GB/18/087

NHS
Greater Nottingham
Clinical Commissioning Partnership

Greater Nottingham Joint Commissioning Committee

Quarterly Assurance Report

July 2018

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Forward

I am pleased to present the first quarterly assurance report from the Greater Nottingham Joint Commissioning Committee (GNJCC).

The GNJCC has now met three times and is growing in its confidence and ability to challenge, scrutinise and re-assure itself in relation to its delegated duties. There is still a lot to do, but as this report outlines, the GNJCC has during its first quarter of operation, established its sub-committee structure, developed its work programme and initiated a series of thematic reviews incorporating the CCGs' Operational Plan priority areas. A range of standing reports have also been established in line with the areas delegated to the GNJCC.

The GNJCC is committed to its ongoing development. Therefore, three development sessions have been programmed for 2018. The first session was held during early July and focussed on transformational plans for Greater Nottingham. The second and third sessions are planned for August and December, and it has been agreed that the August session will look at further developing the strategic objectives for the Greater Nottingham Clinical Commissioning Partnership.

My intention is to attend at least one Governing Body meeting per year in order to strengthen the reporting and accountability arrangements between the GNJCC and the four Greater Nottingham CCGs' Governing Bodies. I thought it best to schedule these attendances when the GNJCC has further matured, so it is likely that they will be either October 2018 or January 2019.

The Greater Nottingham CCGs' Membership Forums have also requested that a formal review of the new arrangements be completed within six months of the GNJCC's establishment. The outcome of this review will be presented to the October 2018 meetings of the Governing Bodies as well as to future Membership Forum meetings, with GNJCC members in attendance.

I welcome any observations or questions that you may have in relation to the work of the GNJCC or the content of this report, and I can be contacted via the following email address for this purpose: ncccg.committees@nhs.net.

Jenny Myers

Independent Chair, Greater Nottingham Joint Commissioning Committee

1. Introduction

The Greater Nottingham Joint Commissioning Committee (GNJCC) is required to make quarterly written reports to the Governing Bodies of the Greater Nottingham CCGs to provide assurance that it is effectively discharging its delegated responsibilities.

This is the first such quarterly report, which has been developed in line with the GNJCC's terms of reference, and describes the work of the GNJCC during the first quarter of 2018/19. This and future reports will incorporate standing assurances in relation to quality, performance, finance and risk, along with assurances on strategy development and delivery and key commissioning decisions.

2. Governance framework

The following sections describe the governance framework that has been established for the GNJCC.

2.1 Amendments to the GNJCC's terms of reference

2.1.1 The GNJCC held its inaugural meeting on 25 April 2018, at which it formally received its terms of reference (and associated delegation agreement and standing orders), as agreed by the Greater Nottingham CCGs' Membership Forums and Governing Bodies during February and March 2018.

2.1.2 At this meeting, the GNJCC identified a number of proposed changes to its terms of reference to reflect discussions at Membership Forum meetings and GNJCC development sessions on 21 and 29 March 2018.

2.1.3 The GNJCC's proposed changes were subsequently considered and approved by the four Greater Nottingham CCGs' Governing Bodies at their meetings during May 2018. The approved changes to the GNJCC's terms of reference can be summarised, as follows:

a) The GP Advisor role is now a voting member.

b) The nominated local authority representatives are now co-opted advisors.

c) The Chief Nurse and Director of Quality is now able to nominate a suitable deputy to attend meetings to speak and vote on their behalf.

2.1.4 **Appendix A** sets out the current membership of the GNJCC and their attendance at meetings to date. It also sets out all future meeting dates, times and venues for 2018/19.

2.2 Sub-committee structure

2.2.1 In line with the GNJCC's standing orders, it is authorised to appoint sub-committees for any agreed purpose which, in the opinion of the GNJCC, would be more

effectively undertaken by a sub-committee. The standing orders require that when sub-committees are established, the GNJCC must ensure that:

a) Appropriate clinical representation is maintained;

b) Reporting and assurance arrangements are sufficiently robust and reflect the requirements within each of the Greater Nottingham CCGs' Constitutions;

c) The role and purpose of the sub-committees are clear.

2.2.2 The Governance Framework for the Greater Nottingham CCGs is illustrated at **Appendix B**. This shows the GNJCC and its sub-committees and how they fit within the wider Governance Framework.

2.2.3 **Appendix C** sets out the outline terms of reference for each of the GNJCC's sub-committees, which includes details on purpose, membership and duties.

2.2.4 As illustrated at Appendix B, the GNJCC has agreed the establishment of a Clinical Policy Group; however, this has yet to be formally established. The purpose of the Group will be to advise on commissioning policies and non/partial implementation of NICE guidance and standards. The Group will also have strategic ownership of pathway and referral guidelines to reduce unwarranted variation and improve consistency of pathways. It is anticipated that the work of the Clinical Policy Group will be directed by the Clinical Commissioning Executive Group, but also by the four existing CCG Clinical Forums. The proposed terms of reference for the Clinical Policy Group will be presented to the Clinical Commissioning Executive Group for approval once finalised.

