m	FOT Var £m
	Delivery against system plan	Mar-23	-16.9	-14.0		✓ 2.9	✓ 0.0
	Efficiency Target	Mar-23	102.7	102.8		✓ 0.1	✓ 0.0
	ESRF Income	Mar-23	53.7	52.9		✗ -0.8	✓ 0.0
	Agency Spend	Mar-23	54.6	87.1		✗ 32.5	✗ -30.7
	MHIS	Mar-23	190.7	190.7		✓ 0.0	✓ 0.0
	Capital Spend (Plan)	Mar-23	89.6	86.7		✓ -2.9	✓ -4.3
	Capital Spend (CDEL)	Mar-23	85.6	86.7		✗ 1.1	✓ -4.3

AIM-04 Support Broader Social and Economic Development

ID	Key Performance Indicators	Date	Plan	Actual	In Month	Variation	Assurance
	Provider Substantive Staffing	Mar-23	29,172	30,276	✓	H	F
	Provider Bank Staff	Mar-23	1,475	2,199	✗	H	?
	Provider Agency Staff	Mar-23	810	1,284	✗	H	?
	Provider Staff Vacancy Rate	Mar-23	8.7%	11.9%	✗	H	?
	Provider Staff Absence Rate	Mar-23	4.6%	5.6%	✗	H	F
	Primary Care Workforce	Feb-23	-	3213		H	-

AIM-02 Tackle Inequalities in Outcomes, Experience and Access

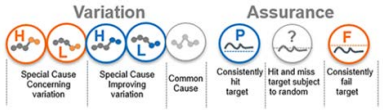
ID	Key Performance Indicators	Population Date	Population Plan	Population Actual	In Month	Variation	Assurance	Provider View Plan	Provider View Actual	In Month	Variation	Assurance
	Planned Care											
	Total Waiting lists	Feb-23	-	111927	-	H	-	100622	123884	✗	H	F
	Patients Waiting >104 weeks	Feb-23	-	7	-	L	-	0	4	✗	L	F
	Cancer 62 Day Backlog	Feb-23	-	-	-	-	-	291	377	✗	~	F
	Cancer Faster Diagnosis	Feb-23	75.0%	79.7%	✓	~	?	75.0%	79.4%	✓	~	?
	OP Remote Delivery	Feb-23	25.0%	19.6%	✗	L	F	25.0%	20.3%	✗	L	?
	Childrens Wheelchair Provision	Q3 22/23	91.6%	64.7%	✗	~	?	-	-		-	-
	Community											
	Community Waits - Adult	Feb-23	387	1973	✗	H	F	-	-		-	-
	Virtual Wards (per 100,000 population)	Mar-23	40	5.1	✗	-	-	-	-		-	-
	Primary Care											
	GP Appointments	Feb-23	529,846	573,605	✓	H	?	-	-		-	-
	NHS App	Feb-23	60%	51%	-	H	F	-	-		-	-
	Mental Health											
	IAPT Access	Jan-23	9648	7065	✗	H	F	-	-		-	-
	CYP Access	Jan-23	13559	18215	✓	H	P	-	-		-	-
	Out of Area Placements	Jan-23	0	70	✗	L	F	-	-		-	-
	SMI Physical Health Checks	Jan-23	6237	4377	✗	H	F	-	-		-	-
	Health Inequalities - Prevention											
	NHS Digital Weight Management Referrals	Mar-23	2820	922	✗	-	-	-	-	-	-	-
	Inpatients % Smokers Offered Tobacco Treatment	Jan-23	100%	66.70%	✗	-	-	-	-	-	-	-



NHS Nottingham and Nottinghamshire

2. Quality Scorecard

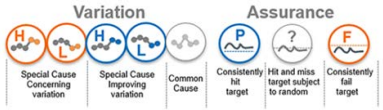
Quality Scorecard	Latest Period	Population			Variation	Assurance	Exception Report
		Plan	Actual	Variance			
Learning Disability & Autism							
LD&A Inpatients Rate Adults - ICB	Mar-23	12	14	✗ 2	-	-	Page 13
LD&A Inpatients Rate Adults - NHSE	Mar-23	27	33	✗ 6	-	-	
LD&A Inpatients Rate CYP - NHSE	Mar-23	3	1	✓ -2	-	-	
LD&A Annual Health Checks	Mar-23	70%	79%	✓ 9.0%	-	-	
Personalisation							
No. of Personal Health Budgets	Q3 2022-23	7250	5860	✗ -1390	-	-	Page 15
No. Social prescribing referrals into link workers	Q3 2022-23	13610	9316	✗ -4294	-	-	
No. active PCSPs in place	Q2 2022-23	27000	10730	✗ -16270	-	-	
Maternity							
No. stillbirths per 1000 total births	Jan-23	4.1	5.8	✗ 1.7	-	-	Page 18
No. neonatal deaths per 1000 live births	Jan-23	2.3	2.3	✓ 0.0	-	-	
Hospital Acquired Infections							
MRSA	Mar-23	0	0	✓ 0	-	-	Page 20
C-Diff	Mar-23	22	17	✓ -5	-	-	
Ecoli BSI	Mar-23	71	73	✗ 2	-	-	
Klebseilla BSI	Mar-23	22	14	✓ -8	-	-	
Pseudomonas BSI	Mar-23	7	4	✓ -3	-	-	



NHS Nottingham and Nottinghamshire

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

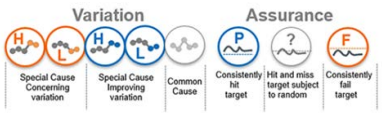
Urgent Care Scorecard	Latest Period	Population			Variation	Assurance	Latest Period	Provider			Variation	Assurance	Exception Report
		Plan	Actual	Variance				Plan	Actual	Variance			
Urgent Care Access													
SDEC % of Total Admissions		-	-	-	-	-	Feb-23	33.0%	34.1%	✔ 1.1%		P	Page 28
Ambulance Conveyances (%)	Feb-23	56.7%	55.4%	✔ -1.2%		?		-	-	-	-	-	
Ambulance Conveyances (Vol.)	Feb-23	7254	7202	✔ -52		?		-	-	-	-	-	
A&E Attendances v 19/20 (%)	Feb-23	100%	97.4%	✔ -2.6%		?	Feb-23	100%	102.5%	✖ 2.5%		?	
% Unheralded Patients attending A&E		-	-	-	-	-	Feb-23	-	70.7%	-	H	-	
NEL Admissions v 19/20 (%)	Feb-23	100%	95.1%	✔ -4.9%		?	Feb-23	100%	97.6%	✔ -2.4%		?	
Urgent Care - Acute Discharges and Out of Hospital													
Patients medically safe to transfer from acute setting		-	-	-	-	-	Mar-23	104	260	✖ 156		F	Page 29
Length of Stay > 21 days		-	-	-	-	-	Mar-23	241	411	✖ 170		F	
No. Patients utilising Virtual Ward		-	-	-	-	-	Apr-23	-	34	-	L	-	
2 Hour Urgent Care Response Contacts	Feb-23	457	579	✔ 122		?		-	-	-	-	-	
2 Hour Urgent Care Response %	Feb-23	70%	91.61%	✔ 21.61%		P		-	-	-	-	-	
Pathway 1 - Discharge home with health and/or social care		-	-	-	-	-	Mar-23	1460	892	✖ -568		F	
Urgent Care - Compliance													
Ambulance (mean) Response Times Cat 1 (Notts Only)	Feb-23	0:07:00	00:07:54	✖ 00:00:54		?		-	-	-	-	-	Page 30
Ambulance (mean) Response Times Cat 2 (Notts Only)	Feb-23	0:18:00	00:38:55	✖ 00:20:55		?		-	-	-	-	-	
Ambulance (mean) Response Times Cat 3 (Notts Only)	Feb-23	2:00:00	06:32:50	✖ 04:32:50		?							
% Cat 2 waits below 40 minutes (Notts Only)	Jan-23	90.0%	59.8%	✖ -30.2%		F							
Hospital Handover Delays > 60 Minutes		-	-	-	-	-	Mar-23	0	338	✖ 338		?	
12 Hour Breaches ED		-	-	-	-	-	Mar-23	0	883	✖ 883		F	
12 Hour Breaches as % NEL		-	-	-	-	-	Feb-23	2%	6.7%	✖ 4.7%		?	



NHS Nottingham and Nottinghamshire

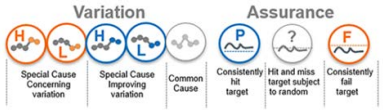
3b. Service Delivery Scorecard - Planned Care Recovery

Elective Scorecard	Latest Period	Population			Variation	Assurance	Latest Period	Provider			Variation	Assurance	Exception Report
		Plan	Actual	Variance				Plan	Actual	Variance			
Elective Recovery - Total Waiting List & Long Waits													
Total Waiting List Size	Feb-23	-	111927	-		-	Feb-23	100622	123884	23262			Page 32
Incomplete RTT pathways >52 weeks	Feb-23	-	4373	-		-	Feb-23	3714	4694	980			
Incomplete RTT pathways >78 weeks	Feb-23	-	329	-		-	Feb-23	109	311	202			
Incomplete RTT pathways >104 weeks	Feb-23	-	7	-		-	Feb-23	0	4	4			
Elective Recovery - Activity													
Total Referrals	Feb-23	24275	24396	121			Feb-23	22730	22166	-564			Page 33
Total Ordinary Electives	Feb-23	1733	1939	206			Feb-23	1963	1877	-86			
Total Daycases	Feb-23	11887	12960	1073			Feb-23	13092	12509	-583			
Total Outpatients - First Appointments	Feb-23	35390	24672	-10718			Feb-23	27142	23008	-4134			
Total Outpatients - Follow Ups	Feb-23	70193	59067	-11126			Feb-23	59301	58210	-1091			
Total Diagnostic Activity	Feb-23	38860	30165	-8695			Feb-23	33773	30438	-3335			
Elective Recovery - Productivity & Transformation													
Total Outpatients - Total Virtual (%) 25%	Feb-23	25%	20%	-5%			Feb-23	25%	20%	-5%			Page 34
Patient Initiated Follow ups - %	-	-	-	-	-	-	Feb-23	5.0%	4.2%	-0.8%			
Advice & Guidance - % of 1st OP	Feb-23	16	29	13			-	-	-	-	-	-	
Total Outpatient F/Up v 2019/20 Activity (%) 25% Reduction	Feb-23	75.0%	104.3%	29.3%			Feb-23	75.0%	105.0%	30.0%			
Completed admitted RTT pathways	Feb-23	5195	4540	-655			Feb-23	4709	4532	-177			
Completed non-admitted RTT pathways	Feb-23	23538	20383	-3155			Feb-23	20837	21302	465			
Diagnostic Recovery													
Diagnostic Activity	Feb-23	38860	30165	-8695			Feb-23	33773	30438	-3335			Page 35
Diagnostic Waiting List	Feb-23	-	28160	-		-	Feb-23	-	28594	-		-	
Diagnostic Backlog	Feb-23	-	9574	-		-	Feb-23	-	10708	-		-	
Diagnostics + 6 Weeks	Feb-23	25%	34.0%	9.0%			Feb-23	25%	37.4%	12.4%			
Cancer Recovery													
Cancer Referrals	Feb-23	-	3597	-			Feb-23	-	4396	-		-	Page 36
Cancer - Faster Diagnosis Standard 28 days	Feb-23	75.0%	79.7%	4.7%			Feb-23	75.0%	79.4%	4.4%			
Cancer - No. 1st Definitive Treatments	Feb-23	508	445	-63			Feb-23	621	539	-82			
Cancer - No. patients receiving 1st treatment < 31 days (%)	Feb-23	96%	87%	-8.6%			Feb-23	96%	88%	-7.9%			
Cancer - No. patients waiting < 62 days (%)	-	-	-	-	-	-	Feb-23	85%	56%	-28.6%			
Cancer - 62 Day Backlog	-	-	-	-	-	-	Feb-23	291	377	86			



3c. Service Delivery - Mental Health Scorecard

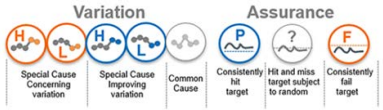
Mental Health Scorecard	Latest Period	Population			Variation	Assurance	Exception Report
		Plan	Actual	Variance			
Mental Health - Talking Therapies (Previously IAPT)							
Talking Therapies - Referrals	Jan-23	-	4045	-		-	Page 38
Talking Therapies - 1st Treatment <6 Weeks	Jan-23	75%	95.6%	✓ 20.6%			
Talking Therapies - 1st Treatment <18 Weeks	Jan-23	95%	100%	✓ 5.0%			
Talking Therapies - Entering Treatment 3 Months	Jan-23	9648	7065	✗ -2583			
Talking Therapies - >90 Days between 1st and 2nd Treatment	Jan-23	10%	21.1%	✗ 11.1%			
Talking Therapies - Recovery Rate (3 months rolling)	Jan-23	50%	50.0%	✓ 0.0%			
Mental Health - Adult Mental Health							
Adult MH Inpatient Discharges - % F Up 72 hours	Jan-23	80%	87%	✓ 7.0%			Page 39
Inappropriate OAP Bed days	Jan-23	0	70	✗ 70			
Rate per 100,000 Older Adult MH LOS > 90 Days	Dec-22	11	12	✗ 0.95			
SMI Health Checks	Jan-23	6237	4377	✗ -1860			
Access SMI +2 Contacts Community MH Services	Dec-22	14101	13570	✗ -531			
Dementia Diagnosis	Feb-23	67%	67.7%	✓ 1.0%			
Mental Health - Access							
Perinatal Access % (12 month rolling)	Jan-23	10.0%	8.3%	✗ -1.7%			Page 40
Perinatal Access - Volume	Jan-23	1320	1080	✗ -240			
Individual Placement Support	Dec-22	675	706	✓ 31			
Early Intervention in Psychosis (EIP)	Jan-23	60%	87%	✓ 27.0%			
Mental Health - Children & Young People							
CYP - New Referrals	Jan-23	-	1805	-		-	Page 41
CYP Eating Disorders - Routine Referral Performance (Qtr)	Dec-22	95%	83%	✗ -11.7%			
CYP Eating Disorders - Urgent Referral Performance (Qtr)	Dec-22	95%	100%	✓ 5.0%			
CYP Access (1+ Contact)	Jan-23	13559	18215	✓ 4656			



3d. Service Delivery – Primary & Community Scorecard

NHS Nottingham and Nottinghamshire

Primary Care and Community Scorecard	Latest Period	Population			Variation	Assurance	Exception Report
		Plan	Actual	Variance			
Primary Care and Community Recovery							
Total Appointments	Feb-23	529,846	573,605	✔ 43,759	H	?	Page 43
Percentage of Face to Face Appointments	Feb-23	-	71%	-	H		
Percentage of Same Day Appointments	Feb-23	-	44%	-	H		
Percentage of patients Able to Book Appointment Within 2 Weeks	Feb-23	-	81%	-	H		
Number of NHS App Registrations	Apr-23	60%	51%	✖ -9%	H	F	
Community Waiting List (Patients aged 0-17 Years)	Feb-23	387	1973	✖ 1586	H	F	
Community Waiting List (Patients aged 18+ Years)	Feb-23	4959	9797	✖ 4838	H	F	



4. Finance - Scorecard

		Year End Variance £m's			RAG
Financial Duties	**Measure**	**Plan**	**Actuals**	**Variance**	**YE**
NHS System (Breakeven)	**(Deficit)/Surplus**	**-16.9**	**-14.0**	**3.0**	
Capital (within Envelope)	**Spend against plan (105%)**	89.6	86.7	**2.9**	
Capital (within Envelope)	**Spend against CDEL**	85.6	86.7	**-1.1**	
MHIS (meeting target)	**Spend against plan**	190.7	190.7	**0.0**	
Agency (spend within Cap)	**Spend against plan**	54.6	87.1	**-32.5**	

		Year End Variance £m's			RAG
Drivers of the (Deficit)/Surplus	**Measure**	**Plan**	**Actuals**	**Variance**	**YE**
COVID Spend	**Delivery against plan**	17.8	29.4	**-11.6**	
NHS Efficiencies	**Delivery against plan**	102.7	102.8	**0.0**	
ERF Income	**Delivery against plan**	53.7	52.9	**-0.8**	

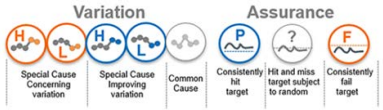
- £13.9m deficit experienced to end of month 12, which is £3m favourable to plan.
- The ICB & the mental health & community Trust (NHT) both reported a breakeven position, with the adverse variance experienced in the 2 acute Trusts (NUH & SFH).
- Key drivers of the adverse variance are covid (£11.6m), continuing care spend (£11.4m) and MH out of areas beds (£5.2m). There are also pressures relating to excess costs arising from urgent care capacity requirements greater than plan. Offsetting favourable variance include all primary care expenditure (£7.9m) and clinical supplies (£12.3m).
- The run rate improvement from month 11 is due to support received from NHS England (NHSE) relating to surge funding, No Cheaper Stock Obtainable (NCSO) on prescribing and direct commissioning income.
- The ICS reported year-end position of £13.9m deficit is in line with the final system target position as agreed with NHSE.

- NHS England introduced an agency cap of £54.6m for the ICS, the final position is that the ICS has exceeded the agency cap by £32.5m. Drivers include covid expenditure, efficiency shortfalls, urgent care capacity requirements and shortage of substantive staff in some areas.
- The system is under the capital envelope plan (which was set at an allowable 5% above the capital envelope) by £2.9m.
- **The system's notified capital envelope is overspent by £1.1 million to the end of M12. This relates to the misclassified £1.6m of capital under International Finance Reporting Standard 16 (first year of reporting under the new IFRS16 regime) which should be classified against the system capital envelope. The ICS is working with regional and national colleagues to increase the capital envelope value. There is some risk that this will lead to a reduction in capital envelope available in 2023/24.**

NHS
Nottingham and Nottinghamshire

5. Workforce - Scorecard

Workforce Scorecard	Latest Period	Total Provider			Variation	Assurance	Exception Report
		Plan	Actual	Variance			
Total Provider Workforce							
Total Provider Workforce	Mar-23	31,453	33,759	2306			
Total Provider Substantive	Mar-23	29,172	30,276	1,104			Page 50
Total Provider Bank	Mar-23	1,475	2,199	725			
Total Provider Agency	Mar-23	810	1,284	475			
Total Primary Care Workforce	Feb-23	-	3,213	-			Page 52
Key Workforce Performance							
Total Provider Turnover Rate % (12 month rolling)	Mar-23	11.0%	12.8%	1.8%			
Total Provider Sickness Absence Rate %	Mar-23	4.6%	5.6%	1.0%			Page 51
Total Provider In-Month Vacancy Rate %	Mar-23	8.7%	11.9%	3.2%			



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6: Quality

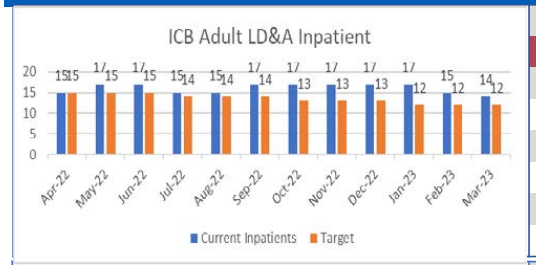
ICS Aim 1: To improve outcomes in population health and healthcare

- 6.1 - Exception Report Learning Disability & Autism
- 6.2 - Exception Report Personalisation & Co-Production
- 6.3 - Exception Report Maternity
- 6.4 - Exception Report Infection Prevention & Control
- 6.5 - Exception Report Vaccinations, Patient Safety & Safeguarding

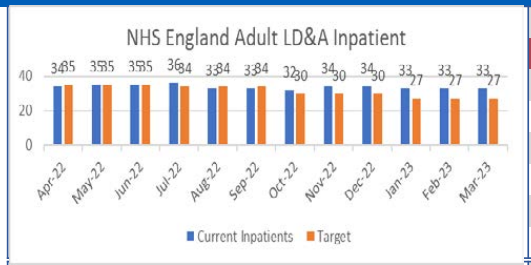
6.1 - Improving Quality of Services – Exception Report Learning Disability & Autism

NHS Nottingham and Nottinghamshire

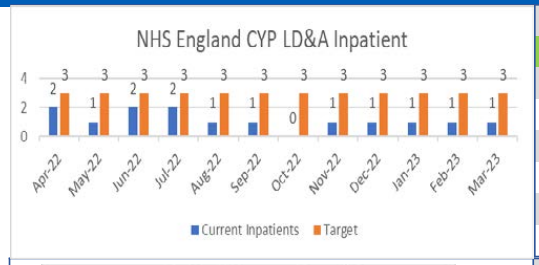
Learning Disability and Autism (LD&A)



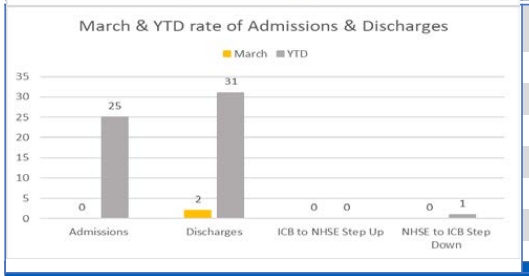
Mar-23
14
2022/23 Plan
12
Assurance
-
SPC Variation
-



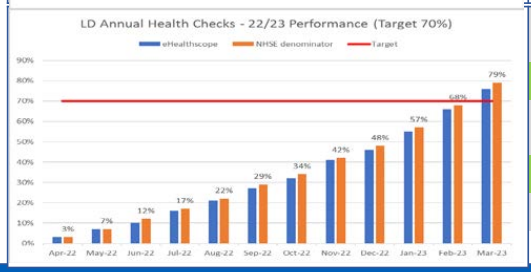
Mar-23
33
Target
27
Assurance
-
SPC Variation
-



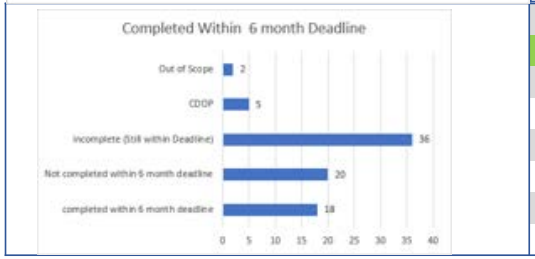
Mar-23
1
Target
3
Assurance
-
SPC Variation
-



YTD (Apr-22 - Mar-23) Admissions
25
YTD Discharges
31
March Admissions
-0
March Discharges
-2



Mar-23 NHSE denominator
79%
Mar-23 eHealthscope denominator
76%
Target
70%-



Jul-22
1
Target
6
Assurance
-
SPC Variation
-

Current Position

Adult Inpatients: Revised adult inpatient forecasts have been agreed with the ICS LDA Board, System Executives and NHSE, and have been submitted as part of the operational plan. The revised forecast aims to achieve 37 adult inpatients by March 2024, with a plan to achieve 27 inpatients by March 2025. Work will be undertaken with the ICS LDA Board to agree an additional internal stretch target to increase the likelihood of full compliance by March 2025.

At the end of March 2023, the total adult inpatient number stood at 47, missing the 2022/23 target of 39 by 8 inpatients. There was one admission, which was a prison transfer into our secure setting. Two discharges from secure beds have been recorded this month. One discharge was back to the community and one was back to prison. We have seen a 50% reduction of admissions since the introduction of the Dynamic Support Register (DSR) in mid- November 2022. During 2022/23 there have been 22 adult admissions and 28 discharges (18 from non-secure ICB beds and 10 from secure). This means that the net reduction of our inpatient population this year is 5, this is in the right direction but there are plans in place to accelerate this to reduce the number of people in inpatient provision.

Children and Young People (CYP) Inpatients: Our current CYP inpatient number remains low with 1 individual in an inpatient setting, this is within our end-of-year target of no more than three. During 2022/23 there have been 3 admissions, 3 discharges and 1 transfer into adult provision. Our Dynamic Support Register (DSR) panel is helping to identify CYP with behaviours of concern earlier and enable partners to establish preventative support. This continues to be an area of strong performance for the ICS.

System Quality Group Assurance – Limited Assurance

Enhanced Surveillance: Due to Adult Inpatient numbers, rapid response to the Five Eyes recommendations, and increased Host Commissioner responsibilities.

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

6.1 (continued) - Improving Quality of Services – Exception Report Learning Disability & Autism

NHS Nottingham and Nottinghamshire

Learning Disability and Autism (LD&A)

Current Position (Continued)

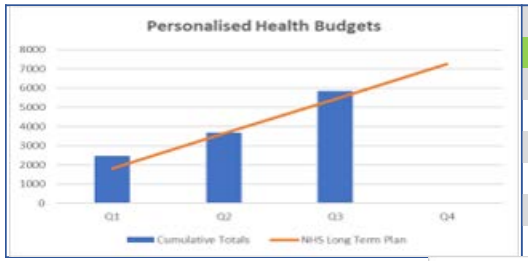
Annual Health Checks (AHC): As of 31 March 2023, there have been 5220 health checks completed in 2022/23 across the ICS, putting performance against this year's denominator set by NHSE at the start of the year (based on the previous all age QOF GP LD register) at 79%, and 76% against the current GP LD register on E-Healthscope (14 years and over). Against the end-of-year target of 4649, the ICS has over-performed by 571 health checks and means that 1700 more people received an Annual Health Check this year compared to last year. This is a significant achievement and means the ICS has not only met the 70% target for 2022/23, but also met the Long Term Plan ambition of 75% for 2023/24 a year early.

An **LGA Peer Review** is planned for July 2023. Initial planning with partners and LGA colleagues is underway, with a schedule being developed. A key focus will be on inpatient performance and opportunities to improve this across the system. This is part of a support offer from NHSE to improve adult inpatient performance, and all system partners are actively engaged.

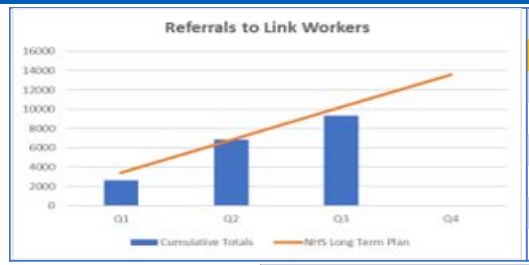
6.2- Improving Quality of Services – Exception Report Personalisation & Co-Production

NHS Nottingham and Nottinghamshire

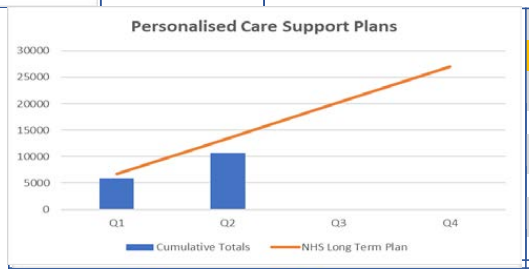
Personalisation



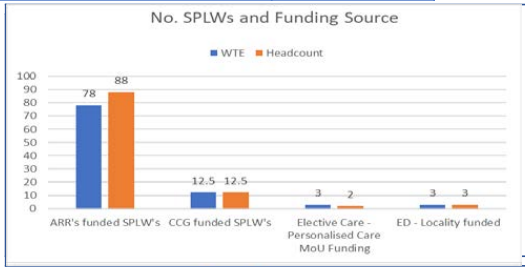
Q3 22-23
5860
2022-23 Plan
7250
Assurance
SPC Variation



Q3 22-23
9316
2022-23 Plan
13610
Assurance
SPC Variation



Q2 22-23
10730
2022-23 Plan
27000
Assurance
SPC Variation



Q2 22-23
105.5
2022-23 Plan
N/A
Assurance
SPC Variation

System Quality Group Assurance – Partial Assurance

Personalised Care planning - including Social Prescribing

- A review of the ICS Personalised Care Strategic Oversight Group is underway to ensure clarity of focus for 2023/24, given the changing context of the programme. The focus will be on ensuring alignment between strategic system priorities and Place priorities.
- Meetings have been planned with Locality & Programme Leads to identify their plans and how we can support the developments from a Personalised Care approach.
- A Programme plan is being developed from the meeting with partners and key stakeholders to develop a series of options to embed personalised care within existing resources, including what can be achieved if additional resources were committed to Personalised Care from the ICB budget.
- Quarter 4 and end-of-year Personalised Care reports and data are being requested and collated for Personalised Care targets

Workforce and Training Development

- A Personalised care webinar has been set up, along with peer support sessions for Social Prescribing leads to address workforce development and share good practice
- Personalised Care Community of Practice dates have been confirmed – these are due to start from Quarter 1 2023/24
- There is continued development, alongside system partners, of the workforce training charter. This will identify what the training needs are for our system, which different elements are required to appropriately train staff in Personalised Care approaches, which staff groups need to undertake each level of Personalised Care training via a tiered approach, as well as an induction pack for new starters with a feedback measure and instructions on how to undertake training.

6.2 (continued) - Improving Quality of Services – Exception Report Personalisation & Co-Production

NHS Nottingham and Nottinghamshire

Personalisation (continued)

System Quality Group Assurance – Partial Assurance

Digital

A Working Group has been set to plan and implement digitalising the 'About Me', so that it is patient-facing via the NHS App. The key stakeholders for the work are Digital Notts, NUH, SFH and Primary Care.

Annual Health Checks Project in LDA, Severe Mental Illness (SMI) and Dementia Project

- Personalised Care training in personalised care and support planning (PCSP) & summary decision-making (SDM) is being offered to Severe Mental Illness and Learning Disabilities teams.
- Training Sessions are to be provided to Social Prescribers, to increase awareness of annual health checks for Dementia / Severe Mental Illness / Learning Disabilities.
- A Health Literate About Me document is being created for people with Learning Disabilities

Health Inequalities & Obesity Project

- The planning and implementation phase is now In progress for embedding personalised care approaches with people experiencing health inequalities and are obese/severely obese. A surgeon and an anaesthetist have been identified and are engaged with the project. The Elective Care Social Prescribing Link Worker at Sherwood Forest Hospitals Trust (SFH) is proactively identifying patients with a BMI of 50+ waiting for gynaecological or cancer operations.
- A Personal Health Budget (PHB) pilot is to take place within SFH – the Pre-Op Social Prescribing Link Worker will explore opportunities with patients to prepare for elective surgery.

Elective Care

The Patient Information Forum and Patients Association are drafting a report on the project in MSK, developing documents that support the public to prepare and participate in a shared decision-making conversation. They have co-produced surveys to gain feedback on the documents and understand how useful they are. M.E.L have been awarded the evaluation on the impact of the Social Prescribing Link Workers

Social Prescribing

- Green Social Prescribing (GSP) Service: NHSE have confirmed there will be **no extension** of national financial investment into this area despite initial plans for this, with current funding ending in April 2023. An options paper to consider the future of Green social prescribing was taken to Service Change Review Group on 06 April 2023 with 3 options:

    1. System approach to investment into GSP to fully embed the learning to-date – Initially set up as a test-and-learn programme to identify what systems need to invest in green social prescribing;
    2. A Place approach – each Place Based Partnership is to consider a Green Social Prescribing non-clinical prevention referral pathway to help address Health inequalities; and/or
    3. Do nothing and let all learning and developments come to an end - including service delivery for some of our most vulnerable communities that are impacted by health inequalities. Feedback from the meeting stated that funding needed to be sourced prior to attending meeting. Each Place Based Partnership is to identify whether they are committed to the continuation of GSP and identify a funding stream. They are also to also consider funding from other sources, not just health. Nottingham City Public Health have expressed an interest in supporting the GPS programme. An updated paper is to be re-submitted by the end of April 2023.

