Executive Summary:

The Legacy Document is designed to provide a written handover from the NHS Nottingham City and NHS Nottinghamshire County PCT Cluster to Clinical Commissioning Groups, the NHS Commissioning Board, Nottingham City & Nottinghamshire County Councils and the Provider Development Authority once PCTs cease to exist in March 2013.

The Legacy document intends to provide part of a robust system of handover that effectively captures and transfers organisational memory. Other components of the handover have included face to face meetings between outgoing and incoming teams and working in shadow arrangement prior to closedown of the PCT.

The Legacy document has been written with a consistent and co-ordinated approach using the template issued by the National Quality Board in June 2011.

<table>
<thead>
<tr>
<th>Have All Relevant Implications Been Considered?</th>
<th>Further Information (If there is an implication, briefly explain what it is or refer to the appropriate section of the paper)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
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</tr>
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<tr>
<td>Governance</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Quality, Innovation, Productivity and Prevention</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Transformation Programme</td>
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</tr>
</tbody>
</table>

Agenda reference

B/13/321
This document provides a summary of the PCTs legacy arrangements. Individual risks associated with the transition are included in the PCTs Risk register and in the Transition Board Transition Plan.

<table>
<thead>
<tr>
<th>Person presenting paper:</th>
<th>Alison Treadgold, Executive Lead: Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Originator of paper:</td>
<td>Alison Treadgold, Executive Lead: Transition</td>
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</table>

The Joint Board is recommended to:
- NOTE this report.
Nottinghamshire

Legacy Document
March 2013
**Document Purpose:**

The purpose of this document is to provide a written handover from the PCT Cluster (NHS Nottingham City and NHS Nottinghamshire County) to Clinical Commissioning Groups, the NHS Commissioning Board and the Provider Development Authority, once PCTs cease to exist in 2013.

**Title:** NHS Nottingham City and Nottinghamshire County PCT Legacy Document 2011 – 2013 Version 3

**Authors:**
Alison Treadgold, Executive Lead Transition, PCT Cluster

**Publication Date:**
- Version 1 to NHS East Midlands 5 September 2011
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- Version 3 to NHS Midlands and East 05 October 2012
- Version 4 to NHS Midlands and East end March 2013

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NHS Midlands and East
Successor organisations to NHS Nottingham City and NHS Nottinghamshire County

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- NHS Nottingham City Board
- NHS Midlands and East
- Successor organisations to NHS Nottingham City and NHS Nottinghamshire County

**Cross Ref:**
To be read in conjunction with the documents detailed in the Appendix section and the “Library of Knowledge” referred to throughout this document as the “library”.

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**For Recipient’s Use**
Foreword

With a population of nearly one million people, the PCTs of NHS Nottingham City and NHS Nottinghamshire County are committed to improving the health and wellbeing of all our residents.

Over the last year, we have been working with our colleagues across the local healthcare community and beyond, to develop plans to ensure the transition to Clinical Commissioning Groups is as effective as possible, whilst maintaining high quality services.

Our goal has always been to ensure the local NHS is ‘fit for purpose’, focused on the patients and public and resilient to the challenges of the future.

As a PCT Cluster we still have a great amount of work to do as we continue to support Clinical Commissioning Groups to make financial savings and sustainable improvements to health services. We will do this together using a QIPP approach in all we do – quality, innovation, prevention and productivity.

This legacy document provides an insight into the key objectives, deliverables and functions of the PCTs, as well as crucial information about the health needs of everyone who lives in our patch. It is intended to provide the key information required by successor bodies once the PCTs have ceased to exist.

We are confident that the local NHS will continue to improve the health and wellbeing of everyone living in Nottingham City and Nottinghamshire County into the future.

Derek Bray
Chief Executive, NHS Nottingham City and NHS Nottinghamshire County
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Chapter 1 - Introduction

1.1 Purpose

The purpose of this document is to provide a written handover from the NHS Nottingham City and NHS Nottinghamshire County PCT Cluster to Clinical Commissioning Groups, the National Health Service Commissioning Board (NHS CB), Nottingham City & Nottinghamshire County Councils and the NHS Trust Development Authority (NTDA) once PCTs cease to exist in March 2013.

In recognising the scale of change outlined in the NHS reforms, this Legacy document intends to provide part of a robust system of handover that effectively captures and transfers organisational memory. Other components of the handover will include face to face meetings between outgoing and incoming teams and working in shadow arrangement prior to closedown of the PCTs. It needs to be read in conjunction with the Quality in Transition Handover document.

1.2 Content

The document has been written with a consistent and co-ordinated approach using the template issued by the National Quality Board in June 2011 and includes the following sections:

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Section</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
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<tr>
<td>2</td>
<td>Description of the patch</td>
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<td>3</td>
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<td>Performance</td>
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<td>Finance</td>
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<td>Provider capacity</td>
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<td>8</td>
<td>Workforce</td>
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<td>9</td>
<td>Planned changes</td>
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<td>10</td>
<td>Organisational assets and liabilities</td>
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<td>Stakeholders</td>
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<td>12</td>
<td>Governance</td>
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<td>13</td>
<td>Handover to Successor Bodies</td>
</tr>
<tr>
<td>Appendix</td>
<td>Additional information plus List of documents stored in the “Library of Knowledge”</td>
</tr>
</tbody>
</table>

1.3 Reporting and Updating

Each of the sections in the Legacy document has been awarded a named owner who is responsible for the review of the draft narrative and content. The production of the entire content is led by the Executive Lead: Transition with task owners responsible for the timely submission of information as well as collating and editing the iterative drafts of the document.

To ensure this document is current and relevant it will be updated on a regular basis until the closedown of the PCT in 2013.
Chapter 2 Description of the Patch

2.1 Geographical boundaries and local authorities

989,000 people live in the Nottinghamshire PCT Cluster area, which has been formed from the two PCT areas of NHS Nottingham City and NHS Nottinghamshire County. The geographic area covers the areas of Nottingham City Council and six of the seven district councils that make up Nottinghamshire County Council. These are Mansfield, Ashfield, Gedling, Broxtowe, Rushcliffe and Newark, each of which has a district or borough council. Nottinghamshire County Council is based at headquarters in West Bridgford in Rushcliffe Borough.

Nottinghamshire is a county in the East Midlands of England that borders South Yorkshire to the North West, Lincolnshire to the east, Leicestershire to the south and Derbyshire to the west.

The City of Nottingham was administratively part of Nottinghamshire between 1974 and 1998 but is now a unitary authority. NHS Nottingham City covers the healthcare of the city and its coverage is co-terminus with Nottingham City Council, a Unitary Authority.

2.2 Clinical Commissioning Groups

The Nottinghamshire PCT Cluster has six Clinical Commissioning Groups (CCGs). The CCGs have been established since 2011 and have had significant levels of devolved responsibility including delegated budget responsibility and individual financial and QIPP targets. The six CCGs are

- NHS Mansfield & Ashfield CCG - Population of 183,000
- NHS Newark & Sherwood CCG - Population of 115,000
- NHS Nottingham City CCG - Population of 333,000
- NHS Nottingham North & East CCG - Population of 143,000
- NHS Nottingham West CCG - Population of 94,000
- NHS Rushcliffe CCG - Population of 121,000

Key contacts for each of the CCGs are contained in Appendix 1.

2.3 Providers

The Nottinghamshire provider landscape is as follows: one Foundation Trust - Sherwood Forest Hospitals NHS Foundation Trust; one non-foundation acute Trust - Nottingham University Hospitals NHS Trust; one mental health trust which has achieved the Foundation Trust equivalence - Nottinghamshire Healthcare NHS Trust; a social enterprise providing community services - Nottingham CityCare Partnership and the Nottingham NHS Treatment Centre a Wave 1 ISTC operated by Circle.

A map showing the constituent practices of the CCGs and the locations of our key secondary care providers is shown as figure 1.
2.4 Population demographics, socio-demographic considerations

Population

- 989,000 people live in the Nottinghamshire Cluster, which has been formed from the two PCT areas of NHS Nottingham City and NHS Nottinghamshire County.
- Across the Cluster the age profile of the population is comparable with the England average. This, however, masks a higher than average population aged between 16 and 24 years in NHS Nottingham City (23%) and a higher than average Older person population in NHS Nottinghamshire County (21%)
- 91.2% of the population in the Nottinghamshire Cluster have a White British ethnicity, the largest BME groups is Asian/Asian British (2.7%). Within Nottingham City the population is more diverse with only 81.1% being White British, 6.5% being Asian/Asian British and 4.3% being Black/Black British
- The 2010 Index of Multiple Deprivation ranked Nottingham City the 20th most-deprived local authority district out of 354. The rankings of district authorities in Nottinghamshire County ranged from 38 (Mansfield) to 318 (Rushcliffe)

1 ONS KS06 dataset April 2001 data
Health Status

- The male life expectancy difference in the Nottinghamshire Cluster is 5.3 years, with males in Nottingham City having a life expectancy at birth of 75.2 years and males in the Rushcliffe area of the county having a life expectancy of 80.5.
- The difference for females is 3.3 years ranging from 80.3 years in Nottingham City to 83.6 in the county.
- Areas of health concern within the Cluster are obesity, cardio-vascular disease, smoking and under 18 conceptions.

2.5 Key health issues

A Joint Strategic Needs Assessment (JSNA) provides detailed information and analysis on a specific population. The JSNA for Nottingham City and Nottinghamshire County are regularly refreshed and each of our CCGs has identified the importance of having a CCG specific JSNA to inform their commissioning priorities. Where the CCG geography and the existing JSNA are not coterminous work is underway with Public Health to develop CCG specific JSNA. The current Joint Strategic Needs Assessments can be found at:

Nottinghamshire County - http://www.nottinghamshire.gov.uk/factsaboutnotts.htm

Clinical Commissioning Groups have also been discussing with their Health and Well-being Boards their emergent priorities, based upon their knowledge of their populations and existing JSNA. The shared priorities between CCGs and the Health and Wellbeing Boards include:

- Child poverty
- Dementia
- Education / personal attainment and aspirations
- Learning Disability and Autism
- Long-term conditions (including NHS health checks)
- Mental Health and Emotional Wellbeing
- Obesity (including physical activity and healthy eating)
- Older people (including falls and fuel poverty)
- Physical Disability
- Smoking
- Substance Misuse - especially alcohol
- Teenage conception and pregnancy

2.6 Projections around population changes

In 2008, Nottingham City’s resident population was estimated to be 292,400; however Nottingham’s population may be larger than this census-based figure: in 2008, there were 306,876 people resident in the City registered with primary care practices – an additional 14,476 over and above the census estimate. There are also a large number of people registered to the PCT’s practices who live outside the City’s boundaries – the total registered population in June 2008 was 324,919 people, so about 32,500 people live outside the City.

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but are registered with a City practice. About 17,000 residents of the City are registered with Nottinghamshire County practices.

Overall for Nottingham City, there is a rising trend in the population, with a 23,500 increase since 2001 and a projected rise to at least 301,400 by 2013 and 309,600 by 2018. While the population increase remains significant, it seems to be slowing down.

Within Nottinghamshire the predicted trend for the age profile of the population demonstrates that the 65 to 74 age group will be the fastest growing; this ageing population tends to be less healthy and more care dependent. The prevalence of most common diseases rises sharply with increasing age, leading to an increased demand for health and social care services. Table 1 shows the expected increase in numbers of patients with some common conditions across NHS Nottinghamshire County. The CCGs that will succeed the PCT can expect increases of the same scale in need and subsequent service demand.

### Table 1 Expected Population with common conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
<th>Increase 2010 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary heart disease</td>
<td>31,070</td>
<td>41,145</td>
<td>45,223</td>
<td>45.6%</td>
</tr>
<tr>
<td>COPD</td>
<td>17,057</td>
<td>18,437</td>
<td>19,911</td>
<td>16.7%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>39,601</td>
<td>44,634</td>
<td>49,329</td>
<td>24.6%</td>
</tr>
<tr>
<td>Dementia</td>
<td>8,212</td>
<td>9,297</td>
<td>10,569</td>
<td>28.7%</td>
</tr>
<tr>
<td>Stroke</td>
<td>13,585</td>
<td>15,001</td>
<td>16,462</td>
<td>21.2%</td>
</tr>
</tbody>
</table>

**Projections of expected numbers with common conditions, NHS Nottinghamshire County**

APHO (Association of Public Health Observatories) disease prevalence models

### 2.7 Profile of current demand for various services and projected changes

Areas of key concern for the Nottinghamshire Cluster are reflected in our Joint Strategic Needs Assessments and include:

- Impact of the economic downturn
- Smoking
- Diabetes
- Obesity
- Cardiovascular disease

### 2.8 Military presence in Nottinghamshire

The Headquarters of 49 (East) Brigade is in Chilwell, Nottinghamshire within the Nottingham West CCG geographic area. 49 (East) Brigade is one of the Army’s key formations, helping to deliver military capability to the Government and the British people with responsibility for the recruiting, training and administration of Army units in the East Midlands and East Anglia covering 12 counties from the Humber to the Thames.

Although the Brigade does not deploy as a complete formation, it is central to ensuring that all the assets are in place for its many hundreds of soldiers who do deploy on operations, either as individuals or as formed units. Its diverse role involves providing personnel, equipment, barracks accommodation, logistic back-up and training facilities, as well as support for training and operations overseas and support to UK Resilience. These include
expeditionary operations such as those in Iraq and Afghanistan, and support to the public and emergency services at home against floods, terrorist threats or other emergencies. Chilwell is also home to a Station headquarters that is responsible for the co-ordination and delivery of infrastructure and administrative support to the 150 hectare estate and its 1500 resident troops and families. It also has to support a transient population of 9000 mobilising and exercising troops.

More information on the regular and territorial 49 (East) Brigade is available at http://www.army.mod.uk/structure/2114.aspx

2.9 The Integrated Business Plan

The Integrated Plan sets out our current position within the health community in relation to the financial challenge faced within Nottinghamshire and describes how as a community we have progressed against the ambitions that were established in the 2011/12 Strategic Operating Plan.

The latest version considers the ambitions for the community in 2012/13 and beyond in the context of our current position and what is known about national expectations.

2.10 Successor Bodies

The Nottinghamshire PCT Cluster is succeeded by the following organisations:

- The National Health Service Commissioning Board (NHS CB)
- NHS Mansfield & Ashfield CCG
- NHS Newark & Sherwood CCG
- NHS Nottingham City CCG
- NHS Nottingham North & East CCG
- NHS Nottingham West CCG
- NHS Rushcliffe CCG
- Nottinghamshire County Council
- Nottingham City Council
- Public Health England
- NHS Greater East Midlands Commissioning Support Unit (GEM)
- NHS Property Services Ltd

2.11 Reference Documents

Other documents that are useful for background information are contained within the Library and include:

- Public Health Annual Reports
- PCT Annual Reports
- Five Year Strategy 2009/10 – 2013/14
- Strategic Operating Plan 2011-13
- Integrated Plan 2012-13
- Annual Accountability Reports
Chapter 3 Services Provided to our Population

This section outlines all services provided to our population, including primary care services. Summaries relating to individual providers are being prepared to reflect the information garnered as part of the contract stocktake and the most recent contract round. The contract stocktake database currently forms the definitive list of providers and was used to inform the Transfer Scheme to transfer assets and liabilities from the PCTs to their successor organisations

3.1 Primary Care Services

3.1.1 General Overview

Within Nottinghamshire our patients enjoy good access to primary care and in recent years we have prioritised investment to improve access to NHS Dental Care.