2.3 Annual work programme

2.3.1 Good governance practice dictates that Boards and Committees should be supported by an annual work programme that sets out a coherent cycle of business for the next year of meetings. The work programme is a key mechanism to ensure appropriately timed governance oversight, scrutiny and transparency in a way that doesn't place an onerous burden on those in executive roles, or create unnecessary or bureaucratic governance processes.

2.3.2 With this in mind, the GNJCC has agreed an Annual Work Programme, designed around the following key areas to support good governance:

a) Strategy and Leadership

b) Quality and Performance

c) Financial Stewardship

d) Corporate Assurance

The full Annual Work Programme can be found at **Appendix D**.

2.3.3 The Annual Work Programme incorporates a series of thematic reviews, which will see detailed monthly reports being considered on a range of commissioning priority areas, aligned to the Greater Nottingham CCGs' Commissioning Strategies and Operational Plans. The agreed schedule of thematic reviews is set out in the table

below. These will update the GNJCC on key deliverables within the Operational Plan and other relevant strategies/plans, highlighting key achievements and challenges, any quality concerns and actions being taken, where relevant.

Month	Thematic Review
June 2018	**Urgent and Emergency Care** (including 4-hour standard, NHS 111, urgent treatment centre and ambulance response time standards)
July 2018	**Children and Families** (including maternity)
September 2018	**Elective Care** (standardisation of elective pathways, new models of outpatient care and musclo-skeletal)
October 2018	**Community Care** (including population health management, rehabilitation, reablement, discharge processes, patient outcomes and respiratory)
November 2018	**Primary Care** (including new models of care, access, workforce, workload, infrastructure and quality)
January 2019	**Cancer and End of Life** (including cancer prevention, diagnosis and treatment and care)
February 2019	**Mental Health** (including Mental Health Forward View, improved access, workforce, physical health checks, dementia diagnosis, crisis services and suicide prevention)
March 2019	**Learning Disabilities and Personalisation** (including Transforming Care Programme, personal health budgets and integrated personal commissioning)

2.4 Meeting arrangements

2.4.1 The Greater Nottingham CCGs have a commitment to openness and accountability, and as such, have stipulated that meetings of the GNJCC be held in public. The agendas, minutes, and papers associated with these meetings are published on the Greater Nottingham CCGs' websites and can be made available in alternative formats on request.

2.4.2 The GNJCC has agreed a protocol for how members of the public can attend the open sessions of its meetings and submit questions to GNJCC members. In line with the GNJCC's commitment to transparency, this also sets out the criteria that are required to be applied when considering whether matters should be dealt with on a confidential basis. These are:

a) Material relating to a named individual.

b) Information relating to contract negotiations.

c) Commercially sensitive information.

d) Information which may have long-term legal implications or contain legal advice which, if revealed may prejudice any one of, or all of, the Greater Nottingham CCGs' position.

e) Other sensitive information, which, if widely available, would detrimentally affect the standing of any one of, or all of, the Greater Nottingham CCGs.

f) Exceptionally, information which by reason of its nature, the GNJCC is satisfied should be dealt with on a confidential basis.

2.4.3 Further information can be found here: http://www.rushcliffeccg.nhs.uk/your-ccg/joint-commissioning-committee/

3. Strategy and leadership

The GNJCC has delegated responsibility for:

- Developing an aligned vision, values and set of strategic objectives for the Greater Nottingham CCGs, recognising each CCG's specific local needs, and recommending these for approval by the Greater Nottingham CCGs' Governing Bodies.
- Developing the Commissioning Strategies and Operational Plans (and other associated enabling strategies and plans) of the Greater Nottingham CCGs, aligning these where relevant, and recommending them for approval by the Greater Nottingham CCGs' Governing Bodies. The enabling strategies and plans will include, but not be limited to, those relating to information technology, estates, workforce and organisational development, patient and public engagement and communications.
- Overseeing and managing delivery of approved strategies and plans, recommending variations for approval, as required.

To date, the GNJCC has:

- Received the process being undertaken to develop a composite set of strategic objectives for the Greater Nottingham Clinical Commissioning Partnership (CCP). This has seen the existing strategic objectives from constituent organisations being reviewed, coupled with other inputs, such as those from the GNJCC development sessions and an Executive Management Team 'Time Out' session. These outputs have been combined into common themes, which have been used to draft a new, outline set of Greater Nottingham CCP strategic objectives. As set out below. These will be further reviewed and refined at a GNJCC Development Session scheduled in August 2018, but have been endorsed for use as a basis for the Greater Nottingham CCP's Assurance Framework.

Strategic Aim:

1. To deliver health and care system sustainability via a new model of care for Greater Nottingham

Strategic Objectives:

1. Higher quality for patients
2. Improve health outcomes and healthy life expectancy
3. Reduce health inequalities
4. Bring care close to home, through sustainable, local services

Enabling Functions:

1. Structure ourselves appropriately for the future
2. Embed a strong organisational culture and competency

- Reviewed and endorsed the 2017/19 Operational Plan refresh, which combined the four previous CCG Operational Plans into one, Greater Nottingham document. This was subsequently approved by the Greater Nottingham CCGs' Governing Bodies at their May 2018 meetings.
- Received the first of eight scheduled Thematic Reviews in line with section 2.3.3 above. The review provided assurance on the effective delivery to date of the urgent and emergency care strategy and operational plan, within the Greater Nottingham footprint of the Sustainability and Transformation Plan 2016-21.