- A meeting is to take place with the ICB System Development Programme Manager to address alignment to Social Prescribing and Community Development

6.2 (continued) - Improving Quality of Services – Exception Report Personalisation & Co-Production

NHS Nottingham and Nottinghamshire

Co-Production

System Quality Group Assurance – Full Assurance

The Strategic Coproduction Representative Group continues to meet monthly, with the lived experience members coproducing all aspects of the Group. The group are in the process of establishing appropriate connections with the ICB Board to ensure flow-through of information and insights.

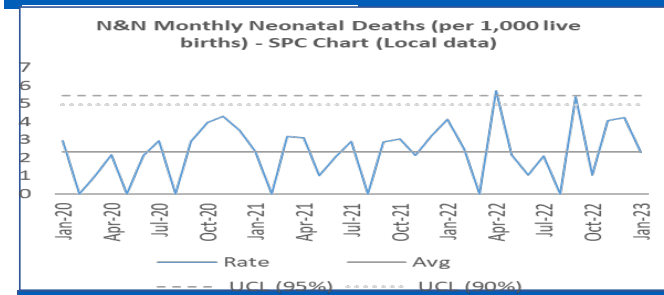
Coproduction will be a key focus on the agenda for the ICS System Quality Development Session in April 2023; the team will showcase the importance of coproduction through the voice of people with lived experience, to support the system to embed coproduction throughout all Quality work.

Authorisation has been given to recruit an administrative apprentice to the team. A more neurodiverse-friendly advert and job description is being coproduced to broaden the reach of the advert, as well as making it easier for more of our population to apply. Administrative resource is being utilised from the wider Quality, Transformation & Oversight (QTO) Team to mitigate this risk.

6.3 - Improving Quality of Services – Exception Report Maternity

NHS Nottingham and Nottinghamshire

Local Maternity & Neonatal System (LMNS)



ONS 2020
2.3
Target 2020
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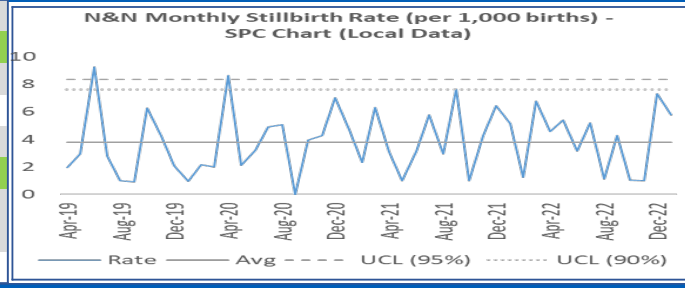
MBRACE
1.5
MBRACE England & Wales 2020
1.5 / 1000



ONS 2020
4.2
Target 2020
4.1 / 1000
Target 2025
3.3
England & Wales 2020
3.3 / 1000

Ockenden assurance

	NUH				SFH			
	Jan-22	Apr-22	Sep-22	Dec-22	Jan-22	Apr-22	Sep-22	Dec-22
IEA1 Enhanced Safety	56%	100%	100%	100%	100%	100%	100%	100%
IEA2 Listening to women and families	88%	99%	100%	100%	88%	100%	100%	100%
IEA3 Staff training and working together	56%	63%	96%	97%	100%	100%	100%	100%
IEA4 Managing complex pregnancy	79%	89%	100%	96%	100%	100%	100%	100%
IEA5 Risk assessment throughout pregnancy	67%	70%	98%	100%	100%	100%	100%	100%
IEA6 Monitoring fetal well being	67%	94%	100%	97%	100%	100%	100%	100%
IEA7 Informed consent	50%	57%	93%	93%	71%	71%	93%	93%
Workforce	70%	80%	95%	95%	100%	100%	100%	100%

Current Position and Summary of Activity

Single Delivery Plan: The Single Delivery Plan was published on 31 March 2023. A briefing will be shared with ICB executives in April 2023. The LMNS Executive Partnership will hold oversight of the revised Single Delivery Plan and its implementation locally, with a briefing session being held at the nest Executive Partnership meeting in May 2023.

Funding allocation: The LMNS 2023/24 funding allocations letter was received on 07 March 2023. Discussions continue with NHSE to obtain clarity regarding ICB vs. LMNS allocations and implications for Bassetlaw (who are part of South Yorkshire LMNS, despite being within the ICB boundary) as this is creating significant challenges for fully informed planning for 2023/24. ICB finance have escalated to NHSE, and South Yorkshire LMNS are involved in the discussions.

Ockenden Oversight: It is expected that, at the next Assurance Panel in April 2023, the system will be at 100% compliance. However, the Panel will focus on any areas where we are not yet compliant. A full evidence submission to NHSE is due on 16 May 2023, focus will remain on Ockenden 1.

Coproduction: There are now have 21 volunteers in the Maternity Voices Partnership (MVP), and they are being matched to LMNS projects areas to ensure their voices are fed into service improvements. The MVP Chair has attended different international groups to represent MVP, to support the ongoing recruitment of diverse volunteers.

System Quality Group Assurance – Limited Assurance

Enhanced Surveillance due to capacity concerns to transform services in line with requirements, given operational pressures and workforce challenges. The focus remains on implementing Ockenden recommendations, developing our Maternity Voices Partnership (MVP) & Neonatal Voices, and implementing Equity Strategy plans.

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

6.3 (continued) - Improving Quality of Services – Exception Report Maternity

NHS Nottingham and Nottinghamshire

Local Maternity & Neonatal System (LMNS)

Current Position and Summary of Activity (Continued)

Perinatal Quality Surveillance Group (PQSG): The Perinatal Quality Surveillance workstream continues to focus on the response to learning from serious incidents, with the latest bi-monthly PQSG meeting being held in March 2023. An IPR will be presented to ICB Quality & People Committee in May 2023 as part of perinatal quality governance for the system. Overarching themes for improvement based on dashboard review remain the management of major haemorrhage and the context around neonatal deaths. Both Trusts are refining their escalation policies to align with regional guidance.

Workforce: Work has progressed in developing the LMNS dashboard to incorporate more substantial maternity and neonatal workforce data. A request for improved data has been taken to the Workforce Information Group by SAIU colleagues. There is now a focus on aligning current priorities with those of the newly published Single Delivery Plan, which has a significant focus on workforce development.

Equity Strategy: Cultural Competency training was delivered to the ICB Quality, Transformation & Oversight (QTO) Team and was well received ahead of further roll-out. The LMNS PMO held the first Equity Working Group for Maternity session - a workshop to help people understand the barriers to maternity care for our service users from ethnic minority groups.

Continuity of Carer (CoC): SFH and NUH are in receipt of Birthrate+ reports. Trusts are updating these and will share them once they are finalised. NHSE have developed a new tool for assessing staffing and ultimately readiness for CoC team placement; this is to be completed following receipt of Birthrate+ reports. Progress is being made in both Trusts within the Maternity Support Worker (MSW) workforce, including alignment to the HEE framework. NUH and SFH have had successful bids for LMNS funds to support MSW upskilling in the past two months. There are personalised care improvements at SFH via the Facilitating Choice Guideline. Digital progress is satisfactory, with Badgernet implementation currently adhering to timescales. Project planning has commenced for SFH community midwifery placement within hubs to support eventual Maternity CoC Team rollout.

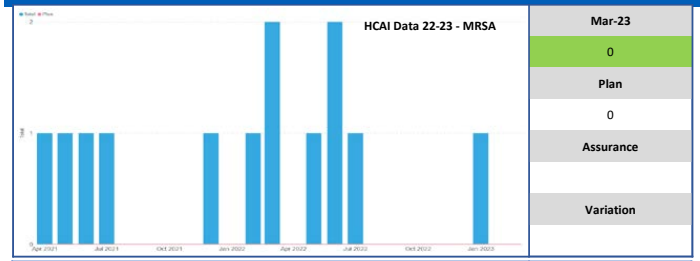
Population Health: The SFH in-house Tobacco Dependency Service continues successfully, with month-on-month improvements in smoking cessation rates and evaluation ongoing by Nottingham University. The NUH in-house Tobacco Dependency Service has not yet been established, with contracting issues halting the TUPE of CityCare advisors. NRT provision will not be in place for the service commencement (expected March 2023), as the prescribing licence has not yet been processed. Escalations are underway.

Nottingham University Hospitals (NUH) maternity: The ICB continue to work closely with NUH, Care Quality Commission (CQC), and NHS England (NHSE) to oversee improvements in maternity services.

6.4 - Improving Quality of Services – Exception Report Infection Prevention & Control

NHS Nottingham and Nottinghamshire

Infection Prevention and Control



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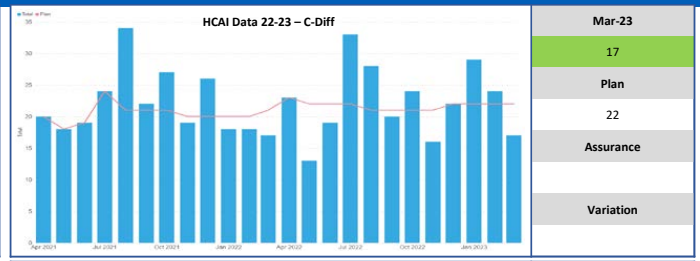
Variation



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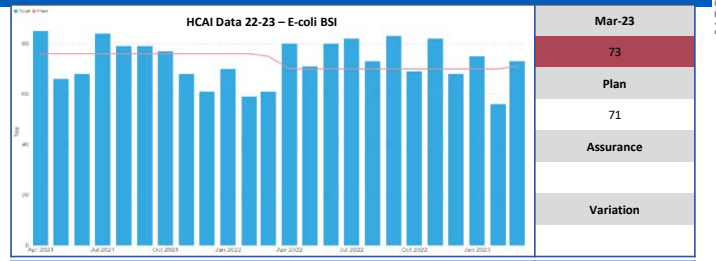

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Plan
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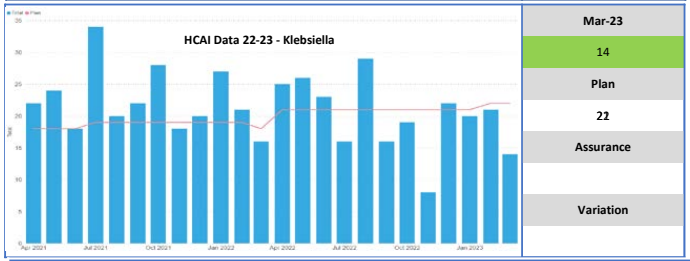
Variation



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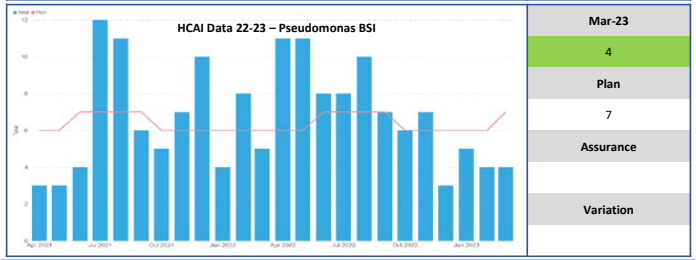

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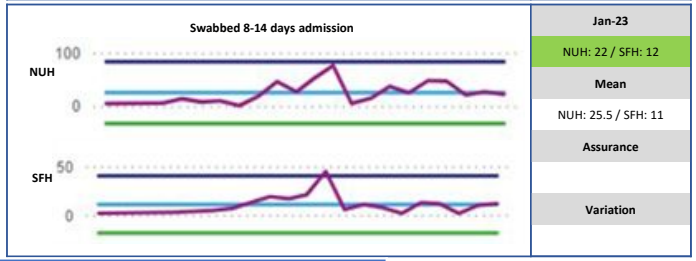
Variation



Jan-23
NUH: 22 / SFH: 12
Mean
NUH: 25.5 / SFH: 11
Assurance
Variation

HCAI DATA Q4 Position

March 23 HCAI data and Quarter 4 year–end position (Bassetlaw data and targets remain separate to ICB)

- MRSA BSI: 0 cases in March 23. ICB, NUHT, SFHT and Bassetlaw have all breached year end plan of zero cases. ICB 5/0 Bassetlaw 4/0. All cases have a post infection review, learning is shared with the system ,not all cases yield new learning.
- CDI: ICB met month plan 17/22 but breached year-end target 268/261. NUHT met month plan 8/9 but breached year-end target 152/105. Bassetlaw breached both month plan 4/2 and year-end target 31/19. Individual case reviews are in place to identify lapses in care and new learning. Nationally and regionally cases are increasing. Increased bed occupancy and reduced deep cleaning programmes are considered to be contributory factors as are high acuity patients increasing the healthcare associated cases.
- E.coli BSI ICB 73/71, NUHT 24/23 and Bassetlaw12/7 all breached month plan. SFHT met month plan but breached year-end target 102/95. ICB breached year-end target 896/841, Bassetlaw breached year-end target 102/84 NUHT breached year-end target 295/272. System-wide and regional NHSEI meetings are in place to focus on reduction actions needed. HCAI cases are reviewed to identify learning (excluding Bassetlaw). Few new themes are being identified. Regional NHSEI are reporting an increase in cases 22-23. Approximately 75% cases arise in the community with slightly less than half having no healthcare contact, a wider public health/ICS focus is needed to support with improved prevention.
- Klebsiella BSI: Bassetlaw, ICB, NUHT and SFHT met month and year-end plan. Bassetlaw breached year–end target 25/15. System-wide and regional NHSEI meetings are in place.
- Pseudomonas BSI: ICB, SFHT and NUHT met month plan. Bassetlaw breached both month plan 2/1 and year-end target 11/6, ICB breached year-end target 85/77, SHFT breached year-end target 12/10. System-wide and regional NHSEI meetings are in place to determine the key actions needed. NUHT met year-end target

System Quality Group Assurance – Partial Assurance

Further information required: due to breaches against plan positions across a range of the new reduction targets, further information has been requested which will be reviewed at the system meetings that have been established

6.4 (continued) - Improving Quality of Services – Exception Report Infection Prevention & Control

NHS Nottingham and Nottinghamshire

Infection Prevention and Control (continued)

Healthcare System Infection Prevention and Control Assurance Group (HSIPCAG)

HCAI Quarter 4 Year-end position

- HCAI targets remain challenging against a backdrop of high bed occupancy and an inability to deep clean ward areas. This remains a regional and local concern
- National targets for HCAI 22-23 are case based and do not account for any increase in bed occupancy in secondary care.
- Targets were the same or lower than 22-23 with the exception of *Klebsiell*a BSI
- ICB data includes secondary care date and when rates are considered, they are not dissimilar to previous years.
- ICB year-end position (excluding Bassetlaw) breached targets for *C.difficile*, MRSA BSI, *E.coli* BSI, *Pseudomonas* BSI, achieving Klebsiella BSI target.
- Bassetlaw year-end position against targets showed a deteriorated position as all HCAI targets were breached.
- There was a slight increase noted in healthcare-associated *C.difficile.* MRSA BSI and *E.coli* BSI
- Secondary care have plans in place to progress with 'mini' deep cleans to improve environmental cleanliness, achievement is reliant on reduced bed occupancy
- Not all gram-negative BSI are healthcare associated Approximately 75% cases arise in the community with slightly less than half having no healthcare contact.
- In order to reduce gram-negative BSI in the local population a wider public health/ICS focus is needed to support with improved prevention.

Update March 2023

- COVID-19 and Flu A related admissions continue to reduce. There has been a slight increase in Norovirus being reported locally.
- COVID-19 and Flu A outbreaks have reduced. Routine testing for Flu at the point of care will stop from April 2023. Changes to COVID-19 testing on 31 March 2023 are being worked through; these are likely to reduce PCR testing and increase use of LFT
- No IPC derogations have been requested during March 2023
- IPC measures to reduce HCAI in secondary care continue to be impacted by winter pressures, including high bed occupancy. Implementing measures such as 'one over' on wards reduces the opportunity for thorough cleaning between patients. Concerns remain regarding environmental cleanliness, due to an inability to deep clean wards and use HPV.
- There are no new themes from COVID-19 Outbreaks/SI cases.
- Work to progress HCAI reduction plans and regional work has been impacted by winter pressures and industrial action; meetings have been re-scheduled.

Healthcare System Infection Prevention and Control Assurance Group (HSIPCAG) (no new update since last meeting March 23)

System IPC concerns for the committee to be aware of:

- Lack of IPC resource is being worked through planning to undertake work with PODs post March 2023
- IPC funding discussion are ongoing with Local Authorities partners and mitigations in place.
- Progress against IPC actions and HCAI reduction continue to be challenging because of winter pressures. Continued high bed occupancy is impacting the ability to 'general' and 'deep' clean between patients at NUH/SFH.
- Loss of community swabbing service after June 2023
- Old NHS estate and ventilation requirements

6.5 - Improving Quality of Services – Exception Report Vaccinations, Patient Safety & Safeguarding

NHS Nottingham and Nottinghamshire

Vaccinations

System Quality Group Assurance – Partial Assurance

Overview: Programme delivery of Covid-19 vaccine and flu.

COVID-19 Vaccination Programme

- The Autumn Plan (Phase 5) began on 05 September 2022 and closed on 12 February 2023
- Phase 6 commenced with care home vaccinations on 3 April 2023 and At-Home/sites on 17 April 2023

Highlights for the Phase 6 Spring Campaign

- **1,472** vaccinations have been delivered since 03 April 2023
- A delivery plan is in place to run from 17 April 2023
- National call and recall system invited over 85s from 18 April 2023 and over 80s from 21 April 2023.
- NBS are using the NHS app, then a text message and then a letter.
  Therefore, the letters will not arrive with citizens until the end of week commencing 25 April 2023
- Placed based satellite clinics operational from 17 April 2023
- Housebound resident lists operational from 17 April 2023 with 60 citizens a day being vaccinated

Next steps

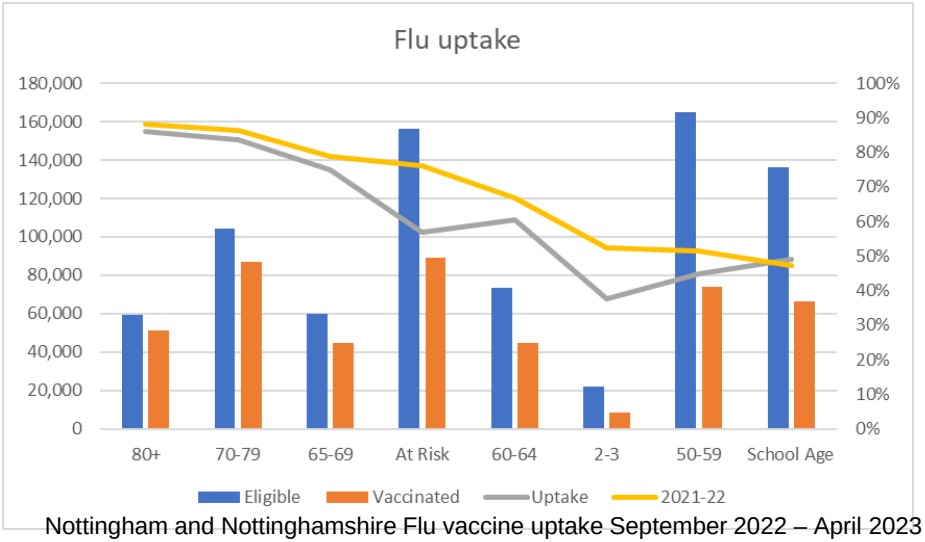
- Further local and regional communications plans in place to encourage those eligible to come forward
- Further planning for equity and inequalities with pop-up and van clinics planned for May-June 2023
- Known current data-lag (foundry), performance reporting currently effected.
- ICB level review and learning planned to share from covid-19 vaccinations that can inform other routine vaccinations and immunisations work.

FLU - as of 31 March 2023

- Vaccinations completed – 426,000 **(55%)**
- Target to achieve same or increase uptake as per the 2021-22 programme

Current risks:

- There continues to be low uptake of covid-19 Spring booster and the flu vaccination
- There is a significantly low uptake for 'at risk' citizens and 2–3-year-olds.



Nottingham and Nottinghamshire Flu vaccine uptake September 2022 – April 2023

6.5 (continued) - Improving Quality of Services – Exception Report Vaccinations, Patient Safety & Safeguarding

NHS Nottingham and Nottinghamshire

Patient Safety

The Patient Safety Network and PSIRF Implementation Group meeting were stood down in April 2023 due to industrial action. The next meeting is on 10 May 2023.

PSIRF key messages:

- The implementation group are now in Phase 3 of the national indicative timeline – Governance & Quality – which is anticipated to last until June 2023.
- This phase will cover the development of processes for incident response decision making; reporting of cross system issues; and monitoring system effectiveness.
- Phase 4 – creating a Patient Safety Incident Response Plan – will overlap and run from May 2023 to July 2023.
- The large acute providers continue to make progress in their adoption of PSIRF and all have started to gather intelligence to inform their Patient Safety Profile.
- Work has commenced involving small and independent providers plans around PSIRF implementation with a webinar planned for 12 May 2023 led by ICB Quality Assurance and Improvement team.

ICS Tissue Viability System Improvement Group (SIG)

- The group has met twice (February, April 2023) with representation from acute, independent and primary care settings.
- Governance arrangements include expressions of interest from system partners for a chair/facilitator of the group.
- The group have identified their ambitions for insight, involvement and improvement aligned to provider PSIRPs and the Patient Safety Strategy.
- Next steps include a workplan for the group to raise its profile through the ICS Design Collaborative Hub and System Quality Group.

6.5 (continued) - Improving Quality of Services – Exception Report Vaccinations, Patient Safety & Safeguarding

NHS Nottingham and Nottinghamshire

ICS Safeguarding & Public Protection Assurance Group

The role of the ICS Safeguarding & Public Protection Assurance Group last met on the 12 April 2023 with good representation from Safeguarding Leads across the ICS including Board managers from the Children's & Adults Safeguarding Boards and Partnerships.

Key updates and discussions included:

- The completion of the Local Safer Sleep guidance to be included in the Child Development (red) book. The non-fatal strangulation – professional information video has now been funded and is under development.
- A review into the ICB Court of Protection Cases was bought to the group to identify themes and trends which identified that although the number of cases has remained consistent over the last 3 years there is a considerable increase in the complexity and challenges being brought before the courts; many of these are linked with the transforming care programme, but there are also several welfare cases being seen from our CHC patients.
- Updates were given around the delegation of the PODS and the safeguarding impact for the system, which we have been assured will be minimal and we will follow the processes already implemented by NHSE. Consideration is being given to them carrying out a safeguarding self-assessment assurance tool, with further information to follow. A brief report was also tabled by the Named GPs, evidencing the number and details of support calls they have dealt with from primary care colleagues. No themes or concerns were highlighted.
- The Group endorsed the new procedure between MAPPA and primary care, which shares relevant information with the GP when a patient's licensed conditions places restrictions on who and where they can be seen.
- The Group also discussed the Government's decision to delay the implementation of Liberty Protection Safeguards (LPS) . All members agreed to refocus attention on the implementation of the MCA and to focus on upskilling the workforce in both children's and adults' services.
- Two New SARS have been commissioned in the County and the NCSP are finalising the report on the Harlow School investigation.

Areas for committees to be aware of:

- LPS has been postponed and will not be implemented within this current parliament
- City Care & NHCFT both site staff shortages as their main safeguarding concern
- The County Health MASH team continues to be under pressure due to capacity and demand issues; recruitment has been agreed and interim arrangements are in place until June 2023.
- MARACs continue to increase and the preliminary findings from trials is showing no improvement, in fact numbers are increasing. The six-month trial ends in May and this will then be reviewed.

NHS
Nottingham and Nottinghamshire

7: Service Delivery Performance

ICS Aim 1: To improve outcomes in population health and healthcare

ICS Aim 2: To tackle inequalities in outcomes, experience and access

- 7.1 – Service Delivery SPC Matrix
- 7.2 - Urgent Care Pathways
- 7.3 – Elective Care Recovery
- 7.4 – Mental Health Recovery
- 7.5 – Primary and Community Care Recovery

7.1 - ICB Service Delivery Metrics Insights – Reporting Period April 2022/23

April 2023		Assurance: Pass	Assurance: Hit & Miss	Assurance: Falling Below
Variation	Special Cause - Improvement	Talking Therapies <6 weeks Early Intervention Psychosis CYP Eating Disorders - Urgent CYP Access (1+ Contact)	Adult MH - 72 Hour Follow Ups Primary Care Appointments	78 Week Waits (Prov) 104 Week Waits (Prov) Talking Therapies Treatments (Access) Inappropriate OAP Bed Days SMI Physical Health Checks Adult SMI +2 Contacts Community Perinatal Access % Perinatal Access Volume Individual Placement Support CYP Eating Disorders - Routine NHS App Registrations
	Common Cause - Random	SDEC % of Total Admissions 2 Hour Urgent Care Response % Advice & Guidance (Pop) Talking Therapies < 18 weeks	Ambulance Conveyances Volumes & % A&E Attendances vs 19/20 (Pop & Prov) NEL Admissions vs 19/20 (Pop & Prov) 2 Hour Urgent Care Response Contacts Ambulance Response Cat 1 Ambulance Response Cat 2 Ambulance Response Cat 3 Hospital Handover Delays > 60 minutes 12 Hour Breaches % NEL Total Referrals (Pop & Prov) Ordinary Electives (Pop & Prov) Daycases (Pop & Prov) Outpatient 1st (Prov) Outpatient Fups (Pop & Prov) Total Diagnostic Activity (Prov) PIFU OP Fup 25% Reduction (Pop) RTT Admitted (Pop & Prov) RTT Non-Admitted (Prov) Op Plan Diagnostic Activity (Prov) Cancer FDS (Pop & Prov) Cancer 1st Treatments (Pop & Prov) Older Adult MH >90 day LOS	MSFT Length of Stay >21 days Pathway 1 - Discharge Home % Cat 2 waits below 40 minutes 12 Hour Breaches Actual 52 Week Waits (Prov) Outpatient 1st (Pop) Total Diagnostic Activity (Pop) OP Fup 25% Reduction (Prov) RTT Non-Admitted (Pop) Op Plan Diagnostic Activity (Pop) Diagnostic 6 Weeks % (Pop & Prov) Cancer 1st <31 days % (Pop & Prov) Cancer 62 Day % (Prov) Cancer 62 Backlog (Prov)
	Special Cause - Concern	Talking Therapies Recovery Rate Dementia Diagnosis	OP Virtual (Prov) Talking Therapies <90 days 1st to 2nd	Total Waiting List (Prov) OP Virtual (Pop) Community Waiting Lists Aged 0-17 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:

Electives:
- Patient Waiting List (Provider) - Page 32
- 52 Week Waits (Provider) - Page 32

Community:
- Community Waiting Lists Aged 0-17 - Page 43
- Community Waiting Lists Aged 18+ - Page 43

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.

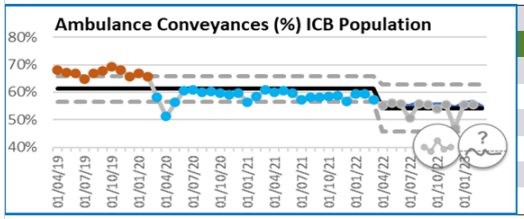
7.2 Service Delivery
Urgent Care Performance

7.2a – Urgent Care Access Exception Report
7.2b – Discharges and Out of Hospital Exception Report
7.2c – Urgent Care Compliance Exception Report

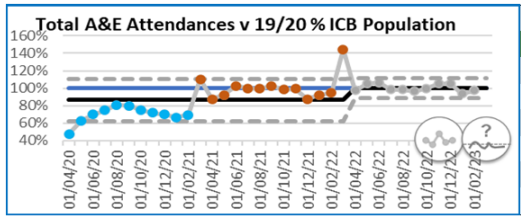
7.2a- Streamline Urgent Care – Exception Report : Access

NHS Nottingham and Nottinghamshire

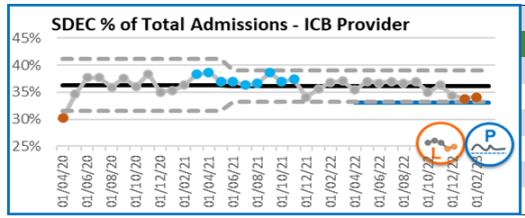
Urgent Care - Access



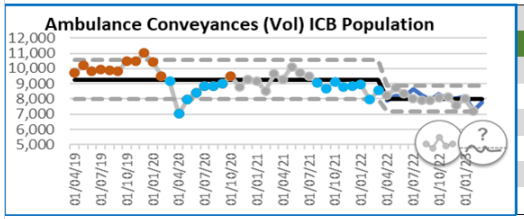
Feb-23
55.4%
2022-23 Plan
56.7%
Assurance
Flip
SPC Variation
Common Cause



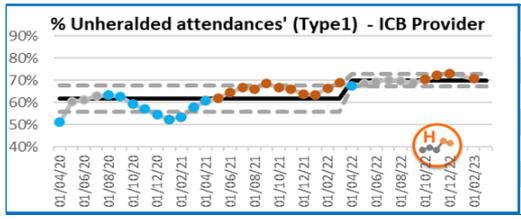
Feb-23
97.4%
2022-23 Plan
100%
Assurance
Flip
SPC Variation
Common Cause



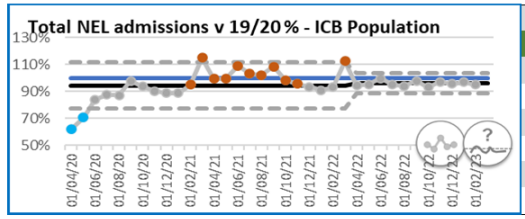
Feb-23
34.1%
2022-23 Plan
33.0%
Assurance
Pass
SPC Variation
Concerning - Low



Feb-23
7202
2022-23 Plan
7254
Assurance
Flip
SPC Variation
Common Cause



Feb-23
70.71%
Target
-
Assurance
-
SPC Variation
Concerning - High



Feb-23
95.1%
2022-23 Plan
100%
Assurance
Flip
SPC Variation
Common Cause

Summary

Ambulance Conveyances - Calls which result in an emergency response arriving at the scene, followed by ambulance conveyance to a healthcare facility as % of incidents continue to reduce and are now below planned levels. This has been a sustained improved position since pre-covid levels meaning common cause alert and flip assurance.
A&E and NEL activity plans - Ongoing positive signs of reduction in ED attends, NEL activity and EMAS conveyances for Cohort 1 and 2 of High Intensity Service User (HISU) patients. ED Bed waits dropped per patient on average from the Dec 22 – Jan 23, despite admissions going up on average per day.
Unheralded Attendances have decreased marginally for February, however, the SPC alert remains as concerning, as is above the pre-covid mean. These are patients that have attended A&E without accessing 111 or their GP practice in advance.

Actions

A&E - A&E front door pressure has varied due to the public response to industrial action, however the continued high levels of MSFT in acute beds and occasional high attendance days have created spikes in the ambulance turnaround delays during Q4 2022/23. Work is ongoing to improve acute flow to facilitate a smoother journey through emergency departments and reduce the number of bed waiters in department. A push on virtual ward, SDEC and Urgent Community Response service utilisation is ongoing into Q1 2023/24 to further improve flow out of acute service to increase flow.