A summary is shown below in table 2

Table 2 Summary of Primary Care

<table>
<thead>
<tr>
<th>Service</th>
<th>Nottingham</th>
<th>2011/12</th>
<th>Nottinghamshire</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP practices</td>
<td>64</td>
<td>£41,872,200</td>
<td>95</td>
<td>£83,321,021</td>
</tr>
<tr>
<td>Dental practices</td>
<td>45 and 4 specialist orthodontic practices, along with a dental walk in unit</td>
<td>£16,638,000</td>
<td>87</td>
<td>£24,404,736</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>59</td>
<td>£9,049,000</td>
<td>139</td>
<td>£23,092,425</td>
</tr>
<tr>
<td>Optometry</td>
<td>47</td>
<td>£3,229,000</td>
<td>94</td>
<td>£5,877,925</td>
</tr>
<tr>
<td>Out of Hours</td>
<td>1</td>
<td>£2,895,000</td>
<td>2</td>
<td>£5,969,084</td>
</tr>
<tr>
<td>Optometry Out of Hours service</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Access and responsiveness in primary care is generally good, with our performance comparing well with the East Midlands averages. Any issues of poor practice performance are raised through contract discussions.

Each procurement decision of primary medical care is considered on its individual merit, with options ranging from patient list dispersal, localised procurement and national procurement, using Alternative Provider Medical Services (APMS) and Personal Medical Services (PMS) model contracts.

General dental services are commissioned via the Any Qualified Provider process, with commissioning of new services supported by public health data and current access information.

New pharmacies are commissioned following review of applications by the Joint Pharmacy Applications Advisory Committee (JPAAC). The Control of Entry Regulations are used to make these decisions. Our Pharmaceutical Needs Assessments are included in the Library.

The Cluster contracts with Optometrists but does not procure these services. Any applications received for an NHS contract are granted, as there is no control of entry to
General Optometry Services contracts (GOS). If the Cluster receives a valid application for a GOS contract, we assess whether the applicant is a suitable person and has suitable premises, equipment, record keeping and staffing arrangements. If they are considered to be suitable then a contract is granted. The Cluster is responsible for the management of the optometry performer list and the monitoring of contracts to ensure compliance through contract reviews.

The Cluster also procures a range of Enhanced Services from its GP practices, community pharmacies and optometrists. Enhanced Services are services over and above the core contract – there is a great deal of variance across the GP patch in Enhanced Service provision. Pharmacies also deliver some Enhanced Services for example, Chlamydia testing.

The cluster holds and maintains Performers Lists for all GPs, Dentists and optometrists who want to perform such services in the NHS in that area. The lists are there to protect NHS patients and services and enable the NHS to better regulate practitioners who perform those services.

3.1.2 Successor Organisations

The Contracts for primary medical care, primary dental care, optometry and pharmacies are being transferred to the Derbyshire and Nottinghamshire Area Team of the NHS CB.

Enhanced service contracts are being transferred to the NHS CB, CCGs and the Local Authorities depending on the service offered under the Enhanced Service contract.

3.2 Acute Providers

3.2.1 General Overview

Patients in the Nottinghamshire County and Nottingham City Cluster enjoy a wide choice of secondary care providers – both NHS and independent. The existing secondary care NHS provider landscape in Nottinghamshire is dominated by Nottingham University Hospitals NHS Trust (NUH) and Sherwood Forest Hospitals NHS Foundation Trust (SFHFT).

Nottingham University Hospitals NHS Trust

NUH is a large teaching hospital located across the City Hospital and Queen’s Medical Centre sites in Nottingham, Queen’s Medical Centre Campus and a range of outpatient services at the Ropewalk in the centre of Nottingham. It is an internationally renowned teaching centre, but has had challenges in consistently achieving quality and clinical standards whilst at the same time containing financial pressures. Further regulatory information on this provider can be found on the CQC website3.

Nottingham University Hospitals NHS Trust (NUH) is an aspiring Foundation Trust and has made their application for Foundation Trust status. The PCT Cluster spends approximately £440m with this provider and the lead management role for this contract is taken by Nottingham West CCG.

This contract is transferred to the CCGs, the Local Authorities and the NHS CB – specialised commissioning and dental services.

3 http://www.cqc.org.uk/directory/rx1
Sherwood Forest Hospitals NHS Foundation Trust
SFHFT is a Foundation Trust with a medium sized district general hospital located in Sutton-in-Ashfield and a smaller hospital in Newark. SFHFT is in the process of redeveloping the King’s Mill hospital site through a large PFI scheme (the Modernisation of Acute Services). SFHFT has been a Foundation Trust since February 2007.

The PCT Cluster spends approximately £150 million a year on services provided by SFHFT and the lead management role for this contract is taken by Mansfield & Ashfield CCG.

Regional designation for trauma, stroke and heart services are likely to result in more specialist services being concentrated in Nottingham and moving out of surrounding general hospitals. This will have an impact on the income received by SFHFT.

Monitor has declared the trust in breach of their terms of authorisation in terms of exercising its functions efficiently and effectively and governance. The trust now has an FRR rating of 1 (highest risk). The CCG is working proactively with the trust and the PCT Cluster to mitigate current and emerging risks, as well as to develop plans for a sustainable health economy.

The two local CCGs recently held a risk summit, involving the PCT Cluster.

Quality and performance issues are proactively managed by the CCG, in line with agreed collaborative commissioning arrangements.

This contract is transferred to the CCGs, the Local Authorities and the NHS CB – specialised commissioning and dental services.

Nottingham NHS Treatment Centre
NHS Nottingham City’s second largest secondary care contract, which is also accessed by the NHS Nottinghamshire County, is with Nations Healthcare (Nottingham) Ltd for the Nottingham NHS Treatment Centre which opened in the summer of 2008.

The Nottingham NHS Treatment Centre is a wave 1 ISTC which operates on the Queen’s Medical Centre site. NHS Nottingham City currently leads on management of the contract which has a fixed case-mix element and is a “take or pay” or “Minimum Take” type contract within a tariff plus price arrangement. The contract type means that the PCT pays a fixed minimum amount and all over-activity purchased from the Treatment Centre is discounted from the ‘Nations price’.

A potential impact of this contract type has been a negative impact on community pathways as there has been little economic incentive to influence demand.

The current contract for services ends in July 2013 and work is on-going to manage the prescribed exit process – this is being transferred to the Derbyshire and Nottinghamshire Area Team of NHS CB,

A new contract for services after the 27 July 2013 has been awarded to Circle Health following a competitive procurement. This will be managed by the Nottinghamshire CCGs. A mobilisation plan is in development.

[^4]: [http://www.cqc.org.uk/directory/1-120587279](http://www.cqc.org.uk/directory/1-120587279)
Independent Sector Providers

NHS Nottingham City are the lead commissioner for Ramsey Nottingham Woodthorpe\(^5\) and BMI The Park Hospital\(^6\).

These contracts will be transferred to the CCGs.

3.2.2 Commissioning Intentions – legacy

As part of the work on QIPP we have worked to reduce the health community’s dependency on secondary care by preventing ill health where possible and by assertively transferring services to the community where appropriate. This approach continues to be driven by our clinical leaders in our CCGs.

The following actions have already been implemented which will allow us to disinvest in secondary care:

- Reconfiguration of services at Newark which resulted in changed patient pathways away from Newark (for example for heart attack, stroke and in-patient mental health services) and the re-designation of the former A and E department to a minor injuries and urgent care centre.
- Opening of a ‘single front door’ and primary care streaming in the Emergency Departments of both Nottingham University Hospitals (QMC) and Sherwood Forest Hospitals (King’s Mill)
- Closure of two Walk-In Centres in Stapleford and Kirkby in Ashfield, as part of our overall approach to ED developments.
- Closure of beds at Nottingham University Hospitals and at Lings Bar Hospital.

Additionally we are working on:

- Development of a new Super Surgery in West Bridgford that will bring together 5 practices and offer a wider range of services
- Consultation on reconfiguration of services at Ashfield Health Village which could result in changed patient pathways

We are also looking to

- Have clinicians drive the reform necessary to make services patient centric
- Work with the developing health and well-being boards to constantly engage with the public and community on the overall need for the case for change
- Realise the findings of the Utilisation Reviews – this will lead to a modest reduction in the numbers of beds needed, but more importantly will create the capacity within existing bed stocks to implement other transformational strategies
- See a re-balancing of elective and non-elective services in Nottinghamshire both inter and intra Provider.

Delivering high standards of care in this model will mean that only the patients with the highest levels of acuity are seen in tertiary and secondary care with more patients managed in community settings than we have seen previously.

\(^5\) [http://www.cqc.org.uk/directory/1-127032975](http://www.cqc.org.uk/directory/1-127032975)
\(^6\) [http://www.cqc.org.uk/directory/1-128767084](http://www.cqc.org.uk/directory/1-128767084)
This will require us to:

- Use our transformational fund monies to support cross organisational work to create seamless patient care across sectors.
- Implement the outcome of the utilisation reviews we have undertaken in acute, mental health and community hospitals
- Work with our out of hours and emergency care providers to ensure that our triage mechanisms correctly assess patient needs and management plans
- Increase the level of elective surgery undertaken as a day case or in an outpatient setting and reducing average length of stay where overnight stays are necessary.
- Ensure that our services are clinically evidenced, outcome focused and benchmark highly against other services to secure high quality services for our patients
- Work collaboratively with social care to improve and increase re-ablement services to reduce re-admissions and help shorten length of stay.
- Implement technologies that allow people to stay at home and self-care with expert support as necessary.
- Continue to invest in the prevention agenda as a mechanism of longer-term reduction in demand for services.

### 3.3 Ambulance Services

NHS Nottingham City and NHS Nottinghamshire County are both part of the collaborative commissioning arrangements for ambulance services. The ‘blue light’ provider is East Midlands Ambulance Services\(^7\) and the co-ordinating commissioner is NHS Derbyshire County supported by NHS GEM CSU.

This contract will be transferred to the CCGs who will continue to use NHS GEM CSU to support the contract management.

### 3.4 Tertiary Services

#### 3.4.1 General Overview

The commissioning of services to treat patients with rare conditions is undertaken by a Specialised Commissioning Group (EMSCG) which works on behalf of the PCTs in the East Midlands.

NHS Nottingham City and NHS Nottinghamshire County PCT work with commissioners at EMSCG on a range of service developments, for example assessment of the business case for the development of critical care at NUH and identification of services currently provided outside of the region for which better value would be obtained by re-commissioning from local providers. We maintain director level representation on the EMSCG Board through the Director of Public Health, and provide specialist expertise to sub-groups such as the Clinical Priorities Advisory Group (which provides advice on clinical effectiveness, cost effectiveness, appropriateness to support clinical prioritisation and the development draft commissioning policies for consideration by the Board).

Regular performance reports and the minutes of EMSCG are received by the PCT Boards.

\(^7\) [http://www.cqc.org.uk/directory/RX9](http://www.cqc.org.uk/directory/RX9)
These contracts will be transferred to the Leicestershire & Lincolnshire Area Team of the NHS CB.

3.5 Mental health and Learning Disability Providers

3.5.1 General Overview

Mental healthcare services are overwhelmingly provided by Nottinghamshire Healthcare NHS Trust (NHCT) which covers the entire geographical area of Nottinghamshire offering the full range of community, secondary, specialist and low secure mental health services. Additionally, the Trust provides high and medium secure services, which are commissioned at a national and regional level respectively.

Nottinghamshire Healthcare Trust had its application for Foundation Trust standard approved by the Secretary of State for Health in November 2010 but could not get Foundation Trust status due the legislation. However with the recent legislative changes allowing providers who host high secure units to become Foundation Trusts NHT have started the process that will form part of a formal application.

The PCT Cluster spends approximately £110m with this provider.

Newark and Sherwood and Nottingham City act together to lead the contract management, negotiation and transaction processes for this contract.

Our patients enjoy a good range of mental health services from NHS and non-NHS providers. Wherever possible, patients are given choices about their treatment options and location of services. However, there is currently no choice of provider available for the majority of patients accessing mainstream mental health services, although when Any Qualified Provider is implanted this will increase the choices available for IAPT services.

Nottinghamshire Healthcare Trust is also our main provider of specialist learning disability healthcare including the inpatient assessment and treatment unit in Nottinghamshire, providing specialist community based services.

During 2010-2011 the final 28 Nottinghamshire County people moved from campus style accommodation to individual tenancies. The model and approach used and in particular the involvement of service users and carers has been nationally recognised. In addition to this the commissioning of social care Learning Disability (LD) provision such as short breaks and day care has transferred from the PCTs to the Local Authority. A formal agreement has been established between health and social care colleagues which formalises the process and confirms responsibilities when care packages are amended.

Nottinghamshire County Council adult social care and health department commissions social care services from Nottinghamshire Healthcare Trust, the independent and voluntary sector and provider social services.

We are ensuring that people with learning disability enjoy good access to preventative healthcare services and benefit from the right treatment when they are ill. Investment by the Cluster in four acute liaison nurses and four primary health care facilitators ensures that people with learning disability are not disadvantaged in accessing preventative healthcare and also that their journey through healthcare services is facilitated by specialists who.

8 http://www.cqc.org.uk/directory/rha
understand the needs of people with learning disability. There have been CCG based LD focused health action events which reflect on service user and carer feedback and the action plan emerging from these events is currently being developed.

A separate agreement is in place for Improving Access to Psychological Therapy (IAPT) services (Let’s Talk Wellbeing) which are provided by NHCT in partnership with Rethink.

Out of area treatment comprises of placements with approved providers for individuals who require services not available within our main contract. The majority of these are specialised low secure and locked rehabilitation placements.

The Specialised Commissioning contract consists of medium and high secure placements, the majority of which are provided by Nottinghamshire Healthcare Trust.

Over £3.6 million of Pooled Treatment Budget is spent on the provision of comprehensive drug treatment services across 16, mainly third sector organisations

This contract transfers to a number of commissioners: the CCGs, the Local Authorities and the NHS CB – specialised commissioning and offender health services.

### 3.5.2 Commissioning Intentions - legacy

We will continue to ensure that the contracting approach we have developed for mental health services secures good value for money through prioritised investment in core mental health services. Where possible we will commission services that assertively maintain people with mental health needs in community based services. We believe that this will be a positive lever for increasing quality and choice whilst reducing treatment costs.

This means that we intend to commission Mental Health services that:

- Increase service user and carer involvement in the development of care planning
- Personalise services to enhance choice and control (whether that is choice of location, choice of treatment option and in some cases, choice of provider)
- Maintain people in the community at the lowest safe level of dependency
- Meet the needs of the aging population and specifically address a comprehensive response to the national dementia strategy.
- Improve secondary mental health care services by ensuring equitable access to specialist services, eradicate mixed sex accommodation and promote improved physical health.
- Are responsive to increased demand for mental health services as a result of a worsening financial situation and improve the economic well-being of service users
- Increase third sector provision - especially in day services that we anticipate should be delivered in non-'institutional' settings.

There are a number of QIPP challenges in place including reducing the number of patients who are treated out of area and reducing secondary care activity.

In order to better understand services an utilisation review is currently underway scrutinising rehabilitation in-patient services.
### 3.6 Community Services

#### 3.6.1 General Overview

In line with the national Transforming Community Service Agenda, both constituent PCTs undertook competitive processes to confirm future service providers. We have two main service providers – Nottingham CityCare Partnership\(^9\), a social enterprise and County Health Partnerships\(^10\), which is hosted by Nottinghamshire Healthcare NHS Trust. Table 3 shows which provider is responsible for service provision across the range of community services.