  Highlights from the review are:

  - The Greater Nottingham System is on track to deliver all seven Urgent and Emergency priorities transformation projects
  - The five priorities for delivery for 2018/19 have been agreed at A&E Delivery Board, an ambitious programme of work is in place to support delivery of the 4hr standard.
  - Digital 111 is on track for July 2018, ahead of the December 2018 target.

  Priority issues from the review are:

  - The need to improve demand and capacity planning.
  - The need to improve admission avoidance (focus on respiratory and frailty, with new pathway work).
  - The need to improve front door pathways to divert patients away from the Emergency Department (this is the focus of the new improvement plan).
  - The need to mitigate home care package gaps as a system.
  - The need for more assertive application of the choice policy to reduce delays.
  - The current lack of stability and resilience in the urgent and emergency care workforce.

4. Quality and performance

The GNJCC has delegated responsibility for a range of quality functions, including the requirement to improve the quality of commissioned services. It also has delegated responsibility for overseeing and managing performance against the Standards set out in the NHS Constitution and any other nationally set, or locally agreed, performance indicators.

As reported at section 2.3 above, the GNJCC has established monthly performance reporting requirements and quarterly quality reporting requirements. These reports are scrutinised in detail by the Quality and Performance Committee prior to their presentation. Work is also ongoing to ensure that the relevant quality and performance issues are suitably addressed within the individual Thematic Reviews.

The first quarterly Quality Report for 2018/19 is due to be received in September 2018. Monthly Performance Reports have been received since April 2018.

4.1 Performance

Appendix E sets out a summarised view of performance against a range of key national indicators. The latest position is shown by CCG as well as from a provider perspective.

There are five areas of performance that are in formal escalation with NHS England. Actions being taken to address these areas of under-performance are set out in the sections below.

4.1.1 A&E 4-hour wait

Actions being taken to improve performance:

- The health and social care system focus has been on reducing the total number of patients within Nottingham University hospitals NHS Trust (NUH) who have waited more than 24 hours for supported discharge. The system has not achieved the levels of Delayed Transfers of Care (DTOC) reduction required in 2017/18, so an increased daily review of this cohort of patients is now in place to ensure senior responsibility is allocated to ensure the patient is discharged from the acute trust.
  - National guidance has been received asking the system to focus on reducing the number of patients in the acute Trust with a length of stay greater than 21 days with the target of reducing the agreed baseline by 25% by November 2018 to create bed capacity prior to Q4. An action plan is being developed jointly with system partners through the A&E Delivery Board.
  - NUH is proposing a new model of care delivery for the Emergency Department (ED) at QMC, which would increase the number of cubicles within the majors area. The CCG will work with NUH and other providers involved in the proposed pathway changes over the next two months to ensure that the proposed transformation of front door services and admission pathways.
  - Revision of daily discharge targets required across NUH and system providers. The system agreed a weekly target of supported discharges of 190 per week in 17/18. When this target was met there was a corresponding increase in ED performance. The weekly target has been reset for 18/19 to above 250/week initially with a stretch target of 300 supported discharges/week.
- A Remedial Action Plan (RAP) has been agreed, based on delivery of the front door redesign project within the QMC ED.
- The new RAP places greater emphasis on actions internal to the functioning of the ED recognising the intelligence shared at the regional escalation meeting and at the A&E Delivery Board in May.

Timeline for recovery:

- The A&E performance trajectory aims to deliver above 90% for the month of September 2018, 95% for the month of March 2019, with intermediate performance levels defined in the plan.
- Data to the 19 June 2018 shows that the trajectory is currently being met.

4.1.2 Cancer 62-day GP urgent referral to treatment

Actions being taken to improve performance:

Individual tumour site Remedial Action Plans (RAPs) are in place. Progress against these is

reviewed on a fortnightly rolling basis.

Lung

- Waiting times for diagnostic tests (CT, EBUS, Bronchoscopy) have been reduced from two weeks to one week, with further actions planned to reduce these to a maximum of three days.
- Improvements to Standard Operating Procedures (SOP) means that patients are being escalated far sooner than previously through a clear chain of escalation, rather than waiting for the weekly Patient Targeted List (PTL) meeting to highlight.
- Clarifications have been put in place to ensure escalation takes place within the Trust in the event of patients unable to be scheduled within the timescales defined in the SOPs.

Urology

- Two additional consultants have been appointed and will be shared between Sherwood Forest Hospitals NHS Foundation Trust and NUH. Start dates are agreed for June 2018.

Timeline for recovery:

Recovery forecast to continue during April 2018. NUH performance in 2018/19 will be aided by national reporting being adjusted for late tertiary referrals.