A&E Flow - SDEC Services - 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. This is tracked closely within the Right Place First Time Board. Data for February shows that 34.1% of total admissions are SDEC. Performance has been consistently above the 33% target in the above chart. B6 Nursing pathway commenced on 20th February 2023 (SFH, Medical SDEC), which is expected to make the answering of the phone and data collection more consistent and robust. An initial meeting between SFH and NEMS colleagues took place to explore opportunity to establish a direct referral pathway for NEMS (111, ED validation patients) into Medical SDEC.

POG Assurance - Partial Assurance

Demand levels entering the urgent care system are within planned levels (A&E and NEL), and within prior year positions, at a population level.

Ambulance conveyance volumes and percentages of ambulance activity are under planned levels.

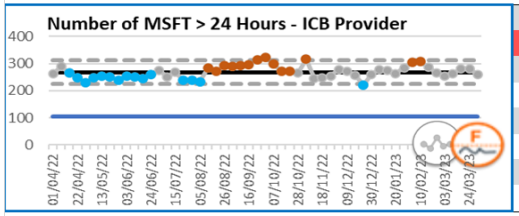
Unheralded activity levels are still above the pre-covid mean however, which will be reviewed further to identify any potential mitigations which can be established across the urgent care front door pathway.

Plans are in place to increase the proportion of patients that access the SDEC pathway which has reduced in recent months.

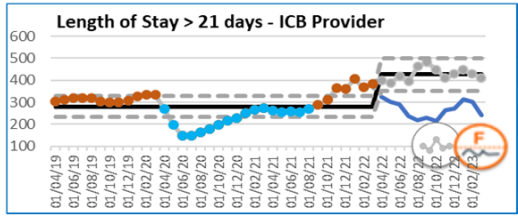
7.2b - Streamline Urgent Care – Exception Report: Discharges and Out of Hospital Provision

NHS Nottingham and Nottinghamshire

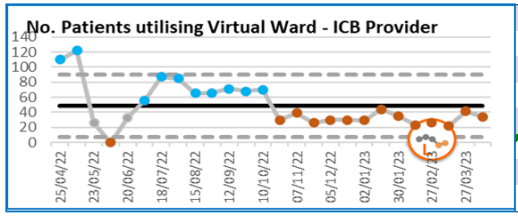
Urgent Care - Acute Discharges & out of hospital provision



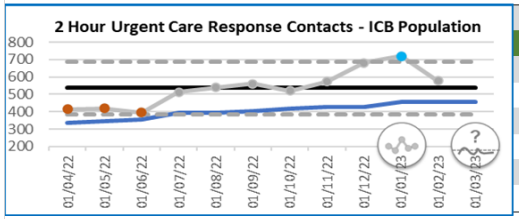
Mar-23
260
2022-23 Plan
104
Assurance
Fail
SPC Variation
Common Cause



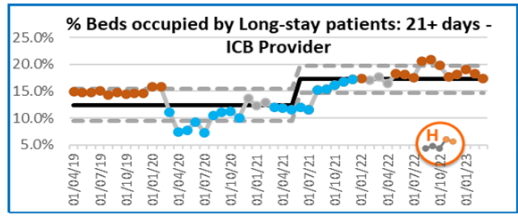
Mar-23
411
2022-23 Plan
241
Assurance
Fail
SPC Variation
Common Cause



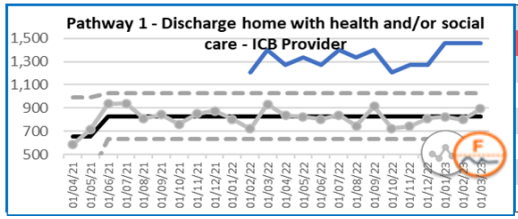
Apr-23
34
2022-23 Plan
-
Assurance
SPC Variation
Concerning - Low



Feb-23
579
2022-23 Plan
457
Assurance
Flip
SPC Variation
Common Cause



Mar-23
17.4%
2022-23 Plan
Assurance
SPC Variation
Concerning - High



Mar-23
892
2022-23 Plan
1460
Assurance
Fail
SPC Variation
Common Cause

Summary

Patients Medically Safe to transfer from acute episode of care continue to be significantly higher than the acute baselines and are significantly higher than the modelling assumptions within the operational plans for 2022/23. This was expected to ease once the local authority backlogs reduced however this does not appear to have had the impact intended despite some improvements since early February. The volumes of MSFT remain too high for an efficient flow through the system and need to reduce significantly to aim for the national target of 50% of the December 2021.

LOS >21 days has a Common Cause High Alert as levels have remained at significantly high levels since April 2022 but have begun to reduce in recent months. Within the system, 19.6% of all available acute beds are currently occupied by +21 day patients as at 13th April 2023. The systems inability to provide sufficient homecare packages and care home placements to meet current demand continues to be the main reason for patients experiencing long delays and remaining in hospital beyond their determined safe transfer decision date, however internal acute delay reasons are also being reviewed.

Pathway 1 - Discharges - Volumes have remained around the mean since June 2021, reporting no improvement since the introduction of the P1 business case.

Actions

Medically Safe to Transfer - Numbers of MSFT across the ICS have remained relatively static, however the P1 interim beds have supported flow while the investment into P1 services (via the P1 business case) has been mobilising and embedding (recruitment should be complete during April 2023). The D2A Business Case is now starting to deliver additional capacity, and further schemes have been brought online across the system funded through the BCF that combined have led to a reduction in both the number of waits within LA services and waits in hospital for MSFT patients.

Long length of Stay - LLOS Taskforce is being established led by the ICB Medical Director. ICB discharge deputy and hub lead roles expected to start towards the end of May 2023. Both short and longer term transformation of P2 and P3 capacity has commenced across the ICS, including recommissioning P2/P3 beds, NHFT streamlining flow through their P2 beds, SFHT, NUH and DBH undertaking LLOS Task Group to focus on internal reasons for delay.

Virtual Wards - Current challenges in gathering virtual ward data, despite good progress, the data is not available to demonstrate the work being undertaken. Providers to submit options for Frailty VWs by 30th March. SFHFT also launching step-down frailty VW pilot w/c 18th April.

POG Assurance - Low Assurance

Data for week ending 02/04/23 shows that the volume of pathway 1 discharges were below the system trajectory (259 against a plan of 303). The volume of MSFT patients were higher than the planned number at 260 against a plan of 104.

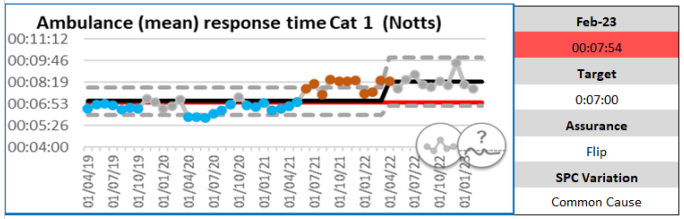
A meeting has been held with NUH and SFH to discuss abandoned discharges and P1 low level of referrals raised by providers.

Declined referrals and P1 capacity have been discussed and D2A one version of the truth data capture has commenced at SFH and BDGH (work continuing at NUH re nerve centre).

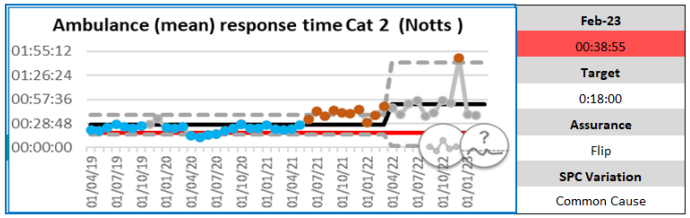
7.2c - Streamline Urgent Care – Exception Report : Compliance

NHS Nottingham and Nottinghamshire

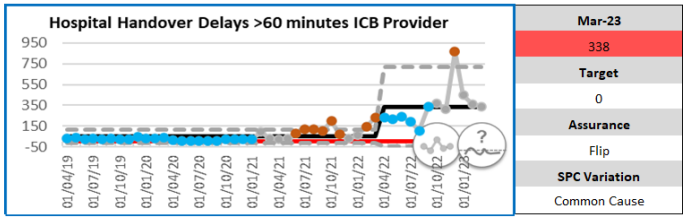
Urgent Care - Performance Compliance



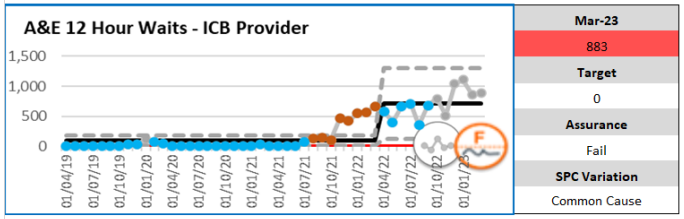
Feb-23
00:07:54
Target
0:07:00
Assurance
Flip
SPC Variation
Common Cause



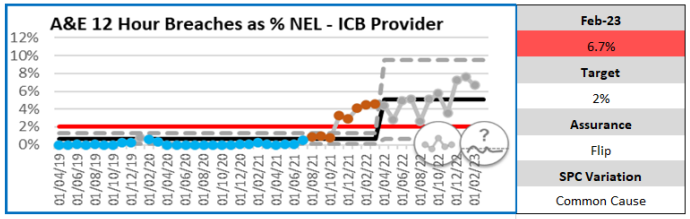
Feb-23
00:38:55
Target
0:18:00
Assurance
Flip
SPC Variation
Common Cause



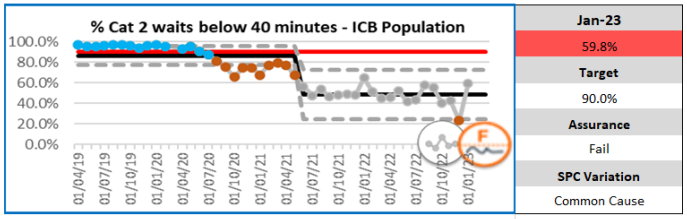
Mar-23
338
Target
0
Assurance
Flip
SPC Variation
Common Cause



Mar-23
883
Target
0
Assurance
Fail
SPC Variation
Common Cause



Feb-23
6.7%
Target
2%
Assurance
Flip
SPC Variation
Common Cause



Jan-23
59.8%
Target
90.0%
Assurance
Fail
SPC Variation
Common Cause

Summary

Ambulance Handover Delays >60 minutes: There is a common cause alert for this metric due to high values remaining in line with the mean. While as system it is recognised by EMAS and the NHSE Regional team that the system works effectively to share the risk across the system with a single goal of transferring patients from the ambulance into the hospitals at the earliest opportunity, current pressures have meant that this has been a very difficult position to deliver during 2022/23. Performance continues to improve but remains significantly above target.

Ambulance Response Times: Category 1 and 2 response times have returned to the mean position, which is 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). March performance is expected to be impacted by three days of strike action for EMAS.

12-Hour Breaches: Common cause alerts as volumes of patients waiting more than 12 hours from clinical decision to admit continue to be above the mean despite recent reductions.

Actions

Ambulance Handover Delays - the system advocates a total system partner response to delays with ambulances and aims to release ambulances at the earliest opportunity. Significant work has been undertaken across the front of the pathway, to avoid admission and transfers into the hospitals, which can be evidenced by the reduced % of ambulance conveyances, however as the quantum of demand for ambulances has significantly increased this has still meant additional activity being directed to the hospitals overall. Reducing conveyances continues to be a focus across the system, with additional mental health nurses being recruited within ambulance call centres and additional training of EMAS staff to navigate patients to alternative appropriate services.

12 Hour Breaches - actions include targeted work through admission avoidance initiatives to reduce footfall into ED, maximising discharge profiles for simple and supported discharges to improve hospital flow, with a focus on pre-noon discharges, thematic review of long waits to identify specific high impact actions.

POG Assurance - Low Assurance

12 Hour waits - Harm reviews are being undertaken and thematic reviews being addressed through the System Quality Group.

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 A&E Board.

Ambulance 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 focus report on ambulance delays will be taken to a future Urgent and Emergency Care Board to discuss approaches to improving the position.

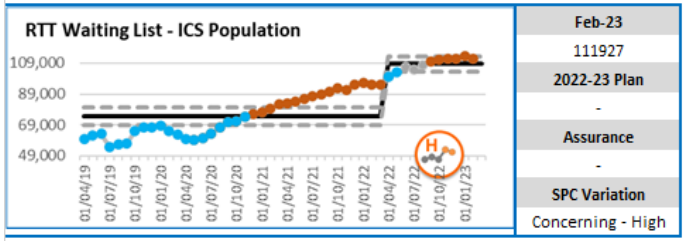
7.3 Service Delivery
Elective Care Performance

7.3a – Elective Waits Exception Report
7.3b – Elective Activity Exception Report
7.3c – Productivity and Transformation Exception Report
7.3d – Cancer Exception Report
7.3e – Diagnostics Exception Report

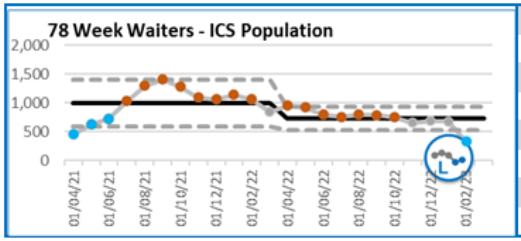
7.3a - Recover Services and Address Backlogs – Exception Report : Elective Waits

NHS Nottingham and

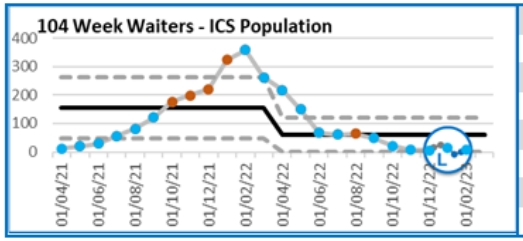
Elective Waits - Total Waiting List and Long Waits



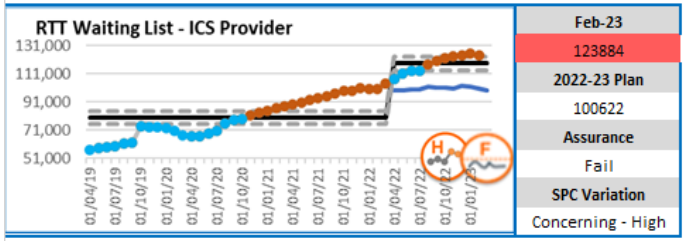
Feb-23
111927
2022-23 Plan
-
Assurance
-
SPC Variation
Concerning - High



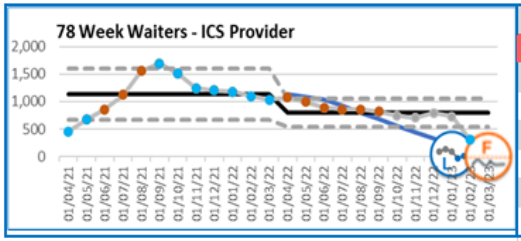
Feb-23
329
2022-23 Plan
-
Assurance
-
SPC Variation
Improving - Low



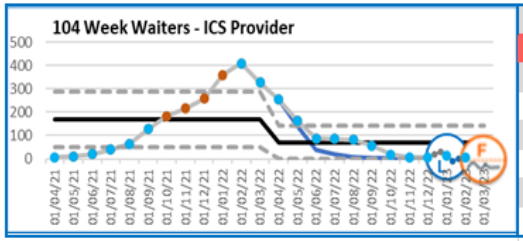
Feb-23
7
2022-23 Plan
-
Assurance
-
SPC Variation
Improving - Low



Feb-23
123884
2022-23 Plan
100622
Assurance
Fail
SPC Variation
Concerning - High



Feb-23
311
2022-23 Plan
109
Assurance
Fail
SPC Variation
Improving - Low



Feb-23
4
2022-23 Plan
0
Assurance
Fail
SPC Variation
Improving - Low

Summary

Waiting List - showing concerning-high variation due to continual deterioration of the position and failure to deliver against the plan. A reduction of 23,262 patients is needed to return to plan.

78 Week Waits - showing special cause low-improving variation as the position has improved to below the mean. The volume of 78ww is higher than the planned level at February 2023. The forecast for the system was zero 78 weeks by March 2023, however provisional data shows that this has not been achieved.

104 Week Waits - showing special cause low-improving variation as the position remains below the mean. The national target was zero 104 week waits by the end of June 2022 except where patients choose to wait beyond the date offered. At the end of February, there were 7 patients waiting 104 weeks or more at NUH, all breached due to complexity. The confirmed position for April 2023 was 1 patient waiting 104 weeks or more for the system, this was due to a patient preference to be treated in May.

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.

78 week waits – Action is being taken to improve the position each week, supported by additional NHS funding. The forecast across NUH, SFH and the Independent Sector for the end of April 2023 was zero patients waiting over 78 weeks or more, however the confirmed position was 172 patients due to the impact of industrial action.

POG Assurance - Limited Assurance

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

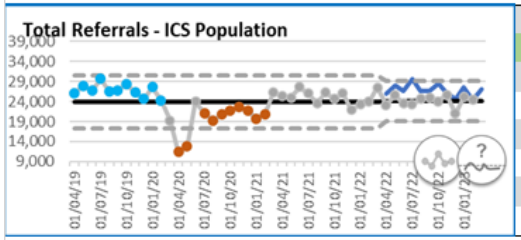
Provisional data shows that the system position for 78-week waiters is 159 patients at 09/04/23 (156 at NUH, 3 at SFH). The latest forecast for the end of May is 9 patients waiting over 78-weeks for treatment, of which 8 have expressed the preference to be treated in June rather than at an earlier opportunity.

The industrial action by junior doctors has been a key driver behind the increasing forecasts. However, indirect impacts of the industrial action have also contributed to the rise, which include lower booking levels, increased time planning as well as time post-strike to return to normal working practices. The SFH position has also been impacted by delivering mutual aid by treating long waiting patients from other providers.

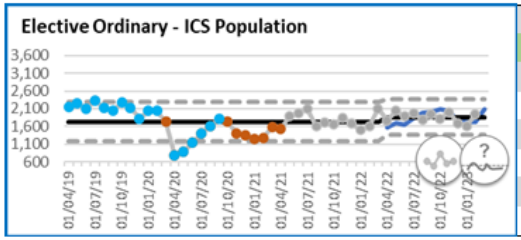
7.3b - Recover Services and Address Backlogs – Exception Report Elective Activity

NHS Nottingham and Nottinghamshire

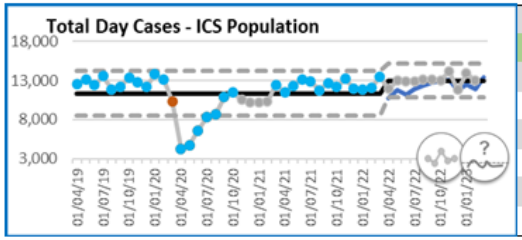
Elective Recovery - Activity



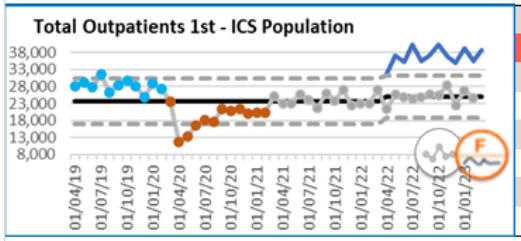
Feb-23
24396
2022/23 Plan
24275
Assurance
Flip
Variation
Common Cause



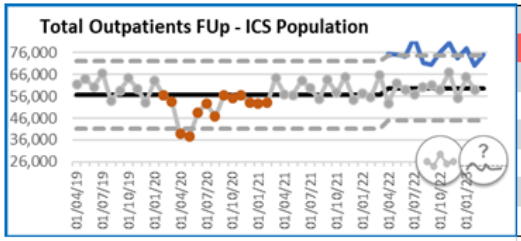
Feb-23
1939
2022/23 Plan
1733
Assurance
Flip
Variation
Common Cause



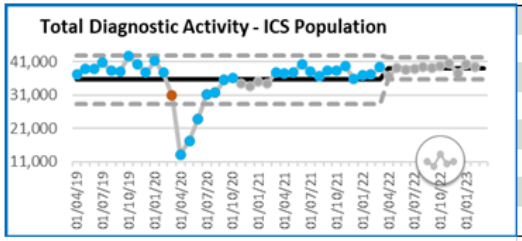
Feb-23
12960
2022/23 Plan
11887
Assurance
Flip
Variation
Common Cause



Feb-23
24672
2022/23 Plan
35390
Assurance
Fail
Variation
Common Cause



Feb-23
59067
2022/23 Plan
70193
Assurance
Flip
Variation
Common Cause



Feb-23
39493
2022/23 Plan
-
Assurance
-
Variation
Common Cause

Summary

These charts compare the February activity level to the operational plan. The charts include activity for the whole ICB population and at all providers (NHS and IS).

All charts are showing common cause variation, which indicates a period of sustained activity around the mean (the black line).

Total Referrals, Elective Ordinary and Elective Day cases are all reported above planned levels for February.

A 'Fail' Assurance alert has been triggered for outpatients 1st attendances as the current run rate of activity varies significantly from the planned level and has led to the plan being outside of the upper control limit, and therefore future failure of the plan is likely unless effective action is taken.

Actions

Elective Capacity - Staffing challenges through staff vacancies and sickness remain a key challenge for the system. The system continues to have levels of staff absence between 7% to 8% of the acute provider workforce. This has resulted in increased utilisation of agency staff, which is above the planned level.

Sourcing Additional Capacity -Fully utilising Independent Sector capacity and identifying mutual aid potential across NHS Providers where clinically appropriate. Around 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.

Infection Prevention and Control (IPC) restrictions have been eased in line with national guidance, which will support more productive and flexible use of capacity.

POG Assurance - Limited Assurance

Outpatients remain below planned levels for February. A task and finish group has been set up within the system to examine system productivity in more detail, which will begin by reviewing benchmarking analysis produced by the NHSE/I National Team. This work will bring together activity and finance analysis to generate a shared understanding of the key drivers behind the productivity benchmark position for the system.

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.

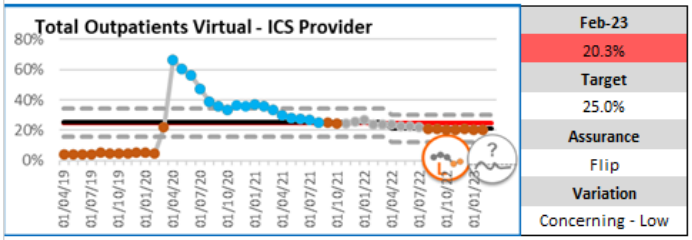
System needs to determine the most appropriate way to protect elective activity wherever possible.

The system needs to remain focused on transformation areas such as A&G, PIFU and virtual outpatients to support patients on the waiting list. (see Productivity & Transformation section of the report).

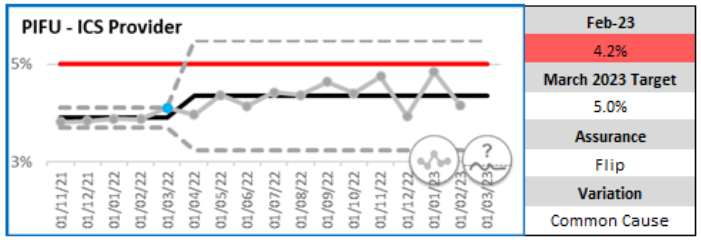
7.3c - Recover Services and Address Backlogs – Productivity & Transformation

NHS Nottingham and Nottinghamshire

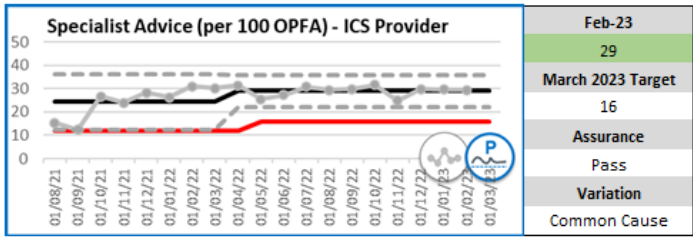
Elective Recovery - Productivity & Transformation



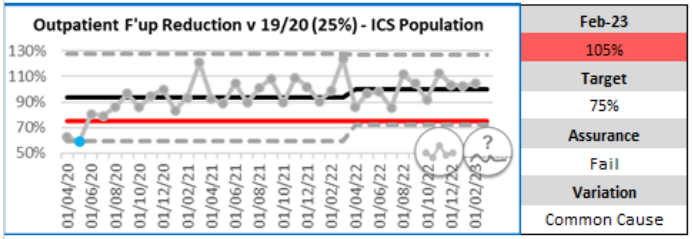
Feb-23
20.3%
Target
25.0%
Assurance
Flip
Variation
Concerning - Low



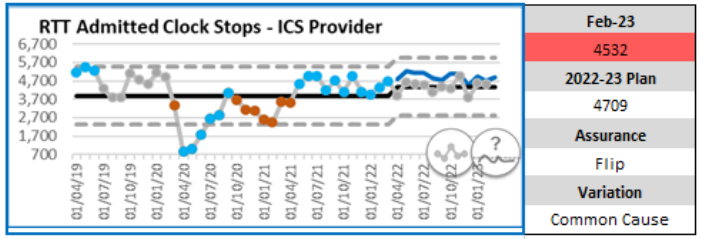
Feb-23
4.2%
March 2023 Target
5.0%
Assurance
Flip
Variation
Common Cause



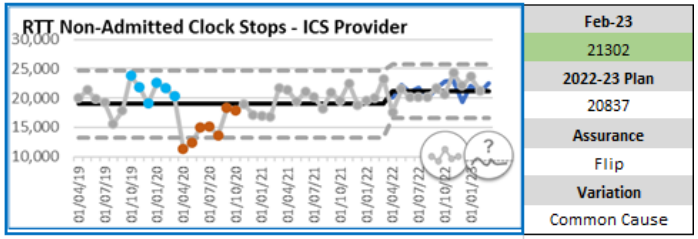
Feb-23
29
March 2023 Target
16
Assurance
Pass
Variation
Common Cause



Feb-23
105%
Target
75%
Assurance
Fail
Variation
Common Cause



Feb-23
4532
2022-23 Plan
4709
Assurance
Flip
Variation
Common Cause



Feb-23
21302
2022-23 Plan
20837
Assurance
Flip
Variation
Common Cause

Summary

Outpatient Virtual: Concerning - Low variation, 'flip' target delivery as the target is near the mean. The latest position for the system is 20.3%, which is below the national standard of 25%. Since April 2022, the position for the system has reduced from 24% to the 20.3% reported in February.
Outpatient Follow-up 25% Reduction: The ICS plan did not deliver the 25% reduction due to c32,000 patients at SFH and NUH who have an overdue follow up review. Reducing follow up appointments by 25% would result in patients waiting longer putting them at increased clinical risk and potentially increasing backlogs.
PIFU - has not achieved the target during 2022/23 and remains around the mean
Advice & Guidance Target: minimum of 12 A&G requests delivered per 100 first outpatient attendance, rising to 16 by March 2023. The ICS has exceeded this standard throughout 2022/23, hence the 'pass' assurance that this is expected to deliver into future months. The utilisation rate in February 2023 was 29.
Admitted and Non-Admitted Clock Stops: These charts show common cause variation, with activity being delivered on or above the mean. Non admitted clock stops exceeded plan for February by 465. However, admitted clock stops continue to be below planned levels. These need to significantly increase in order to impact on waiting lists.

Actions

Outpatient Virtual: NUH and SFH submitted trajectories which showed delivery of the 25% national standard by March 2023. SFH have developed an implementation plan, which outlined four workstreams to increase virtual attendances. These were data, admin processes, governance and safeguarding. The specialties being focused upon initially were: Rheumatology, Diabetes and Clinical Haematology, which were highlighted as opportunities within regional benchmarking. NUH are reliant upon a digital solution to increase utilisation of virtual appointments within the Trust. There will be further focus on these areas in 2023/24.

Patient Initiated Follow Up (PIFU): Providers are expanding the uptake of PIFU to all major outpatient specialties, with the ambition of moving or discharging 5% of outpatient attendances to PIFU pathways by March 2023.

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.

POG Assurance - Limited Assurance

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. Future service change plans will focus on safely progressing the reductions required.

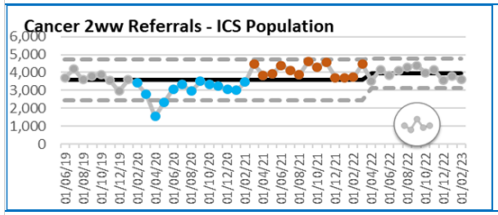
Utilisation of **Advice and Guidance** deteriorated through the winter period however the system continues to consistently achieve the national standard. There is confidence that this performance level will continue during the remainder of the financial year.

Admitted and Non-Admitted Clock Stops. There continues to be challenges around the level of staff sickness, which will impact the volume of activity that can be delivered.

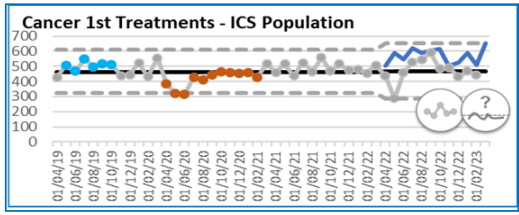
7.3d - Recover Services and Address Backlogs – Exception Report : Cancer

NHS Nottingham and Nottinghamshire

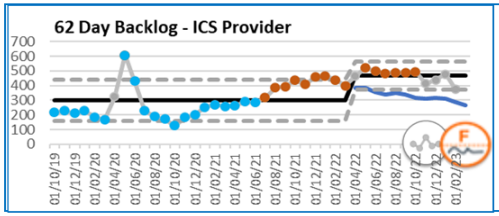
Cancer Recovery - Total Provider View



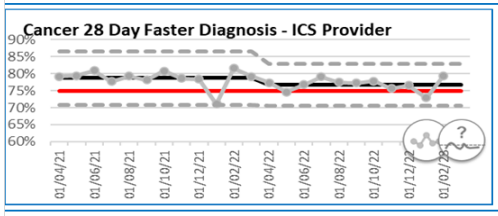
Feb-23
4396
2022/23 Plan
-
Assurance
-
Variation
Common Cause



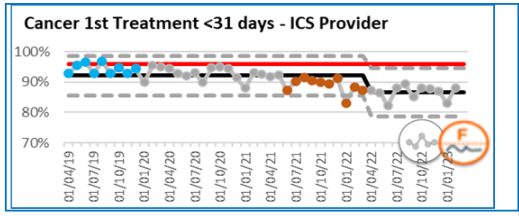
Feb-23
539
2022/23 Plan
621
Assurance
Flip
Variation
Common Cause



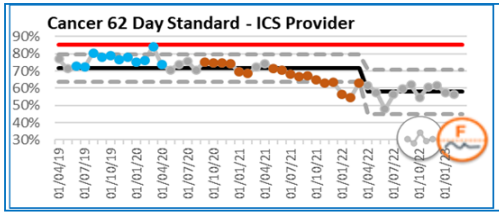
Feb-23
377
2022/23 Plan
291
Assurance
Fail
Variation
Common Cause



Feb-23
79.4%
Target
75.0%
Assurance
Flip
Variation
Common Cause



Feb-23
88%
Target
96%
Assurance
Fail
Variation
Common Cause



Feb-23
56%
Target
85%
Assurance
Fail
Variation
Common Cause

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 March 2021. This is across all tumour sites and continues to lead to pressures on services and impacts all other measures. SFH achieved the 2ww standard in February 2023 for the second consecutive month and NUH achieved for the first time since March 2021.

28 Day Faster Diagnosis: common cause and 'flip' assurance indicate activity remains around the mean and will therefore hit or miss the target. FDS was achieved by both providers in February 2023. The latest benchmarking data relates to January and shows that only one system within the region that achieved the 28-day FDS standard in that month (Northamptonshire ICB).