**Table 3 Community Service Provision**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Service Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nottinghamshire Healthcare Trust</td>
<td>• Primary Care Mental Health (IAPT)</td>
</tr>
<tr>
<td></td>
<td>• Prison Healthcare</td>
</tr>
<tr>
<td>Nottingham University Hospitals NHS Trust</td>
<td>• Sexual health services</td>
</tr>
<tr>
<td></td>
<td>• Midwifery Services</td>
</tr>
<tr>
<td>Nottingham CityCare Partnership</td>
<td>• Staying healthy, older people and long term condition management Community Stroke Rehabilitation (incorporating early supported discharge)</td>
</tr>
<tr>
<td></td>
<td>• Tissue Viability and Continence Services</td>
</tr>
<tr>
<td></td>
<td>• Children and Young People</td>
</tr>
<tr>
<td></td>
<td>• The Walk in Centre</td>
</tr>
<tr>
<td>County Health Partnership</td>
<td>• Adult Community Nursing</td>
</tr>
<tr>
<td></td>
<td>• New Leaf</td>
</tr>
<tr>
<td></td>
<td>• Lings Bar Hospital</td>
</tr>
<tr>
<td></td>
<td>• Nutrition &amp; Dietetics</td>
</tr>
<tr>
<td></td>
<td>• Specialist nursing</td>
</tr>
<tr>
<td></td>
<td>• Adult SALT</td>
</tr>
<tr>
<td></td>
<td>• MSK</td>
</tr>
<tr>
<td></td>
<td>• Primary Care Rehab</td>
</tr>
<tr>
<td></td>
<td>• COPD</td>
</tr>
<tr>
<td></td>
<td>• Falls</td>
</tr>
<tr>
<td></td>
<td>• Intermediate Care</td>
</tr>
<tr>
<td></td>
<td>• Palliative Care</td>
</tr>
<tr>
<td></td>
<td>• Podiatry</td>
</tr>
<tr>
<td></td>
<td>• Child Development Centre</td>
</tr>
<tr>
<td></td>
<td>• Universal Children’s Services</td>
</tr>
<tr>
<td></td>
<td>• Specialist Children’s Services</td>
</tr>
<tr>
<td>Sherwood Forest Hospitals NHS Foundation Trust</td>
<td>• Community Hospitals</td>
</tr>
</tbody>
</table>

\(^9\) [http://www.cqc.org.uk/directory/1-186610815](http://www.cqc.org.uk/directory/1-186610815)  
\(^10\) [http://www.cqc.org.uk/directory/rha](http://www.cqc.org.uk/directory/rha)
3.7 Voluntary Sector Services

3.7.1 General Overview

Many of the providers in this sector operate in specialist or local market segments and are particularly skilled at reaching “difficult to reach” service users. A key issue for many of these providers are the financial limitations that are being placed on them by the austerity requirements of the Local Authorities.

In Nottingham City the third sector has a key role in improving the health and well-being of residents, with over £3 million of contracts now aligned to third sector provision. Services vary from alcohol and drug support to mental health, learning difficulties and physical disability services. Where appropriate we have migrated third sector contracts to the NHS contract to ensure consistency in performance reviews and a level playing field for all with regards to contract expiration and contract negotiations. NHS Nottingham City and Nottingham Voluntary Services have worked together with third sector providers to ensure they have the necessary procurement skills to fairly and equally bid for tendered services.

When originally formed, NHS Nottinghamshire County inherited a portfolio of circa 120 contracts with voluntary / third sector providers ranging from £1,500 to £2 million per annum in value. Through a review of all contracts as part of the QIPP programme and in anticipation of the move to commissioning by CCGs, this portfolio has been reduced to 59, with a total value of £6.5 million. Much of this rationalisation has been achieved through joint contracting arrangements with either NHS Nottingham City or Nottinghamshire County Council.

These contracts transfer to CCGs and the respective Local Authorities.

3.8 Joint Commissioning

We have a long history of working closely with partner agencies and the local authorities. Examples of this include:

- Nottinghamshire Joint Commissioning Framework\textsuperscript{11}
- Children and Young People’s Partnership (the Children’s Trust)\textsuperscript{12}
- Nottinghamshire Partnership\textsuperscript{13}
- One Nottingham (ON)\textsuperscript{14}
- Joint Improvement Partnership for Health and Wellbeing\textsuperscript{15}

We have had a number of formal Health Act Partnerships, e.g. Integrated Community Equipment, Intermediate Care, Community Neurology Service, Learning Disability Fund, which are detailed in the contract stocktake database.

\textsuperscript{11} http://www.nottinghamshirepartnership.org.uk/index/publications/
\textsuperscript{12} http://www.thechildrenstrust.org.uk
\textsuperscript{13} http://www.nottinghamshirepartnership.org.uk
\textsuperscript{14} http://www.onenottingham.org.uk
\textsuperscript{15} http://www.nottinghamcity.gov.uk
3.9 Hosted Services

The East Midlands Cardiac and Stroke Network.
The Network was established in September 2008 and covers a population of 3.84 million in Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire and Southern Derbyshire. The Network covers eight Primary Care Trusts (PCTs) and seven Acute Hospital Trusts, NHS East Midlands and the East Midlands Ambulance Service.

The work of the Network is being transferred to the Clinical Senate hosted by the NHS CB.

East Midlands Public Health Observatory
NHS Nottingham City hosts the East Midlands Public Health Observatory (EMPHO), one of 12 Public Health Observatories (PHOs) working across the five nations of England, Scotland, Wales, Northern Ireland and the Republic of Ireland. The nine Public Health Observatories in England work together through a single work programme which contains both national and local elements. We produce information, data and intelligence on people's health and health care for practitioners, policy makers and the wider community. Our expertise lies in turning information and data into meaningful health intelligence to support decision-makers.

On behalf of the Department of Health, EMPHO works in partnership with the NHS, local authorities, researchers and national agencies. EMPHO's national lead areas are teenage pregnancy, food and health, renal health and cancer.

The key overarching roles of PHOs are:

- promoting and delivering health intelligence to decision-makers to improve health and reduce health inequalities
- acting as advocates for population health information, ensuring that high-quality, relevant information is available to a range of stakeholders
- being a single port of call for those who need such information
- developing a skilled health intelligence workforce.

This is delivered by:

- monitoring health and disease trends in the Region and highlighting areas for action;
- providing information about key health issues to support commissioning for health improvement and well-being;
- providing information and analysis to support PCTs, local government and local partnerships to promote local action and monitor its impact on health;
- producing and refreshing Health Profiles for each local authority area;
- providing a regional service for analysing Hospital Episode Statistics (HES) data;
- acting as a source of expertise in health intelligence, indicator development and inequalities measurement;
- providing advice and information in support of our national lead areas of teenage pregnancy, food and health, renal health and cancer
- providing advice on methodologies such as Joint Strategic Needs Assessment, Health Equity Audit, Health Impact Assessment, inequality measurement and evaluation;
- supporting the local healthcare community to maximise the use of health intelligence in decision-making;
- developing capacity and capability in the health intelligence workforce through teaching and training
EMPHO works closely with the Directorate of Public Health and Social Care East Midlands, NHS East Midlands, Primary Care Trusts and local health partnerships within the region. EMPHO also works with other regional organisations with intelligence functions, including the National Treatment Agency (Drugs and Alcohol), the Health Protection Agency and the East Midlands Quality Observatory.

In 2005, EMPHO merged with the Trent Cancer Registry to create an integrated public health intelligence service for the East Midlands, including information on cancer incidence, survival and treatment. This has also enabled the sharing of expertise in areas such as Geographical Information Systems and Statistical Analysis. It also provides a more secure basis for the continuing provision of Cancer Registration and Intelligence services to the various stakeholders and health communities covering the population of South Yorkshire. EMPHO’s programme of work is agreed by a Steering Board consisting of representatives of the major stakeholders and chaired by the Regional Director of Public Health.

This is being transferred to Public Health England.

### 3.10 Strengths and Weaknesses of the Commissioning Portfolio

#### Strengths

In summary the key strengths of the services commissioned for the Nottinghamshire Cluster are:

- international renown of NUH;
- SFHFT and NHCT are both Foundation Trusts;
- national renown of NHCT;
- Nottinghamshire CCG’s were the only patch in the NHS Midlands and East to achieve the green status in pre-assessment;
- increasing choice through the use of Choose and Book;
- third and voluntary sector skills in reaching “difficult to reach” service users, and information quality from specialist providers;
- increased primary care access and responsiveness; and

#### Weakness

In summary the key weaknesses are:

- consistently maintaining quality whilst containing financial pressures;
- ensuring long term sustainability of services, balanced by access and local views;
- the fixed casemix contract with the Nottingham Treatment Centre disincentivising reductions in demand; and
- provision of choice of provider in community services and mental health services; and
- variation in service access and quality across the county.
- A foundation trust that has been high risk rated by Monitor
Chapter 4 - Quality

Please refer to the Quality in Transit document that has been provided separately

Chapter 5 - Performance

5.1 Summary of current and historic performance

Details of the Cluster performance are contained in the regular Board Performance which is reported to the Board as part of the routine reporting process. The most recent report is attached as Appendix 10

5.2 CCG Engagement in System Performance

As part of the Cluster’s approach to CCG development the CCGs have been encouraged to take on responsibilities that have historically been delivered by the PCT, this includes system performance.

As a consequence, each of the CCGs has developed internal approaches to performance, including the reporting of performance to the CCG Board. In line with the clinical leadership in contract management, clinical leaders also chair key community performance meetings such as the Nottingham Emergency Care Network chaired by Dr Tony Marsh.

5.3 Patient Choice

We have a track record of offering patients the choice of provider at referral, being an early adopter of Patient’s choice, as part of the Trent Improving Access and Choice programme. Our diverse portfolio of providers helps to support this agenda, with over 22% of daycases & 13% of outpatient appointments being undertaken in the Independent Sector.

Our performance and that of our providers on Choose & Book is available at http://nww.chooseandbook.nhs.uk/staff/reports

Chapter 6 - Finance

6.1 Pen picture of the financial history of the PCT Cluster area

NHS Nottingham City

Historically NHS Nottingham City has consistently delivered the surplus positions required by the Department of Health. Reported results over the last 5 years have been as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported position</td>
<td>£4.9million surplus</td>
<td>£6.4million surplus</td>
<td>£2.3million surplus</td>
<td>£2.4million surplus</td>
<td>£6.8million surplus</td>
<td>£3.4m surplus</td>
</tr>
</tbody>
</table>

NHS Nottinghamshire County

Historically the NHS Nottinghamshire County has consistently delivered the surplus positions as required by the Department of Health. Reported surplus positions, since the creation of
the PCT, have been as follows (as set out in Appendix 2 of the March 2011 Board paper – B.11.052 contained in Section 6 of the Library):

<table>
<thead>
<tr>
<th>Year</th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported position</td>
<td>£9.4 million surplus</td>
<td>£9.8 million surplus</td>
<td>£10.0 million surplus</td>
<td>£4.5 million surplus</td>
<td>£5.0 million surplus</td>
<td>£3.3m surplus</td>
</tr>
</tbody>
</table>

2010-11 was a particularly challenging year for NHS Nottinghamshire County, as the PCT had experienced unanticipated levels of patient activity across all areas of spend, increased levels of prescribing, and delayed delivery of some QIPP programmes during the year. As a result, the PCT agreed with NHS East Midlands a revised year end surplus of £5 million, from the £10 million surplus target established at the start of the year. This revised position was delivered by the PCT.

However, this delivery was not achieved as a recurrent position, and so for 2011-2015 financial plans NHS Nottinghamshire County presented an opening underlying deficit of £20.7 million, which had arisen due to delivery of recurrent QIPP only on a non-recurrent basis as well as SLA and prescribing increased activity and spend levels. This was addressed during the financial plans for 2011-12, and the PCT has returned to recurrent financial balance.

6.2 Summary of current organisational budgets

The Nottinghamshire PCT Boards meeting in March 2012 approved a paper from NHS Nottinghamshire County covering the Financial Plan and Operating budgets 2012-15, which set out a three year financial plan based on all available guidance and planning information. The plan forecasts to deliver all financial duties across the three years. The plan includes revenue, capital and cash and included the operational budgets for 2012-13. With the change in organisational structures over the next year, these plans will form the basis of indicative plans for Clinical Commissioning Groups, Shadow Public Health Grants and Local Offices of the NHS Commissioning Board.

The current year (2012/13) opening budgets for NHS Nottingham City were approved at the Cluster Executive Committee March 2012. This paper set out the opening budget position for the organisation, our pre-committed investments and our approach to additional investments.

The financial plans for 2012-2015 present a recurrently balanced financial position in each year. Due to the sustained good financial performance seen across the PCT, there will be no legacy debt at the end of 2012-13.

In preparation for the transition to the new organisational structures in April 2013, the PCT Boards approved the establishment of six sub-committees of the PCT Cluster Board, one for each of the Clinical Commissioning Groups. These sub committees have the role of shadow boards of the Clinical Commissioning Groups during the transition period, and have formal budgetary delegated commissioning duties for healthcare services which will be retained under their future responsibilities. These Clinical Commissioning Groups are leading the NHS Healthcare Contract negotiation process for the 2012-13 contracts, and are responsible for developing clinically led bottom-up QIPP plans, to ensure recurrent financial balance is achieved.
Our financial plans assume that all financial duties are met. In accordance with the Operating Framework we have assumed the return of the previous year’s surplus in the resources available for 2012-2013. The PCT Cluster has planned to make available 2% of recurrent resources, to fund transformational schemes on a non-recurrent basis across the local health community. This is to support the significant changes which will be undertaken within the health community to deliver the levels of transformation required.

In developing the 2012-2013 financial plan, the PCT has taken actions to ensure that it is in recurrent balance, with particular focus on delivering QIPP. We cannot deliver our ambitions as a single organisation in isolation – we will need to work in partnership with key stakeholders as part of the wider Nottinghamshire health and social care system. As a key member of Productive Nottinghamshire we will be working collaboratively with local organisations to deliver the QIPP agenda across the health community. The importance of designing bottom-up plans with strong clinical engagement from our Clinical Commissioning Groups is paramount to the successful ownership, implementation and delivery of the QIPP plans and the required cultural and system transformational changes.

The focus has very much shifted to CCG development, implementation, ownership and delivery of QIPP, recognising the changing NHS architecture and that expertise, particularly clinical, sits within CCGs. There is local clinical input into contract negotiations and specific QIPP workstreams, with joint clinical input (with providers) where necessary to ensure that QIPP workstreams have the greatest chance of success.

A number of QIPP Programmes are being led at an Executive level by CCG Chief Operating Officers, who are held to account through the processes outlined elsewhere in the Integrated Plan. In addition to this, workstream leads within CCGs are responsible for implementing and delivering a large number of QIPP workstreams.

6.3 Update on current high risk financial issues and identified management strategies to manage these

Risk management is key to the PCT delivering the three-year investment plan. As part of the Opening Plan the PCT has undertaken an assessment of financial risk, including reviewing all of the significant risk areas experienced in 2011-12, all service level agreements for casemix and volume changes, impact of the financial plan, and additional financial risks posed by Operating Framework Requirements. The key financial risks at the Opening Plan stage were:

- the planning assumptions on activity levels may be insufficient (referrals, winter activity and increased demand)
- delivery of QIPP schemes may not be achieved to the required levels
- increased expenditure in high cost / low volume cases
- cost pressures arising from devolved budgets (Department of Health / SHA) and transfers to shadow grant arrangements.
- Cost pressures arising from the County Council’s spending plans

To mitigate these risks the following approaches have been taken:
NHS Nottinghamshire County has assessed the following as potential opportunities;

- The PCT has provided a recurrent contingency reserve of £5.2 million (0.5% of baseline resource)
- Any developments will have phased implementation plans
- Rigorous review of technical contracting terms and definitions, including the application of the new PBR tariff.
- Programmes have been asked to build in headroom into their QIPP plans

In addition the PCT has provided for a required surplus reserve of £3.3m

The PCT will closely monitor the financial risks through the Financial Recovery Group to ensure robust performance management of QIPP delivery and the financial position. Schedule 5 in the Financial Statements (Appendix 3 of the board paper referred to above) provides more detail on the risk model.