4.1.3 Children waiting less than 18-weeks for a wheelchair

Actions being taken to improve performance:

- A meeting was held with the service was held on 4 June 2018 to review the Remedial Action Plan (RAP) and to progress the actions already agreed with NUH. The RAP will be submitted to the Contract Executive Board for approval.
- The key themes identified within the RAP are:
  - Outpatient capacity
  - Outpatient administration
  - Pathway administration
  - Approved contractor administration
- The RAP includes actions to address all of these including changes to administrative processes, for example changing the system to contact parents and introducing a Standard Operating Procedure (SOP), increasing clinic capacity to improve the timescales within which the children are seen (within four weeks from triage) and better stock control of commonly used equipment.
- Additional capacity has been introduced and weekend clinics became operational in June 2018.
- As well as improving processes and increasing capacity, the RAP also include a focus on those patients already waiting longer than 18-weeks (referred to as a 'backlog') to ensure the overall length of wait is actively reduced even for those patients still waiting.
- There has been an increase in referrals to the team; this is being monitored to model any impact on achievement of the trajectory.
- Further work is taking place to provide commissioners with a weekly snapshot of an anonymised Patient Targeted List (PTL) so that individual patients can be tracked and the Trust can provide assurance of improvements to the overall position.
- The PTL will also allow CCGs to differentiate between those patients who are waiting for their first wheelchair and those patients who will continue to have access to a wheelchair where they are waiting for a replacement.
- Fortnightly meetings between the service and commissioners have been established to track the successful implementation of the RAP, discuss performance, recovery and impact of actions on achievement of the RTT standard.
- The meetings will also manage operational performance with the service in particular assessing the individual plans for patients who are listed on the PTL where their expected delivery date is beyond the 18-week guarantee date or where no defined date exists.

- The service will continue to provide anonymised patient-level information for all breaches, including reasons and causes for breach when pathway complete. Following analysis of this information further work will be undertaken to make pathway improvements.

Timeline for recovery:

The trajectory in the draft RAP shows delivery of the 92% standard for Quarter 2 and delivery of 100% by Quarter 4 2018/19.

4.1.4 Full NHS continuing healthcare (CHC) assessments taking place in an acute hospital setting

Actions being taken to improve performance:

- Performance against this standard is being monitored and reviewed at the A&E Delivery Board.
- CHC Nurse Assessors are alerting the CCGs' CHC Team in real time to requests for assessment in the hospital setting where there are concerns about appropriateness.
- Weekly monitoring of the numbers and reasons for assessments being carried out in hospital is undertaken by CHC SRO and CHC Team with issues or concerns in relation to requests being escalated to locality and urgent care colleagues.
- Routine sharing of weekly monitoring data with colleagues in locality, analyst and urgent care teams for information, usage and inclusion at the relevant meetings.
- Checklist for use by CHC Nurse Assessors prior to agreeing to undertake an assessment has been in place during May and seems to be assisting with reducing assessments being undertaken.

Timeline for recovery:

An audit of all assessments carried out in quarter one will be completed in July 2018. The findings of this will show if there has been progress in terms of patients being unsuitable for any of the pathways in place via Discharge to Assess and whether the quality of requests for assessment within a hospital setting has improved since the previous audit (undertaken in the first two weeks of April).

4.1.5 Reliance on inpatient care for people with learning disabilities or autism

Actions being taken to improve performance:

- Following local reviews by the Transforming Care Partnership (TCP) of all patients to ensure that robust discharge plans were in place, the TCP has requested that there is a regional / national review of the specialised patients to get external challenge and support to ensure that there are no additional people who can be expedited for discharge. This request has now been agreed and the review will take place in July 2018.
- There is a continued focus on ensuring that discharge plans are robust and timely and close monitoring of these at individual patient level. Concerns in relation to discharge plans are escalated to the SRO and TCP Programme Manager to address at service / provider level.
- A review of the eight admissions during April and May 2018 was undertaken by the SRO in order to understand the reasons for them and if they are highlighting any concerns about the community services that the TCP has put in place to help prevent unnecessary admissions into inpatient care, for example unplanned care facility and the enhanced ICATT (Intensive Community Assessment and Treatment Team). This showed that of the eight:

  - Two were planned step downs from secure beds due to their provider no longer holding a contract to provide secure services from 1/4/18
  - One was an individual transferred directly from prison
  - Two had been admitted to a mental health bed and were not previously known to LD services
  - One was recalled under a Community Treatment Order
  - Three would not have been within the criteria for ICATT intervention
  - In the opinion of the reviewer, six admissions were unavoidable and could not have been prevented by ICATT or any other services, one of the admissions may have been avoided if the individual had been seen more regularly by community services (not LD) and one admission could have prevented by the provider of their care
- The TCP is working with the four new providers of community services and planning a 'learn and share' event in July 2018. This is intended to support providers (NHS, social care, and independent sector) locally to work as a virtual team around the patient. The event will discuss the new model, new ways of working, and admission avoidance measures, look at what is working and what can be improved, the progress made so far, as well as what is required in 2018/19 in order to build on this and go further to reduce admissions and reduce inpatient numbers.
- We continue to see the impact of the ICATT, community forensic teams and the new unplanned care facility in avoiding admissions.
- Further funding has been requested from NHS England to allow us to 'do things differently' by further expanding ICATT and the community forensic teams, increasing capacity to project manage and coordinate complex packages of care and discharges and further developing training for the workforce and families. We are awaiting confirmation of whether this funding has been approved.
- The CCGs are recruiting in new clinical case manager posts.
- The NHS England Associate Director of Nursing and Quality, Nottinghamshire Health and Care Sustainability and Transformation Partnership will work with the Nottinghamshire TCP to ensure links with the Nottinghamshire Integrated Care System and NHS England DCO/Regional TCP teams.
- Our sustainability recovery action plan has been scrutinised regionally and approved. It has also been shared with other TCPs as an example of good practice.
- Nottinghamshire TCP remains on level 3 support, due to the TCP wide trajectory for inpatients not being met, predominantly within secure beds commissioned by NHS England.