31 Day & 62 Day Performance: Common cause assurance indicates activity remains around the mean and will therefore hit or miss the target. The continued high level of two-week wait referrals has placed pressure on outpatient capacity in some areas, especially Gynae, Urology and LGI, impacting on the 62-day pathway.

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 the majority 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.

Workforce issues are a key factor impacting the capacity of histology and radiology as well as the oncology appointment capacity. The increased waiting times for PET scans and subsequent reporting continue to impact lung and LGI tumour sites. Histology reporting also remains a concern due to ongoing workforce challenges at NUH.

POG Assurance - Limited Assurance

62 Day Backlog- reductions seen in October and November, however the position has since been impacted by system pressures and industrial action. The latest weekly ICB data for week ending 02/04/23 is 372 patients against a plan of 265 patients. NUH have 324 patients against a plan of 198 and SFH have 48 patients against a plan of 67. SFH benchmark well nationally for the proportion of the waiting list that are waiting 62 days or more (3.08% at 26/03/23).

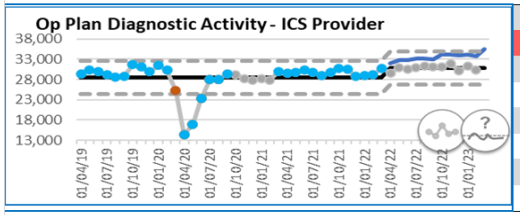
NUH are above the national average of the waiting list that are waiting 62 days or more (11.4% at 26/03/23). The 104-week waiter meetings that take place with NHSE have been expanded to cover cancer performance on a fortnightly basis. This enables a granular discussion to take place around plans to reduce the 62-day cancer backlog.

62-day standard performance is expected to remain at lower levels during the time that longer waiting patients are progressed through to treatment. The target is a measure of the point at which treatments are undertaken.

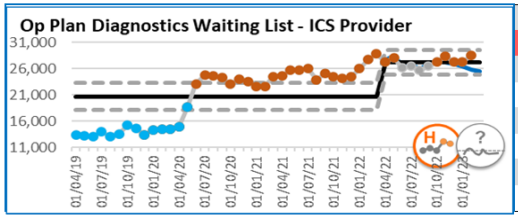
7.3e - Recover Services and Address Backlogs – Exception Report: Diagnostics

NHS Nottingham and Nottinghamshire

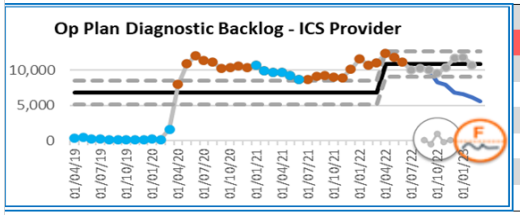
Diagnostics Recovery - Total Provider View



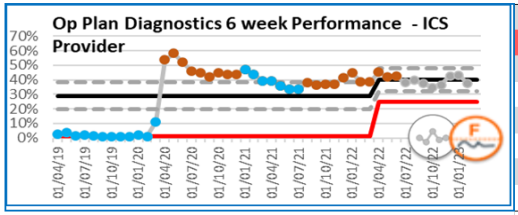
Feb-23
30438
2022-23 Plan
33773
Assurance
Flip
Variation
Common Cause



Feb-23
28594
2022-23 Plan
25761
Assurance
Flip
Variation
Concerning - High



Feb-23
10708
2022-23 Plan
6145
Assurance
Fail
Variation
Common Cause



Feb-23
37.4%
2022-23 Plan
25.0%
Assurance
Fail
Variation
Common Cause

Diagnostic Modality - Highlighted Modalities are included in the OP Plan

Variances achieving the 25% standard are highlighted green

ICS Provider	Waiting List	Backlog	%
MRI	7,998	3,826	47.8%
Computed Tomography	4,640	1,090	23.5%
Non-obstetric ultrasound	7,264	1,243	17.1%
Echocardiography	6,290	3,602	57.3%
Colonoscopy	861	297	34.5%
Flexi sigmoidoscopy	392	201	51.3%
Gastroscopy	1,149	449	39.1%
Total - Plan Modalities	**28,594**	**10,708**	**37.4%**
Barium Enema	0	0	-
DEXA Scan	1,162	255	21.9%
Audiology	1,531	506	33.1%
Cardiology - Electrophysiology	0	0	-
Neurophysiology	301	1	0.3%
Sleep studies	1,252	683	54.6%
Urodynamics	185	51	27.6%
Cystoscopy	449	132	29.4%
Total - All Modalities	**4,880**	**1,628**	**33.4%**

Summary

These charts display the latest position for MRI, CT, NOUS, Colonoscopy, Flexi-Sigmoidoscopy, Gastroscopy and Echocardiography, which were included in the Operational Plan (OP plan) for 2022/23.

Diagnostic activity and backlog: showing as common cause variation with activity levels around the mean, but the position does vary by modality and provider. However, activity remains below the planned level.

Diagnostics waiting list: showing concerning high variation due to a sustained period above the mean (the black line).

Diagnostic 6-week performance for plan modalities: February at 37.4% with the 6-week backlog decreasing to 10,708 from 11,843 patients in January.

MRI: challenging at NUH, however the position has improved substantially since January 2022. The MRI waiting list and backlog have decreased by around 330 patients. Mutual aid has been provided by SFHT during this time. However, the backlog remains high for the system at 3,286 patients at the end of February 2023.

Echocardiography: The data for February shows that Echo is performing at 57.3% for SFH and NUH. After a period of rapid increase, the backlog and waiting list are now showing signs of reduction at NUH. However, pressures remain at SFH.

Actions

MRI - NUH have two relocatable units in addition to two mobile units in place to provide additional capacity, which has been a key driver behind the improvements seen this year. Additional revenue has recently been allocated to the system by NHSE, which will improve the system financial position as well as allow for an additional MRI machine at NUH.

Echocardiography (ECHO) at NUH has seen an improved position, this has been achieved using additional sessions and improved staffing levels, these efforts have supported the backlog to stabilise and begin to reduce. However, the echocardiography position at SFH continues to be very challenging. The service is exploring securing additional capacity through utilising locum staff as well as investigating insourcing possibilities, which will stabilise the waiting list and backlog. Longer term solutions around recruitment and the development of the CDC are required to support the service in future.

POG Assurance - Limited Assurance

A sustained increase in activity is required in order deliver the planned backlog and waiting list levels.

Overall, the diagnostics position for the system remains challenging. Modality level performance for February is shown above and highlights that MRI, Echocardiography and Flexi Sigmoidoscopy are key drivers of the current performance challenges.

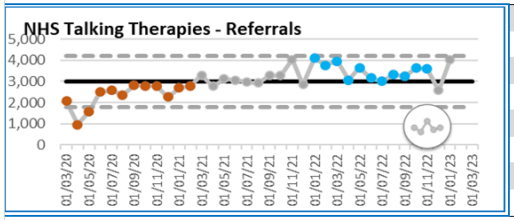
7.4 Service Delivery
Mental Health Performance

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

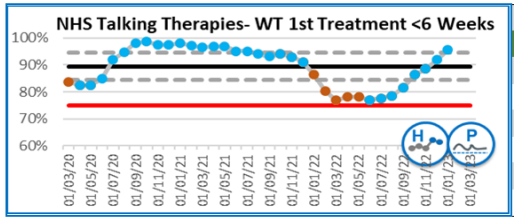
7.4a - Recover Services and Address Backlogs – Exception Report : Mental Health – NHS Talking Therapies (formerly IAPT)

NHS Nottingham and Nottinghamshire

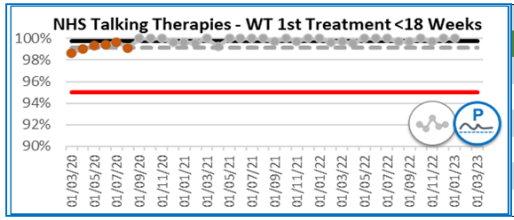
Mental Health - NHS Talking Therapies



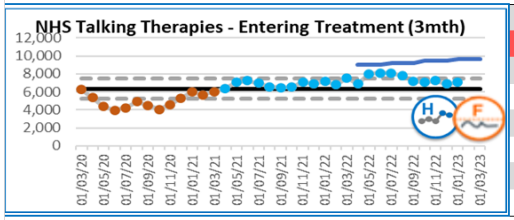
Jan-23
4045
2022-23 Plan
-
Assurance
-
SPC Variation
Common Cause



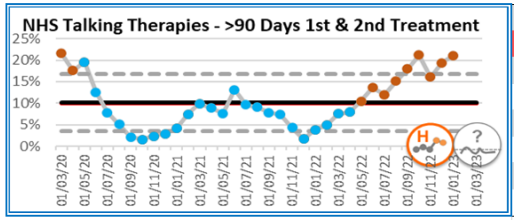
Jan-23
96%
Target
75%
Assurance
Pass
SPC Variation
Improving - High



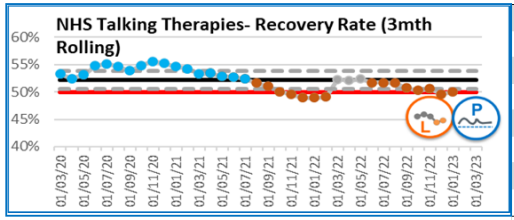
Jan-23
100%
Target
95%
Assurance
Pass
SPC Variation
Common Cause



Jan-23
7065
2022-23 Plan
9648
Assurance
Fail
SPC Variation
Improving - High



Jan-23
21%
Target
10%
Assurance
Flip
SPC Variation
Concerning - High



Jan-23
50.0%
Target
50.0%
Assurance
Pass
SPC Variation
Concerning - Low

Summary

- NHS Talking Therapies (formerly IAPT) referrals are above the mean showing common cause variation.
-Treatment numbers (3-month) rolling average are above the mean but still below planned levels, 7065 against 9648 plan, which is a reducing position.

The service continues to achieve and exceed the 6 week (95.6%) and 18 week (100%) waiting time standards. The average wait for treatment for January 2023 increased to 21 days from 18 days in previous months. The number of people waiting for 1st appointment remained at c.1700 for the third month in a row; more people waited over 90 days for their 2nd appointment (21.1%).

Patients **waiting over 90 days** between 1st and 2nd treatments have risen over the past 6 months, causing a special cause alert in month, due to the issues described above.

Recovery Rate achieved the 50% target but due to deteriorating low performance has a special alert concerning warning.

Actions

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

- Weekly monitoring of data to review variation in activity numbers and assess impact of mitigations plans.
- Capacity – additional capacity implemented October 2022, which continued to increase month on month.
- Access – ICB led promotion of Talking Therapies is now focused on comms for the launch of the new service from 1 April 2023.
- Waiting times –ongoing use of remote teams and affiliates; 9 trainees commenced in September 2022, 26 trainees being recruited for Spring 2023; use of NHS Limbic Care and psychological wellbeing practitioner (PWP) wellbeing calls to support patients who are waiting.
- Recovery –additional support for staff with lower recovery rates; ongoing review of suitability of cases

POG Assurance - Limited Assurance

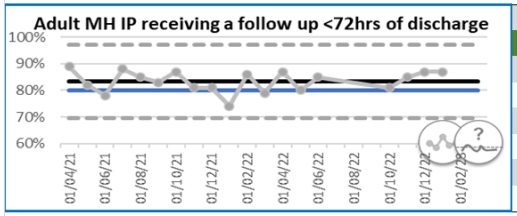
Mobilisation of the new provider has focused on workforce, estates, data migration and comms. A transition plan aimed to ensure the impact on service users was minimal, the plan is reviewed on a weekly basis.

The new service successfully launched on 1 April 2023. Mobilisation meetings will continue to the end of April when business as usual contract management will commence.

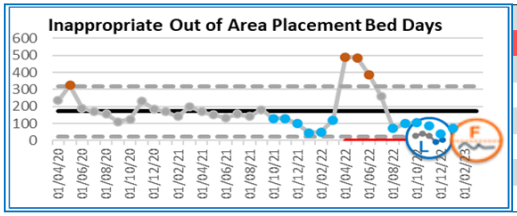
7.4b - Recover Services and Address Backlogs – Exception Report: Mental Health - Adult Services

NHS Nottingham and Nottinghamshire

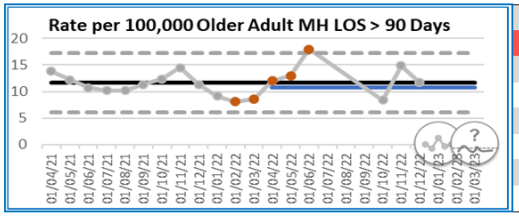
Mental Health - Adult Mental Health



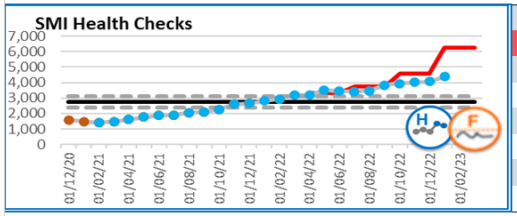
Jan-23
87%
Target
80%
Assurance
Flip
SPC Variation
Common Cause



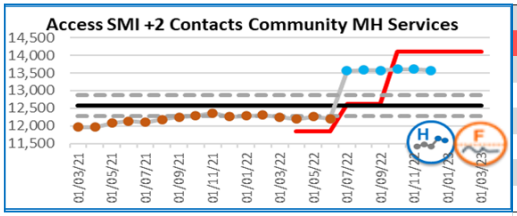
Jan-23
70
2022-23 Plan
0
Assurance
Fail
SPC Variation
Improving - Low



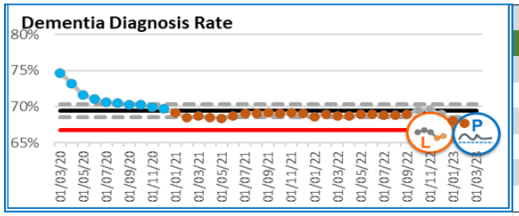
Dec-22
12
Target
11
Assurance
Flip
SPC Variation
Common Cause



Jan-23
4377
2022-23 Plan
6237
Assurance
Fail
SPC Variation
Improving - High



Dec-22
13570
2022-23 Plan
14101
Assurance
Fail
SPC Variation
Improving - High



Feb-23
67.7%
Target
66.7%
Assurance
Pass
SPC Variation
Concerning - Low

Summary

72 Hour Follow Ups - this target is near the mean level of performance, therefore is likely to hit and miss the target due to normal variation in performance.
OAPs - In Q3 2022/23 there were 154 OBDs, against a trajectory of 0; this was an improved position on Q2 where 416 OBDs were reported. The number of OBDs reported in February 2023 has increased to 92, from 70 in January 2023 . Performance continues to be 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.
Older Adult +90 days - the performance is near the mean therefore is likely to hit and miss the target. The recent reduction has brought this back to common cause variation.
SMI Physical Health Checks - In 2022/23 the ICS target is 6,237, the March 2023 performance remains below target, however local data suggests it has increased to 5,092, which is 81.7% of the target.
There is variation in performance across the ICS, in Bassetlaw performance is greatest (64.7%), with Nottingham City the lowest performing place (52.0%). Actions are underway to improve performance.
Adult SMI +2 contacts - are under plan due to the stepped increase in planned levels expected from December, for which delivery has not increased in line with planned levels.
Dementia - The ICB continues to exceed the national dementia diagnosis rate standard (67.7%) in February 2023. The number of diagnosed patients increased but the nationally estimated prevalence also increased, resulting in a slight decrease in the rate. 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. During Q4, a review of CRHT is being taken against Core Fidelity Standards and standards outlined by Royal College of Psychiatrists and will propose a service model that delivers all Core Fidelity Standards with plans for implementation in 2023/24. 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.
SMI Health Checks - An ICS recovery action plan is in place to support improvements in performance. Actions include:

- A Peer Support Worker Team is being recruited through Nottinghamshire MIND to improve the access, experience, outcomes and follow ups of the health check.
- The data recording system being used by Health Improvement Workers (HIWs) is transferring to SystmOne by the end March 2023. A survey has been sent to practices as part of the Health Improvement Worker review. Results are expected May 2023. The review will help inform recommendations for future delivery model and investment in June 2023. The PHSMI LES has been has continued in 2023/24, incentivising GPs to complete the checks, alongside the revised national QOF scheme.

Dementia - MAS teams continue to flex staffing, to ensure equitable waits across the system. Non-recurrent funding of 2.2 WTE Non-Medical Prescribers has been agreed to help reduce the backlog in 2022/23.

POG Assurance - Partial Assurance

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.

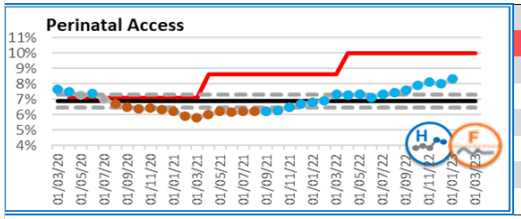
SMI Health Checks - Oversight of delivery of the standard has been integrated into the Community Mental Health Transformation Programme. This ensures coordination with all service developments, including the development and expansion of Local Mental Health Teams and introduction of Mental Health Practitioners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

Dementia - The Memory Assessment Service (MAS) has reduced average waiting times significantly since its reinstatement in September 2020 from 36 weeks to 12.2 weeks in February 2023. An NHSE led audit of MAS took place in February 2023, findings from this audit will be embedded into the updated waited time recovery trajectory action plan for 2023/24, which will be completed by the end of April 2023. Memory Services National Accreditation Programme (MSNAP) participation was confirmed in November 2022. The 12 weeks self-review commenced in January 2023, results will be shared by end of April 2023 and will support planning for improved delivery against the waiting times. 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.

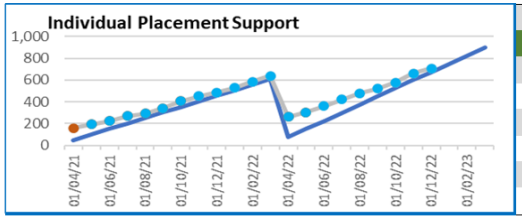
7.4c - Recover Services and Address Backlogs – Exception Report : Mental Health – Access

NHS Nottingham and Nottinghamshire

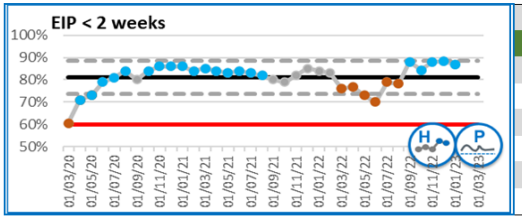
Mental Health - Access



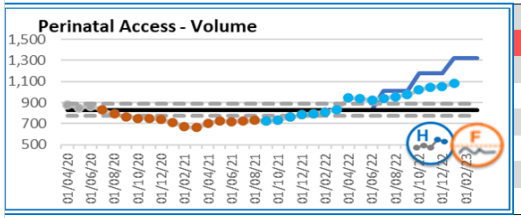
Jan-23
8.3%
Target
10.0%
Assurance
Fail
SPC Variation
Improving - High



Dec-22
706
Plan
675
Assurance
Pass
SPC Variation
Improving - High



Jan-23
87%
Target
60%
Assurance
Pass
SPC Variation
Improving - High



Jan-23
1080
2022-23 Plan
1320
Assurance
Fail
SPC Variation
Improving - High

Early Intervention Psychosis (EIP) Compliance Levels

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

Summary

Perinatal - Performance remains below the 2022/23 10% access target. Local data provided by Nottinghamshire Healthcare NHS Foundation Trust (NHFT) suggest the ICS is approximately 60 contacts under the recovery plan trajectory.

IPS - The ICS performance is exceeding trajectory with 851 people accessing IPS as of February 2023.

EIP - The access standard has been consistently exceeded at an ICS level. All access standards are at Level 3, Performing Well or above, Access and Supported Employment and Education at Level 4, Top Performer.
Data for January 2023 shows a slight decrease in performance with 86.5% of patients accessing EIP within 2 weeks compared to 88.7% in December 2022.

Actions

Perinatal
•Continuous ICS wide communications campaign including the sharing of service promotion videos developed with referrers and service users to be undertaken to promote awareness of the service.
•The facilitation of workshops for parents/carers at Children's Centres to raise awareness of perinatal mental health and the support available – March 2023 onwards.
•The delivery of training to Adult Social Care and Children's Centre staff to raise understanding of and awareness of the PMH service in order that referrals to the service may be increased – May 2023.
•Continuous targeted work within areas where there is underrepresentation (BME groups) to understand reasons and increase engagement.
EIP - The focus remains on maintaining a level 3 NICE compliant service and ensuring the access standard is met.
-An ARMS pilot model has been fully recruited to in Q3 2022/23 and commenced in Q4 2022/23. The model will be tested with the North EIP Team and across the Children and Young People Head 2 Head service, before interim evaluation in Q2 2023/24.
-The service has been reviewed against the EIP roadmap and key actions identified for 2023/24 to ensure continued delivery against targets

POG Assurance - Partial Assurance

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 2023 (12 months rolling performance). An updated Recovery Action Plan for 2023/24 is currently being coproduced, along with a trajectory which reflects the updated access target.

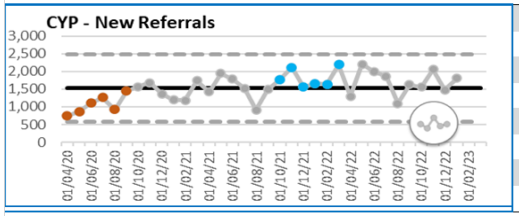
IPS - All four place-based IPS teams have completed fidelity reviews achieving centre of excellence status. Reviews are accompanied by an action plan for further improvement. These are reviewed on at the IPS steering group.
The IPS steering group continues to meet bimonthly to monitor and address performance, issues, and risks. Work has been undertaken to improve reporting and data capture which is anticipated to have a positive impact on the referral numbers. All posts are now in place, they are expected to have a small impact on the referral numbers before year end.
Plans are in place to ensure equity of access in Bassetlaw. Staff have been recruited to and the provider has given assurance that staff will be in delivering activity in line with the target from April 2023.

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

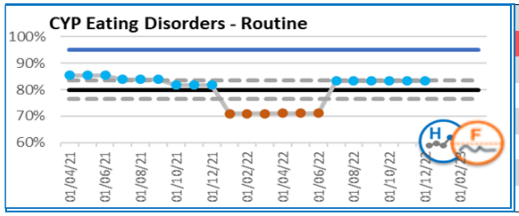
7.4d - Recover Services and Address Backlogs – Exception Report : Mental Health – Children & Young People

NHS Nottingham and Nottinghamshire

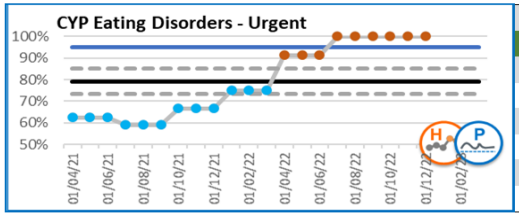
Mental Health - Children & Young People (CYP)



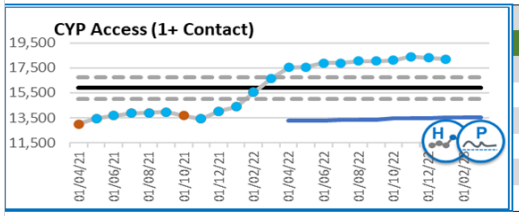
Jan-23
1805
2022-23 Plan
-
Assurance
-
SPC Variation
Common Cause



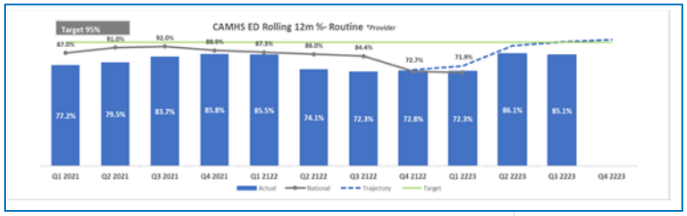
Dec-22
83%
Target
95%
Assurance
Fail
SPC Variation
Improving - High



Dec-22
100%
Target
95%
Assurance
Pass
SPC Variation
Special Cause - High



Jan-23
18215
2022-23 Plan
13559
Assurance
Pass
SPC Variation
Improving - High



Summary

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

CYP Access (1+ Contact) - The ICS is exceeding the access target of number of children and young people (CYP) receiving support (1-contact); 18,215 CYP were recorded as having at least 1 contact in the rolling 12 months ending January 2023, exceeding the annual plan of 14,460.

CYP ED Routine (< 4 weeks) - Improving - High variation due to the improvement of performance. It is not expected that the service will meet the required standard.

CYP ED Urgent (<2 weeks) - Special Cause High variation due to the improvement in performance over the past 2 quarters.

Actions

CYP Access - Due to increased demand investment has been agreed to deliver the Long-Term Plan objectives for 2022/23 which enable service expansion and transformation across a range of services; schemes are being implemented throughout the current financial year and next. Regular multi-agency transformation meetings are scheduled which support the areas of transformation and ensure partnership working.

CYP Eating Disorder Service - 2022/23 and 2023/24 investment plans have been agreed to increase capacity in line with current referral levels and to achieve the waiting time standards.
Recruitment for posts to mobilise ARFID offer has begun.
Space Utilisation to source additional clinic space is underway. An analysis was undertaken in March 23, with a recommendation report due June 2023.
Work with Community CAMHS Teams to ringfence availability for joint assessment slots is being managed by the Clinical Lead for CYP-ED, a monthly 'link meeting' is attended by CAMHS Community and CAMHS ED Clinical Leads, these meetings ensure capacity is ringfenced for joint assessments to align with the CAMHS ED waiting times.

POG Assurance - Partial Assurance

CYP Access - It not expected that referral levels will plateau. Referral trends have continued largely above the mean and the national team at NHS England advise areas to plan for a sustained response to the current level of referrals.

Investment has been agreed to deliver the Long-Term Plan objectives for 2022/23 which enabled 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.

CYP Eating Disorder - Investment plans have been agreed in line with increasing and sustained service demand. Assumptions about referral trends have been endorsed by the regional Clinical Network.
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 workforce capacity and patient choice.

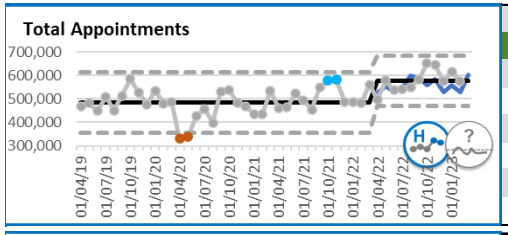
7.5 Service Delivery Primary & Community Performance

7.5a – Exception Reports Primary & Community

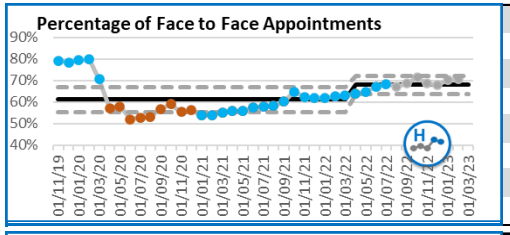
7.5a - Recover Services and Address Backlogs – Exception Report: Primary and Community Recovery

NHS Nottingham and Nottinghamshire

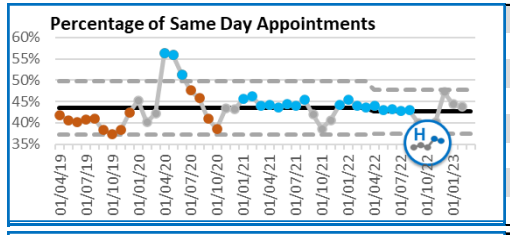
Primary Care and Community Recovery



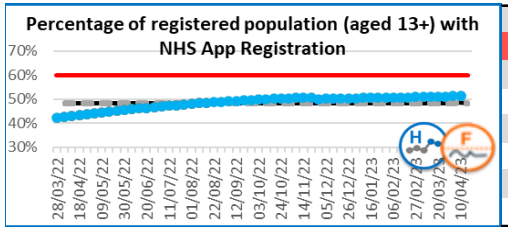
Feb-23
573605
Max Lmit / Target
529846
Assurance
Flip
SPC Variation
Improving - High



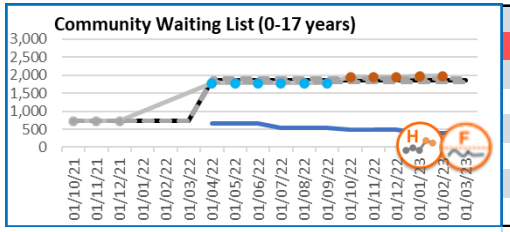
Feb-23
71%
Max Lmit / Target
-
Assurance
-
SPC Variation
Improving - High



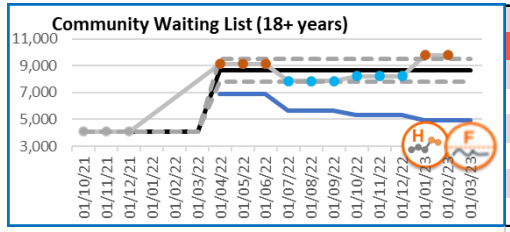
Feb-23
44%
Max Lmit / Target
-
Assurance
-
SPC Variation
Improving - High



Apr-23
51%
Max Lmit / Target
60%
Assurance
Fail
60% by March 2023
Improving - High



Feb-23
1973
Max Lmit / Target
387
Assurance
Fail
SPC Variation
Concerning - High



Feb-23
9797
Max Lmit / Target
4959
Assurance
Fail
SPC Variation
Concerning - High

Summary

Total GP Appointments in February were 8.3% above the planned level. The percentage of appointments held face to face remains consistent with previous months at 71%. Appointments delivered on the same day has a special cause alert due to high values, which illustrates an improving position. There has been a stepped increase in home visits since March 2022 as the average number per month is 2909 in 2022/23 compared to an average of 2033 per month in 2021/22. GP Appointments within two weeks data shows that 81% of appointments were offered within two weeks in February 2023.
NHS App - registrations onto the NHS App have continued to increase over the past few years. The end of March 2023 target was to achieve 60% registration, however 51% was achieved.
Community Waiting Lists are significantly over the planned level for patients aged 0-17 as well as those aged 18 and over. Analysis of more detailed data for quarter 4 shows that the waiting lists exceed plan at CityCare as well as Nottinghamshire Healthcare NHS Trust for all ages of patients. The plan for NHCT was set at a low level as it incorrectly excluded waits for Nursing services. However, there remains a high level of demand for community services within the system.

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.

POG Assurance - Limited Assurance

Work has taken place to understand the services that were excluded from the original baseline period that was used to set the plan for 2022/23, which improves clarity around the position. However, in both age categories, the volume of patients exceeds the planned levels at quarter 4 2022/23. The waiting list volume has increased between quarter 3 and quarter 4 by 1612 patients across all ages, which equates to 1.2% for paediatrics and 19.3% for adults.

Operational planning for 2023/24 has been submitted. The plan shows that the waiting list volume is forecast to reduce by 2,214 patients in aggregate for community services when compared to the current level. The forecast reductions are 142 patients for paediatrics and 2,072 for adults by March 2024. Further work will be undertaken to review the mean and outlier waits across the services.