In-year reporting to the PCT Financial Recovery Group includes a risk assessment of financial ranges, so that individual risks and mitigating actions can be monitored. We also complete a Risk Analysis as part of our reporting to the SHA.

NHS Nottinghamshire City presented its approach to risk mitigation in the opening board papers, in which it set out City’s outline approach to risk management with a contingency reserve of 1%. The Board also supported a prioritised approach to additional investment in recognition of the requirement to deliver against the QIPP agenda to generate resource for redeployment to new initiatives.

There are no LIFT implications to be considered at this time
Chapter 7 - Provider Capacity

7.1 Market management

The Cluster supported the CCGs to deliver Any Qualified Provider for three services by September 2012.

For the Nottinghamshire CCGs market management options are included in all Case for Change documents submitted for consideration by the Procurement Panel. The Panel was established in 2010 as a formal sub-committee of the Nottinghamshire County PCT Audit Committee. It now reports to the Financial Recovery Group. The Procurement Panel assesses and provides guidance on procurement decisions that change contractual relations or service delivery requirements. A copy of the Decommissioning Process included in the Library. The Panel is closely aligned with the Financial Recovery Group in supporting QIPP schemes.

The market management strategies for NHS Nottingham City and NHS Nottinghamshire County are available on the PCT websites.

7.2 Procurements undertaken over the last three years for patient services

A key priority for the Cluster has been to strengthen its commissioning process in order to deliver the best health and care for patients, and the best value for money for taxpayers. In order to do this, where applicable and in line with EU Legislation, we have approached the market in order to secure the most cost effective and efficient services for its patients. Those services identified as appropriate have been advertised via http://www.supply2health.nhs.uk.

Of particular note,

- the competitive processes in relation to Transforming Community Services, these contracts are managed by CCGs and other PCT successor bodies
- the East Midlands wide procurement project for non-emergency patient transport (NEPTS). This service was competitively tendered and a new 5 year contract was in place for 1 July 2012. The procurement process was managed by EMPACT (East Midlands Procurement and Commissioning Transformation). The contract is managed by NHS GEM CSU.
- In 2013 the contract for the Nottingham NHS Treatment Centre will expire, a major procurement exercise took place during 2012 and the early part of 2013 to secure future service delivery in the Nottingham NHS Treatment Centre. The procurement was managed by the Strategic Project team who were appointed by the CCGs and the PCT Cluster. Circle Health was confirmed as the preferred provider during February 2013 and work is now underway to mobilise the new contract. The new contract will be managed by the CCGs.

7.3 Planned procurements for services

The Procurement Panel will continue to operate in its existing format and ensure that any significant procurement requests are reviewed to ensure all risks and issues are considered prior to approval by the Financial Recovery Group.

7.4 Risk assessment relating to implementation

All risks relating to procurement projects are referred to and considered by the PCT Procurement Panel, and the PCT Audit & Governance Committee.
Chapter 8 - Workforce

NHS Nottinghamshire County and NHS Nottingham City joined together in April 2011 to form the Nottinghamshire Cluster led by the Cluster Chief Executive and supported by a single executive team. As clusters are not statutory bodies, or indeed permanent features of the landscape, PCTs will retain their statutory obligations until their abolition in 2013.

The current economic climate means we have a challenging agenda to meet. We are building on our achievements with even greater focus on driving up quality, innovation, efficient and productivity, helping us to meet our challenges ahead.

In handling these challenges, it is vital to have a planned, systematic, integrated and fully engaged approach to manage the myriad of changes in a coherent way and to move the Cluster and the people who work in it, from where we are now, to where we need to be, whilst retaining the valuable legacy memory from our current and predecessor organisations.

8.1 Workforce

The destination of all staff within the Nottinghamshire PCT Cluster is shown below in table 4.

Table 4 Destination of PCT Workforce

<table>
<thead>
<tr>
<th>Destination</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS Commissioning Board</strong></td>
<td>70</td>
</tr>
<tr>
<td>Nottinghamshire Derbyshire AT</td>
<td>52</td>
</tr>
<tr>
<td>NHS Commissioning Board – other locations</td>
<td>11</td>
</tr>
<tr>
<td>FHS</td>
<td>7</td>
</tr>
<tr>
<td><strong>CCGs</strong></td>
<td>367</td>
</tr>
<tr>
<td>Erewash CCG</td>
<td>2</td>
</tr>
<tr>
<td>Mansfield and Ashfield CCG</td>
<td>64</td>
</tr>
<tr>
<td>Newark and Sherwood CCG</td>
<td>53</td>
</tr>
<tr>
<td>Nottingham City CCG</td>
<td>111</td>
</tr>
<tr>
<td>Nottingham North and East CCG</td>
<td>50</td>
</tr>
<tr>
<td>Nottingham West CCG</td>
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<tr>
<td>Rushcliffe CCG</td>
<td>55</td>
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<tr>
<td><strong>NHS GEM CSU</strong></td>
<td>73</td>
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<tr>
<td><strong>NHS Property Services</strong></td>
<td>76</td>
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<tr>
<td><strong>Local Authorities</strong></td>
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<tr>
<td>Nottingham City Council</td>
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<tr>
<td>Nottinghamshire County Council</td>
<td>55</td>
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<td><strong>Public Health England</strong></td>
<td>15</td>
</tr>
<tr>
<td>Public Health England - EMPHO</td>
<td>11</td>
</tr>
<tr>
<td>Public Health England, Screening &amp; Immunisations</td>
<td>4</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>11</td>
</tr>
<tr>
<td>RETS</td>
<td>3</td>
</tr>
<tr>
<td>Redundant</td>
<td>8</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>708</td>
</tr>
</tbody>
</table>
8.1 Partnership Working

NHS Nottinghamshire County and NHS Nottingham City have a strong history of partnership working with Trade Unions and staff engagement. From the establishment of NHS Nottinghamshire County on 1st October 2006 both organisations have collaborated to develop and agree Human Resource Policies and Procedures. Following the transfer of the provider arms of both organisations on the 1 April 2011, and the establishment of a cluster organisation covering both Nottinghamshire County Teaching PCT and Nottingham City PCT from the 1 July 2011, a Joint Staff Partnership Committee has been established to cover the Cluster and a revised Facilities and Recognition Agreement entitled: A Framework for Working Together has been agreed. The partnership structures are now well established and are focusing on the smooth transition of services and the preparation of staff for transfer in April 2013.

The publication of ‘Equity and Excellence: Liberating the NHS’ white paper in July 2010 with many objectives to develop the NHS with a transfer of functions to organisations such as National Commissioning Board, GP commissioning Consortia and the Local Authority.

The collective vision for the transition to this new NHS in Nottinghamshire is:-

To deliver the radical reform and objectives of ‘Equity and Excellence: Liberating the NHS’
To ensure that delivery of the transition is clinically led and patient centred in line with the overall policy of ‘no decision about me, without me’

To ensure that the current functions of the PCT are successfully transferred to the appropriate future organisations and that the objectives of ‘Equity and Excellence: Liberating the NHS’ are fully realised

To maximise the benefit future organisations can derive from the talent, expertise and relationships currently residing within PCTs

Nottinghamshire Health and Social Care Community Workforce Team (NHSCCWT)

NHSCCWT was established in April 2007 to carry out devolved functions from NHS East Midlands Strategic Health Authority (SHA) around Workforce and Education Developments:

- Workforce Development Planning
- Workforce Information
- Workforce Modernisation
- Workforce Development Implementation
- Learning Beyond Registration
- Clinical Placement Provision
- Non-Medical Prescribing
- Joint Investment Framework Funding

The Team operates under a Service Level Agreement with the SHA and was hosted by NHS Nottinghamshire County until 30th June 2011 when hosting arrangements were transferred to East Midlands Ambulance Service (EMAS). The NHSCCWT is accountable to the Nottinghamshire Health and Social Care Community Workforce Board which was chaired by the Director of Workforce, NHS Nottinghamshire County until July 2011. The Board members are Senior Managers (usually Director Level) from each of the health and social care organisations in Nottinghamshire, including Primary Care.
Stakeholder organisations are

- East Midlands Ambulance Service NHS Trust (EMAS)
- NHS Nottingham City / Nottinghamshire County PCT Cluster
- Nottingham CityCare Partnership (NCCP)
- Nottingham City Council
- Nottingham University Hospitals NHS Trust (NUH)
- Nottinghamshire County Council
- Nottinghamshire Healthcare NHS Trust (NHCT), including County Health Partnerships (CHP) and Bassetlaw Health Partnerships (BHP)
- Sherwood Forest Hospitals NHS Foundation Trust (SFHFT)

Work is also undertaken with Private, Independent and Voluntary sector organisations.

8.2 Equality & Diversity Workforce Data

In line with the Equality Act 2010, NHS Nottinghamshire County and Nottingham City are required to annually publish workforce data in relation to the nine protected characteristics identified within the act.

The data for the 2011-12 period did not alter significantly from the previous year’s findings, with the majority of staff in post still being female, white British, heterosexual and Christian (across both City and County.)

Both PCTs also maintain a positive profile at recruitment. For example, there is little variation between the percentage of applicants declaring a disability (6.48% at City) and the number of those shortlisted with a declared disability (6.53% at City.)

Though there have been minor decreases in the diversity of the trusts’ profiles (for example, of staff recruited by County in 2011, none had a declared disability, and 100% were white British), these changes must be considered in light of the organisational changes occurring throughout the period, which have affected the number of staff recruited, along with the overall size of the organisations and the types of roles within them (given the loss of the provider arms.)

The full reports, which include further exploration of the impact of the organisational context, can be accessed online.

Nottinghamshire County E&D Report, 2011-12
Nottingham City E&D Report, 2011-12

8.3 Staff Opinion Survey

Detailed analysis was carried out on the results of the NHS Staff Opinion survey for both NHS Nottinghamshire County and NHS Nottingham City and the PCT Boards in April 201216 the paper highlighted areas of improvement in the Key Findings and also suggested recommendations for action for areas where improvements could still be made. These recommendations were presented in light of the organisational change was taking, and focussed on staff experience and maintaining high levels of staff engagement throughout the change processes. Analysis was also carried out on the results of the NHS Staff Opinion

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16 http://www.nnotts.nhs.uk/content/showcontent.aspx?contentid=17520
survey for those provider organisations commissioned by both PCTs. This analysis was also presented to both PCT Boards and fed into the commissioning process through the Quality Panels, to highlight any areas for improvement that may impact on patient experience.
Chapter 9 – Planned Changes

9.1 Changes underway

West Bridgford Practices
NHS Nottinghamshire County undertook a public consultation on the provision of healthcare services in West Bridgford between November 2011 and February 2012. An initial paper was submitted to the PCT Joint Board in March 2012 following which a final paper went in May 2012 at which the Board approval the scheme to proceed to planning.

Ashfield Health Village
A consultation in relation to the provision of service at the Ashfield Health Village has just been completed and an initial report has been presented to the Joint Board. A detailed consultation exercise in relation to changes at Ashfield Health Village was undertaken during Autumn 2012 by NHS Mansfield & Ashfield CCG.

Newark
The decisions made around the future of Newark’s healthcare provision are detailed in the PCT Board report B/10/90 dated 17 June 2010. The work on transforming Newark is led by NHS Newark & Sherwood CCG.

NHS Nottingham City made no significant changes in 2011/12.

9.2 Consultations

Section 242 of the consolidated NHS Act 2006 places a duty on NHS trusts, PCTs and SHAs to make arrangements to involve patients and the public in the planning and operation of services, and in the development of proposals for changes.

All consultations are aligned to the PCT’s Financial Plan and QIPP plans. The plan sets out areas that may require formal 90 day consultation due to the implementation of significant service change. A full communications and engagement planner is then developed for each formal consultation to ensure a robust and thorough process is followed throughout the consultation period. Details of past consultations are available in the Library and in our Real Accountability reports at

http://www.nottinghamcity.nhs.uk/-about-us-/publications/other-publications.html
http://www.nottsPCT.nhs.uk/my-voice/consultations/183-consultations.html

All changes to health services are discussed with the respective Council’s Health Scrutiny Committee.

Continuous consultation and engagement is carried out with people across Nottingham City and Nottinghamshire to get their views on all local health services.

9.3 Risk assessment relating to implementation

Any risks associated with implementation either in relation to procurement or significant change are reported, recorded and managed by the project team. Significant risks would also be recorded on the organisational risk register.
Chapter 10 - Organisational Assets & Liabilities

10.1 Estate

A summary of the PCT Cluster estate is shown in Table 5 – this is being transferred to NHS Property Services Ltd.

Table 5 PCT Cluster Estate

<table>
<thead>
<tr>
<th></th>
<th>Nottingham City PCT</th>
<th>Nottingham County PCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premises</td>
<td>51,455m² of which</td>
<td>68,700m² of which</td>
</tr>
<tr>
<td></td>
<td>• 11% Leasehold Head Quarters / administration buildings</td>
<td>• 11% Leasehold Head Quarters buildings</td>
</tr>
<tr>
<td></td>
<td>• 33% NHS Treatment Centre</td>
<td>• 24% Hospitals (Including PFI)</td>
</tr>
<tr>
<td></td>
<td>• 23% LIFT buildings</td>
<td>• 28% LIFT buildings</td>
</tr>
<tr>
<td></td>
<td>• 31% Health Centres</td>
<td>• 37% Health Centres</td>
</tr>
<tr>
<td></td>
<td>• 2% “Walk-in” type facilities</td>
<td></td>
</tr>
<tr>
<td>Occupancy</td>
<td>77%</td>
<td>85%</td>
</tr>
<tr>
<td>Carbon Footprint</td>
<td>1764.5 tons per year</td>
<td>6128.81 tons per year</td>
</tr>
<tr>
<td>Risk adjusted backlog</td>
<td>£0.75 million</td>
<td>£470,655</td>
</tr>
<tr>
<td>maintenance liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall condition of</td>
<td>fit for purpose but requiring annual capital investment</td>
<td></td>
</tr>
<tr>
<td>estate</td>
<td>and regularised day to day maintenance to maintain this</td>
<td></td>
</tr>
<tr>
<td></td>
<td>standard</td>
<td></td>
</tr>
</tbody>
</table>

We continue to review our estate in line with PCT Estate – future ownership and management of estate in the ownership of Primary Care Trusts in England (August 2011)

10.2 Physical assets of the organisation

As part of the Transitional Governance Project an inventory of equipment and information technology assets is being compiled. The database is held within the Library.

10.3 Contracts for support (as opposed to healthcare) services

A database of all contracts is held and being currently updated by the Contracts Workstream of the Transitional Governance Project. All outstanding liabilities are being identified and documented as part of this process. The contracts database is held within the Library.
Chapter 11 - Stakeholders

11.1 Stakeholders and partners

We have many hundreds of stakeholders and partners with a list being available in Appendix 4. There are a number of corporate stakeholders who are regularly communicated with on key issues from across the PCT. More detailed and specific stakeholder lists are developed for each specific campaign, consultation or piece of work, depending on the topic and audience.

Details of past campaigns and consultations are made available at:
http://www.nottinghamcity.nhs.uk/have-your-say.html
www.nottsPCT.nhs.uk

Depending on the stakeholder, a variety of methods are used to communicate including: website; tailored briefings; press releases; newsletters; magazines; events and meetings; social media; films; and the intranet for staff; the methods are based on the grid below.