Timeline for performance recovery:

- Recovery trajectories for CCG / Specialised Commissioning and the TCP overall for 2018/19 have been modelled, reviewed and approved regionally and nationally.
- These can be seen below for the entirety of the 2018/19 year:

Monthly inpatient Trajectories 2018/19	Q1 2018/19			Q2 2018/19			Q3 2018/19			Q4 2018/19		
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Non-secure	25	24	23	22	21	20	19	18	17	16	15	13
Secure	30	29	28	27	26	26	26	25	24	24	24	23
TCP Totals	55	53	51	49	47	46	45	43	41	40	39	36

- The TCP is predicting the following performance at end of Q1
  - Non secure: 23 patients and meet the trajectory
  - Secure: 41 patients and won't meet the trajectory (+13)
  - TCP wide: 64 patients and won't meet the trajectory (+13)

5. Financial stewardship

The GNJCC has delegated responsibility for overseeing and managing all financial matters relating to the commissioning of services in the Greater Nottingham area, including the development and approval of the Greater Nottingham Financial Recovery Plan.

In April 2018, the GNJCC received the opening Financial Plan and Budgets and Financial Recovery Plan for 2018/19, as approved by the Greater Nottingham CCGs' Governing Bodies.

As reported at section 2.3 above, the GNJCC has established monthly financial reporting requirements, covering the overall financial position, statutory financial duties and Financial Recovery Plan delivery. The reports received by the GNJCC are also scrutinised in detail by the Finance Committee prior to their presentation.

The following sections set out the latest financial information received by the GNJCC.

5.1 Financial position

The forecast year end position for key financial duties, targets and internal key financial indicators for the CCGs are summarised in the tables below and at **Appendix F**.

Key Financial Duties	Nottm Nth & East	Nottm West	Rushcliffe	Nottm City
Remain within the Revenue Resource Limit				
Achieve the 'Control Total'				
Remain within Running Cost Allowance				
Remain within the Cash Balance Limit				
Better Payments Practice Code				

Key Internal Financial Indicators	Nottm Nth & East	Nottm West	Rushcliffe	Nottm City
QIPP – achievement of overall target				
QIPP – achievement of recurrent target				
Achieve Underlying Surplus				
Risk Reserves – level utilised to balance position				
Co-commissioning – spend remains within budget				
Acute Contract – spend remains within budget				
Continuing healthcare – spend remains within budget				
Prescribing – spend remains within budget				

The financial position for the year to date can be summarised, as follows:

a) The overall forecast for the Greater Nottingham Clinical Commissioning Partnership is delivery of the key financial duties.

b) At this stage there are potential emerging pressures on Acute spend due to both Nottingham University Hospitals Trust (NUHT) and Circle contract positions and un-transacted QIPP requirements. However, this view is based on one month's contract data only.

c) Mitigating the acute position are underspends on other budgets areas, notably Continuing Healthcare, Prescribing and Running Costs. Contingency and risk reserves also form part of the mitigations.

d) QIPP delivery shows a £2.3 million shortfall against the year to date £7.6 million target. The shortfall is mainly due to slippage of schemes, but is currently forecast to be achieved by the end of the year.

e) The reported underlying position remains per plan at £6.2 million surplus.

Further information in relation to the revenue expenditure and financial recovery plan positions can be found at **Appendices G and H**.

5.2 Contracting and procurement

The GNJCC's Finance Committee is responsible for triangulating finance, activity and contractual information across the four Greater Nottingham CCGs and for each individual CCG. It also reviews and has oversight of the CCGs' annual procurement plans.

As reported at section 2.3 above, the GNJCC has established quarterly contracting and procurement reporting requirements. The monthly Performance Reports also provide a high level contract summary of the major acute contracts held by the CCGs, identifying the main areas of variation.

The first quarterly Contracting and Procurement Report for 2018/19 is due to be received in July 2018.