NHS
Nottingham and Nottinghamshire

8.0 Finance

ICS Aim 3: Enhance productivity and VFM

- 8.1 – Month 10 2022/23 Financial Position – Key Metrics
- 8.2 – Organisational Analysis

NHS Nottingham and Nottinghamshire

8.1 - Finance Position Month 12 2022/23 – Key Metrics

		Year End Variance £m's			RAG
Financial Duties	**Measure**	**Plan**	**Actuals**	**Variance**	**YE**
NHS System (Breakeven)	**(Deficit)/Surplus**	**-16.9**	**-14.0**	**3.0**	
Capital (within Envelope)	**Spend against plan (105%)**	89.6	86.7	**2.9**	
Capital (within Envelope)	**Spend against CDEL**	85.6	86.7	**-1.1**	
MHIS (meeting target)	**Spend against plan**	190.7	190.7	**0.0**	
Agency (spend within Cap)	**Spend against plan**	54.6	87.1	**-32.5**	

		Year End Variance £m's			RAG
Drivers of the (Deficit)/Surplus	**Measure**	**Plan**	**Actuals**	**Variance**	**YE**
COVID Spend	**Delivery against plan**	17.8	29.4	**-11.6**	
NHS Efficiencies	**Delivery against plan**	102.7	102.8	**0.0**	
ERF Income	**Delivery against plan**	53.7	52.9	**-0.8**	

- £13.9m deficit experienced to end of month 12, which is £3m favourable to plan.
- The ICB & the mental health & community Trust (NHT) both reported a breakeven position, with the adverse variance experienced in the 2 acute Trusts (NUH & SFH).
- Key drivers of the adverse variance are covid (£11.6m), continuing care spend (£11.4m) and MH out of areas beds (£5.2m). There are also pressures relating to excess costs arising from urgent care capacity requirements greater than plan. Offsetting favourable variance include all primary care expenditure (£7.9m) and clinical supplies (£12.3m).
- The run rate improvement from month 11 is due to support received from NHS England (NHSE) relating to surge funding, No Cheaper Stock Obtainable (NCSO) on prescribing and direct commissioning income.
- The ICS reported year-end position of £13.9m deficit is in line with the final system target position as agreed with NHSE.

- NHS England introduced an agency cap of £54.6m for the ICS, the final position is that the ICS has exceeded the agency cap by £32.5m. Drivers include covid expenditure, efficiency shortfalls, urgent care capacity requirements and shortage of substantive staff in some areas.
- The system is under the capital envelope plan (which was set at an allowable 5% above the capital envelope) by £2.9m.
- **The system's notified capital envelope is overspent by £1.1 million to the end of M12. This relates to the misclassified £1.6m of capital under International Finance Reporting Standard 16 (first year of reporting under the new IFRS16 regime) which should be classified against the system capital envelope. The ICS is working with regional and national colleagues to increase the capital envelope value. There is some risk that this will lead to a reduction in capital envelope available in 2023/24.**

8.2 - Finance Position Month 12 2022/23 – Organisational Analysis

NUH

- Final position of £10.1m deficit, which is £2.2m favourable to plan.
- This is mainly driven by covid expenditure £9.5m above plan (in envelope), £1.6m excess costs arising from urgent care capacity requirements (heatwave & critical incident) and maternity services fine £0.8m. These are partially offset by a favourable variance in other income.
- The in-month run rate improvement is due to support received from NHSE relating to surge funding & direct commissioning income.

SFH

- Final position of £3.9m deficit, which is £0.8m favourable to plan.
- This position is mainly driven by covid spend above planned levels of £2.3m and excess costs arising from urgent care capacity requirements £4m.
- The in-month run rate improvement is due to support received from NHSE relating to surge funding & direct commissioning income.

NHT

- Final position breakeven against a breakeven plan.
- The main area of over-spend remains out of area bed spend, which is £5.2m adverse to plan. This is offset by substantive staff being below plan due to recruitment difficulties.

	Month 12 - in month position			Month 12 final position		
Month 12 Financial Performance £'M	Planned Surp/Def	Actual Surp/Def	In Month Variance	Planned Surp/Def	Actual Surp/Def	YTD Varianc
NUH	6.0	14.0	8.0	-12.3	-10.1	2.2
SFH	-0.1	3.0	3.1	-4.7	-3.9	0.8
NHT	0.2	-0.3	-0.5	0.0	0.0	0.0
N&N ICB/CCG	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL System	**6.1**	**16.7**	**10.6**	**-16.9**	**-13.9**	**3.0**

ICB

- Breakeven position including the impact of CCG spend (N&N and Bassetlaw) to month 3.
- Adverse variances seen in continuing healthcare £11.7m, and hospital discharge costs (interim beds supporting urgent care) £5.4m.
- The in-month position includes support received from NHSE relating to No Cheaper Stock Obtainable (NCSO) on prescribing.

NHS
Nottingham and Nottinghamshire

9.0 System Workforce

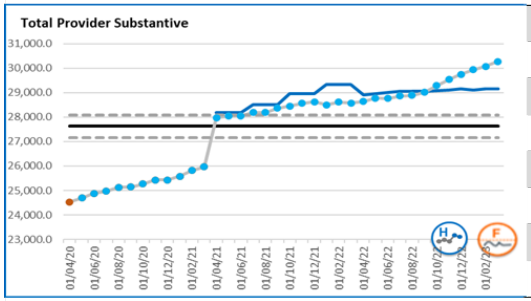
ICS Aims: All 4 (Outcomes, inequalities, productivity and social and economic development)

- 9.1 – Workforce – Exception Report Provider Workforce – Operational Plan v Actual
- 9.2 – Exception Report Provider Vacancies, Turnover & Sickness
- 9.3 – Exception Report Agency Cost
- 9.4 – Exception Report Agency Usage
- 9.5 – Social Care Workforce
- 9.6 – Social Care Employment Overview
- 9.7 – Social Care Projections
- 9.8 – Care Homes Workforce

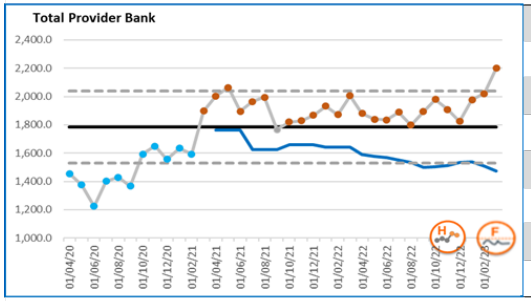
9.1 - Workforce – Exception Report Provider Workforce – Operational Plan v Actual

NHS Nottingham and Nottinghamshire

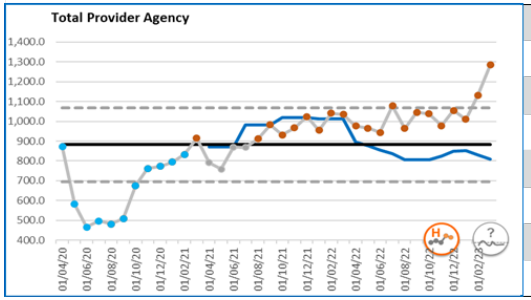
Total ICB Provider Workforce - Operational Plan v Actual 2022/23



Mar-23
30276
2022-23 Plan
29172
Assurance
Fail
SPC Variation
Improving - High

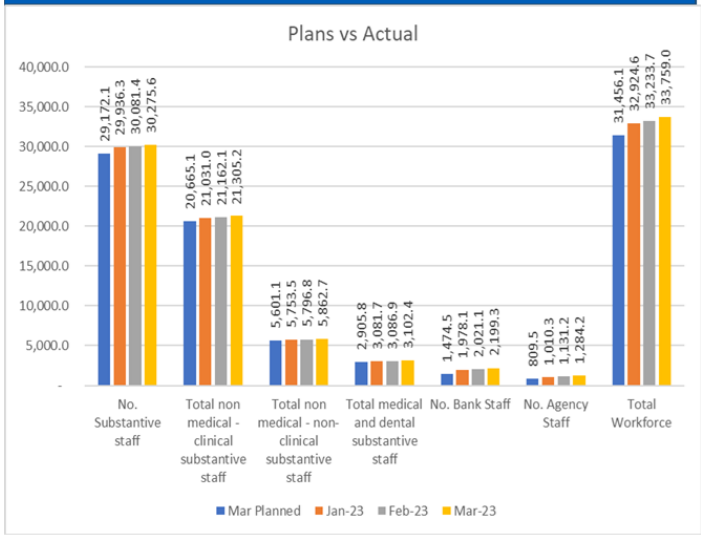


Mar-23
2199
Target
1475
Assurance
Fail
SPC Variation
Concerning - High



Mar-23
1284
2022-23 Plan
810
Assurance
Fail
SPC Variation
Concerning - High

Total Provider Workforce - Oct - Jan 2022/23



Total Provider Current position:

Growth in substantive workforce seen above plan for two trusts as a result of successful recruitment. NHT remain below plan with signifcant reliance on bank and agency to support. Agency and Bank remains higher than plan with further increased usage in March due to the impact of industrial action and lack of reduction in sickness levels.

NHT vacancies in HCSW and resulting use of agency remains a key concern with further increase seen in March. High use of agency also reflects the shortage of the skilled workforce needed to deliver the Mental Health Investment Plan with mapped workforce to service and

Actions

We are above plan for total workforce in post at the end of March across all staff groups. NUH in particular have been very successful in their recruitment campaigns during 2022/23. This will be taken into account as we review and set the baseline position against which to monitor recruitment and retention plans during 2023/24.

Final submissions of 23/24 operational plans are due to be completed by 4th May to reflect system financial assumptions linked to productivity and efficiencies.

Significant difficulty remains in recruitment to medical psychiatric roles with plans in place to develop changes in skill mix including Advanced Practice roles. International recruitment being considered as part of 23/24 plans.

MH Workforce Delivery Plan is being refreshed (year 2 - 3) & reviewed by Regional Team. Awaiting feedback to inform re-submission 15th May.

P&C Group Assurance -Enhanced Assurance Level

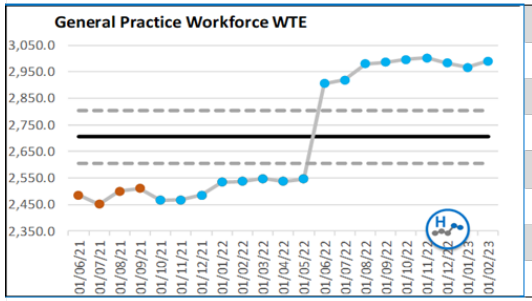
Total Providers:

Plans are in place as per submitted operational plan but needs improved monitoring of end of year transition into 23/24 to ensure plans remain on track.

9.1 - Workforce – Exception Report Provider Workforce – Operational Plan v Actual (cont.)

NHS Nottingham and Nottinghamshire

Total ICB Primary Care Workforce - Operational Plan v Actual 2022/23



Feb-23
3213
Target
Assurance
SPC Variation
Improving - High

Primary Care	Baseline	Plan	Plan	Plan	Actual	Plan
	Staff in post outturn	Q1	Q2	Q3		Q4
Nottingham And Nottinghamshire Health And Care STP	Year End (31-Mar-22)	As at the end of Jun-22	As at the end of Sep-22	As at the end of Dec-22	As of the end of Feb-23	As at the end of Mar-23
Workforce (WTE)	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE	Total WTE
Total Workforce	3034	3133	3168	3194	3213	3228
GPs excluding registrars	581	584	584	583	573	578
Nurses	323	362	372	378	351	383
Direct Patient Care roles (ARRS funded)	333	384	406	424	497*	434
Direct Patient Care roles (not ARRS funded)	260	265	267	269	279	284
Other – admin and non-clinical	1537	1538	1539	1540	1549	1549

Total Primary Care Current position:

Data collection at practice level shows variation due to unclear definitions on the workforce detail to be recorded. Members of the primary care team are working with the national development team to determine standardisation through clear definitions. 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.

P&C Group Assurance -Enhanced Assurance Level

Primary Care - General Practice:

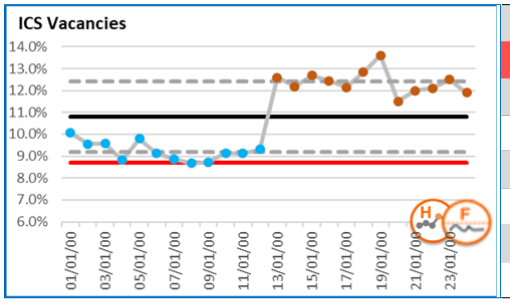
Plans are in place and are effective but more needs to be done to make general practice an attractive offer supporting staff, offering flexibility in working and cultural shift to integrated working.

Leads from the Primary care Workforce group are engaging with PCN leads to determine nest steps in supporting retention and recruitment challenges being experienced.

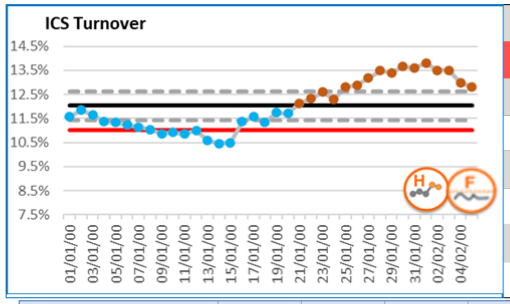
9.2 - Workforce – Exception Report Provider Vacancies, Turnover & Sickness

NHS Nottingham and Nottinghamshire

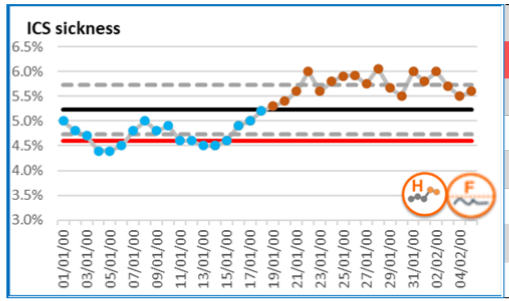
Workforce - Vacancies, Turnover & Sickness Absence



Mar-23
11.9%
Target
8.7%
Assurance
Flip
SPC Variation
Concerning - High



Mar-23
12.8%
Target
10.5%
Assurance
Fail
SPC Variation
Concerning - High



Mar-23
5.6%
Target
5.2%
Assurance
Fail
SPC Variation
Concerning - High

KPI	Latest Period	Target	Actual	Variance	Variation	Assurance
ICS Vacancies	Mar-23	8.7%	11.9%	3.2%	H	F
NHC Vacancies	Mar-23	8.7%	11.0%	2.3%	H	F
NUH Vacancies	Mar-23	8.7%	13.9%	5.2%	H	F
SFH Vacancies	Mar-23	8.7%	3.5%	-5.2%	L	P

KPI	Latest Period	Target	Actual	Variance	Variation	Assurance
ICS Turnover (12 mth)	Mar-23	10.5%	12.8%	2.3%	H	F
NHC Turnover (12 mth)	Mar-23	11.0%	17.5%	6.5%	H	F
NUH Turnover (12 mth)	Mar-23	11.0%	11.7%	0.7%	H	?
SFH Turnover (12 mth)	Mar-23	8.0%	8.0%	0.0%	H	P

KPI	Latest Period	Target	Actual	Variance	Variation	Assurance
ICS Sickness Absence	Mar-23	4.6%	5.6%	1.0%	H	F
NHC Sickness Absence	Mar-23	4.6%	6.5%	1.9%	~	F
NUH Sickness Absence	Mar-23	4.6%	5.4%	0.8%	H	F
SFH Sickness Absence	Mar-23	4.6%	4.7%	0.1%	H	?

Summary

Vacancies have decreased slightly in all providers with a wide variation across providers: 3.5% - 13.9%

Turnover - continues to see a higher turnover than plan across all providers with little change since last month. This is in line with national trends post Covid

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 refelct experience of last 12 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 reflects the national position with Nursing contributing in both registered and Health Care Workers categories. 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. Funding has ceased for system level staff support hub.

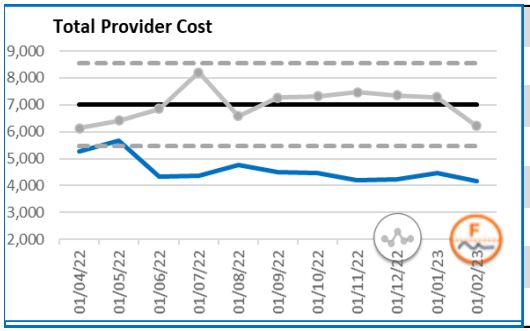
People & Culture Group Assurance - Further Information Required

Plans are in place but more detail is needed to determine if targeted interventions are required. There is more detail provided as part of 23/24 operational plan submissions with plans to review opportunities for collaboration across providers as set out in the Integrated Care Strategy (single recruitment hub and collaborative bank arrangements).

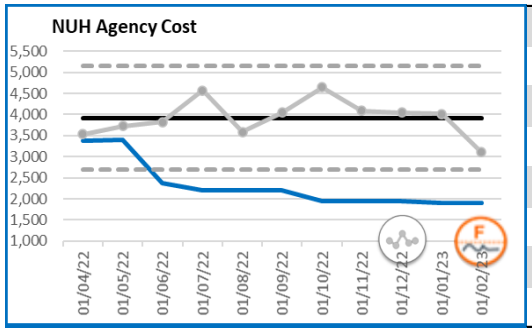
9.3 – Workforce – Exception Report Agency Cost

NHS Nottingham and Nottinghamshire

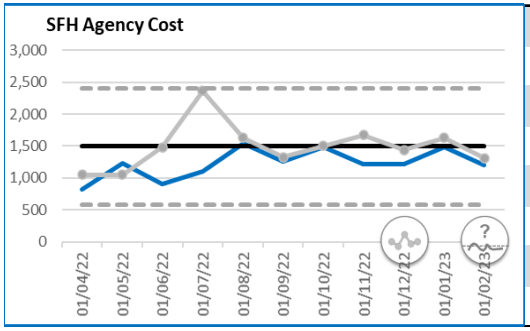
Total Provider Agency Cost



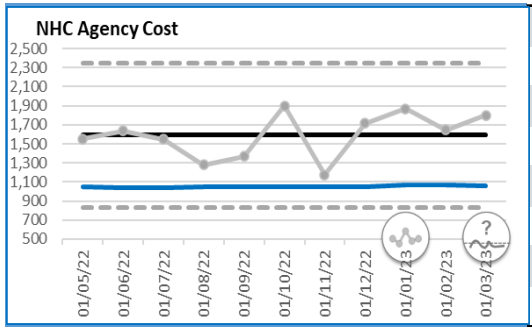
Feb-23
£6,221
2022-23 Plan
£4,257
Assurance
Fail
SPC Variation
Common Cause



Feb-23
£3,104
2022-23 Plan
£1,904
Assurance
Fail
SPC Variation
Common Cause



Feb-23
£1,315
2022-23 Plan
£1,290
Assurance
Flip
SPC Variation
Common Cause



Feb-23
£1,802
2022-23 Plan
£1,063
Assurance
Fail
SPC Variation
Common Cause

Summary

Agency and bank usage has continued above plan with a slight increase during March on last month in all providers, particularly a further increase in HCSW agency usage in NHC. Submitted operational plans for 23/24 indicate significant plans to reduce usage and spend in these areas. March Agency cost information is not yet available so figures remain as at February 2023.

Actions

Following submission of system diagnostic in December 2022 a regional Agency Reduction Programme meeting has been held with Regional CNO and Service Improvement leads. Although positive feedback on understanding the issues implementation of good practice there is a lack of pace around the effectiveness of these measures.

Joint SROs in Finance (CFO SFH) and People (CPO ICB) are now taking forward actions to build on the evidence collated to date & actions taken within individual Trusts to look at collaborative actions. The required reduction in the metric of percentage of pay bill, currently at 5% down to 3.7% in 23-24 Operational Plan Guidance requires a clear action plan be developed to achieve this reduction.

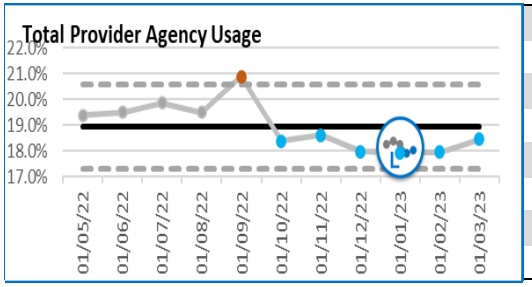
People & Culture Group Assurance - Further Information Required

Plans are in place but more detail is needed to determine if further targeted interventions are required.

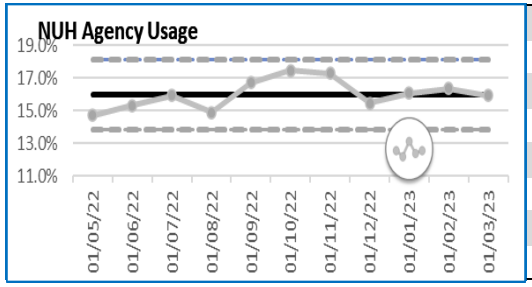
9.4 – Workforce – Exception Report Agency Usage

NHS Nottingham and Nottinghamshire

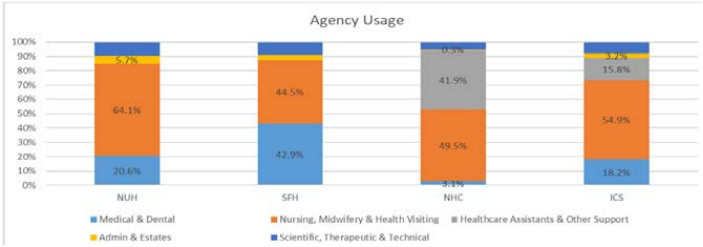
Total Provider Agency Usage

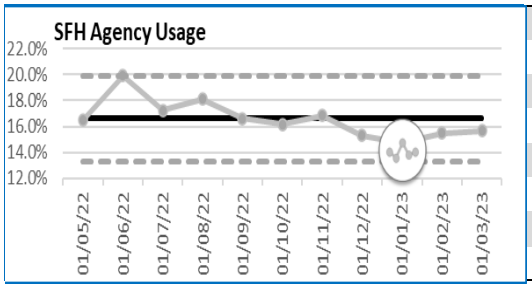


Mar-23
18.46%
2022-23 Plan
-
Assurance
-
SPC Variation
Common Cause

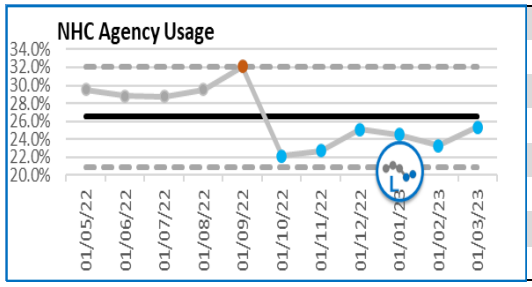


Mar-23
15.93%
2022-23 Plan
-
Assurance
-
SPC Variation
Common Cause





Mar-23
15.67%
2022-23 Plan
-
Assurance
-
SPC Variation
Common Cause



Mar-23
25.37%
2022-23 Plan
-
Assurance
-
SPC Variation
Common Cause

9.5 – Workforce – Social Care Workforce

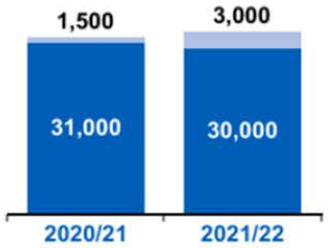
Nottingham and Nottinghamshire Social Care

33,000 total posts

30,000 filled posts

in the **local authority and independent sector.**

Change in **filled posts** and **vacancies**



There was a change of

-1,000 filled posts (-3%)

since 2020/21 in **local authority and independent sectors.**

Average hourly pay for care workers

Local authority

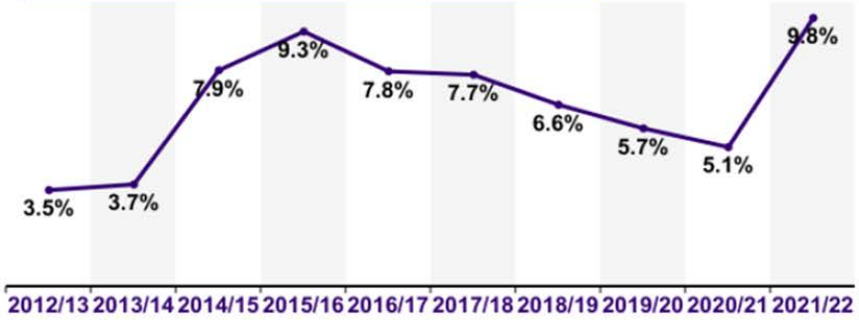
£10.60

Independent sector

£9.57

Recruitment and retention

Vacancy rates



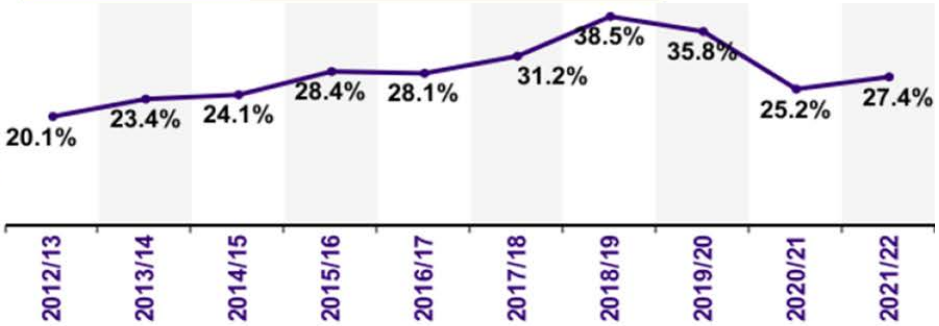
27.4%

turnover rate (or 7,700 leavers) in 2021/22

8.6

average **sickness days** taken in 2021/22

Turnover rates



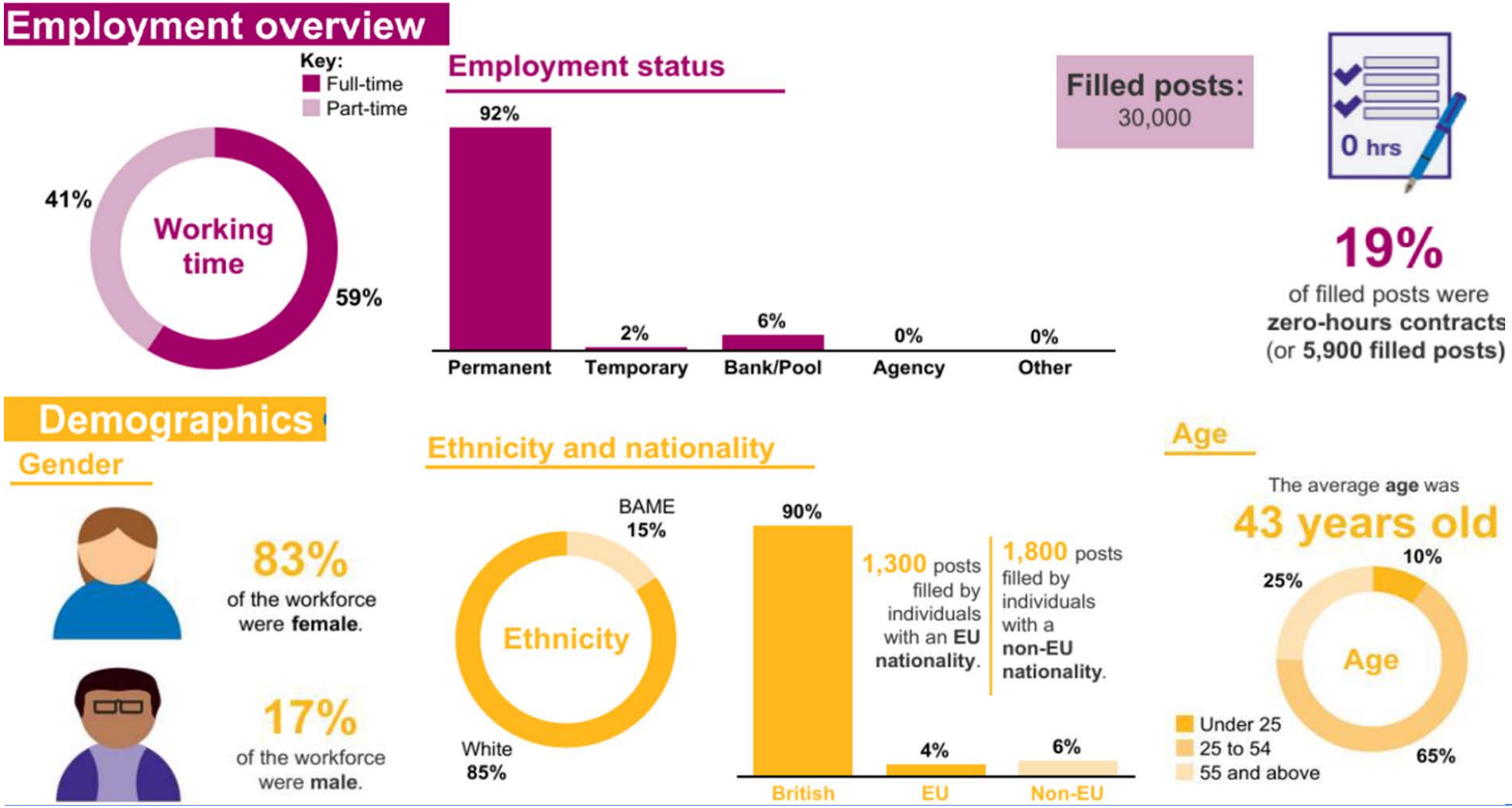
9.8%

vacancy rate (or 3,000 vacancies) in 2021/22

58%

of **recruitment** is from **within adult social care**

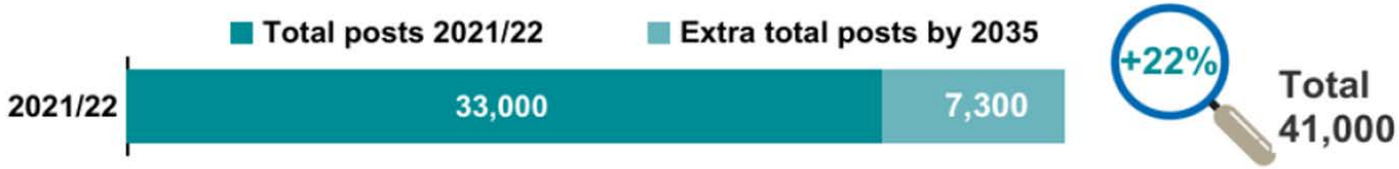
9.6 – Workforce – Social Care Employment Overview



9.7 – Workforce – Social Care Projections

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.