<table>
<thead>
<tr>
<th>INFLUENCE</th>
<th>INVOLVE</th>
<th>Keep satisfied</th>
<th>PARTNER</th>
<th>Manage closely</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>Patients and public</td>
<td>Keep satisfied</td>
<td>All NHS staff</td>
<td>Manage closely</td>
</tr>
<tr>
<td></td>
<td>Social Care leaders</td>
<td>Monitor</td>
<td>NHS leadership teams</td>
<td>Primary care clinicians</td>
</tr>
<tr>
<td></td>
<td>MPs</td>
<td>Monitor</td>
<td>Secondary care clinicians</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Media</td>
<td>Monitor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTEREST</th>
<th>LOW</th>
<th>HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>INTEREST</td>
<td>HIGH</td>
</tr>
<tr>
<td>SHA</td>
<td>OSCs</td>
<td>Unions</td>
</tr>
</tbody>
</table>
Chapter 12 - Governance

12.1 Boards and committees

The Joint Board of NHS Nottingham City and NHS Nottinghamshire County established the CCG shadow Boards as committees of the respective Joint Board. The shadow boards report to each meeting of the Joint Board and are held to account through this process.

In addition to the minutes of each CCG shadow board, detailed reports are presented to the Joint Board on the use of delegated authority, financial position, performance against targets and quality and risk issues.

The PCT Joint Board meets monthly and reviews performance against the QIPP programme including the role of the CCGs in delivering the QIPP programme. It also considers a report at each meeting on progress of the CCGs towards authorisation and other transitional reform activities, such as the transfer of Public Health to the Local Authorities and activities related to the closedown of the PCTs including the contract stocktake.

The PCT Audit and Governance Committee is a joint PCT committee and regularly reviews CCG governance arrangements including having oversight of the Board Assurance Framework for each CCG. The Audit and Governance Committee has also commissioned a review by Internal Audit to assist it in assessing CCG governance arrangements.

The Joint Board recently created a Finance and Performance Committee to work alongside the Audit and Governance Committee. The Finance and Performance committee is responsible for making decisions in respect of performance and financial issues and providing the PCT Boards with sufficient information to assure the PCT Boards that these are being managed safely. It receives assurance from and hold the CCGs to account in respect of their delegated authority for finance and performance matters; monitors key performance indicators and financial targets relating to the PCT and/or cluster-wide CCG matters; reviews the PCT’s performance against its annual financial plan and budgets to take appropriate action to ensure that any appropriate recovery and action planning is in place and provides overview and scrutiny in any other areas of financial challenge or concern which are referred to the Performance and Finance Committee by the Board.

12.2 QIPP Governance

The PCT Cluster Board holds CCGs to account for implementation and delivery through the existing reporting processes, which are well established through PMOs to CCG and PCT Boards, FRG, and Audit and Finance and Performance Committee. The PMO covers implementation milestones, delivery of savings and discussions, when necessary, on barriers and actions required to overcome them and as necessary recovery plans, to ensure that delivery is maximised.

Within Nottinghamshire there is a Board level commitment to work together on key projects that will best be delivered through a collaborative approach aiming to improve quality and reduce costs of services provided across the NHS in Nottinghamshire. This collaborative working is achieved through Productive Notts, an inter-organisational alliance of the NHS commissioner and provider organisations within Nottinghamshire that also benefits from the active engagement of Nottingham City Council and Nottinghamshire County Council. The alliance of organisations is supported by a well-established Programme Management Office (PMO).
12.3  GP Performance

12.3.1 Identification, management and support of Independent Contractors whose performance gives cause for concern

PCTs are required to have locally agreed arrangements for handling concerns about the conduct, performance and health of Independent Contractors (General Practitioners, General Dental Practitioners, Community Pharmacists and Optometrists). The PCT Policy for the Identification, Management and Support of Independent Contractors whose Performance gives Cause for Concern, aims to provide a supportive approach to underperformance with local resolution where possible and appropriate in the first instance.

The purpose of the Policy is to ensure that there is a robust, rigorous, clear, fair, consistent, non-discriminatory approach to the investigation, management and support of underperformance, which adheres to relevant and appropriate national guidance and regulations, in order to protect patient safety and enhance public confidence in the NHS, by responding promptly and effectively to concerns about performance.

The policy is included in the Library.

12.4  Responsible Officer and Revalidation of Doctors

The Medical Profession (Responsible Officers) Regulations 2010 made significant changes to the Regulations regarding the regulation of doctors through the Responsible Officer model.

The Regulations give senior doctors/medical directors in PCTs, functions that will ensure doctors are appraised annually and where there are concerns about a doctor’s fitness to practice, they are investigated and referred to the General Medical Council (GMC). Where the concerns are below the level where referral to the GMC is considered necessary, Responsible Officers will investigate, identify the cause and take the appropriate action.

As at end of March 2013 the PCT Medical Director, Dr Doug Black, is the Responsible Officer for the PCT.

12.5  Statutory and Responsible Named Individuals

A list of Statutory and Responsible Named Individuals is detailed at Appendix 4.

12.6  Accreditation of GPs with Special Interest

NHS Nottinghamshire County (the PCT) is committed to providing care closer to home when this is safe and clinically and cost effective. Such care can be provided by individuals with specialist interests. All practitioners with specialist interests commissioned to provide services on behalf of the PCT must complete the Accreditation Process in order verify their skills and competency.

Details of this process and the Terms of Reference for the Accreditation Panel are available in the Library.
12.7  Equality, Diversity and Human Rights

The Single Equality Scheme (SES) for each PCT is published on the website. The document serves to provide an understanding as to how we will deliver on our equality statutory duties, meeting the diverse needs of the different communities we serve, and the people we employ. The SES was extended to allow time for NHS Nottingham City to assimilate and implement the new requirements of the Equality Act 2010.

Our Equality Impact Assessments are published on our websites and remain there for a year post completion.

http://www.nottspct.nhs.uk/my-pct/equality-and-diversity
http://www.nottinghamcity.nhs.uk/-about-us/-equality-and-diversity

12.8  Summary of key policy documents

The PCTs have a central database of the organisation’s policy documents with our key documents available on our website.

12.9  Corporate risk register

Every activity that the Nottinghamshire PCT Cluster undertakes, either directly or as commissioned activities, brings with it some element of risk that has the potential to undermine, or prevent the PCT Cluster achieving its objectives. Our approach to risk management enables us to have a clear view of the risks affecting each area of its activity; how those risks are being managed, the likelihood of occurrence and their potential impact on the successful achievement of the PCT Cluster’s objectives.

The risk management approach applies to NHS Nottingham City and NHS Nottinghamshire County as statutory bodies and their constituent Clinical Commissioning Groups (CCGs) prior to those organisations becoming separate statutory bodies. The approach also recognises the commitment of the PCT to work with and support primary care and other independent contractors across the county.

The PCT Cluster has produced a Cluster Assurance Framework to support the Cluster in ensuring that its strategic objectives are met. The Assurance Framework identifies the risks which might threaten the success of those objectives and includes mitigating actions for addressing the risks. This document links to the individual Board Assurance Frameworks that are produced by each CCG

Risks are also identified through the PCT Cluster’s Integrated Planning Process, the Financial Recovery Group and through individual projects. Those risks identified as significant are escalated to the Executive Lead for Governance for inclusion in the Cluster Assurance Framework as appropriate.

Our Cluster Assurance Framework is included in the Library
12.10 Archiving and Records Management

Location of archived records

Corporate Documentation
NHS Nottingham City has an in-house archive at Standard Court. Corporate documents for NHS Nottinghamshire County and any that have been retained relating to the previous legacy PCTs are archived off-site by TNT.

The boxes in storage all have destruction dates set up in line with the NHS Records Management: Code of Practice and the retrieval process is managed by the PCT Property Asset Management Service (PAMS), who maintain the master index of box numbers. The PCT PAMS team review data to establish which boxes have reached destruction dates. A list of boxes due to be destroyed is then sent to TNT requesting that this be undertaken. Subsequently a destruction certificate is sent to the PAMS team by TNT. Boxes are recalled according to the Corporate Archiving Procedure.

A records inventory has been compiled by the Information Governance team, which lists all significant records and where those records are held. This is maintained by the Head of Information Governance.

Clinical Documentation
Clinical records relating to the former community services, which were transferred to other provider organisations under Transforming Community Services (TCS) have also been archived according to the DOH guidance.
Chapter 13 – Handover to Successor Bodies

13.1 Transfer Scheme

The Transition Board was established as a working group of the joint Audit and Governance Committee of NHS Nottingham City and NHS Nottinghamshire County. The aim of the Transition Board is to ensure that the functions of NHS Nottinghamshire County and NHS Nottingham City are transferred, within necessary timescales; to the appropriate successor bodies and that all necessary governance issues are addressed.

The Terms of Reference of the Transition Board are attached as Appendix 8.

A separate handover report from the Transition Board has been produced highlighting any residual issues relating to the transition workstreams.

13.2 Face to Face Handovers with CCGs

In accordance with good practice and as set out in the National Quality Board guidance the PCT Board met with each of the CCG Governing Bodies. The Board to Board meeting covered the following agenda items:

- Overview of transition and closedown process
- Introduction to Transfer Scheme (draft Annex 2 and 3)
- Discussion as to the specific liabilities that the CCG is pencilled in to inherit
- General discussion between board and governing body members – transfer of soft knowledge
- Learning from the authorisation process
- Strategic challenges going forwards
- The impact of the Francis Report
- On-going actions arising from Winterbourne
- Any Other Business

The dates of the CCG and PCT Board, Board to Board meetings are shown in the table 6

<table>
<thead>
<tr>
<th>Date</th>
<th>CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>7th February 2013</td>
<td>NHS Mansfield and Ashfield CCG</td>
</tr>
<tr>
<td>14th February 2013</td>
<td>NHS Nottingham West CCG</td>
</tr>
<tr>
<td>19th February 2013</td>
<td>NHS Nottingham North and East CCG</td>
</tr>
<tr>
<td>20th February 2013</td>
<td>NHS Rushcliffe CCG</td>
</tr>
<tr>
<td>27th February 2013</td>
<td>NHS Nottingham City CCG</td>
</tr>
<tr>
<td>27th February 2013</td>
<td>NHS Newark and Sherwood CCG</td>
</tr>
</tbody>
</table>
Appendix 1 – Key Contacts

National Health Service Commissioning Board (NHS CB)
www.commissioningboard.nhs.uk

Area Director – Derek Bray
Finance Director – Helen Pledger
Medical Director – Dr Doug Black
Nursing Director – Julie Bolus
Director of Operations – Martin Whittle
Director of Commissioning – Vikki Taylor

NHS Mansfield & Ashfield CCG
http://www.mansfieldandashfieldccg.nhs.uk/

Chair - David Pearson
Chief Officer – Dr Amanda Sullivan
Clinical Lead – Dr Raian Sheikh
Chief Financial Officer – Simon Crowther

NHS Newark & Sherwood CCG
http://www.newarkandsherwood.nhs.uk/about-us

Chair – Roger Paffard
Chief Officer – Dr Amanda Sullivan
Clinical Lead – Dr Mark Jefford
Chief Financial Officer – Simon Crowther

NHS Nottingham City CCG
http://www.nottinghamcity.nhs.uk/

Chair and Clinical Lead – Dr Hugh Porter
Chief Officer – Dawn Smith
Chief Financial Officer – Terry Allen

NHS Nottingham North & East CCG
http://www.nottinghamnortheastccg.nhs.uk/

Chair and Clinical Lead – Dr Tony Marsh
Chief Officer – Samantha Walters
Chief Financial Officer – Jonathan Bemrose

NHS Nottingham West CCG
http://www.nottinghamwestccg.nhs.uk/

Chair – Nigel Hallam
Chief Clinical Officer & Accountable Officer – Dr Guy Mansford
Chief Operating Officer – Oliver Newbould
Chief Financial Officer – Jonathan Bemrose

NHS Rushcliffe CCG
http://www.rushcliffeccg.nhs.uk/
Chair and Clinical Lead – Dr Stephen Shortt
Chief Officer – Vicky Bailey
Chief Financial Officer – Jonathan Bemrose

Nottingham City Council and Nottinghamshire County Council
www.nottinghamcity.gov.uk
www.nottinghamshire.gov.uk

Director of Public Health – Dr Chris Kenny
Appendix 2 - Summary of documents contained within the “Library of Knowledge”

- Public Health Annual Reports
- PCT Annual Reports.
- Five Year Strategy 2009/10 – 2013/14
- Strategic Operating Plan 2011-13
- Integrated Plan 2012-13
- Annual Accountability Reports
- Contract transition
- Transfer scheme papers
## Appendix 4 - Statutory and Responsible Named Individuals as at March 2013

[DN: update from Lesley Dawes check]

### List of Statutory and Designated Roles

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Location</th>
<th>Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caldicott Guardian</td>
<td>Dr Trevor Mills</td>
<td>Medical Director</td>
<td>Standard Court Nottingham</td>
</tr>
<tr>
<td>Designated Nurse</td>
<td>Mrs Alyson Packham</td>
<td>NHS Nottingham City</td>
<td>Standard Court Nottingham</td>
</tr>
<tr>
<td>Named Doctor</td>
<td>Dr Sandy Taylor</td>
<td>NHS Nottingham City</td>
<td>Mary Potter HC Nottingham</td>
</tr>
<tr>
<td>Named Doctor</td>
<td>Dr Diamond Emmanuel</td>
<td>NHS Nottingham City</td>
<td>Nottingham University Hospitals NHS Trust</td>
</tr>
<tr>
<td>Designated Doctors</td>
<td>Dr Caroline Brown and Dr Damian Woods</td>
<td>North of Nottinghamshire County</td>
<td>Nottingham University Hospitals NHS Trust</td>
</tr>
<tr>
<td>Designated Nurse Looked After Children</td>
<td>Sharon Regal</td>
<td>Nottinghamshire County</td>
<td>County Health Partnerships</td>
</tr>
<tr>
<td>Designated Doctor South county Looked After Children</td>
<td>Dr Emma Filmore</td>
<td>South of NHS Nottinghamshire County</td>
<td>Nottingham University Hospitals NHS Trust</td>
</tr>
<tr>
<td>Senior Information Risk Owner</td>
<td>Dr Amanda Sullivan (Director of Nursing)</td>
<td>Newark and Sherwood Health</td>
<td>Balderton Primary Care Centre Newark</td>
</tr>
<tr>
<td>Responsible officer for revalidation of GPs</td>
<td>Dr Trevor Mills</td>
<td>Medical Director</td>
<td>Standard Court Nottingham</td>
</tr>
<tr>
<td>Accountable Officer for Controlled Drugs</td>
<td>Dr Trevor Mills</td>
<td>NHS Nottingham City</td>
<td>Standard Court, Nottingham</td>
</tr>
<tr>
<td>Designated Senior Officer for Allegations against staff</td>
<td>Dr Trevor Mills</td>
<td>NHS Nottingham City</td>
<td>Standard Court, Nottingham</td>
</tr>
<tr>
<td>Board Lead for Safeguarding Children</td>
<td>Dr Chris Kenny</td>
<td>NHS Nottinghamshire County, NHS Nottingham City and NHS Bassetlaw</td>
<td>Nottinghamshire County Council</td>
</tr>
<tr>
<td>Executive Lead for Emergency Planning</td>
<td>Dr Chris Kenny</td>
<td>NHS Nottinghamshire County, NHS Nottingham City and NHS Bassetlaw</td>
<td>Nottinghamshire County Council</td>
</tr>
</tbody>
</table>
Appendix 3 - Statutory Responsibilities in terms of Equality, Diversity and Human Rights

Equality & Diversity Transition – The PCT Clusters Legacy, Ensuring Equality & Diversity is a Core Element for all Commissioning beyond April 2013

Equality must lie at the heart of the NHS (Sir David Nicholson July 2011) to create personal, fair and diverse service and commissioning, and “guaranteeing no community is left behind or disadvantaged – ……tackling health inequalities and advancing equality” is a core challenge to the NHSCB and CCGs laid out in Everyone Counts: Planning for Patients 2013/14.