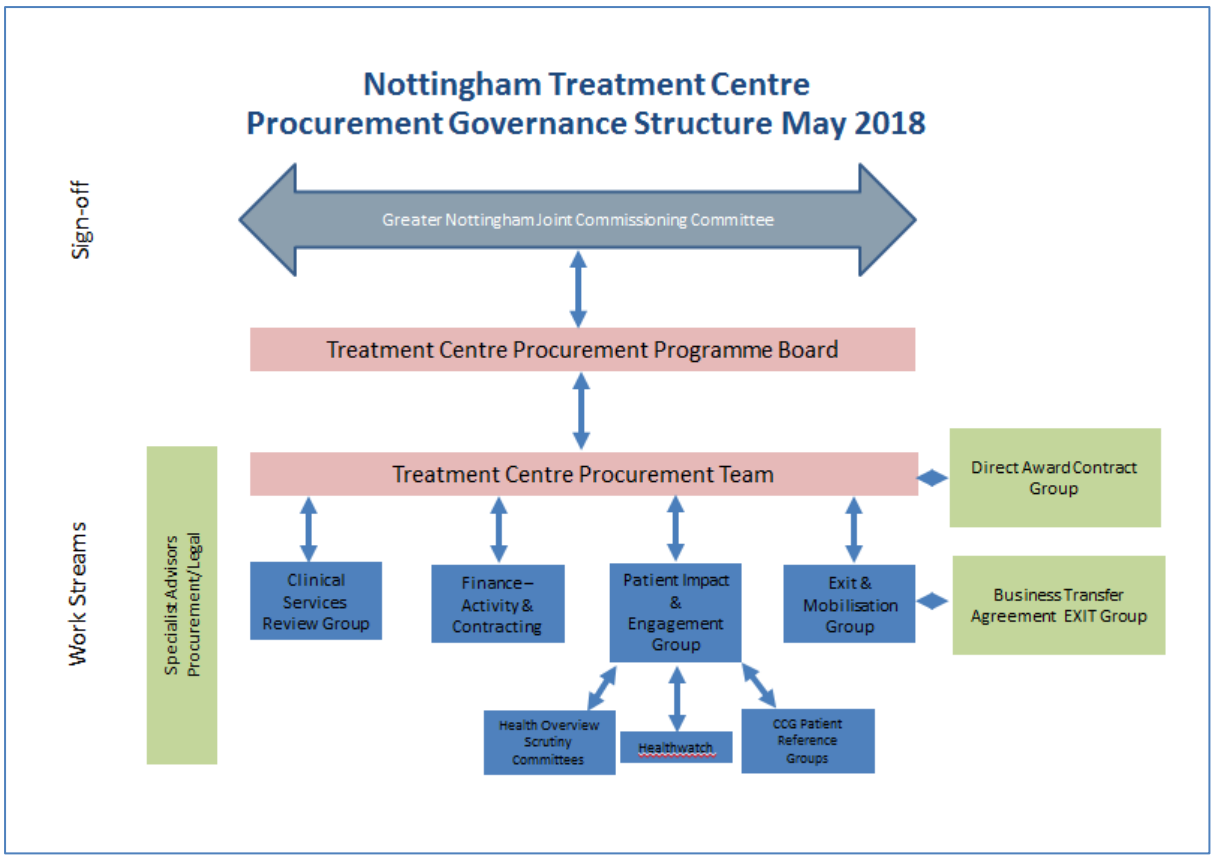
In May 2018, the GNJCC approved the governance arrangements and timescales for the forthcoming procurement of the Nottingham Treatment Centre. As a result, a Treatment Centre Procurement Programme Board has been established with delegated authority from the GNJCC to progress and complete the procurement.

The Programme Board will provide overall assurance to the GNJCC on the procurement exercise and its membership includes, the CCG Accountable Officer, clinical leadership and lay membership, plus Directors of Finance, Quality, Information and Performance, and Corporate Development, along with Integrated Care System representation. The Programme Board is chaired by Tim Woods, Lay Member.

The Treatment Centre Procurement Programme Board has a number of supporting sub-groups, as illustrated in the diagram below.

High level timescales are, as follows:

- Procurement and specification development / market engagement / patient engagement – May to July 2018
- OJEU notification / PPQ / ITT August – September 2018
- ITT evaluation – September to October 2018
- Contract award – November to December 2018
- Mobilisation – July 2019



6. Transformation plans

The GNJCC has delegated responsibility for overseeing and managing the health commissioning aspects of the health and care system transformation plan in Greater Nottingham, making recommendations to the Greater Nottingham CCGs as appropriate.

To date, the GNJCC has received updates from:

- The STP Leadership Board (see **Appendix I**);
- Deloitte's ongoing review of the future system architecture;
- The Greater Nottingham Transformation Programme, with a focus on the outputs from phase 3 of the plan;
- The Principia MCP Vanguard, with a focus on learning and impact.

7. Risks

The GNJCC has delegated responsibility for overseeing and managing risks in line with the Greater Nottingham CCGs' integrated risk management framework, reporting to the Greater Nottingham CCGs' Governing Bodies as appropriate.

To date, the GNJCC has identified risks relating to the following areas for inclusion in the Greater Nottingham CCGs' Corporate Risk Register:

- The Greater Nottingham CCGs' workforce structure and capacity, specifically in relation to the significant number of vacancies at present.
- Finance risks relating to contractual over-performance and non-identification/delivery of Financial Recovery Plan schemes.
- The areas of under-performance, as highlighted at section 4.1 above.