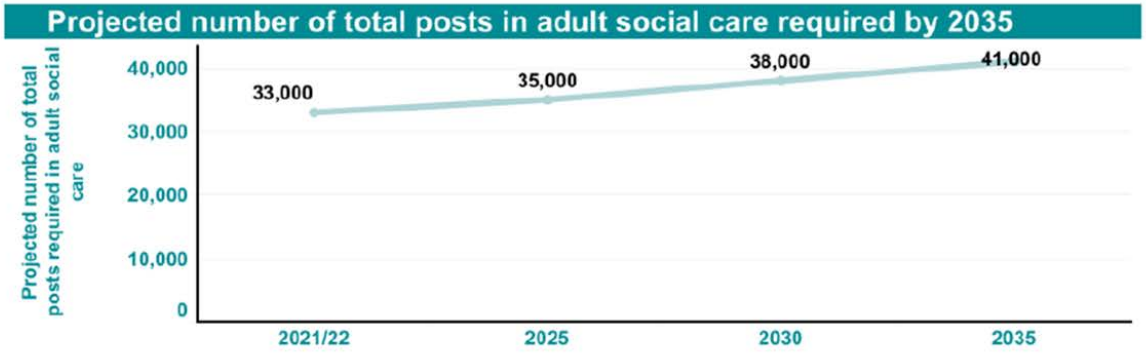


If the adult social care workforce grows proportionally to the projected number of people aged **65 and over** in the population then the number of adult social care filled posts will...

increase by 22% (7,300 total posts)

...to around 41,000 total posts by 2035

...equal to around 600 extra total posts per year up to 2035



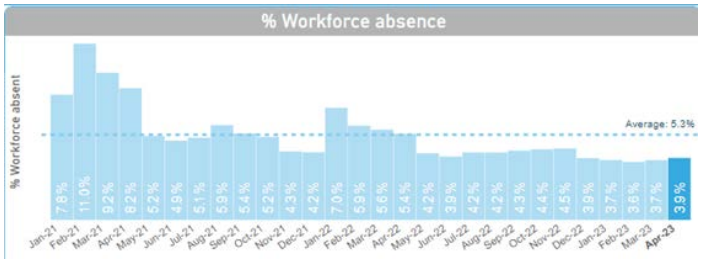
9.8 – Workforce – Care Homes

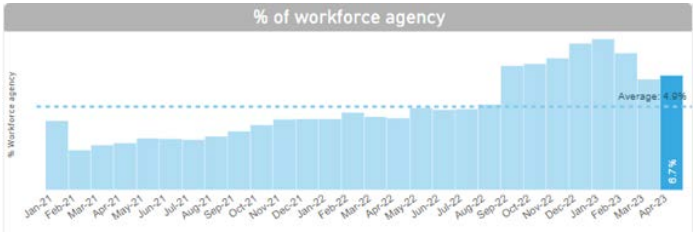
Care Homes Workforce

Workforce absence and agency staff

Monthly staff trend: All staff

Aligned PBP	Employed	Absence	%	Agency	%
Bassetlaw	1,560	40	2.6%	149	8.7%
Mid Notts	4,290	201	4.7%	281	6.1%
Nottm City	2,616	94	3.6%	166	6.0%
South Notts	4,478	165	3.7%	332	6.9%
Total	**12,944**	**500**	**3.9%**	**928**	**6.7%**





Data and visuals taken from the Care Home & Home Care SIR April 2023 on the SAIU Portal

Care Home workforce absence is a currently 3.9% across all staff groups. This is much lower than the 8.2% during Apr 21 and 5.4% during Apr 22. During Apr 2023, nursing staff have the lowest absence reporting with 2.3%, non care workers are reporting 3.8% absence. Care Workers are the largest staff group and are reporting the highest 4% absence

Agency staff percentage increased significantly up to Jan 23. This was possibly due to incorrect reporting by the Care Homes on the National Capacity Tracker. After raising this in the Care Home and Home Care Data Streams - Operational Meeting, this number has now started to decrease. Work is ongoing to contact these services reporting higher numbers of agency staff to ensure correct reporting.

SAIU SYSTEM ANALYTICS INTELLIGENCE UNIT

NHS
Nottingham and Nottinghamshire

10.0 Health Inequalities

ICS Aim 2: Tackle inequalities in outcomes, experience and access

- 10.1 – Embed PHM approach
- 10.2a – Health inequalities dashboard – Metrics by Ethnicity
- 10.2b – Health inequalities dashboard – Metrics by Deprivation
- 10.3 – The 5 in the 'Core20plus5'
- 10.4 – Impact on the CORE20Plus5: Smoking

10.1 - Embed PHM Approach and Reduce Health Inequalities

NHS Nottingham and Nottinghamshire

10.1.1 Smoking is the single largest driver of health inequalities and as such, smoking cessation is a key element of Core20+5. Within Nottingham and Nottinghamshire smoking prevalence ranges across neighbourhoods from approximately 5% to 21% with rates being higher for people in areas of deprivation and in the unemployed as well as manual and routine occupations. Smoking prevalence in people with a severe mental illness is even higher at 24.5% in Nottingham and 20.7% in Nottinghamshire with this being one of the leading causes of the 10-15 year life expectancy gap. As such, smoking cessation services are being expanded to NHS services alongside what is already provided by Local Authorities. Starting from 1st April, Nottingham and Nottinghamshire has in place the foundations for smoking cessation services in the hospitals for in-patients, maternity services and mental health in-patient and community.

10.1.2 In Nottingham and Nottinghamshire ICB there are 1,885 people who are living with lung cancer. An average of 900+ people are diagnosed every year. Smoking is the cause of 72% of lung cancer cases. Out of all people diagnosed with lung cancer in Nottingham and Nottinghamshire, at least 90% are either current smokers or ex – smokers. It's vital that individuals are diagnosed early (stage 1 & 2) and the targeted Lung Health Check programme is one initiative that is aiming to make this shift, focusing on areas of highest need in Mansfield and Nottingham. Early data for the programme indicates that there has been a 29% increase in the number of cases diagnosed. We are not yet seeing a shift away from people being diagnosed at stages 3 and 4 but we are seeing more people diagnosed across all stages.

10.1.3 Detailed analysis on emergency admissions has been carried out by the SAIU in order to inform clinical priorities of the ICS. The analysis highlights the disparities in access and experience and therefore the opportunity to embed equity as a core principle by targeting resources to need in relation to prevention and treatment. In relation to the analysis, 54% of emergency admissions and 70% of emergency bed days (average of 1,665 emergency beds) relate to the over 65s, despite only being 18% of the ICS population. 71% of those over 65 have a long-term condition with a high incidence of multi-morbidity. The highest incidence of long-term conditions is in the most deprived areas of our ICS with variations which may be impacted differently depending on factors including ethnicity, age, gender. The prevalence of COPD is roughly double in the most deprived quintile of our population compared to the least. Stroke, heart failure, heart disease, diabetes and asthma prevalence are all higher in the most deprived quintile. When we look at this in relation to emergency admissions, people aged 40-84 living in in the most deprived national quintile on average cost more than double in emergency hospital costs than those in the least deprived. The clinical priorities have been approved by the Clinical and Care Professional Leadership Group and these will form the work programme of the Clinical Design Authority with a focus on impactful interventions relevant to the population needs.

10.1.4 A Stroke workshop was held with clinicians from across the ICS to revisit the Clinical Services Strategy and establish priorities for the short and longer term. The workshop discussions and outcomes were informed by PHM data which highlighted the following: After adjusting for age and sex, the risk of Stroke increases with deprivation and it's highest for those living in the most deprived quintile (1) compared to those living in the least deprived quintile (5). Despite having a lower age population, Nottingham City has the highest rates per 100,000 population. 89% of the patients diagnosed with Stroke have at least one other long term condition, whilst only 11% have just Stroke. Once we adjust for age, sex, deprivation and comorbidities, minority ethnic groups have a significant lower risk of stroke compared to the white ethnic group (between 10% and 30% lower according to local analysis. Of those diagnosed with Stroke, 27.4% are living alone and 12.7% are housebound. At least 65% of the total population diagnosed with Stroke are either ex-smokers or current smokers.

NHS Nottingham and Nottinghamshire

10.2 Tackling Health Inequalities – The 5 in the 'Core20Plus5' – Adults

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach identifies '5' clinical areas linked to premature mortality and therefore requiring accelerated improvement – 1. Maternity 2. Severe Mental Illness 3. Chronic Respiratory Disease 4. Early Cancer Diagnosis 5. Hypertension Case Finding. The below table provides an overview of performance to targets.

	KPI	Latest month	Measure	Target	Assurance	Varriation	Mean	Lower process limit	Upper process limit
1	Continuity of care for 75% of women from BAME communities and from the most deprived groups.	Jan 23	0%	75%	F		0%	0%	0%
2	Annual health checks for 60% of those living with SMI	Mar 23	5040	6237	F	H	4286	3714	4858
3	Uptake of Covid and Flu Vaccine in people with COPD	Mar 23	65%	100%	F		65%	65%	65%
3	Reduction of emergency admissions in people with COPD	Mar 23	4%	0%	F	L	4%	4%	4%
4	75% of cancer cases diagnosed at stage 1 or 2 by 2028	Jan 20	50%	75%	F		53%	50%	56%
5	Reach 80% of expected hypertension diagnoses by 2029	Mar 23	73%	80%	F	H	68%	61%	74%
5	Optimal treatment of high risk CVD (QRISK > 20% currently on statins)	Mar 23	78%	80%	F	H	75%	72%	78%

NB
1. Continuity of care has been suspended nationally due to workforce challenges to implementation.
4. Cancer staging data is only available from 2013 – 2020.
5. Hypertension KPI (Optimal treatment of hypertension patients) has been changed to optimal treatment of high risk CVD (this with QRISK > 20% currently on statins), this is a IIF measure. Optimal treatment of hypertension varies from lifestyle changes to antihypertensive drugs, we don't currently have data to capture the variation in optimal treatment for hypertension

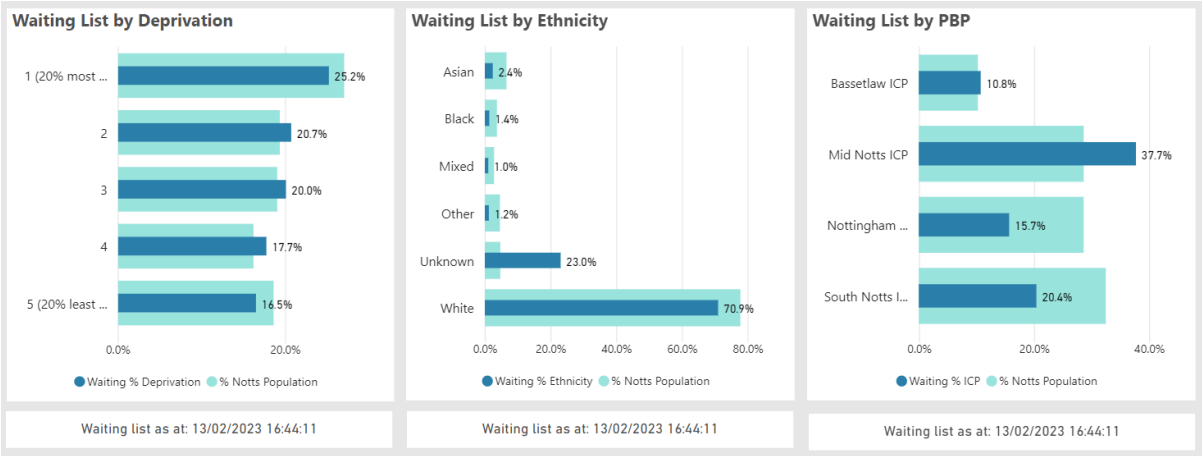
Each of the five clinical areas have accompanying workstreams and plans. Plans are at a system level and are supported by action being taken at a neighbourhood and place level. Plans also extend broader than the targets and actions identified as part of the Core20+5.

Calculations and metrics are from the 'Midlands Health Inequalities Dashboard' available in the 'National Commissioning Data Repository (NCDR)' developed by Arden and Gem. Data sets are obtained from SUS, IAPT, General Practice Workforce and Maternity Services Data Set.

10.3 Access & Experience – Waiting Lists

The following tables show a breakdown of the total waiting list by deprivation, ethnicity and Place. Previous analysis has shown that the factors that contribute most significantly to longer waiting times and waiting times over 52 weeks are clinical priority and treatment function. Action is being taken to improve the recording of ethnicity data, therefore decreasing the number of unknowns.

Total Waiting List



Previous analysis showed that there is a higher proportion of the population in more deprived areas entering the surgical pathways through an urgent or emergency route.

There are significant differences in referral rates across PCNs, however there is low correlation with deprivation – this is at odds with what would expect based on prevalence.

The PBP elements are more aligned to the patient flows into the main acute hospitals and tend to have strong correlation to the performance of their main acute trust.

10.3 Access & Experience – Waiting Lists

NHS Nottingham and Nottinghamshire

52 week waits

104 week waits

78 week waits

Understanding and impacting on disparities in access and experience in relation to waiting lists extends across six stages of the pathway including identification and referral, pre-treatment, assessment and management, decision to treat, waiting list prioritisation and treatment accessibility. Programmes of work include understanding and impacting on DNAs with a particular focus on the point of referral, waiting well and earlier identification of high risk factors that will impact on surgery and structure pre-op programmes.

Tables are taken from the ICS Health Inequalities Dashboard

10.4a - Health Inequalities Dashboard – Nottingham and Nottinghamshire Health Inequalities Metrics by Ethnicity

NHS Nottingham and Nottinghamshire

		Ethnicity		
Topic	Metric	Relative Difference in Mean	Trend (2017 - 2021)	Description
Cancer	Cancer morbidity in adults (percent)	0.84	Narrowing	Cancer morbidity in adults is lower in the Black and Asian population compared to the White population. The differences between populations are narrowing overtime.
	Cancer mortality age <75 (per 100,000 pop')	0.72	Steady	Cancer mortality under 75 is lower in the Black and Asian population compared to the White population.
Elderly persons	A&E Attendances age 75+ (per 100,000 pop')	0.91	Widening	A&E attendances over 75 are similar between ethnicity groups.
	Hip fracture NE Admissions age 75+ (per 100,000 pop')	0.51	Narrowing	Hip fracture NE admissions are half as frequent in the Black and Asian population as the White population. The difference between populations is narrowing over time.
H&J Spec Com	Renal morbidity in adults (percent)	1.39	Steady	Renal morbidity in adults is higher in the Black and Asian population compared to the White population,
Healthy people	A&E Attendances in adults (per 100,000 pop')	1.03	Steady	A&E attendances in adults is similar between ethnicity groups.
	All-cause mortality age <75 (per 100,000 pop')	1.10	Narrowing	All cause mortality under 75 is similar between ethnicity groups, differences between groups has narrowed overtime.
	CVD morbidity in adults (percent)	1.11	Steady	CVD morbidity in adults is similar between ethnicity groups.
	Diabetes morbidity in adults (percent)	2.39	Steady	Diabetes morbidity is 2.39 times higher in the Black and Asian population compared to the White population.
	Mortality within 60 days of a stroke (per 100,000 pop')	1.31	Widening	Mortality within 60 days of a stroke is 1.31 times higher in the Black and Asian population compared to the White population. The difference between groups is widening over time.
	Respiratory morbidity in adults (percent)	0.91	Steady	Respiratory morbidity in adults is similar between ethnicity groups.
	T&O Outpatient App. in adults (per 100,000 pop')	0.86	Steady	T&O outpatient appointments in adults are lower in the Black and Asian population compared to the White population.
Maternity & Child	Maternal C-section (per 100,000 pop')	1.65	Widening	Maternal C-section is 1.65 times higher in the Black and Asian population compared to the White population. This difference is widening overtime.
	Maternal post-partum haemorrhage (per 100,000 pop')	1.31	Steady	Maternal post-partum haemorrhage is 1.31 times higher in Black and Asian population compared to the White population.
	Mortality rate for infants aged 0-4 (per 100,000 pop')	9.73	Widening	Mortality rate for infants aged 0-4 is 9.73 times higher in the Black and Asian population compared to the White population. The difference between groups is widening over time.
Mental health	Alcohol related Admissions in adults (per 100,000 pop')	0.31	Widening	Alcohol related admissions are higher in the White population compared to the Black and Asian population. The difference between groups is widening over time.
	IAPT referrals in adults (per 100,000 pop')	0.91	Narrowing	IAPT referrals in adults are similar between ethnicity groups.
	NE Admissions for self-harm age 12+ (per 100,000 pop')	0.43	Widening	Non-elective admissions for self harm aged 12+ are higher in the White population compared to the Black and Asian population. The difference between ethnicity groups is widening over time.
Primary Care	Number of GPs in registered practice (per 1,000 pop')	0.95	Steady	Number of GPs in registered practice are similar between ethnicity groups.
	Number of nurses in registered practice (per 1,000 pop')	0.85	Widening	Number of nurses in registered practice is higher in the White population compared to the Black and Asian population. The difference between groups is widening over time.
	Received first dose of Covid-19 vaccine by 18/07/21 (%)	0.82	N/A	Covid vaccination rates are lower in the Black and Asian population compared to the White population.

The indicators here have been established by the National Commissioning Data Repository (NCDR) which utilises a number of different data sources from across the Healthcare system. The indicators highlight key areas of inequity including differences in relation to avoidable mortality and morbidity. Avoidable deaths occur in those aged under 75 that are caused by diseases or injury that either: can be mainly **prevented** through effective interventions to stop disease or injury occurring or are **treatable** and can be mainly avoided through timely health care intervention

	Higher Health Inequality in White population
	Higher Health Inequality in Black and Asian population

Data source: *calculations and metrics are from the 'Midlands Health Inequalities Dashboard' available in the 'National Commissioning Data Repository (NCDR)' developed by Arden and Gem. Data sets are obtained from SUS, IAPT, General Practice Workforce and Maternity Services Data Set.*

10.4b - Health Inequalities Dashboard – Nottingham and Nottinghamshire Health Inequalities Metrics by Deprivation

NHS Nottingham and Nottinghamshire

Health Inequalities Metrics				
		Deprivation		
Topic	Metric	RII	Trend (2017 - 2021)	Description
Cancer	Cancer morbidity in adults (percent)	0.97	Steady	Cancer morbidity in adults is similar between most and least deprived populations.
	Cancer mortality age <75 (per 100,000 pop')	2.53	Widening	Cancer mortality under 75 is 2.5 times higher in the most deprived population, and the inequality between groups has been widening over time.
Elderly persons	A&E Attendances age 75+ (per 100,000 pop')	1.86	Steady	A&E attendances over 75 are 1.86 times higher in the most deprived population.
	Hip fracture NE Admissions age 75+ (per 100,000 pop')	1.78	Widening	Hip fracture NE admissions are 1.78 times higher in the most deprived population. The difference between groups has been widening over time.
H&J Spec Com	Renal morbidity in adults (percent)	1.53	Steady	Renal morbidity in adults is higher in the most deprived areas.
Healthy people	A&E Attendances in adults (per 100,000 pop')	1.97	Widening	A&E attendances in adults is higher in more deprived areas and the inequality by deprivation has been widening over time.
	All-cause mortality age <75 (per 100,000 pop')	3.59	Widening	All-case mortality under 75 is 3.59 times greater in more deprived areas, and this inequality is widening over time.
	CVD morbidity in adults (percent)	1.64	Steady	CVD morbidity is 1.64 times greater in more higher areas.
	Diabetes morbidity in adults (percent)	2.37	Steady	Diabetes morbidity is 2.37 times higher in more deprived areas.
	Mortality within 60 days of a stroke (per 100,000 pop')	1.31	Narrowing	Mortality within 60 days of a stroke is 1.31 times higher in the most deprived areas, but the difference between areas has been narrowing over time.
	Respiratory morbidity in adults (percent)	1.76	Steady	Respiratory morbidity in adults is 1.76 times higher in the most deprived areas.
	T&O Outpatient App. in adults (per 100,000 pop')	1.04	Steady	T&O outpatient appointments are similar by deprivations
Maternity & Child	Maternal C-section (per 100,000 pop')	0.97	Steady	Maternal C-section rates are similar by deprivation.
	Maternal post-partum haemorrhage (per 100,000 pop')	0.80	Steady	Maternal post-partum haemorrhage is lower in more deprived population.
Mental health	Alcohol related Admissions in adults (per 100,000 pop')	6.26	Narrowing	Alcohol related admissions are 6.26 times higher in the most deprived populations, but this difference is narrowing over time.
	IAPT referrals in adults (per 100,000 pop')	0.88	Steady	IAPT referrals in adults are lower in more deprived areas.
	NE Admissions for self-harm age 12+ (per 100,000 pop')	3.15	Narrowing	Non-elective admissions for self harm aged 12+ are 3.15 times higher in more deprived areas. The difference between areas is narrowing over time.
Primary Care	Number of GPs in registered practice (per 1,000 pop')	0.86	Steady	Number of GPs in registered practices are higher in less deprived areas.
	Number of nurses in registered practice (per 1,000 pop')	0.94	Steady	Number of nurses in registered practice is similar by deprivation
	Received first dose of Covid-19 vaccine by 18/07/21 (%)	0.78	N/A	Covid vaccination rates are lower in more deprived areas.

Higher Health Inequality in Least Deprived population

Higher Health Inequality in Most Deprived Population

Calculations and metrics are from the 'Midlands Health Inequalities Dashboard' available in the 'National Commissioning Data Repository (NCDR)' developed by Arden and Gem. Data sets are obtained from SUS, IAPT, General Practice Workforce and Maternity Services Data Set.

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Appendices

i – ICS Assurance Escalation Framework

ii - Key to Variation and Assurance Icons (SPC)

iii - Glossary of Terms

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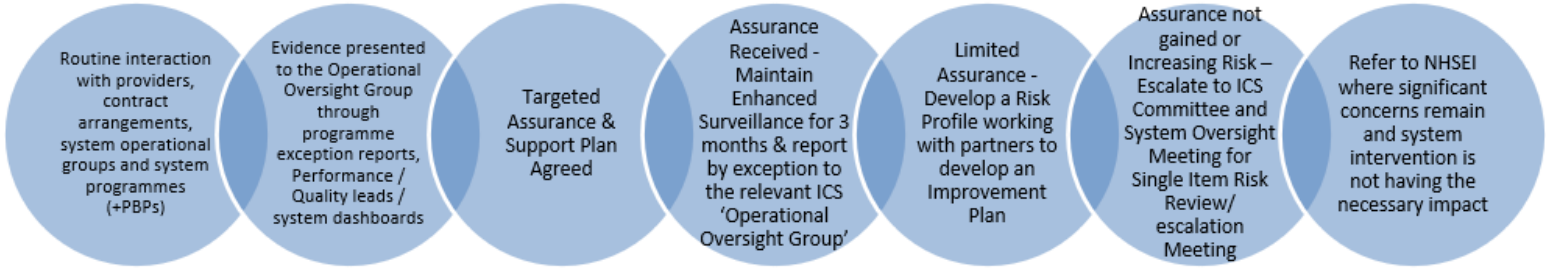
i – ICS Assurance Escalation Framework

Each key deliverable programme or oversight group will propose a level of assurance, aligned to **the assurance 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:

Significant Assurance	Partial Assurance	Limited Assurance	No Assurance
1. Routine	2. Further Information Required	3. Enhanced	4. Escalated Risk
What does this mean? What is the assessment of risks 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 'Operational Oversight Group' in response to this assessment			
Actions to be taken by Relevant Operational 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 'Operational Oversight Group' until concerns are resolved	Trigger Escalation Review/ Deep Dive / Risk Summit

Evidence Based Assurance Process



NHS Nottingham and Nottinghamshire

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)		
	L H	L H	?	P	F
Common Cause - no significant change Up/Down arrow no special cause	**Special Cause** of *concerning* nature or *higher pressure* due to (H)igher or (L)ower values	**Special Cause** of *improving* nature or lower *pressure* due to (H)igher or (L)ower values	Variation indicates ***inconsistent*** passing or falling short of target - random	Variation indicates ***consistently (P)assing*** the target	Variation indicates ***consistently (F)alling short*** of the target

Blue lines on the charts represent the operational plan for 2022/23
Red Lines on the charts represent a required target position

Exception Reporting Rules

'Exception Reports' will be triggered if:

- An 'Orange' Variation icon or a 'Falling' short Assurance icon
- A Special Cause Variation (positive or negative)
- An area of escalation proposed via a sub-committee
- An area of escalation highlighted through the Executive Director from ICS Oversight Groups
- An area of escalation relating to sub-organisational level concerns

Further Reading / other resources
The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes are number of videos explaining the approach and a series of case studies – these can be accessed via the following link - https://improvement.nhs.uk/resources/making-data-count

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	SEG	System Executive Group
A&E	Accident & Emergency Delivery Board	FOT	Forecast Out-Turn	NHP	New Hospitals Programme	SFH	Sherwood Forest Hospitals Foundation Trust
AMH	Anit-Mullerian Hormone	G&A	General & Acute	NHSE	NHS England	SLA	Service Level Agreement
BAU	Business as Usual	GI	Gastro-intestinal (often referred to as Upper GI or Lower GI)	NHT / NHC	Nottinghamshire Healthcare NHS Trust	SMI	Severe Mental Illness
Blaw	Bassetlaw	HEE	Health Education England	NICE	National Institute for Health & Care Excellence	SOF	System Oversight Framework
BLM	Back-log Maintenance	HFID	Hospital First Integrated Discharge	NNICB	Nottingham & Nottinghamshire ICB	SOP	Standard Operating Procedure
CAMHS	Child & Adolescent Mental Health Services	HLE	Healthy Life Expectancy	NRC	National Rehabilitation Centre	SPC	Statistical Process Control
CCG	Clinical Commissioning Group	IAPT	Improving Access to Psychological Therapies	NUH	Nottingham University Hospitals	SRO	Senior Responsible Officer
CDC	Community Diagnostic Centre	IBN	Information Breach Notice	OAPs	Out of Area Placements	TIF	Targeted Investment Fund
CDEL	Capital Departmental Expenditure Limits	ICATT	Intensive Community Assessment & Treatment Teams	OBD	Occupied Bed Days	UEC	Urgent & Emergency Care
CDU	Clinical Decision Making Unit	ICB	Integrated Care Board	OOA	Out of Area	UTC	Urgent Treatment Centre
CHC	Continuing Health Care	ICP	Integrated Care Partnership	OP	Out Patients	WTE	Whole Time Equivalents
CoP	Court of Protection	ICS	Integrated Care System	PBP	Place Based Partnerships	YOC	Year of Care
CT	Computed Tomography	IPC	Infection prevention control	PCIT	Primary Care Information Technology	YTD	Year to Date
CV	Contract Variation	IR	Identification Rules	PCN	Primary Care Networks		
CYP	Children & Younger People	IS	Independent Sector	PFDS	Public Facing Digital Services		
D2A	Discharge to Assess	JSNA	Joint Strategic Needs Assessment	PFI	Private Finance Initiative		
DC	Day Case	KMH	Kings Mill Hospital	PHM	Population Health Management		
DDAT	Digital, Data, Analytics and Technology	LD	Learning Disabilities	PHSMI	Physical Health check for Severe Mental Ill patients		
DHSC	Department of Health and Social Care	LD&A	Learning Disabilities & Autism	PICU	Psychiatric Intensive Care Unit		
DST	Decision Support Tool	LINAC	Linear Accelerator	PID	Project Initiation Document		
DTT	Diagnosis to Treatment Time	LoS	Length of Stay	PIFU	Patient Initiated Follow Ups		
EBUS	Endobronchial Ultrasound	MAS	Memory Assessment Service	POD	Prescription Ordering Direct		
ED	Emergency Department	MHIS	Mental Health Investment Standard	PoD	Point of Delivery		
EIP	Early Intervention Psychosis	MHST	Mental Health Support Team	PTL	Patient Targeted List		
EL	Electives	MNR	Maternity & Neonatal Redesign	QDCU	Queens Day Case Unit		
EMAS	East Midlands Ambulance Service NHS Trust	MOU	Memorandum of Understanding	QMC	Queens Medical Centre		
EMCA	East Midlands Cancer Alliance	MRI	Magnetic Resonance Imaging	R&D	Research & Development		
EMNNODN	East Midlands Neonatal Operational Delivery Network	MSFT	Medically Safe for Transfer	R&I	Research & Innovation		
EOL	End of Life	N&N	Nottingham & Nottinghamshire	RAG	Red, Amber & Green		
ERF	Elective Recovery Funding	NCSO	No Cheaper Stock Obtainable (prescribing)	RTT	Referral to Treatment Times		
ESRF	Elective Services Recovery Funding	NEL	Non-Electives	SDMF	Strategic Decision Making Framework		

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Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	11/05/2023
Paper Title:	**Committee Highlight Reports**
Paper Reference:	ICB 23 011
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 its last meeting in March 2023. The report aims to provide assurance that the committees are effectively discharging their delegated duties and to highlight key messages for the Board's attention. This includes the committees' assessments of the levels of assurance they have gained from the items received and the actions instigated to address any areas where low levels of assurance have been provided.

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

Recommendation(s):

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

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

Appendices:

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

Appendices:
F: Outcome of the Committee Effectiveness Review

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:	**6 April 2023 and 4 May 2023**
Committee Chair:	**Jon Towler, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance
No assurance items were received		-

Other considerations:

Decisions made:
The Committee: • Approved the schemes mobilised, and associated use of national Discharge Funding for Step Down Care, totalling £4,107,000. • Approved a recommendation for ten pathway two discharge beds to remain open at Church Farm Rusticus. This would enable stability whilst further work is undertaken to transform pathway two. The request covered a 12-month period; however, if possible, the temporary beds would be closed prior, with a review being completed every three months. The cost associated for the full 12-months is £1,014,000. • Approved an uplift to the Enhanced Service Delivery Scheme (ESDS) subject to a financial risk assessment being concluded by the ICB Financial Recovery Panel.
Matters of interest:
The Committee also: • Received a further update on the development of the Joint Forward Plan (JFP). Members noted that the outcome of the Hewitt Review would likely impact aspects of the JFP. Members agreed that to date, the foundations of the JFP were solid and work should move to focus on including detail around plans and milestones and narrating the many schemes which are already underway to deliver

transformation across the system. It was noted that the timeframe for the completing the work was challenging and would require renewed focus.

- Received an update on the ongoing work to refresh Population Health Management (PHM) outcomes monitoring. Members were advised that PHM outcomes and targets were being developed by an ICS Strategy Metrics Task and Finish Group. The paper also outlined a phased approach to timescales for delivery of the plan over the next three years. Members recognised the challenges that would come with populating a framework and suggested that an early draft would be useful to share with system partners as it would encourage buy in from clinical colleagues within the system.
- Received an update describing the approach to system development through Primary Care Networks (PCNs), Place Based Partnerships (PCBs), and the Provider Collaborative through joint strategic planning. An accelerated design process for system development was being worked through for roll out across PCB's. Members noted the positive progress made in this area of work and recognised its interconnectivity with other areas such as the Joint Forward Plan and the development of the PHM Outcomes Framework. A discussion took place about empowering Place as the vehicle to drive change and transformation.
- Received a further update on the NHS England delegation of Podiatry, Optometry and Dentistry Services (PODS); in particular, on the joint governance arrangements being established across the East Midlands ICBs and the progress of the transfer of NHS England staff to Nottingham and Nottinghamshire ICB as the host employing organisation.
- Received an update regarding the ongoing work to align contracting arrangements for Locked Rehabilitation Provision. Members were assured with the work undertaken so far and were supportive of the approach being taken.
- Approved at its May meeting, implementation of non-material amendments to the Service Restrictions Policy and Commissioning for Outcomes Policy and their constituent procedures to support ongoing equitable access to treatment for patients within the ICB's area. This particular alignment held no financial impact. Members supported ongoing work to further align additional policies which were expected to require material changes, and these would be brought back to a future Committee meeting. As part of this work, the Committee supported a proposal to undertake an engagement plan to inform a final policy position.
- Received highlight reports from the Primary Medical Services Contracting Sub-Committee, where it had been noted that routine Care Quality Commission inspections had reconvened following a temporary pause over the winter period. A general improvement in performance across general practice was recognised.