At a time of transformation and change in NHS structures this document summarises PCT Cluster Equality and Diversity Areas in order to ensure the legacy is managed, funded and supported robustly by CCGs, Public Health, Commissioning Support & Area Team, recognising and sustaining good practice to achieve the above.

Nottingham City & Nottinghamshire County PCT Cluster has been committed to ensuring that Equality & Diversity is central to Nottinghamshire business planning, staff and workforce experience including service delivery and community and patient outcomes. This has continued to increase leadership and board strategy during the transition of NHS reforms. The PCT Cluster has been recognised by Regional and National Inclusion Leads for its hard work and implementation of the Equality Agenda, including the rollout of the NHS Equality & Delivery System (EDS), with the Cluster as a national case study on a recent East Midlands evaluation.

The work carried out has been pivotal in supporting authorisation for 6 Clinical Commissioning Groups, assisting them to meet their CCG Equality objectives and work as a public sector bodies to understand and proactively implement the Equality Act 2010. It is now important for as the PCT approaches 31st March to capture its position in the progression of the Equality Agenda and agree the Legacy of work and position of Equality Leadership post April 2013. As demonstrated in the Equality Transition Document, ownership and leadership of the Equality Agenda will now be distributed and taken up by CCGs, CSUs (GEM), Area Team and Public Health in order to ensure all NHS bodies comply with the Equality Act 2010 and the Public Sector Equality Duty.

The table below which is by no means exhaustive aims to capture the key work areas undertaken by the Equality and Diversity Team led by Executive Lead for Equalities, Kate Davies OBE:
<table>
<thead>
<tr>
<th>NO.</th>
<th>General Equality Work area</th>
<th>Sub area</th>
<th>Project/ Service Description/ contract title (if applicable)</th>
<th>Parties included</th>
<th>Timeline/ Period</th>
<th>Funding/ costs associated</th>
<th>Current lead</th>
<th>Future lead e.g. CCG, AT, DH, CSU/ GEM</th>
<th>Qualitative Intelligence: Existing arrangements/ background/ history</th>
<th>Equalities / Legacy: Comments/ actions for others, consequences of no longer doing/risks associated with action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Governance - Business Critical</td>
<td>Publication – engagement</td>
<td>Easy Read EDS Printed/ electronic/ PDF</td>
<td>Midas Creative/ Primary Care</td>
<td>Published April 2012</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>CCG awareness and usage/ update</td>
<td>Printed engagement tool – communicate EDS to service users Made available in Primary Care Locations (GP practices, health centres etc.). Printed copies translated into Polish and Urdu.</td>
<td>Update required – post April 2013. New organisation etc.</td>
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<tr>
<td>2</td>
<td>Governance - Business Critical</td>
<td>General Equality Duty - All Characteristics</td>
<td>Equality objectives set (SEDS). Requirements to update to meet PSED</td>
<td>Service users, Workforce</td>
<td>Set January 2012. Update 4 yr. AT April 2013.</td>
<td>Funding to be identified</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>CCGs x 6 Area Team to develop Objectives</td>
<td>X6 approved at Board for PCT Cluster in January 2012.</td>
<td>Area team must set objectives to meet PSED</td>
</tr>
<tr>
<td>3</td>
<td>Governance - Business Critical</td>
<td>General Equality Duty - All characteristics</td>
<td>Complaints</td>
<td>PALs</td>
<td></td>
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<td>NO.</td>
<td>General Equality Work area</td>
<td>Sub area</td>
<td>Project/ Service Description/ contract title (if applicable)</td>
<td>Parties included</td>
<td>Timeline/ Period</td>
<td>Funding/ costs associated</td>
<td>Current lead</td>
<td>Future lead e.g. CCG, AT, DH, CSU/ GEM</td>
<td>Qualitative Intelligence: Existing arrangements/ background/ history</td>
<td>Equalities / Legacy: Comments/ actions for others, consequences of no longer doing/risks associated with action taken</td>
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<tr>
<td>4</td>
<td>Governance - Business Critical</td>
<td>General Equality Duty - All characteristics</td>
<td>East Midlands Equality Dataset Protocol</td>
<td>Cluster PCT/ Inclusion Governance Board</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>Link with Contact Christina Marriot as part of national role?</td>
<td>Equality Data Protocol – Publication of the Equality Data protocol and codes to all Clinical Commissioning Groups to support monitoring and analysis of the 9 protected groups as commissioners, workforce and service delivery roll out 2012/13.</td>
<td>GEM for Primary Care for COMPLAINTS Requires investigation and watch</td>
<td></td>
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<tr>
<td>5</td>
<td>Governance - Business Critical</td>
<td>General Equality Duty - All characteristics</td>
<td>Equality Assurance</td>
<td>Relates to all work areas (responsibility of all staff)</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>CCG collective approach agreed - agenda for September 2013.</td>
<td>Equality Impact Assessments and Equality Analysis process and assessment in place across CCGs/ AT and service development and procurement.</td>
<td>Equality Assessment is a Business tool to assure services/policies/procedures consider the appropriate audience and take</td>
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<td>NO.</td>
<td>General Equality Work area</td>
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<td>6</td>
<td>Governance - Business Critical</td>
<td>General Equality Duty - All Characteristics</td>
<td>EDS Monitoring and dashboard</td>
<td>CCGs, PCT Cluster</td>
<td>Requirement to submit dashboard</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>Contact Greg Price/ Christina Marriot</td>
<td>Dashboard being revised following evaluation report</td>
<td>CCGs and AT required to submit individual dashboards, contact Greg Price/ Christina Marriot for steer for future arrangements and monitoring.</td>
</tr>
<tr>
<td>7</td>
<td>Governance - Business Critical</td>
<td>Policy/ strategy - General</td>
<td>SEDS</td>
<td>CCGs, PCT Cluster</td>
<td>Yearly monitoring of general duties 2013-14</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>CCGs x6</td>
<td>Single Equality and Diversity Strategy 2011 – 13 (SEDS) City and County (incorporating the Equality Delivery System (EDS) CCGs to review strategies following authorisation and consider future collaboration.</td>
<td>Six CCGs, COOs individually and can undertake a joint overview, Report through Quality and Risk Committees. AT requirement</td>
</tr>
<tr>
<td>8</td>
<td>Governance - Business Critical</td>
<td>Policy/ strategy - Workforce</td>
<td>Equality and Diversity Policy</td>
<td>CCGs, PCT Cluster</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>CCG</td>
<td>Existing PCT policy out of date</td>
<td>AT to adopt NHSCB generic strategy – and localise? Ensure CCGS maintain theirs. Governance through Quality and Risk</td>
<td></td>
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<td>General Equality Work area</td>
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<tr>
<td>9</td>
<td>Governance - Business Critical</td>
<td>Policy/ strategy</td>
<td>Workforce and employment equality monitoring yearly report</td>
<td>CCGs, Area Team</td>
<td>01/04/2013</td>
<td>Funding to be identified</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>AT/ CCGs</td>
<td>Required as ‘recommendation’ of Equality Act 2010’ - annual publication of workforce Equality Data and recruitment for 9 protected characteristics to improve recruitment, retention and employment of NHS staff.</td>
<td>Freedom of information requests. Organisation fails to meet equality reporting requirements. CCG/ AT liaise with AT Sept 2013 and agree collective response.</td>
</tr>
<tr>
<td>10</td>
<td>Governance - Business Critical – (meeting)</td>
<td>General Equality Duty - characteristics</td>
<td>Meeting Quality and Risk Committee</td>
<td>CCGs North and South and PCT Cluster</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>CCG</td>
<td>X2 committees - North and South. Amanda Sullivan/ Elaine Moss (N&amp;S). Sam Walters, Cheryl Crocker (Notts West)</td>
<td>Agree future collaboration arrangements between north and south E&amp;D forums for key pieces of work.</td>
<td></td>
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<tr>
<td>11</td>
<td>Governance - Business Critical (meeting)</td>
<td>Workforce</td>
<td>Meeting Staff Networks</td>
<td>PCT Cluster</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>Lead CCGs to self nominate</td>
<td>County wide staff network</td>
<td>CCGs to be aware and communicate to equality leads/ staff. CCG to self nominate as lead.</td>
<td></td>
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<tr>
<td>12</td>
<td>Partnership working</td>
<td>General Equality Duty - All characteristics</td>
<td>Meeting - Equality, Diversity and Human Rights Transition Group</td>
<td>CCGs and PCT Cluster, staff side</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>Ends</td>
<td>Equality, Diversity and Human Rights Transition Group, led by the Executive Lead for Equalities to support the six CCG’s on the</td>
<td>Risk of working in silos – collaborative working reduced.</td>
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<tr>
<td>13</td>
<td>Partnership working</td>
<td>General Equality Duty – All characteristics</td>
<td>Joint Equality Unit</td>
<td>CCG, PCT Cluster, City Council, partner agencies.</td>
<td>15K allocated to City Council. 2013/14 allocation to be reviewed.</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>City CCG</td>
<td>Formal partnership with Nottingham City Council and partnership agencies in development of the 'Joint Equality Unit' in Nottingham City. City CCG lead member in promoting training and Equality Assurance and data analysis for Nottingham City public bodies and communities.</td>
<td>Join with Community in Unity.</td>
<td></td>
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<tr>
<td>14</td>
<td>Partnership working (meeting)</td>
<td>General Equality Duty - All characteristics</td>
<td>Meeting Nottinghamshire NHS Equality Network</td>
<td>Nottinghamshire NHS</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>Lead CCG (NUH to chair)</td>
<td>Nottinghamshire Wide NHS Trusts Equality EDS/ QIPP meeting - now Nottinghamshire NHS Equality Network.</td>
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<tr>
<td>15</td>
<td>Policy</td>
<td>Disability</td>
<td>Hidden Dyslexia</td>
<td>PCT Cluster</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>Embedded</td>
<td>Dyslexia: An information guide for managers and staff guidance document</td>
<td>Update required – post April 2013. New organisation etc.</td>
<td></td>
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<tr>
<td>16</td>
<td>Project</td>
<td>General</td>
<td>SHE (Women)</td>
<td>PCT Cluster</td>
<td>One off grant</td>
<td>Cluster</td>
<td>North CCG</td>
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<tr>
<td>NO.</td>
<td>General Equality Work area</td>
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<td>17</td>
<td>Equality Duty – All characteristics and Survivors of Sexual Abuse)</td>
<td>Project</td>
<td>Engagement Putting the E into Quality’ – Report and printed documentation</td>
<td>CIU/ user Groups/ Midas Creative</td>
<td>Completed and published December 2012 with 18recommendation Cluster PCT Equality and Diversity Team ns.</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>CCG x6 adopt recommendations/ objectives. South forum scheduled July 2013 and embed as part of EDS recommendations.</td>
<td>Race Equality Engagement Project – engaging with BME communities across Nottinghamshire will report on key issues and priorities for CCG’s and Providers on BME communities’ experiences of NHS services and provision and suggestion for improvement.</td>
<td>Race Equality Objectives recommended based on findings and mapped to EDS outcomes. Report published and highlights under developed areas in EDS Goals 1, 2 and 4 (Better Health outcomes for All, Improved patient access and Experience, Inclusive Leadership at all Levels). Failure to act on findings may result in failure to meet NHS Operating Framework 2.4 compliance with Equality Act 2010 / PSED and improve quality. Organisation held to account.</td>
<td>North and South CCGs to ensure</td>
</tr>
<tr>
<td>NO.</td>
<td>General Equality Work area</td>
<td>Sub area</td>
<td>Project/ Service Description/ contract title (if applicable)</td>
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<td>18</td>
<td>Project</td>
<td>Engagement – All Characteristics</td>
<td>Equality and Diversity Accreditation Model</td>
<td>North Notts College, PCT Cluster, Service Users</td>
<td>yearly</td>
<td>£5K to be allocated to accredited education provider.</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>Nottingham North and North East CCG</td>
<td>Accreditation Model. Development of an Accredited Equality Engagement course to support community members and individuals in enhancing their personal development and CVs. It will also support the Equality Delivery System Engagement and Governance with a sustainable accredited model for all Nottinghamshire NHS Trusts.</td>
<td>Operating Framework – 3.35 Education and training for staff (set up provider led partnerships post 2013). Developed as a tool in response to feedback from user / engagement groups who asked for this to reciprocate participation for in engagement activities.</td>
</tr>
<tr>
<td>19</td>
<td>Project</td>
<td>Engagement – All Characteristics</td>
<td>Community Unity</td>
<td>NUH, CCGs, AT - Primary Care, Citicare</td>
<td>No budget to be transferred</td>
<td></td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>NUH, CCGs</td>
<td>2 x annual service user engagement events in City and County locations to identify key action areas. April 2012 Nottinghamshire EDS/QIPP group agreed to use the event to support EDS grading and ensure learning from previous years events used to best</td>
<td>Acts as an existing user group engagement tool assists delivery of EDS across Nottinghamshire in 2012/13. Partnership working across the Health communities.</td>
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<tr>
<td>NO.</td>
<td>General Equality Work area</td>
<td>Sub area</td>
<td>Project/ Service Description/ contract title (if applicable)</td>
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<td>21</td>
<td>Project Engagement – Disability</td>
<td>Disabled Go - Access to GP practices and PCT Health Centres - City and County</td>
<td>Disabled Go, Steering Group, CCGs, User groups, LMC, Primary Care, Estates</td>
<td>Yearly review</td>
<td>£20,000 allocated</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>Area team / Rushcliffe to lead on behalf of CCGs.</td>
<td>Disabled GO – a three year programme that has developed a web access guide for the NHS primarily for Disabled patients and staff, updated and reviewed yearly. Annual of Nottinghamshire premises and addition of 64 City GP practices completed in September 2012. Nottinghamshire Carer’s reference group have attended the most recent steering group meeting and Glenda Webb/ Disabled Go attended their group meeting.</td>
<td>Better health outcomes. Accessibility to services. Annual review August 2013 to include updates and amends to Disabled Go information. Continuation of user engagement. Contract management.</td>
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<tr>
<td>22</td>
<td>Project Engagement - LGBT</td>
<td>Trans Gender (Gender Dysphoria) - Stonewall - Healthy Lives Programme</td>
<td>PCT Cluster</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>Embedded CCG</td>
<td>Transgender community engagement joint groups with Derbyshire and Leicestershire</td>
<td>Rachael Rees to request nominations from CCGs for ownership at March Equality</td>
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<tr>
<td>23</td>
<td>Project Engagement – LGBT</td>
<td>Marriage/ Civil Partnership -</td>
<td>PCT Cluster</td>
<td>No budget to be transferred</td>
<td>Cluster PCT</td>
<td>Embedded CCG</td>
<td>Rachael Rees to request</td>
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<td>24</td>
<td>Project Engagement - Race</td>
<td>Gypsy Life Annual Report</td>
<td>CIE, Travelling Community, PCT Cluster</td>
<td>One off</td>
<td>Grant payments optional</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>Newark and Sherwood CCG</td>
<td>Rachael Rees to request nominations from CCGs for ownership at March Equality</td>
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<tr>
<td>25</td>
<td>Project Engagement – Race</td>
<td>AWAZZ, BACCIN, Refugee and Asylum Seekers -</td>
<td>AWAZZ, BACCIN, Refugee and Asylum Seekers -</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>CCG on-going.</td>
<td>Rachael Rees to request nominations for CCGs for ownership at March Equality</td>
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<tr>
<td>27</td>
<td>Project General Equality Duty - All characteristics</td>
<td>Meeting - Hate Crime Steering group membership required NHS Bodies Notts</td>
<td>Local Authority, Fire, Police, education</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>Nottingham North and East CCG/ CSU</td>
<td>Hate Crime Steering group membership require NHS Bodies Notts</td>
<td>Partnership working to raise awareness/ educate local population (protected groups). Ensure Hate crime continues to be targeted and</td>
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<td>General Equality Work area</td>
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<td>28</td>
<td>Project</td>
<td>General Equality Duty – All Characteristics</td>
<td>Procurement Inclusion Product (PIP) Procurement and engagement toolkit</td>
<td>Midas Creative, PCT Cluster</td>
<td>Funding to be identified.</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>CSU</td>
<td>As part of funding from national leadership Academy Notts Cluster and CCGs Consulted with over 400 community representatives from the nine protected characteristics to help inform an develop a commissioning and procurement model for PCT’s and CCG’s.</td>
<td>Tool to ensure equality is embedded at all stages of the commissioning cycle. Integrated Equality Assurance to inform commissioning decisions/ prevent formal assessment by EHRC / judicial review.</td>
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<tr>
<td>29</td>
<td>Project</td>
<td>General Equality Duty – All characteristics</td>
<td>Hate Crime Printed material</td>
<td>Midas Creative</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>Embedded</td>
<td>Development and support of Hate Crime’ zero tolerance campaign in Nottinghamshire. Including promotion and circulation of posters across Nottinghamshire Services and partnerships in 2012.</td>
<td>Partnership working to raise awareness/ educate local population (protected groups). Ensure Hate crime continues to be targeted and prevented.</td>
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<td>NO.</td>
<td>General Equality Work area</td>
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<td>Future lead e.g. CCG, AT, DH, CSU/ GEM</td>
<td>Qualitative Intelligence: Existing arrangements/ background/ history</td>
<td>Equalities / Legacy: Comments/ actions for others, consequences of no longer doing/risks associated with action taken</td>
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<tr>
<td>31</td>
<td>Project</td>
<td>General Equality Duty – Race</td>
<td>Traveller Ambassador</td>
<td>Travelling Community, CVS, PCT Cluster, CCGs</td>
<td>Recommendations funding agreed via CCGs.</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>Newark and Sherwood CCG</td>
<td>Training and support for Traveller and Gypsy community representatives across Nottinghamshire to run 'Traveller Ambassador Information Sessions' with Health Bodies, Local Authority, Fire Service and voluntary sector. Now led by Newark and Sherwood CCG, producing DVD with Lincoln University, Hate Crime Information Session.</td>
<td>Project showcases successful engagement through reciprocal education / information sharing between this hard to reach community and NHS clinicians resulting in improved patient pathway/ amends to service design and pressure on acute care reduced (saving CCGs money). Model can be applied to other areas. Risk of momentum of successful project lost, engagement ceases, community isolated, increased pressure on acute and costs associated.</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Project</td>
<td>LGBT</td>
<td>In the Pink Printed/ electronic/ PDF - Stonewall,</td>
<td>Midas Creative</td>
<td>No budget to be transferred</td>
<td>Cluster PCT Equality and</td>
<td>South CCGs</td>
<td>Publication and distribution on the ‘In the Pink’ Guide to every GP and Health</td>
<td>Update required – post April 2013, New organisation etc.</td>
<td></td>
</tr>
<tr>
<td>NO.</td>
<td>General Equality Work area</td>
<td>Sub area</td>
<td>Project/ Service Description/ contract title (if applicable)</td>
<td>Parties included</td>
<td>Timeline/ Period</td>
<td>Funding/ costs associated</td>
<td>Current lead</td>
<td>Future lead e.g. CCG, AT, DH, CSU/ GEM</td>
<td>Qualitative Intelligence: Existing arrangements/ background/ history</td>
<td>Equalities / Legacy: Comments/ actions for others, consequences of no longer doing/risks associated with action taken</td>
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</tr>
<tr>
<td>333</td>
<td>Training</td>
<td>Engagement – Religion and Belief</td>
<td>Multi faith training</td>
<td>Noble Khan</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>South CCG</td>
<td>Course delivered April 2012 to Cluster and CCG staff.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Training</td>
<td>Training Workforce BME</td>
<td>Liberating the Talents</td>
<td>Leadership academy</td>
<td>On-going</td>
<td>£24,000</td>
<td>NUH and CSU</td>
<td>In partnership with Nottingham University Hospitals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Training</td>
<td>Workforce</td>
<td>Hate Crime E Learning (Cylix - E-Learning package)</td>
<td>Joint Partnership Group – City/ County (NHS, Police, County)</td>
<td>1 Year</td>
<td>To be reviewed</td>
<td>CSU? Staff login and associated administration</td>
<td>In response to City / County Partnership report to deliver zero’ tolerance to Hate Crime in Notts. Kate is determining if budget exists to fund as part of equalities legacy work. Maintain and City/ county partnership work.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Training</td>
<td>Workforce</td>
<td>Equalities E Learning</td>
<td>Skills Boosters , Workforce</td>
<td>01/11/2012 - 01/12/2013</td>
<td>Funding allocated.</td>
<td>Cluster PCT</td>
<td>CSU? Staff login and associated</td>
<td>Staff training programme for 6</td>
<td></td>
</tr>
</tbody>
</table>