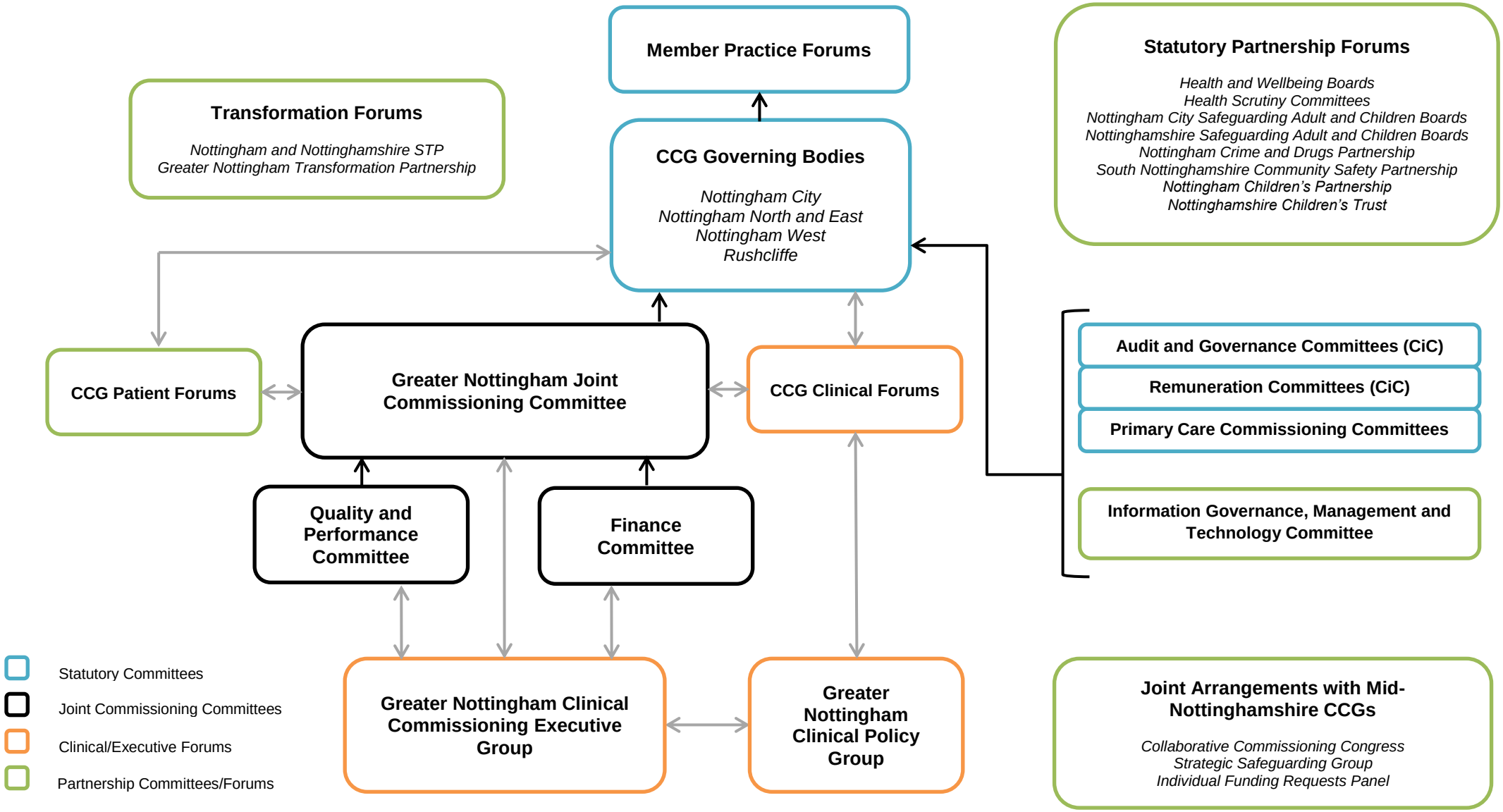
Monthly risk updates will be reported to the GNJCC from July 2018.

Appendix A: Membership, meeting dates and attendance

Member	Name	Attendance		
		Possible	*Actual*	*Comment*
GP Cluster Chair, NHS Nottingham City CCG	Dr Margaret Abbott	-	1	Deputising for Dr Hugh Porter
Lay Member, Financial Management and Audit	Terry Allen	3	2	
Clinical Chair, NHS Nottingham West CCG	Dr Nicole Atkinson	3	3	
Chief Finance Officer, Greater Nottingham CCGs	Jonathan Bemrose	3	3	
Chief Nurse and Director of Quality, Greater Nottingham CCGs	Nichola Bramhall	3	3	
Lay Member	Janet Champion	1	1	Membership started June 2018
Chief Executive, Nottingham City Council	Ian Curryer	1	0	Membership ceased April 2018
Lay Member	Carol Knott	2	1	Membership ceased May 2018
Lay Member, Patient and Public Involvement	Sue Clague	3	3	
Clinical Chair, NHS Nottingham North and East CCG	Dr James Hopkinson	3	2	
GP Advisor	Dr Sonali Kinra	2	1	Membership started May 2018
Chief Executive, Nottinghamshire County Council	Anthony May	1	0	Membership ceased April 2018
Independent Chair	Jenny Myers	3	3	
Clinical Chair, NHS Nottingham City CCG	Dr Hugh Porter	3	2	
Clinical Chair, NHS Rushcliffe CCG	Dr Stephen Shortt	3	3	
Secondary Care Doctor	Dr Ben Teasdale	3	2	
Chief Operating Officer, Greater Nottingham CCGs	Gary Thompson	-	2	Deputising for Samantha Walters
Accountable Officer, Greater Nottingham CCGs	Samantha Walters	3	1	