Appendix B: Quality and People Committee Highlight Report

Meeting Dates:	**15 March 2023 and 19 April 2023**
Committee Chair:	**Marios Adamou, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance
1. Integrated Performance Report - System Quality and Nursing and Quality Statutory Duties Reports.	The Committee agreed to move away from developing a stand-alone quality dashboard to receiving the expanded system quality Integrated Performance Report (IPR) as a way of assessing assurance. Quality risk profiles for providers would continue to be provided in support of the IPR – Quality. The March and April reports included progress against compliance against key quality domains and benefited from additional domains in respect of Children's Mental Health, Children and Young People, Looked After Children (LAC) and Special Educational Needs and Disabilities (SEND). At both meetings members focused discussion on the Learning Disabilities and Autism (LDA) position following a request from the Board for further scrutiny. The LDA adult in-patient target remains unmet and is likely to remain in breach of the NHS England (NHSE) target. A peer review is being commissioned via the Association of Directors of Adult Social Services (ADASS) to provide an independent view/learning opportunities focused on admission avoidance. Work is underway with the System Analytics and Intelligence Unit (SAIU) to develop a LDA dashboard, to enable the identification of pressure points. A six-month timescale for establishment of the dashboard had been agreed. Maternity services continue to be subject to enhanced surveillance. There is focus on implementation of Ockenden recommendations, developing the Maternity Voices Partnership (MVP) and Neonatal Voices, and implementing Equity Strategy plans. The new, national, standardised single approach to maternity was published in April 2023 and work is underway to align reporting to the new requirements. It is	**Adequate Assurance** overall, with **Limited Assurance** for LAC.

Item	Summary	Level of assurance
	expected that alignment under this single approach would enhance assurance by bringing recommendations together into a single delivery plan. Infection Prevention and Control (IPC) remains off track, reflecting the national position. Focused work is taking place in the midlands/north to look at the differentials between London and the south, where rates are lower. Quarter four data indicated that a focus in required in the Community, specifically in relation to the impact on hospital acquired infection rates. New resource pressures in IPC arrangements following the delegation of Pharmacy, Optometry and Dental Services were highlighted alongside the ongoing uncertainty with future funding arrangements for IPC. A deep dive in respect of children and young peoples' services would take place in June 2023 following publication of the SEND Care Quality Commission (CQC)/Ofsted report, expected in May 2023. Implementation of the Patient Safety Incident Response Framework (PSIRF) is progressing across the system. Provider partners are experiencing challenges with the diagnostic and discovery phase of PSIRF implementation. Culture development would be key to resolution and would take some time. PSIRF would be a focus for members at the May 2023 meeting. A memorandum of understanding (MOU) was in place with NHS England regarding Personalisation and Co-production, which has enabled alignment of priorities aligned to the long-term plan. The Nursing and Quality Statutory Duties Report was an exception report in March and April 2023 and provided assurance in respect of the ICB's statutory duties in relation to quality. From 31 January 2023 ICB's have a new role under the 'Serious Violence Duty'. The Serious Violence Duty requires specified authorities to work together and plan to prevent and reduce serious violence and, to prepare and implement a strategy for preventing and reducing serious violence in its area.	

Item	Summary	Level of assurance
	There is a national requirement for ICBs to report cases where a CHC decision has not been made within 12 weeks of receipt of the referral. At the April meeting members were informed that one case awaiting a CHC decision had exceeded 12 weeks due to a dispute between the ICB and the Local Authority regarding CHC eligibility. Members raised significant concern regarding the position with Looked After Children (LAC) Initial Health Assessments (IHAs) and Review Health Assessments (RHAs). Performance continues to deteriorate despite an action plan being in place. Due to the severity of concerns and lack of assurance, members agreed to give this further attention at the May 2023 meeting.	
2. Integrated Performance Report (IPR) – People	The Committee agreed to move away from developing a stand-alone 'People' dashboard to receiving the expanded system quality Integrated Performance Report (IPR) as a way of assessing assurance. The reports in March and April detailed delivery of the system operational work plan. The 'so what' information continues to be a focus and would be added to the report in due course. It was noted that contingency plans implemented during the recent junior doctors' industrial action had been executed very well across all providers. Despite this, the impact of industrial action and recovery following it was far reaching. Workforce plans for the next 12 months would be shared with members at the May 2023 meeting. There was concern that the ambitions to reduce agency usage would continue to be extremely challenging through 2023/24. A Planning, Performance and risk group would be established to review delivery against plans at a granular level and to understand the impact of high use of agency staff on quality and finances. Agency spending would be subject to a deep dive at a future meeting.	**Adequate Assurance** overall, with **Limited Assurance** for agency spending.
3. Local Maternity and Neonatal System (LMNS) Deep Dive	The Committee received the deep dive in March with a follow up report in April. A detailed presentation was provided on all aspects of maternity care along with the	**Limited Assurance**

Item	Summary	Level of assurance
	LMNS dashboard. Members noted performance, areas of success, key issues and challenges. Concern was raised that the dashboard metrics were mostly amber or red. The April meeting received further assurance in respect of governance arrangements and the red/amber rated areas of the dashboard.	
4. Care Home and Home Care Deep Dive	A detailed presentation was provided on all quality aspects related to care homes and home care. Gemma Shelton the joint appointment between health and social care was present to lead the discussion. Assurance was taken that significant progress has been made in joint working and robust plans are in place to advance and develop further integration.	-

Other considerations:

Decisions made:
• In March 2023, members approved the Committee Annual Report. The annual report provided a summary of the Quality and People Committee's activities during 2022/23 and demonstrated how it had discharged its duties during this period. The report would be used as part of the annual governance statement in the ICB Annual Report. • In April 2023, the Committee approved the Annual Work Programme noting that further work would take place to refine the reporting schedule. • At the April 2023 meeting the Committee approved the Equality, Diversity and Inclusion Action Plan 2023-25. To meet its statutory requirement to publish equality objectives and ensure compliance with the Public Sector Equality Duty, the action plan will be published on the ICB website.
Matters of interest:
• At the March and April 2023 meetings the Chief People Officer provided progress updates on development of the People Plan. There is a focus on achieving the first three of the ten workforce outcomes; supporting the health and wellbeing of all staff, growing the workforce for the future, and enabling adequate workforce supply and supporting inclusion and belonging for all, and creating a great experience for staff. A high-level plan was presented to articulate delivery over the next 12 months. The Hewitt review had been published ahead of

the April report. The proposed ICS People and Culture Plan would reflect where necessary the ambitions set in the recommendations. This would include a ‘one workforce’, ‘one team’ approach for the ICS.

- The March meeting received the System Quality Strategy and Delivery Plan close-down report. The Nottingham and Nottinghamshire System Quality Strategy 2022/23 was presented to members initially in July 2022. It detailed 12 system priorities, supported by partners. The report in March provided an end of year position and highlighted priorities to be carried forward. Of the 12 priorities, two were rated green, ten were rated amber. Moving into 2023/24 the priorities would remain broadly the same but be presented as a system quality framework. The first system quality framework would be presented to the committee in July 2023.
- A further discussion took place about the need to determine where the various elements of the inequalities agenda are discussed.

Appendix C: Finance and Performance Committee Highlight Report

Meeting Dates:	**29 May 2023 and 26 April 2023**
Committee Chair:	**Stephen Jackson, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance
1. System Finance Report	The reports included detailed analysis of the financial performance for the system for months eleven and twelve and outlined the full year position for 2022/23. The year-end position had landed at a reported deficit of £13.9 million at month 12, which was £3 million favourable to plan. Month 12 had seen a £16.7 million surplus, which was £10.6 million favourable to plan. Members thanked the system team for their hard work in achieving a better than planned position but noted that 2023/24 would be challenging.	Adequate Assurance
2. ICB Finance Report	The reports included detailed analysis of the financial performance for the system for months eleven and twelve and outlined the full year position for 2022/23. At year end the ICB was reporting having achieved key financial targets and indicators in full. Members commended the team for their hard work throughout the year and encouraged work to continue at pace to improve the 2023/24 position.	Adequate Assurance
3. Service Delivery Performance Report	The report was presented to the Committee at its April meeting. Discussion centred around waiting lists and length of stay and the actions being taken within the system to reduce these. A significant system effort had reduced the 78- and 104-week waiting lists and focus was shifting to reduce 65 week waits. Members recognised the Planned Care Programme as the greatest area of challenge due to the dual aspect of increased demand and the impact of recent critical incidents and industrial action. Members requested that the IPR assurance ratings be revised to be consistent with the assurance ratings used by the Board and its committees.	Partial Assurance

Item	Summary	Level of assurance
4. Primary Care Programme Focused Review	The Primary Care Programme Focused Review was presented to the Committee at its April meeting. This followed the same format as previous focused reviews. Members discussed the role of the various meetings outlined in the mapping document, which detailed reporting arrangements for mental health within the system and took assurance that there was rigorous oversight of the programme.	-
5. Excess Deaths Analysis	At its January 2023 meeting, the ICB Board had requested that the ICB Medical Director carry out an analysis of Excess Deaths in 2022 and report the findings back to the ICB Finance and Performance Committee. This report detailed the findings of that review. The paper described an excess death ratio of 1.05 (a 5% increase in the total number of deaths compared to the five-year average). These had been caused mainly by disease of the circulatory system, nervous system and Covid-19, and had occurred across all deprivation deciles. Therefore, there was no evidence to suggest that deprivation was contributing to the excess deaths. Additionally, the numbers reported were not deemed significant enough to cause concern. Members noted that this report was being received for assurance in the context of tackling health inequalities.	**Adequate Assurance**

Other considerations:

Decisions made:
The Committee: • Received at its March meeting the draft 2023/24 Operational and Financial Plans following delegation to approve them from the ICB's Board. Whilst there was a comprehensive review and discussion of the presented documents, it was inevitable that the numbers presented would change by the deadline for submission and members were therefore unable to make a decision at the meeting. It was noted that the final decision would revert to ICB's Chair and Chief Executive to make an urgent decision utilising emergency powers to approve the plan for submission. The Committee endorsed the Financial and Operational plans, subject to further work needed to reach

a compliant and balanced position. The Committee received a further update at its April meeting outlining the position upon final submission. This was caveated with the understanding that work would continue to achieve a compliant and balanced plan.

- The Committee approved the Joint Capital Resource Use Plan for 2022/23 under board delegated authority. The Committee also endorsed the approach being taken to develop the 2023/24 Plan. The requirements for the 2022/23 plan had been minimalised to reflect the transitional nature of the year. The 2023/24 plan was required to be more detailed.
- The Committee approved the 2023/24 ICB Annual Budget at its March meeting following delegated authority from the Board.

Matters of interest:

The Committee:

- Received an overview of the progress to date regarding the delegation of additional direct commissioning services from NHS England (Podiatry, Optometry and Dentistry services (PODs)). The update summarised the development of governance arrangements and financial allocations as of 1 April 2023. It was recognised that having a greater level of control and understanding of PODs was a positive thing as the ICB would be able to have greater influence over decisions that could positively impact patient care and potentially contribute to savings and efficiencies.
- The Committee noted the Finance and Performance Committee Annual Report at its March meeting in advance of its publication as part of the ICB's Annual Governance Statement.
- The Committee approved the Finance and Performance Committee Annual Work Programme 2023/24 at its April meeting.

Appendix D: Audit and Risk Committee Highlight Report

Meeting Dates:	**16 March and 4 May 2023**
Committee Chair:	**Caroline Maley, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance
1. Board Assurance Framework – Targeted Assurance Report • Medical Directorate • Finance Directorate	A key role of the Committee is to review the rigour of the Board Assurance Framework (BAF). This was the second of two reports that provided a detailed review of all strategic risks across the ICB's four directorates. Members had an in-depth discussion with the Medical Director and Director of Finance regarding the control environment and the work being undertaken to address any gaps in control or assurance. While the Committee concluded that good progress was being made, it was recognised that further work was required to move the risks to their target scores, which was felt to be indicative of the longer timeframe agreed for the BAF.	**Partial Assurance**
2. 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. The Committee noted that feedback from the risk appetite discussion the Board Development Session in February would be incorporated in a refreshed Risk Management Strategy and presented to the Board for approval.	**Full Assurance**
3. Standards of Business Conduct Report	The report provided assurance that arrangements were in place to ensure compliance with national guidance and best practice regarding standards of business conduct; and the committee was assured that these arrangements were robust and effective.	**Full Assurance**

Item	Summary	Level of assurance
4. Temporary Worker Arrangements	The Committee was assured of the continuing focus to ensure the number of temporary workers within the ICB was kept at an acceptable level.	**Full Assurance**
5. Procurement Card Usage	Members were assured of the continuing focus to ensure that the use of the ICB's procurement card was appropriate.	**Full Assurance**
6. Committee Effectiveness Review	Members discussed the key findings of this review, which examined how committees had operated since their establishment and endorsed the action plan to enhance arrangements during 2023/24, the progress of which would be overseen by the Committee. A summary of the outcome of the report is provided for information at Appendix F.	**Adequate Assurance**
7. EPRR Update Report	Since the last report in November 2022, the Committee was assured that progress has been made by the ICB against some of the areas previously identified as partially compliant and plans were in place to address the outstanding standards by the end of July.	**Adequate Assurance**
8. Mental Health Investment Standard	All Clinical Commissioning Groups (CCGs) were required to plan to achieve the Mental Health Investment Standard (MHIS) in 2021/22. The ICB's External Auditors have reviewed the MHIS statements of compliance for both NHS Nottingham and Nottinghamshire CCG and NHS Bassetlaw CCG. In both instances an **unqualified limited assurance opinion** has been issued.	-
9. Head of internal Audit Opinion	Currently the ICB's Internal Auditors are providing significant assurance for the Board Assurance Framework and follow up of agreed actions elements of their Head of Internal Audit Opinion. Whilst members noted that five audits from the Internal Audit Work Plan needed to conclude, work was sufficiently progressed to assess the draft overall Opinion to be **Significant Assurance**.	-

Other considerations:

Decisions made:
• The Committee approved the proposed write offs and write backs of unused provisions, following assurance of the robustness of the process for the recovery of debt. • The Committee approved the Internal Audit Plan for 2023/24. • The Committee approved the Counter Fraud Plan for 2023/24. • The bases of estimation for the key areas to be included in Nottingham and Nottinghamshire ICB accounting policies for 2022/23 were approved.
Matters of interest:
• An update on the outstanding issues from the due diligence undertaken as part of the close down of the former Nottingham and Nottinghamshire and Bassetlaw CCGs and establishment of the ICB was provided and the Committee noted that all ongoing issues were being overseen by the relevant ICB Committee. • Members noted the progress of the action plan, produced from the NHS England-mandated HfMA Sustainability Audit self-assessment, which had been conducted during September 2022. Most actions were either complete or nearing completion. There remained several actions in progress in relation to the ongoing efficiency and transformation actions across the system. • Members received an update on progress of the Internal Audit Plan 2022/23. Three final reports had been issued: Integrity of the General Ledger and Financial Reporting; Governance; and Business Continuity and EPRR. All had received an opinion of 'significant assurance'. Members sought and received assurance that all reviews within the current plan would be completed by the set timescales. • The External Audit Plan for the nine-month period that the ICB had been operational was presented for noting. • Members noted that all areas were currently compliant against the Counter Fraud Functional Standard Return. • Following submission to NHS England by the required deadline, members received the ICB's draft Annual Report and unaudited Accounts for review, noting the work required to finalise the documents in advance of requesting the Committee's approval at its meeting on 13 June 2023. Members provided feedback and thanked the ICB's Governance and Finance teams for their hard work and skill in presenting high quality documents.

Appendix E: 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
ORR051	If staffing levels are reduced due to workforce industrial action, this may result in significant risk to the delivery of services across the system.	**Extreme** 25 (I5 x L5)	Quality and People 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).	**High** 20 (I4 x L5)	Quality and People Committee
ORR023	If Nottingham University Hospitals NHS Trust (NUH) do not have the capability to make improvements in a timely manner following CQC recommendations, the quality of maternity services will result in poor patient experience, adverse clinical outcomes and/or patient safety issues for the population of Nottingham and Nottinghamshire.	**High** 20 (I5 x L4)	Quality and People Committee
ORR069	If the system does not have sufficient workforce to supply high-quality maternity business as usual services and service transformation activity, across the three NHS providers (NUH, SFHT and DBHT), there is a risk that the quality of maternity services will deteriorate for the population of Nottingham and Nottinghamshire. This may, in turn, result in poor patient experience, adverse clinical outcomes and/or patient safety issues for women and their families.	**High** 20 (I5 x L4)	Quality and People Committee

Risk Ref.	Risk Description	Current Score	Responsible Committee
ORR085	If there is insufficient workforce capacity within health providers across the system, due to issues with recruitment and retention, there is risk to patient flow across the non-elective pathway. This may adversely impact the delivery of urgent and emergency care to the population of Nottingham and Nottinghamshire.	**High** 20 (I5 x L4)	Quality and People Committee
ORR005	If mental health activity reduces, due to capacity constraints, there is potential risk to delivery of business as usual and mental health transformation. This may, in turn, lead to increased mental health waiting times, poor patient experience and outcomes and failure to comply with constitutional standards.	**High** 16 (I4 x L4)	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
ORR049	If there is inadequate capacity of workforce to supply theatres across the system, fewer procedures may be undertaken. This could lead to further increased waits for planned care, poor patient outcomes and/or experience.	**High** 16 (I4 x L4)	Quality and People Committee
ORR053	If the flow of patients who are medically safe for discharge does not improve due to issues around the discharge pathway, this may result in increased lengths of stay, leading to patient harm (deconditioning, exposure to infection, social isolation) and continued pressure on access to secondary care.	**High** 16 (I4 x L4)	Quality and People Committee
ORR077, 87 and 127	If sustained levels of significant pressure continues, due to high levels of demand for services, there is risk to staff resilience across health and social care providers across Nottingham and Nottinghamshire. This may also impact workforce retention.	**High** 16 (I4 x L4)	Quality and People Committee

Risk Ref.	Risk Description	Current Score	Responsible Committee
ORR083	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.	**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
ORR026	If there continues to be adverse national and local media reports, there may be lack of public confidence in accessing appropriate services in a timely manner. This may, in turn, result in increased demand for urgent and emergency services.	**High** 16 (I4 x L4)	Quality and People Committee / Primary Medical Services Contracting Sub-Committee (Information Only)
ORR015	Over-reliance on non-recurrent (one-off) funds / mitigations by the ICB to temporarily offset recurring (year on year) pressures may result in continued deterioration in the ICB's recurrent underlying financial position for 2022/23.	**High** 16 (I4 x L4)	Finance and Performance Committee
ORR084	If organisations within the ICS are unable to access IT systems, they may not be able to conduct core business as usual functions. This may result in patients not receiving timely diagnosis or treatment due to necessary equipment not functioning or patient records being unavailable. This risk includes systems being unavailable due to unexpected system outage and successful cyber-attacks and issues with the availability of products and services.	**High** 15 (I5 x L3)	Finance and Performance Committee
ORR118	Alongside a continued period of sustained pressure, the recent announcement regarding the need for ICBs to reduce running costs may adversely impact staff resilience.	**High** 16 (I4 x L4)	HR Sub Committee

Appendix F – Briefing note on the outcome of the ICB's Committee Effectiveness Review

1. At its meeting in March 2023, the Board was advised that a review of the ICB's committees and sub-committees (hereafter referred to as "committees") was underway to assess the effectiveness of how they were operating. This review was intended to complement the recently concluded stock-take of the ICB's governance structures by focussing on the more practical elements of the arrangements and identifying whether any actions were needed to strengthen these further.
2. The basis of the review has been from observations made by the committees' chairs and members, senior management attendees and the ICB's governance leads. The specific areas covered included:
    a) Membership and participation;
    b) Planning and Preparation;
    c) Quality of papers/items presented;
    d) Reporting to the Board; and
    e) Behaviours and etiquette at meetings.
3. The findings of the review were formally presented to each of the committees during their April meetings to ensure engagement and input before the review was considered complete.
4. The final outcome of the review was presented to the Audit and Risk Committee at its meeting on 4 May 2023. This concluded that the findings had been mainly positive; however, a small number of actions were proposed to build on the progress made during 2022/23.
5. The actions agreed included:
    a) Further work to support committees in implementing the rating system developed to quantify the assurance received within certain committee items (when reporting to the Board via the Committee Highlight Reports).
    b) Working with senior management leads to further define committee annual work programmes for 2023/24 and ensure they are complementary to the Board's own cycle of business.
    c) Refreshing colleagues on the standards expected of papers.
    d) Developing a Board and Committee Etiquette protocol, in particular, to address some of the issues observed during virtual meetings.
6. The Audit and Risk Committee is responsible for oversighting the actions and will be advised of progress at its next meeting in June.

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	11/05/2023
Paper Title:	**Board Assurance Framework – Biannual Update**
Paper Reference:	ICB 23 012
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 and confirming the continued appropriateness of the ICB's strategic risks for 2023/24.

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 September and November 2022 meetings of the Board, and the January and March 2023 meetings 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.

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 on previous updates during the ICB's first period of operation in September and November 2022.

4. During 2022/23, the Board agreed that the Assurance Framework would remain in place until March 2024 in recognition of the ICB being newly established and its core aims and strategic risks being unlikely to change over the period to March 2024. This longer time period also enables a more realistic movement in risks scores towards identified target scores.

NHS Nottingham and Nottinghamshire ICB's Board Assurance Framework

5. The Board Assurance Framework is structured around 14 strategic risks to achieving the ICB's four core aims. A review of these risks has been undertaken with the Executive Management Team to confirm their continued appropriateness for 2023/24.

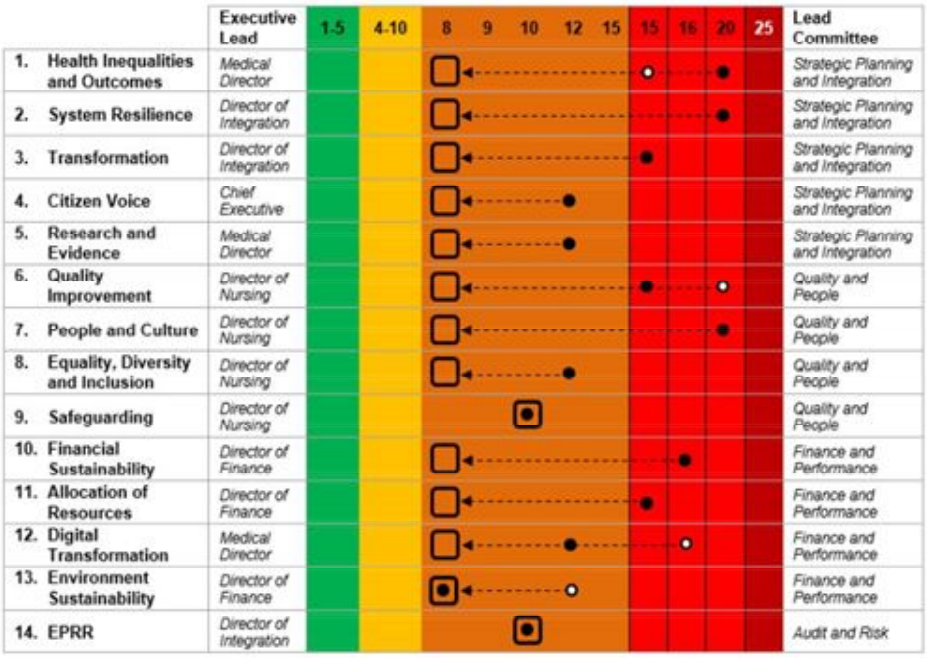
6. Roles and responsibilities and the full business cycle for the Board Assurance Framework is set out for information at **Appendix A**.

7. 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).

8. 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. It is also important to recognise that local authority and other non-NHS partners do not operate BAFs in the same way as NHS partners. However, work has been undertaken to ensure there is some alignment of key strategic risks across the ICB and its NHS Trust and NHS Foundation Trust Partners, as appropriate to joint priorities. The ICB's Board Assurance Framework also captures 'system focused' strategic risks, in reflection of its statutory duties regarding collective system accountability.

Summary of key messages

9. The following diagram presents a summary 'heat map' of the Board Assurance Framework as of May 2023.



Note: Black dots represent the current scores for each risk and white dots indicate where scores have changed since last reported in November (with risk 1 increasing in score and risks 6, 12 and 13 decreasing in score). The squares indicate the target scores for each risk; three risks (risks 9, 13 and 14) have met their target scores. The arrows show the distance from 'current risk score' to 'target risk scores'.

10. 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).

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

    a) A good level of control continues to be in place across all 14 strategic risks. Controls have continued to evolve since 1 July 2022, with new working arrangements, strategies, plans and frameworks being established. However, there is a need to ensure the embedment, operationalisation and delivery of these during 2023/24; which is a consistent theme across the identified 'gaps' in control.

    b) There is a continued need to ensure that there is an appropriate balance between managing today (system resilience) and making tomorrow better (transformation). 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 to ensure these two risks are being equally managed. There is also a need to ensure these risks are being managed across all service areas; recognising some areas are well embedded (planned care, community care and urgent and emergency care) while others are being established (mental health and primary care).

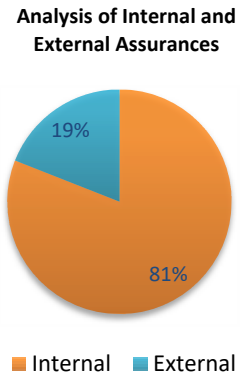
    c) The review of controls has also identified the need to refresh and strengthen the operating framework across the ICS; more specifically, to ensure consistency across ICS operational oversight groups and alignment in terms of role, remit and operation. It is anticipated that moving forward, the System Oversight Group will take a role in agreeing the establishment of any new groups to minimise the potential for duplication and ensure clarity of purpose and effective use of time and resources.

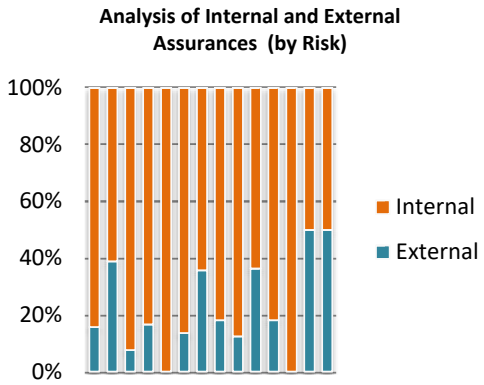
    d) Progress has been made across the majority of the previously identified 'gaps'; some of which are now complete. However, as referenced above, further 'gaps' have been identified, which largely relate to developing arrangements for delivery oversight of newly established ICS and ICB strategies and plans. Planned assurances in these areas have been built into the annual work programmes for the Board and its committees.

    e) A good level of planned assurances continues to be in place across each of the strategic risk areas. Assurances have been received throughout 2022/23 and will continue to be routinely received by the Board and its committees, and by ICS operational oversight groups, across the next 12 months. It is recognised that the robustness of assurances continues to evolve to ensure they provide the level of assurance required. Many

'positive' assurances have been received to date; however, it is important to recognise that significant areas of challenge are also being reported, which can be demonstrated by the number of 'live' operational risks within the ICB's Operational Risk Register (and outlined against each strategic risk within the BAF).

f) 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).





Analysis found that strategic risk 5 (*Research and Evidence*) and risk 12 (*Digital Transformation*) do not currently have any external assurances listed. While this is not necessarily a cause for concern, these are areas that the Audit and Risk Committee may wish to seek additional assurance in relation to in future years.

Next steps

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

13. Targeted Board Assurance Framework reports (scheduled for the September and November 2023 and January and March 2024 meetings of the Audit and Risk Committee) will provide an update on progress against all identified actions. These reports will 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.

14. Further biannual updates will be reported to the Board in November 2023 and May 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.