NOTE package is accessible until
<table>
<thead>
<tr>
<th>NO.</th>
<th>General Equality Work area</th>
<th>Sub area</th>
<th>Project/ Service Description/ contract title (if applicable)</th>
<th>Parties included</th>
<th>Timeline/ Period</th>
<th>Funding/ costs associated</th>
<th>Current lead</th>
<th>Future lead e.g. CCG, AT, DH, CSU/ GEM</th>
<th>Qualitative Intelligence: Existing arrangements/ background/ history</th>
<th>Equalities / Legacy: Comments/ actions for others, consequences of no longer doing/risks associated with action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>Training</td>
<td>Workforce</td>
<td>Essential Equalities Classroom training – x6 + 1 x train the trainer</td>
<td>Community Innovation Enterprise – Jon Bashford, 6 CCGs, AT, GEM, Public Health</td>
<td>Jan - March 2013</td>
<td>Funding allocated</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>CCG to lead peer support and ensure up to date equality legislation is maintained.</td>
<td>Staff training programme for 6 CCGs, AT, GEM, and Public Health. Sourced as legacy work in response to individual requests from staff, staff survey results, 90%+ of staff requiring 3 year update. Training covers changes to equality law following 2010 Equality act Public Sector Equality Duty, employer and employee responsibilities.</td>
<td>Legacy – equalities training for all staff to ensure knowledge and skills for future and ability to deliver own training. Peer support network to be established in order to remain up to date. GEM or AT to lead?</td>
</tr>
<tr>
<td>NO.</td>
<td>General Equality Work area</td>
<td>Sub area</td>
<td>Project/ Service Description/ contract title (if applicable)</td>
<td>Parties included</td>
<td>Timeline/ Period</td>
<td>Funding/ costs associated</td>
<td>Current lead</td>
<td>Future lead e.g. CCG, AT, DH, CSU/ GEM</td>
<td>Qualitative Intelligence: Existing arrangements/ background/ history</td>
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<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Translation and Interpretation</td>
<td>General Equality Duty - All Characteristics</td>
<td>TRANSLATION and interpretation Services - Pearl Linguistics Written, verbal, telephone, braille etc.</td>
<td>Nottinghamshire, Northamptonshire, Leicestershire and Derbyshire</td>
<td>3 year contract and Rollover 1 year 01/03/2010 - 28/02/2013 01/03/2013 - 28/02/2014</td>
<td>£79,310</td>
<td>Cluster PCT Equality and Diversity Team</td>
<td>Area Team hold contract – accessed by Primary Care and CCGs</td>
<td>Pearl Linguistics contracted to provide translation and interpretation provision and services for County CCGs, and Cluster (City have partnership with provider Citi Care partnership). Originally contracted as joint contract through defunct Procurement Hub with Northamptonshire, Nottinghamshire, Leicestershire and Derbyshire by Avtar Johal E&amp;D lead, and Tracy Duggan (procurement). It is believed UHL now hosts Procurement Hub contracts. Contract rolled over for 1 year (25th September 2012 letter sent by David Bailey (GEM)), Contract end date 28/02/14. Deb Baker (Leicester)</td>
<td>Requirement to re-procure in 2013. Economies of scale achieved by joint commissioning – recommendation remains with AT? Ensure contract review meetings with Pearl, Cluster and CCGs held a six monthly basis. Regular promotion to all GPs, Dentists, Pharmacists, Optometrists and NHS Commissioners /Providers. Dealing with queries/ issues. Approval required for translation requests outside core service offer and one off projects. Budget monitoring.</td>
</tr>
<tr>
<td>NO.</td>
<td>General Equality Work area</td>
<td>Sub area</td>
<td>Project/ Service Description/ contract title (if applicable)</td>
<td>Parties included</td>
<td>Timeline/ Period</td>
<td>Funding/ costs associated</td>
<td>Current lead</td>
<td>Future lead e.g. CCG, AT, DH, CSU/ GEM</td>
<td>Qualitative Intelligence: Existing arrangements/ background/ history</td>
<td>Equalities / Legacy: Comments/ actions for others, consequences of no longer doing/risks associated with action taken</td>
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<td>-------------------------------------------------------------------</td>
</tr>
<tr>
<td>39</td>
<td>Translation and Interpretation</td>
<td>General Equality Duty - All Characteristics</td>
<td>Deaf signing currently Nottingham Deaf Society (NDS). Lip reading, signing, etc.</td>
<td>Nottingham City and County Council, City CCG, AT for County CCGs x5</td>
<td>3 year 01/04/2010 - 31/03/2013</td>
<td>£120K identified / £36,575 PA</td>
<td>Cluster PCT Equality and Diversity Team/ City PCT</td>
<td>City CCG, Area Team to hold contract for Primary Care and Nottinghamshire CCGs.</td>
<td>NDS 2nd tier supplier in Translation and Interpretation contract with Pearl. 3 year contract expiring 31/03/13. Currently in process of joint retender exercise led by Notts City Council (Claire Gilbert), and Nottinghamshire County Council City CCG, Notts County Cluster. Letter sent by Russell Pitchford, Nottingham City CCG, to NDS to extend to 31/05/13 and serve notice.</td>
<td>Equality Lead) has offered to lead re tender exercise.</td>
</tr>
</tbody>
</table>
Appendix 4 – Statutory & Named Individuals

Safeguarding
Nottingham City CCG
Alyson Packham - Designated Nurse
Damian Wood, Caroline Brown - Designated Doctors

NHS Nottinghamshire County
Val Simnett - Designated Nurse
Fiona Straw, Emma Fillmore - Designated Doctors, Nottinghamshire County South
Rebecca Sands - Designated Doctor, Nottinghamshire County North
Dean Temple, Victoria Walker, Jill Sussens, Sue Yap - Named Doctors

Nottingham University Hospitals NHS Trust
Kirsty Bloor - Named Nurse
Stephanie Smith, Lynda Walton, Josie Drew - Named Doctors

Nottingham City Care Partnership
Sue Barnitt - Named Nurse
Sandy Taylor, Diamond Emmanuel - Named Doctors

Nottinghamshire Healthcare Trust
Tina Hymas-Taylor - Named Nurse
Karen Baker - Named Doctor

Sherwood Forest Hospitals NHS Trust
Sue Spanswick - Named Nurse
Helena Clements, Vibert Noble - Named Doctors

Caldicott Guardian
Julie Bolus, Director of Nursing

Senior Information Risk Owner
Dr Amanda Sullivan, Newark & Sherwood CCG

Responsible officer for revalidation of GPs
Dr Doug Black, Medical Director

Accountable Officer for Controlled Drugs
Dr Trevor Mills

Designated Senior Officer for Allegations against staff
Dr Trevor Mills

http://www.childnottsafe.org.uk/home
## Appendix 5 - Stakeholders

<table>
<thead>
<tr>
<th>Stakeholder and nature of relationship</th>
<th>Area of interest</th>
<th>Communication channels</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partner</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nottingham City and Nottinghamshire County Council</td>
<td>Increasing involvement in commissioning as part of NHS reforms, Health and Wellbeing Boards, Public Health, Safeguarding, Overview and Scrutiny</td>
<td>Meetings, Stakeholder briefings, Partner newsletters, Communications and engagement, DPH and Public Health team links, Joint commissioning arrangements, Website</td>
</tr>
<tr>
<td>Clinical Commissioning Groups</td>
<td>Commissioning</td>
<td>Meetings – one-to-one and joint with senior managers and executive directors, Briefings and email updates, Website, Links with COOs, LMC</td>
</tr>
<tr>
<td>Non-Executive Directors and PCT Associates</td>
<td>NHS and organisational business</td>
<td>Regular meetings with Chair, Bi-monthly newsletter, Briefings</td>
</tr>
<tr>
<td>NHS Midlands &amp; East</td>
<td>NHS business</td>
<td>Meetings/email correspondence, Stakeholder briefings, Links with communications team</td>
</tr>
<tr>
<td><strong>Other statutory stakeholders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police and Fire Service</td>
<td>Community safety and emergency preparedness</td>
<td>Membership of joint group, e.g., Local Resilience Forum (LRF)</td>
</tr>
<tr>
<td><strong>Third sector</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVS across the county</td>
<td>Support to and funding of voluntary sector health and social care groups</td>
<td>Meetings, Links with Public Health and PPI teams, Stakeholder briefings</td>
</tr>
<tr>
<td>LINk</td>
<td>All health and social care</td>
<td>Meetings, Stakeholder briefings, Link with PPI team</td>
</tr>
<tr>
<td><strong>Providers and contractors (main)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nottingham University Hospitals NHS Trust</td>
<td>Contractual</td>
<td>Meetings and email correspondence between senior managers and executive team, Contract management and quality monitoring arrangements</td>
</tr>
<tr>
<td>Sherwood Forest Hospitals NHS Foundation trust</td>
<td>Contractual</td>
<td>Meetings and email correspondence between senior managers and executive team, Contract management and quality monitoring arrangements</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Stakeholder and nature of relationship</th>
<th>Area of interest</th>
<th>Communication channels</th>
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</thead>
</table>
| Nottingham NHS Treatment Centre      | Contractual     | Meetings and email correspondence between senior managers and executive team  
Contract management and quality monitoring arrangements |
| Nottingham CityCare Partnership      | Contractual     | Meetings and email correspondence between senior managers and executive team  
Contract management and quality monitoring arrangements |
| Nottinghamshire Healthcare NHS Trust| Contractual     | Meetings and email correspondence between senior managers and executive team  
Contract management and quality monitoring arrangements |
| County Health Partnerships           | Contractual     | Meetings and email correspondence between senior managers and executive team  
Contract management and quality monitoring arrangements |
| GPs                                  | Primary care provider development  
Contractual | Meetings and email correspondence/updates  
GP newsletter  
Briefings  
Events  
LMC  
Website/intranet |
| Dentists                             | Primary care provider development  
Contractual | Meetings/email correspondence with senior managers  
LDC  
Dental advisor/liaison |
| Pharmacists                          | Primary care provider development  
Contractual | Meetings/email correspondence with senior managers  
LPC  
Pharmaceutical advisor and Medicines Management Team |
| Optometrists                         | Primary care provider development  
Contractual | Meetings  
LOC  
Advisors |
| **Communities**                      |                 |                       |
| MPs                                  | Local health issues | Regular meetings with CEO/Chair  
Stakeholder briefings  
Bi-monthly update letters, following board meetings |
| MEPs                                 |                 |                       |
| Local councils and councillors       | Local health issues | Meetings/email correspondence  
Partner newsletter  
Stakeholder briefings  
Communications and engagement and Public Health links |
<table>
<thead>
<tr>
<th>Stakeholder and nature of relationship</th>
<th>Area of interest</th>
<th>Communication channels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community specific forums/groups</td>
<td>Relevant health issues</td>
<td>Communications and engagement and Public Health links</td>
</tr>
<tr>
<td>Disease specific forums/groups</td>
<td>Relevant health issues</td>
<td>Communications and engagement and Public Health links</td>
</tr>
</tbody>
</table>
| Lay advisors                           | Relevant health and organisational issues | Links with engagement team  
Meeting/email correspondence  
Briefings                               |
| Patients                               | Local health issues               | Direct contact  
Website and social media  
Events and meetings  
Meetings with patient groups, including Patient Experience Group (PEG)  
Consultations and survey  
Links with: communications and engagement; complaints; PALS; public health; Individual Funding Requests |
| Public                                 | Local health issues               | Website and social media  
Events  
Meetings with groups  
Consultations and surveys  
Promotional materials – leaflets, posters etc.  
Newsletters and magazines |
| Staff                                  |                                  | Update  
Connect Newsletter  
Third Thursday Update Session  
Directorate meetings  
One to one meetings with staff  
Intranet  
OD events |
| Local media                            |                                  | Media releases  
Communication team links with local journalists  
Website |

<table>
<thead>
<tr>
<th>Stakeholder and nature of relationship</th>
<th>Area of interest</th>
<th>Communication channels</th>
</tr>
</thead>
</table>
| Commissioning staff                    | Communicating through a period of change  
Engaging with staff as a good employer, developing an organisational culture | Update  
Connect Newsletter  
Third Thursday Update Session  
Directorate meetings  
One to one meetings with staff  
Intranet  
OD events |
| Print and broadcast media             | Local media stories               | Media releases  
Communication team links with local journalists  
Website |
|                                       | National, regional and trade press stories | |

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### Appendix 6 - List of Non-Executive Directors, PCT Board Members and Attendees

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Ron Buchanan</td>
<td>Chairman</td>
<td><a href="mailto:ron.buchanan@nottinghamcity.nhs.uk">ron.buchanan@nottinghamcity.nhs.uk</a></td>
</tr>
<tr>
<td>Professor Patricia Higham</td>
<td>Non-Executive Director</td>
<td><a href="mailto:higham@eircom.net">higham@eircom.net</a></td>
</tr>
<tr>
<td>Mr Peter Murphy</td>
<td>Non-Executive Director</td>
<td><a href="mailto:peter.murphy@ntu.ac.uk">peter.murphy@ntu.ac.uk</a></td>
</tr>
<tr>
<td>Mr Graham Ward</td>
<td>Non-Executive Director</td>
<td><a href="mailto:Graham.Ward@nottingham.ac.uk">Graham.Ward@nottingham.ac.uk</a></td>
</tr>
<tr>
<td>Mr Mike Wilkins</td>
<td>Non-Executive Director</td>
<td><a href="mailto:mike@mikewilkins.co.uk">mike@mikewilkins.co.uk</a></td>
</tr>
<tr>
<td>Professor Ian Shaw</td>
<td>Non-Executive Director</td>
<td><a href="mailto:jan.shaw@nottingham.ac.uk">jan.shaw@nottingham.ac.uk</a></td>
</tr>
<tr>
<td>Mr John Taylor</td>
<td>Non-Executive Director</td>
<td><a href="mailto:john@purico.co.uk">john@purico.co.uk</a></td>
</tr>
<tr>
<td>Mr Derek Bray</td>
<td>Chief Executive</td>
<td><a href="mailto:Derek.bray@nottspct.nhs.uk">Derek.bray@nottspct.nhs.uk</a></td>
</tr>
<tr>
<td>Mrs Helen Pledger</td>
<td>Director of Finance (NHS CB AT)</td>
<td><a href="mailto:Helen.pledger@nottspct.nhs.uk">Helen.pledger@nottspct.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Doug Black</td>
<td>Medical Director (NHS CB AT)</td>
<td><a href="mailto:Doug.black@nottspct.nhs.uk">Doug.black@nottspct.nhs.uk</a></td>
</tr>
<tr>
<td>Miss Vikki Taylor</td>
<td>Director of Commissioning (NHS CB AT)</td>
<td><a href="mailto:Vikki.taylor@derbycitypct.nhs.uk">Vikki.taylor@derbycitypct.nhs.uk</a></td>
</tr>
<tr>
<td>Mr Martin Whittle</td>
<td>Director of Operations and Delivery (NHS CB AT)</td>
<td><a href="mailto:martinwhittle@nhs.net">martinwhittle@nhs.net</a></td>
</tr>
<tr>
<td>Mrs Julie Bolus</td>
<td>Director of Nursing (NHS CB AT)</td>
<td><a href="mailto:Julie.bolus@nottspct.nhs.uk">Julie.bolus@nottspct.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Chris Kenny</td>
<td>Director of Public Health (NHS Nottinghamshire County &amp; NHS Nottingham City)</td>
<td><a href="mailto:Chris.kenny@nottspct.nhs.uk">Chris.kenny@nottspct.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Ian Trimble</td>
<td>Professional Executive Committee Chairman NHS Nottingham City</td>
<td><a href="mailto:ian.trimble@gp-c84011.nhs.uk">ian.trimble@gp-c84011.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Stephen Shortt</td>
<td>Professional Executive Committee Chairman NHS Nottingham County</td>
<td><a href="mailto:Stephen.Shortt@nottspct.nhs.uk">Stephen.Shortt@nottspct.nhs.uk</a></td>
</tr>
<tr>
<td>Mr Mike Walker</td>
<td>Director of Workforce and Change</td>
<td><a href="mailto:Mike.walker@nottspct.nhs.uk">Mike.walker@nottspct.nhs.uk</a></td>
</tr>
<tr>
<td>In attendance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs Barbara Stuttle</td>
<td>Interim Director of Nursing</td>
<td><a href="mailto:Barbara.stuttle@nottspct.nhs.uk">Barbara.stuttle@nottspct.nhs.uk</a></td>
</tr>
<tr>
<td>Mrs Rhiannon Pepper</td>
<td>Head of Change Management</td>
<td><a href="mailto:Rhiannon.pepper@nottspct.nhs.uk">Rhiannon.pepper@nottspct.nhs.uk</a></td>
</tr>
<tr>
<td>Mrs Dawn Atkinson</td>
<td>Executive Lead for QIPP and Independent Sector</td>
<td><a href="mailto:Dawn.atkinson@nottspct.nhs.uk">Dawn.atkinson@nottspct.nhs.uk</a></td>
</tr>
<tr>
<td>Dr Trevor Mills</td>
<td>Executive Lead for Estates and Information</td>
<td><a href="mailto:Trevor.mills@nottinghamcity.nhs.uk">Trevor.mills@nottinghamcity.nhs.uk</a></td>
</tr>
<tr>
<td>Miss Alison Treadgold</td>
<td>Executive Lead for Transition</td>
<td><a href="mailto:Alison.treadgold@nottinghamcity.nhs.uk">Alison.treadgold@nottinghamcity.nhs.uk</a></td>
</tr>
<tr>
<td>Miss Emily Birkett</td>
<td>Executive Lead for Governance / Company Secretary</td>
<td><a href="mailto:Emily.birkett@nottspct.nhs.uk">Emily.birkett@nottspct.nhs.uk</a></td>
</tr>
</tbody>
</table>
Appendix 7 - Health and Medical Alerts

The Chief Executive receives and holds the responsibility for the timely and confidential circulation of the following:

Healthcare Professional Alert Notices Directions 2006, Cancellation of Alert Notices:

Received from: NHS East Midlands, Professor David Walker, Department of Health, Public Health Department, Nottingham

Alerts are sent to all NHS Trust and PCT CEOs in the East Midlands to ensure that mechanisms are in place to retain such notices and to check all current employees (and any applicants for posts) against all current notices. Alerts provide a contact number for Trust to call should the named person apply for a post within a Trust. The content of the notice is sent to Management in the strictest confidence and can contain details such as:

- Name and last known address
- Registration number/NMC/GMC number
- Date of birth
- National Insurance number
- Former or current employer information triggering the alert notice
- Former or current position in the Trust
- Date of commencement in post

Cancellation of Alert notices simply give the name, registration number date the alert advice was cancelled and a request for Trusts to amend their records accordingly.

Notification of new Consultant appointments

Received from Nottingham University Hospitals NHS Trust (NUH), Human Resources Department

Notifications of new Consultant appointments are sent by NUH to various sources including the CEO of the commissioning PCT. They contain details of recent Consultant appointments, giving the full name, post appointed to, GMC number and date of commencement. A contact number is provided for any queries.
Appendix 8 – Terms of Reference of the Transition Board

Introduction

The Transition Board is established as a working group of the joint Audit and Governance Committee of NHS Nottingham City and NHS Nottinghamshire County (the “PCTs”). These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Transition Board.

Aims and Objectives

The Transition Board shall ensure that the functions of NHS Nottinghamshire County and NHS Nottingham City are transferred, within necessary timescales, to the appropriate successor bodies and that all necessary governance issues are addressed.

Responsibilities

The Transition Board has delegated authority from the PCT Boards to:

Co-ordinate the updating of the Closedown Plan to incorporate all of the below workstreams (“Workstreams”):

- Finance
- Estates
- Legals and investigations
- HR and workforce
- Data and Information technology
- Information Governance
- Business continuity/governance
- Contractual liabilities
- Public Health and external relationships
- Communication
- Quality
- Commissioning Support

- Review and monitor progress against the Closedown Plan, and take appropriate action when there are barriers or blocks to progress.
- Provide assurance and updates to the PCT Boards that the Closedown programme is delivering its objectives within the prescribed timescales
- Act as a co-ordinating body for the associated Workstreams
- Ensure the appropriate identification, management and reporting of risk
- Ensure appropriate engagement of relevant organisations and personnel.
- Ensure that all relevant national and regional guidance are reflected in the work
- Work with the NHS Derby City and NHS Derbyshire Cluster to ensure that work is shared as much as possible and that the Clusters progress at a similar pace.

Membership

The Committee will be chaired by the Chair or Deputy Chair.

Membership of the Committee will compromise:
<table>
<thead>
<tr>
<th>Name</th>
<th>Job title</th>
<th>Workstream Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter Murphy</td>
<td>Non-Executive Director (Chair)</td>
<td></td>
</tr>
<tr>
<td>Helen Pledger</td>
<td>LAT Director of Finance</td>
<td></td>
</tr>
<tr>
<td>Sarah Bray</td>
<td>Interim Deputy Director of Finance</td>
<td>Finance</td>
</tr>
<tr>
<td>Mick Suggett</td>
<td>Estates Transition Project Manager</td>
<td>Estates</td>
</tr>
<tr>
<td>Neil Moore</td>
<td>Assistant Director GEM Commissioning Support Unit and Technical Procurement lead</td>
<td>Contracts</td>
</tr>
<tr>
<td>Alison Treadgold</td>
<td>Executive Lead for Transition</td>
<td>Contracts</td>
</tr>
<tr>
<td>Louise Newcombe</td>
<td>Chief Operating Officer for the North and Nottinghamshire, Greater East Midlands Commissioning Support Unit (“GEM”)</td>
<td>Commissioning Support</td>
</tr>
<tr>
<td>Barbara Stuttle</td>
<td>Interim Director of Nursing (Deputy Chair)</td>
<td>Quality and Governance</td>
</tr>
<tr>
<td>Trevor Mills</td>
<td>Executive Lead</td>
<td>Information Governance and Information Management</td>
</tr>
<tr>
<td>Rhiannon Pepper</td>
<td>Head of Change Management</td>
<td>Communication</td>
</tr>
<tr>
<td>Steve Wright</td>
<td>Assistant Director of HR</td>
<td>Human Resources</td>
</tr>
<tr>
<td>Chris Kenny</td>
<td>Director of Public Health</td>
<td>Public Health (County)</td>
</tr>
<tr>
<td>Emily Birkett</td>
<td>Company Secretary and Executive Lead for Governance</td>
<td>Legal and Governance</td>
</tr>
<tr>
<td>Jackie Gladden</td>
<td>Project Manager</td>
<td></td>
</tr>
</tbody>
</table>

**Attendance**

The following individuals (or their duly appointed deputies) shall attend the Committee as and when required:

- AT Director – Derek Bray
- Medical Director – Dr Doug Black
- Director of Commissioning – Vikki Taylor
- Director of Operations and Delivery – Martin Whittle

The Committee or the Chair/Deputy Chair, may co-opt other Directors and/or officers of the PCTs as may be required from time to time.

**Quorum**

The quorum will be either the chair or vice chair, plus a minimum of four other members present for the duration of the meeting.
Meetings

Meetings will be held at least monthly. Additional meetings may be called at the discretion of the Chair.

Where possible notice of each meeting, including an agenda and supporting papers, shall be forwarded to each member of the Committee not less than five working days before the date of the meeting.

Review

The Terms of Reference of this Committee may be reviewed as and when required but at least every quarter.

Any changes to these terms of reference shall be approved by the Boards of the PCTs.

Reporting

The Transition Board will provide the Audit and Governance Committee with information on key issues and clear outcomes in respect of decisions made and action taken or to be taken on a monthly basis via a monthly update report and via submission of its minutes.

Policy and Best Practice

The Transition Committee shall apply best practice in its decision making.

Conduct

The Committee shall conduct its business in accordance with the law, national guidance and relevant codes of conduct/good governance practice.

Secretary

The minutes of each meeting and record of matters arising and issues to be carried forward shall be taken by an individual nominated by the Project Manager.

The Transition Board shall be supported administratively by the Project Manager.

The Project Manager will be responsible for:

- agreeing the agenda with the Chair;
- collating all necessary papers; and
- generally provide support to the Chair and members of the Committee.

The Company Secretary and Executive Lead for Governance will be responsible for drawing the Transition Board’s attention to the law, national guidance, best practice and other relevant documents, as appropriate.

Date agreed: November 2012
Date(s) revised
Appendix B
Workstream Leads

Transition Board

Legal Issues
Emily Birkett

Comms
Rhiannon Pepper

HR
[To be confirmed]

Estates & Information
Mick Suggett & Trevor Mills

Quality and Governance
(Inc business continuity and safeguarding)
Barbara Stuttle

Contracts (Inc healthcare, non healthcare, continuing care, offender health care and primary care)
Alison Treadgold & Neil Moore

Finance (Inc finance, Spine, QIPP)
Sarah Bray

GEM
Louise Newcombe

Public Health (Inc emergency planning and immunisation)
Chris Kenny
Appendix 9 - Performance Dashboards
# Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Choose and Book</td>
<td>Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.</td>
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<tr>
<td>Enhanced Services</td>
<td>Services not provided through an essential service within a contract.</td>
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<tr>
<td>LIFT</td>
<td>Local Improvement Finance Trust – a national programme of public/private joint ventures aimed to invest in purpose built public sector infrastructures.</td>
</tr>
<tr>
<td>Performers List</td>
<td>A list in which a performer is required to be included on in which to provide NHS services.</td>
</tr>
<tr>
<td>Single front door</td>
<td>Integrating GP Out of Hours, A&amp;E, walk-in centre and GP accessibility to avoid inappropriate attendance at Hospital A&amp;E.</td>
</tr>
<tr>
<td>Supply2Health</td>
<td>Supply2Health is the Department of Health web portal where all PCTs are required to advertise contract opportunities.</td>
</tr>
<tr>
<td>Take or Pay</td>
<td>PCT pays a fixed minimum amount for activity to the provider, regardless of whether the activity is used.</td>
</tr>
<tr>
<td>Tariff Plus</td>
<td>National guide price for activity with local adjustments.</td>
</tr>
<tr>
<td>Transforming Community Services</td>
<td>A national programme directed by the Department of Health to ensure that PCTs separate commissioning of services from provision by April 2011.</td>
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