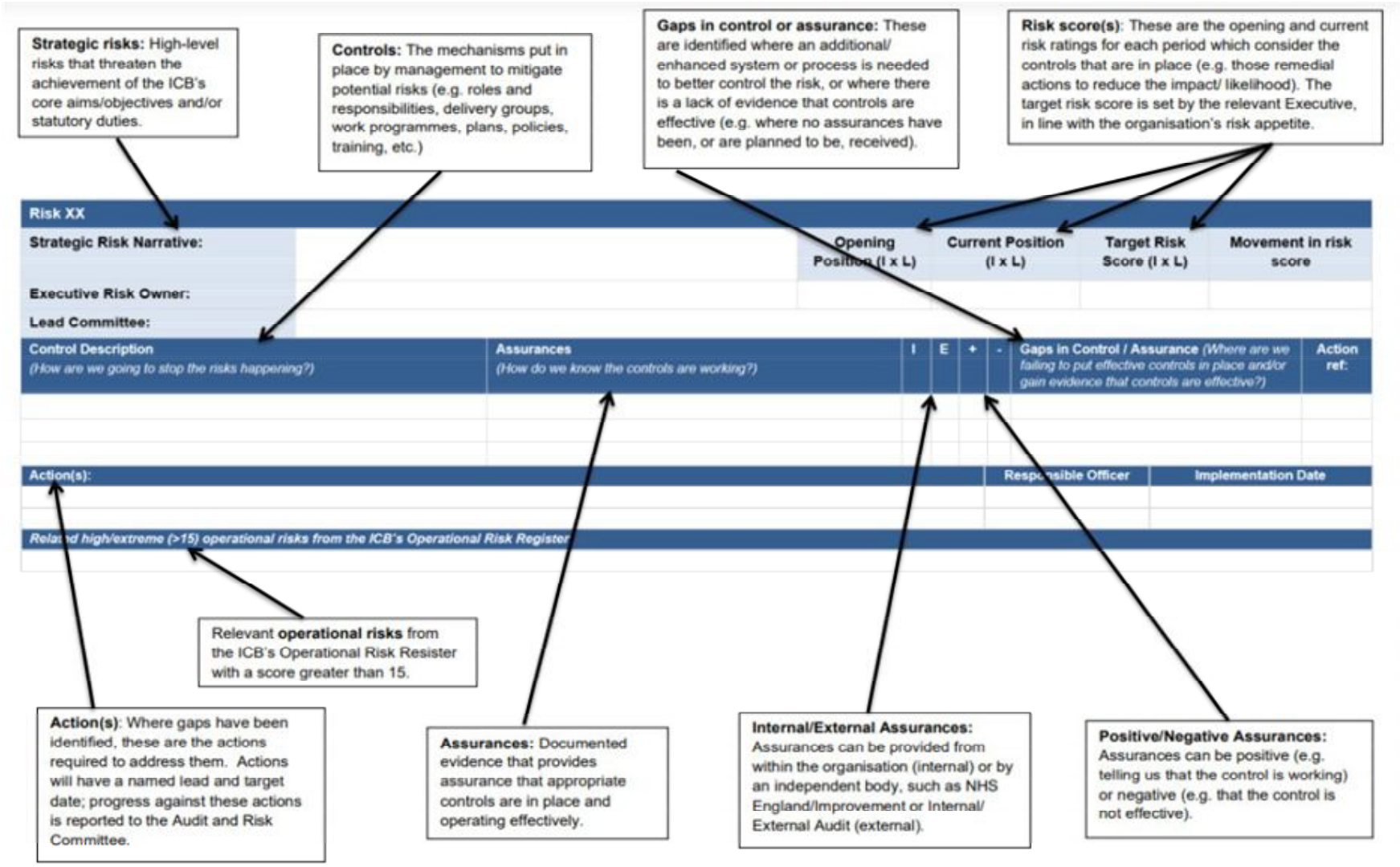
BAF Full Business Cycle

	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	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓
Executive Management Team: BAF biannual reviews (prior to Board)	✓	-	-	-	-	-	✓	-	-	-	-	-
BAF Quarterly Reviews: 1:1 reviews between the Head of Corporate Assurance and relevant Executive	✓	-	-	✓	-	-	✓	-	-	-	✓	-

Board Assurance Framework

May 2023

How to navigate the Board Assurance Framework



Risk 1 - Health Inequalities and Outcomes				
Strategic Risk Narrative:	Failure to adequately address health inequalities and improve health outcomes for the population of Nottingham and Nottinghamshire.	**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 (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 will set out the strategic direction for health and care services across Nottingham and Nottinghamshire. Equity of delivery will be a core principle to the Strategy.	Integrated Care Strategy update to the ICP (initial strategy in December 2022 and final scheduled for May 2023). Integrated Care Strategy update to the SPI Committee (October 2022). Health inequalities and outcomes updates to the ICB Board; Equity (scheduled July 2023), Integration (Sept 2023) and Transformation (Nov 2023).	✓ ✓ ✓		✓ ✓		To finalise and publish the Integrated Care Strategy.	1.1
Joint Forward Plan, which will set out the plan to deliver the requirements of the Integrated Care Strategy.	Oversight of Joint Forward Plan by SPI Committee (updates December 2022 and January to July 2023). Joint Forward Plan presented to the ICB Board for approval (scheduled June 2023).	✓ ✓		✓		To develop and publish the Joint Forward Plan. To establish robust oversight and accountability arrangements to ensure delivery of the Joint Forward Plan. To ensure key areas outlined within the HI Plan form part of the Joint Forward Plan. *This includes, but is not limited to, focus on Long Terms Conditions management and prevention (e.g. smoking cessation).*	1.2 1.6 1.7
Joint Local Health and Wellbeing Strategies (City and County), which will focus on what can be delivered at 'place' and in communities.	Local Joint Health and Wellbeing Strategies update to the ICB Board (scheduled May 2023). Place Based Partnerships and Provider Collaborative Updates to the ICB Board (scheduled May to Nov 2023 and Jan 2024).		✓			None identified.	
Development of thriving 'Places' across Nottingham and Nottinghamshire.	Place (including PCNs): System Development Update to the SPI Committee (November 2022). System development update: Approach to delivering community and primary care transformation through thriving places and provider collaboration to the SPI Committee (March 2023). Place Based Partnerships and Provider Collaborative Updates to the ICB Board (scheduled May to Nov 2023 and Jan 2024).	✓ ✓ ✓		✓ ✓		To establish the System Development Unit and supporting infrastructure.	1.3
Role and remit of the **ICS Health Inequalities (HI) Oversight Group.**	HI and Prevention Group assurance reporting to the ICS Oversight Group (PENDING). Health inequalities and outcomes updates to the ICB Board; Equity (scheduled July 2023), Integration (Sept 2023) and Transformation (Nov 2023). 2022/23 Internal Audit Review – Health Inequalities (scheduled Q4).	✓ ✓	 ✓			To establish systematic assurance reporting from the ICS HI Oversight Group.	1.4

	Health inequalities Dashboard and Exception Reporting (as part of IPR) to the Finance and Performance Committee (quarterly from June 23 onwards) Thematic Service Delivery and Health inequalities Reporting to the Finance and Performance Committee (monthly from April 23).	✓ ✓					
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.	✓	 ✓	✓ ✓		To establish robust oversight and accountability arrangements to ensure delivery of the Operational Plan.	1.8
ICS Health Inequalities (HI) Plan.	HI Plan presented to the SPI Committee for review and approval (November 2022). ICS Health Inequalities Plan presented to the ICB Board (November 2022). Health inequalities and outcomes updates to the ICB Board; Equity (scheduled July 2023), Integration (Sept 2023) and Transformation (Nov 2023). Health inequalities Dashboard and Exception Reporting (as part of IPR) to the Finance and Performance Committee (quarterly from June 23 onwards)	✓ ✓ ✓ ✓		✓ ✓		None identified.	
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). Performance Assurance Report / IPR presented in full to the Board (bi-monthly) and relevant 'chapters' to each Committee (monthly). Health inequalities Dashboard and Exception Reporting (as part of IPR) to the Finance and Performance Committee (quarterly from June 23 onwards)	✓ ✓ ✓		✓ ✓		To further develop the ICB's IPR to incorporate HI metrics.	1.5

Action(s):	Responsible Officer	Implementation Date
Action 1.1 To finalise and publish the Integrated Care Strategy.	Director of Integration	Complete
Action 1.2 To develop and publish the Joint Forward Plan.	Director of Integration	~~April 2023~~ June 2023
Action 1.3 To establish the System Development Unit and supporting infrastructure.	Director of Integration	Complete
Action 1.4 To establish systematic assurance reporting from the ICS HI Oversight Group.	Medical Director	~~April 2023~~ September 2023
Action 1.5 To further develop the ICB's IPR to incorporate HI metrics.	Director of Finance	Complete
Action 1.6 To establish robust oversight and accountability arrangements to ensure delivery of the Joint Forward Plan.	Medical Director	September 2023
Action 1.7 To ensure key areas outlined within the HI Plan form part of the Joint Forward Plan. *This includes, but is not limited to, focus on Long Terms Conditions management and prevention (e.g. smoking cessation).*	Medical Director	June 2023
Action 1.8 To establish robust oversight and accountability arrangements to ensure delivery of the 2023/24 Operational Plan.	Director of Finance	July 2023
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 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:**
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). System Quarterly Review Meetings with NHS England. 2023/24 Internal Audit Review – System-wide Discharge Management (scheduled TBC). Service Delivery Scorecard and Exception Reporting to the Finance and Performance Committee (monthly from April 23 onwards) Thematic Service Delivery and Health inequalities Reporting to the Finance and Performance Committee (monthly from April 23).	✓ ✓ ✓	 ✓ ✓ 	 ✓ 		To undertake a review of the ICS operating model to support alignment and consistency of system forums.	2.5
Role and remit of the **Urgent and Emergency Care (UEC) Board**, and its supporting programme boards: – Ageing Well Programme Board; and – Urgent Care Right Place First Time (UCRPFT) Board.	Chief Executive's Reports to the open and confidential sessions of the ICB Board (bi-monthly). UEC Update to the ICB Board (September 2022). System Quarterly Review Meetings with NHS England.	✓ ✓	 ✓	✓ ✓ ✓		None identified.	
Establishment of a **System Control Centre (SCC)**; the purpose of which is to ensure the safest and highest quality of care possible for the entire population across every area by balancing the clinical risk within and across all health and care settings.	SCC Update to the UEC Board (November 2022). System Quarterly Review Meetings with NHS England.	✓	 ✓	✓ ✓		To establish and strengthen the System Control Centre (SCC) collaboratively with system partners.	2.1
Establishment of external System Development Support for Resetting UEC, Demand, Capacity and Flow	System Quarterly Review Meetings with NHS England.		✓	✓		To procure external capacity, diagnostics and implementation PMO UEC transformation and delivery support for the System.	2.2
Role and remit of the **Planned Care Board**, which exists to oversee delivery of the system's elective recovery plans and the establishment of **Elective Hubs**.	Planned Care Update to the ICB Board (September 2022). System Quarterly Review Meetings with NHS England.	✓	 ✓	✓ ✓		None identified.	
Role and remit of the **Demand and Capacity Group,** supported by the Bed Modelling 'Task and Finish' Group.	Demand and Capacity Modelling reported to the UEC Board (September 2022).	✓		✓		None identified.	
Operational Pressures Escalation Level (OPEL) Framework across both primary and secondary care providers.	OPEL escalation reporting to the System Executive Group. OPEL review reported to the UEC Board (Nov 2022).	✓ ✓		✓ ✓		None identified.	
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).	✓				See 1.8	

	System Quarterly Review Meetings with NHS England.		✓	✓			
Role and remit of the **Primary Care Transformation Board** (in development)	Primary Care Transformation Update to the ICB Board (November 2022).	✓		✓		To establish a system-led Primary Care Transformation Board.	2.3
Role and remit of the **Mental Health Transformation Board** (in development)	Primary Care Transformation Update to the ICB Board (PENDING).	✓				To re-establish a system-led Mental Health Transformation Board.	2.4

Action(s):	Responsible Officer	Implementation Date
Action 2.1 To establish and strengthen the System Control Centre (SCC) collaboratively with system partners.	Director of Integration	Complete
Action 2.2 To procure external capacity, diagnostics and implementation PMO UEC transformation and delivery support for the System.	Director of Integration	~~March 2023~~ June 2023
Action 2.3 To establish a system-led Primary Care Transformation Board.	Medical Director	~~April 2023~~ June 2023
Action 2.4 To re-establish a system-led Mental Health Transformation Board.	Director of Integration	June 2023
Action 2.5 To undertake a review of the ICS operating model to support alignment and consistency of system forums.	Director of Finance	July 2023

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

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.

Risk 3 - Transformation (for Making Tomorrow Better)					
Strategic Risk Narrative:	Effective system working may not transform (reform) and improve services to 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:	Director of Integration / Medical Director	High (5 x 3)	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:**
Integrated Care Strategy, which will set out the strategic direction for health and care services across Nottingham and Nottinghamshire. Equity of delivery will be a core principle to the Strategy.	Integrated Care Strategy update to the ICP (initial strategy in December 2022 and final scheduled for May 2023). Integrated Care Strategy update to the SPI Committee (October 2022). Health inequalities and outcomes updates to the ICB Board; Equity (scheduled July 2023), Integration (Sept 2023) and Transformation (Nov 2023).	✓ ✓ ✓		✓ ✓		See 1.1	
Joint Forward Plan, which will set out the plan to deliver the requirements of the Integrated Care Strategy.	Oversight of Joint Forward Plan by SPI Committee (updates December 2022 and January to July 2023). Joint Forward Plan presented to the ICB Board for approval (scheduled June 2023).	✓ ✓		✓		See 1.2 and 1.6	
Role and remit of the **Urgent and Emergency Care (UEC) Board**, and its supporting programme boards: – Ageing Well Programme Board; and – Urgent Care Right Place First Time (UCRPFT) Board.	Chief Executive's Reports to the open and confidential sessions of the ICB Board (bi-monthly). UEC Update to the ICB Board (September 2022). Development of Strategy Commissioning Proposals to SPI Committee (ad-hoc). System Quarterly Review Meetings with NHS England.	✓ ✓ ✓	 ✓	✓ ✓ ✓ ✓		None identified.	
Role and remit of the **Planned Care Board**, which exists to oversee transformational changes in the provision of planned care, cancer and diagnostic services across the ICS.	Planned Care Update to the ICB Board (September 2022). Development of Strategic Commissioning Proposals to SPI Committee (ad-hoc). System Quarterly Review Meetings with NHS England.	✓ ✓	 ✓	✓ ✓ ✓		None identified.	
The ICS' **Primary (Medical) Care Strategy**	Primary Care Transformation Update to the ICB Board (November 2022). Primary Care Strategy Update to the SPI Committee (November 2022). NHSE Delegations of Pharmacy, Optometry and Dental (PODs) Services Updates to SPI Committee (ad-hoc).	✓ ✓ ✓		✓ ✓ ✓		To finalise and publish the ICS Primary Care Strategy.	3.1
Ageing Well Programme Board, which oversees delivery of the Community Services Transformation Programme.	Community Services Transformation Update to the ICB Board (January 2023).	✓		✓		None identified.	

	Community Services Transformation Update to the SPI Committee (January 2023).	✓		✓			
Mental Health Transformation Board, which exists to oversee delivery of mental health transformation across the ICS.	Mental Health Services Transformation Update to the SPI Committee (October 2022). Mental Health Services Transformation Update to the ICB Board (November 2022). Children and Young People Services Transformation Update to the ICB Board (November 2022).	✓ ✓ ✓		✓ ✓ ✓		See 2.4	
Role and remit of the **Clinical and Professional Leadership Group (CPLG)**	Primary Care Transformation Update to the ICB Board (November 2022).	✓				To revise and reinstate the Clinical and Professional Leadership Group (CPLG).	3.2
Clinical Design Authority's (CDA) role to provide clinical leadership in relation to service transformation.	Primary Care Transformation Update to the ICB Board (November 2022).	✓				To develop and expand membership of the CDA.	3.3
Place-Based Partnerships, a collective partnership with a role of driving transformation at a local and neighbourhood level.	Place (including PCNs): System Development Update to the SPI Committee (November 2022 and March 2023). Nottingham City Place-Based Partnership update to the ICB Board (January 2023). Rolling programme of Place Based Partnership and Provider Collaborative Updates to the ICB Board (each meeting).	✓ ✓ ✓		✓ ✓		See 1.3	
Role and remit of the **Primary Care Transformation Board** (in development)	Primary Care Transformation Update to the ICB Board (November 2022).	✓		✓		See 2.3	

Action(s):	Responsible Officer	Implementation Date
Action 3.1 To finalise and publish the ICS Primary Care Strategy.	Medical Director	Complete
Action 3.2 To revise and reinstate the Clinical and Professional Leadership Group (CPLG).	Medical Director	Complete
Action 3.3 To develop and expand membership of the CDA.	Medical Director	Complete

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

ORR005 If mental health activity reduces, due to capacity constraints, there is potential risk to delivery of business as usual and mental health transformation. This may, in turn, lead to increased mental health waiting times, poor patient experience and outcomes and failure to comply with constitutional standards.

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 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:**
Integrated Care Strategy, which will set out the strategic direction for health and care services across Nottingham and Nottinghamshire and include specific reference to engagement with citizens.	Integrated Care Strategy update to the ICP (initial strategy in December 2022 and final scheduled for May 2023). Integrated Care Strategy update to the SPI Committee (October 2022). Regular 'Citizen Insight' updates to the ICP (scheduled for each meeting).	✓ ✓ ✓		✓ ✓		See 1.1 To establish 'Citizen Insight' updates as a standing item on the ICP's agenda.	4.1
ICB Joint Forward Plan, which will set out the plan to deliver the requirements of the Integrated Care Strategy. *There is a requirement in the Health and Care Act 2022 to consult on the Forward Plan. Detailed guidance is awaited.*	Oversight of Joint Forward Plan by SPI Committee (updates December 2022 and January to July 2023). Joint Forward Plan presented to the ICB Board for approval (scheduled June 2023).	✓ ✓		✓		See 1.2. To consult on the Joint Forward Plan in line with legislative requirements.	4.2
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.**	Working with People and Communities Updates to the SPI Committee (February 2023 and scheduling TBC for 2023/24). 2023/24 Internal Audit Review – Citizen involvement and co-production (scheduled Q3).	✓	✓			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
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 (February 2023 and scheduling TBC for 2023/24). Annual Engagement Report (PENDING). 2021/22 Internal Audit Review – Compliance with *ICS implementing guidance on 'Working with People and Communities'* guidance (No Opinion).	✓	✓	✓		None identified.	
ICB's Equality, Diversity and Inclusion (EDI) Policy, which outlines the requirement to meaningfully engage with people from all protected characteristic and disadvantaged groups.	Ad-hoc business cases reported via SPI Committee. Equality, Diversity and Inclusion Action Plan 2023-25 Update to the Q&P Committee (April 2023).	✓		✓		None identified.	
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.	Place (including PCNs): System Development Update to the SPI Committee (November 2022 and March 2023). Nottingham City Place-Based Partnership update to the ICB Board (January 2023).	✓ ✓ ✓		✓ ✓		See 1.3	

	Rolling programme of Place Based Partnership and Provider Collaborative Updates to the ICB Board (each meeting).						
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).	✓ ✓ ✓		✓ ✓		See 6.3	
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 4.1 To establish 'Citizen Insight' updates as a standing item on the ICP's agenda.	Chief Executive	~~March 2023~~ Complete
Action 4.2 To consult on the Joint Forward Plan in line with legislative requirements.	Chief Executive	~~April 2023~~ July 2023
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
Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:		
ORR026 If there continues to be adverse national and local media reports, there may be lack of public confidence in accessing appropriate services in a timely manner. This may, in turn, result in increased demand for urgent and emergency services.		

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 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:**
Integrated Care Strategy, which will set out the strategic direction for health and care services across Nottingham and Nottinghamshire. Research will be an enabler to the Strategy.	Integrated Care Strategy update to the ICP (initial strategy in December 2022 and final March 2023); specific reference to Research and Evaluation in the Strategy. Integrated Care Strategy update to the SPI Committee (October 2022).	✓ ✓		✓ ✓		See 1.1	
ICS Research Strategy (in development), to support delivery of the Integrated Care Strategy and Joint Forward Plan.	Oversight of Joint Forward Plan by SPI Committee (updates December 2022 and January to July 2023). Joint Forward Plan presented to the ICB Board for approval (scheduled June 2023). Annual Assurance Report: Promotion of Research and Use of Research Evidence to the ICB Board (PENDING). Research and Use of Evidence Bi-annual Assurance Reports to the SPI Committee (February 2023 and bi-monthly onwards).	✓ ✓ ✓ ✓		✓ ✓		See 1.2 To include a research specific chapter within the Joint Forward Plan.	5.1
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),	Research and Use of Evidence Bi-annual Assurance Reports to the SPI Committee (February 2023 and bi-monthly onwards). 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 5.1 ~~To develop the ICS Research Strategy.~~ To include a research specific chapter within the Joint Forward Plan.	Medical Director	~~April 2023~~ June 2023
Action 5.2 To develop processes to ensure that knowledge and evidence from research systematically influences business cases.	Medical Director	~~April 2023~~ October 2023

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 services 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 Nursing	High (5 x 4)	High (5 x 3)	Medium (4 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:**
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.	✓ ✓		 ✓		To develop a set of quality 'principles' and action plan to support delivery of the Integrated Care Strategy.	6.1
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.	✓	 ✓	✓ ✓		None identified.	
Role and remit of the **System Quality Group**, which exists to drive quality improvement collaboratively and proactively.	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).	 ✓ ✓	✓	✓		To ensure non-NHS providers are embedded within system quality arrangements.	6.4
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).	✓ ✓		✓ ✓		To embed quality across all system programmes/boards.	6.2
Role and remit of the **Nottingham and Nottinghamshire Local Maternity and Neonatal System (LMNS),** which is overseen by the System Quality Group and supported by: • **LMNS Perinatal Surveillance Quality Group (PSQG);** • **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.	

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).	✓ ✓ ✓		✓ ✓		To finalise and publish the ICS Co-production Strategy.	6.3
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 6.1 ~~To develop the ICS Five-year Quality Strategy~~. To develop a set of quality 'principles' and delivery plan to support the Integrated Care Strategy.	Director of Nursing	~~April 2023~~ July 2023
Action 6.2 To embed quality across all system programmes/boards (i.e. Planned Care Board, UEC Board, etc.), supported by weekly ICB quality 'touch points' to escalate and triangulate system quality issues raised.	Director of Nursing	~~April 2023~~ July 2023
Action 6.3 To finalise and publish the ICS Co-production Strategy.	Director of Nursing	Complete
Action 6.4 To ensure non-NHS providers are embedded within system quality arrangements.	Director of Nursing	September 2023
Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:		
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 occur across the non-elective pathway.		
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.		
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.		
ORR053 If the flow of patients who are medically safe for discharge does not improve due to issues around the discharge pathway, this may result in increased lengths of stay, leading to patient harm (deconditioning, exposure to infection, social isolation) and continued pressure on access to secondary care.		
ORR083 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.		
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.		

Risk 7 - People and Culture					
Strategic Risk Narrative:	Failure to ensure sufficient 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 4)	Medium (4 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:**
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). System Quarterly Review Meetings with NHS England. 2023/24 Internal Audit Review – System-wide Recruitment (scheduled TBC).	✓ ✓	 ✓ ✓	✓ ✓		To appoint to the ICS Chief People Officer post. To develop a set of people and culture 'principles' and action plan to support delivery of the Integrated Care Strategy.	7.1 7.2
Primary Care Workforce Strategy; supported by the Nottinghamshire Alliance Training Hub and General Practice Nurse Strategy.	People and Culture strategic update to the ICB Board Development Session (December 2022).	✓		✓		None identified.	
Establishment and embedment of the **System People and Culture Function.** **System People and Culture Steering Group,** supported by the: • **ICS People and Culture Delivery Group**; and • **ICS Planning, Performance and Risk Group.**	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). ICS People and Culture Plan progress and delivery updates to the Quality and People Committee (bi-monthly). System Quarterly Review Meetings with NHS England. 2023/24 Internal Audit Review – System-wide Recruitment (scheduled TBC).	✓ ✓ ✓	 ✓ ✓	✓ ✓ ✓		To establish and embed the System People and Culture Function, which includes the System People and Culture Group and supporting governance structures. To embed workforce across all system programmes/boards (i.e. Planned Care Board, UEC Board, etc.).	7.3 7.4
Workforce Intelligence Group (WIG) and Technical Workforce Planning Group, supported by the System Analytics Intelligence Unit (SAIU)	Integrated Performance Report (IPR) presented to ICB Board and relevant 'chapters' to ICB Committees (monthly) (i.e. Workforce Scorecard and Exception Report).	✓		✓		None identified.	
ICS Equality and Equity Plan	Equality, Diversity and Inclusion Action Plan 2023-25 Update to the Q&P Committee (April 2023).	✓		✓		To appoint to the ICS Head of Equality, Diversity and Inclusion (EDI) post.	7.5
The ICS' **2023/24 Operational Plan**, which outlines how the system will meet NHS England's operational priorities.	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 7.1 To appoint to the ICS Chief People Officer post.	Director of Nursing	Complete

Action 7.2 ~~To revise the ICS People and Culture Strategy in line with the ICS Integrated Care Strategy~~. To develop a set of people and culture 'principles' and action plans to support delivery of the Integrated Care Strategy.	Director of Nursing	~~April 2023~~ July 2023
Action 7.3 ~~To establish the People Planning and Transformation Group~~. 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 across all system programmes/boards (i.e. Planned Care Board, UEC Board, etc.).~~ To embed ICB quality assurance workforce across all system providers.	Director of Nursing	~~April 2023~~ October 2023 (to embed)
Action 7.5 To appoint to the ICS Head of Equality, Diversity and Inclusion (EDI) post.	Director of Nursing	Complete
Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:		
ORR051 If staffing levels are reduced due to workforce industrial action, this may result in significant risk to the delivery of services across the system.		
ORR069 If the system does not have sufficient workforce to supply high-quality maternity business as usual services and service transformation activity, across the three NHS providers, there is a risk that the quality of maternity services will deteriorate for the population of Nottingham and Nottinghamshire.		
ORR085 If there is insufficient workforce capacity within health providers across the system, due to issues with recruitment and retention, there is risk to patient flow across the non-elective pathway.		
ORR049 If there is inadequate capacity of workforce to supply theatres across the system, fewer procedures may be undertaken. This could lead to further increased waits for planned care, poor patient outcomes and/or experience.		
ORR077 and 087 If sustained levels of significant pressure continues, due to high levels of demand for services, there is risk to staff resilience across health and social care providers across Nottingham and Nottinghamshire. This may also impact workforce retention.		

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 3)	Medium (4 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. **ICB's Equity, Inclusion and Human Rights Steering Group**	Refreshed EDI Policy presented to the ICB Board (scheduled May 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).	✓ ✓	 ✓	✓ ✓		To revisit and re-establish the ICB Equity, Inclusion and Human Rights Steering Group. To appoint to the ICB Head of Equality, Diversity and Inclusion (EDI) post.	8.1 8.2
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 and selection; and • Cultural competence.	Public Sector Equality Duty Annual Assurance Report to the ICB Board (scheduled May 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.	
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 (quarterly). Equality, Diversity and Inclusion Action Plan 2023-25 Update to the Q&P Committee (April 2023).	✓ ✓		✓		None identified.	
Equality Improvement Plan.	Equality, Diversity and Inclusion Action Plan 2023-25 Update to the Q&P Committee (April 2023).	✓		✓		None identified.	
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.	✓		✓		To embed new EQIA and EIA arrangements within the ICB.	8.3
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 8.1 To revisit and re-establish the ICB EDI Steering Group.	Director of Nursing	Complete
Action 8.2 To appoint to the ICB Head of Equality, Diversity and Inclusion (EDI) post.	Director of Nursing	Complete
Action 8.3 To embed new EQIA and EIA arrangements within the ICB.	Director of Nursing	July 2023

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 (5 x 2)	Medium (5 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.	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.	
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.	Adults and Childrens Safeguarding Arrangements Assurance Report to the ICB Board (PENDING).	✓					
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.	Learning from Lives and Deaths: People with a Learning Disability and Autistic People (LeDeR) Annual Assurance Report to the ICB Board (PENDING).	✓					
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.	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). NHS England Safeguarding Commissioning Assurance Tool submissions (quarterly).	✓	✓	✓ ✓		None identified.	
Routine safeguarding assurance processes, such as the completion of Section 11 Audits, Serious Case Reviews, Domestic Homicide Reviews and Multi Agency Audits.							
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 the ICB Board (PENDING).	✓				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 the ICB Board (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**
None.		

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

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 **Operational (Deputy) Finance Directors Group**.	Reporting to System Executive Group (weekly); System Quarterly Review Meetings with NHS England.	✓	 ✓	✓ ✓		None identified.	
ICS Finance Strategy, which will support delivery of the overall Integrated Care Strategy.	Financial Plan, Opening Budgets and Capital Resource Use Plan presented to the ICB Board for approval (September 2022 and March 2023).	✓		✓		To develop the ICS Finance Strategy.	10.1
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).	2022/23 Internal Audit Review - HfMA Financial Sustainability (Q3). System Finance Report to the Finance and Performance Committee (monthly).	 ✓	✓	✓ ✓		None identified.	
Joint Long-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). 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).	✓ ✓ ✓		✓ ✓		To develop the Joint Long-term Financial Plan.	10.2
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.	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 ICS Finance Strategy; building on the agreed 'principles' and following submission of the 2023/24 Operational Plan.	Director of Finance	~~March 2023~~ March 2024
Action 10.2 To develop the Joint Long-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:
None.

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 3)	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**	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) ICS Capital Resource Plan 2022/23 to 2024/25 presented to Finance Performance Committee (July 2022 and March 2023). Joint Capital Resources Plan Update to the Finance and Performance Committee (November 2022 and March 2023; quarterly from June 2023 onwards).	✓ ✓ ✓		✓ ✓ ✓		To refresh the Joint Capital Resource Use Plan for 2023/24.	11.1
ICS Estates Strategy, which will support delivery of the overall Integrated Care Strategy.	System-wide Estates Strategy presented to the ICB board for approval (PENDING). Strategic Estates Plan Update to the Finance and Performance Committee (due October 2023). Primary Care Estates Plan Update to the Finance and Performance Committee (due October 2023).	✓ ✓ ✓				To develop the ICS Estates Strategy.	11.2
ICS Strategic Estates Group.	System-wide Estates Strategy presented to the ICB board for approval (PENDING).	✓				To establish and embed the ICS Estates Group.	11.3
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).	2022/23 Internal Audit - HfMA Financial Sustainability Review (Q3) 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).	✓ ✓ ✓		✓ ✓		None identified.	

Action(s):	**Responsible Officer**	**Implementation Date**
Action 11.1 To refresh the Joint Capital Resource Plan for 2023/24.	Director of Finance	Complete
Action 11.2 To develop the ICS Estates Strategy.	Director of Finance	~~March 2023~~ October 2023
Action 11.3 To establish and embed the ICS Estates Group.	Director of Finance	August 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 3)	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:**
Data, Analytics, Information and Technology (DAIT) Strategy (2020 to 2024), which outlines five strategic initiatives: • Develop our Public Facing Digital Services; • Develop our Population Health Management capability; • Complete the digitisation of providers by 2024; • Develop a single summary health and care record; • Improve the digital literacy of the workforce and the capability and capacity of our digital and informatics specialists.	Digital Transformation: Strategic Progress Update to the ICB Board (January 2023). ICS Data and Digital Transformation Plan Update to the Finance and Performance Committee (February 2023). Digital, Data and Technology Strategies Updates to the Finance and Performance Committee (quarterly from June 2023 onwards).	✓ ✓ ✓		✓ ✓		To revisit the DAIT Strategy in light of the new Integrated Care Strategy. To secure the required external funding to support delivery to DAIT Strategy. To strengthen assurance reporting in relation to delivery of the DAIT Strategy.	12.1 12.2 12.5
ICS Data, Analytics, Information and Technology (DAIT) Strategy Group and supporting delivery group structure, which includes the **ICS Digital Executive Group**.	Digital and Data strategic update to the ICB Board (January 2023). ICS Data and Digital Transformation Plan Update to the Finance and Performance Committee (Feb 2023). Digital, Data and Technology Strategies Updates to the Finance and Performance Committee (quarterly from June 2023 onwards).	✓ ✓ ✓		✓ ✓		None identified.	
GP Information Technology (IT) Steering Group which exists to develop, support and implement the necessary IT infrastructure within primary care.	ICS Data and Digital Transformation Plan Update to the Finance and Performance Committee (February 2023).	✓		✓		To revisit the role and remit of the GP IT Steering Group.	12.3
Primary Care Information Technology Strategy (2021-2026) which sets out the strategy for IT services and functionality for primary care.	ICS Data and Digital Transformation Plan Update to the Finance and Performance Committee (February 2023). Digital, Data and Technology Strategies Updates to the Finance and Performance Committee (quarterly from June 2023 onwards).	✓ ✓		✓		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). SAIU Update to the Board Development Session (February 2022).	✓ ✓		✓ ✓		None identified.	

Action(s):	**Responsible Officer**	**Implementation Date**
Action 12.1 To revisit the DAIT Strategy in light of the new Integrated Care Strategy.	Medical Director	~~March 2023~~ July 2023
Action 12.2 To secure the required external funding to support delivery to DAIT Strategy.	Medical Director	Complete

Action 12.3 To revisit the role and remit of the GP IT Steering Group.	Medical Director	~~March 2023~~ July 2023
Action 12.4 To revisit the Primary Care IT Strategy in light of the new overarching ICS Primary Care Strategy.	Medical Director	~~March 2023~~ July 2023
Action 12. 5 To strengthen assurance reporting in relation to delivery of the DAIT Strategy.	Medical Director	July 2023
Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:		
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. This risk includes systems being unavailable due to unexpected system outage and successful cyber-attacks and issues with the availability of products and services.		

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). ICS Green Plan updates to the Finance and Performance Committee (October 2022; and biannually July 23 and February 24).	✓ ✓		✓ ✓		To establish and ICS Green Plan delivery function to monitor, manage and reduce carbon usage across the ICS.	13.1
ICS Green Steering Group.	Green agenda to form part of NHS England Quality Service Review Meetings (QSRM). 2022/23 Internal Audit Review – Environmental sustainability governance (scheduled Q4).		✓ ✓	✓		To revisit and revise the role and remit of the ICS Green Steering Group.	13.2

Action(s):	**Responsible Officer**	**Implementation Date**
Action 14.1 To establish and ICS Green Plan delivery function to monitor, manage and reduce carbon usage across the ICS.	Director of Finance	Complete
Action 14.2 To revisit and revise the role and remit of the ICS Green Steering Group.	Director of Finance	Complete

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 updates to the ICB Board (July 2022). EPRR and business continuity updates to the Audit and Risk Committee (Nov 2022, April, September 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 (PENDING).	✓ ✓	 ✓ ✓	✓ ✓ ✓ ✓		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, April, September 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 and April 2023).	 ✓	✓	 ✓		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 (PENDING).		✓	✓		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).	✓				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).	✓				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 (scheduled Q4).		✓			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: 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 3: Transformation (for Making Tomorrow Better) – Effective system working may not transform (reform) and improve services to ensure best possible future health outcomes within available resources.	✓	✓	✓	✓
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.	✓			