Date	Time	Venue	Date	Time	Venue
25 April 2018	09:00-13:00	Stapleford Suite, Stapleford Care Centre	31 October 2018	09:00-13:00	Boardroom, Standard Court
30 May 2018	09:00-13:00	Clumber Room, Easthorpe House	28 November 2018	09:00-13:00	Chappell Room, Gedling Civic Centre
27 June 2018	09:00-13:00	Boardroom, Standard Court	*No meeting in December*		
25 July 2018	09:00-13:00	Chappell Room, Gedling Civic Centre	31 January 2019	09:00-13:00	Clumber Room, Easthorpe House
No meeting in August			27 February 2019	09:00-13:00	Boardroom, Standard Court
26 September 2018	09:00-13:00	Clumber Room, Easthorpe House	27 March 2019	09:00-13:00	Clumber Room, Easthorpe House

Appendix B: Greater Nottingham Clinical Commissioning Partnership – Governance Framework



Appendix C: GNJCC sub-committees – Outline terms of reference

Quality and Performance Committee

The Quality and Performance Committee exists to scrutinise arrangements for ensuring the quality of CCG commissioned services and to oversee the development, implementation and monitoring of performance management arrangements. The Committee also monitors equality performance in relation to health outcomes, patient access and experience, and promotes a culture of continuous improvement and innovation with respect to:

a) The safety of the treatment and care provided to patients.

b) The clinical effectiveness of the treatment and care provided to patients.

c) The experience patients have of the treatment and care they receive.

Duties:

a) Scrutinise arrangements for ensuring the quality of CCG commissioned services, including scrutiny of systems to identify early warning signs of provider quality issues or failing services. This will include monitoring serious incidents, complaints and patient experience data, national and local audit findings and infection prevention and control in order to identify areas of non-compliance, themes and trends.

b) Oversee systems regarding the development of local CQUIN targets and local Quality Premium targets, including scrutiny of all such proposed targets in terms of their potential to deliver improvements in the safety, clinical effectiveness and patient experience of commissioned services and the extent to which the targets are challenging and realistic.

c) Review the annual Quality Accounts of providers prior to final sign off.

d) Oversee and scrutinise arrangements for identifying and addressing variations in clinical practice, ensuring that clinical intervention is based upon best available evidence.

e) Scrutinise the robustness of arrangements for clinical effectiveness and clinical audit.

f) Seek assurance that local healthcare services are being delivered by staff with the appropriate level of skills and training in order to continuously improve and promote high standards of quality and care.

g) Oversee arrangements for ensuring that patient feedback and patient and public engagement and consultation are integral in commissioning decisions.

h) Monitor performance in relation to Goals 1 and 2 of the NHS Equality Delivery System (better health outcomes for all / improved patient access and experience), including progress against equality objectives and associated action plans.

i) Oversee the development, implementation and monitoring of performance management arrangements, including scrutiny of identified action plans to address shortfalls in performance. This will include performance against NHS Constitutional Standards, CCG Improvement and Assessment Framework Clinical Indicators, and other national and locally agreed indicators.

j) Consider specific areas of performance, focussing in detail on specific issues where provider performance is showing deterioration, or where there are quality concerns.

k) Oversee arrangements for data quality to ensure confidence in the performance information being used for monitoring and reporting purposes.

l) Oversee and scrutinise the organisational response to all relevant Directives, Regulations, policies, reports, reviews and approved codes of practice as issued by the Department of Health and Social Care, NHS England and other regulatory bodies / external agencies to gain assurance that the appropriate actions are being undertaken and are effective.

m) Oversee the identification and management of risks relating to the Committee's remit.

n) Approval and monitoring of policies within the Committee's remit.

Membership:

Lay Member	Sue Clague (Chair)
Lay Member	Beverley Brookes
Lay Member	Janet Champion
Lay Member	Jasmin Howell
Independent Nurse	Sharon Robson
Independent Secondary Care Doctor	Dr Jane Youde
GP Lead	Dr Margaret Abbott
GP Lead	Dr Paramjit Panesar
Chief Nurse and Director of Quality	Nichola Bramhall
Deputy Director of Nursing and Quality	Rebecca Stone
Chief Pharmacist	Mindy Bassi
Director of Information and Performance	Andy Hall
Director of Contracting and Procurement (or nominated deputy)	Maxine Bunn/Lucy Anderson

Finance Committee

The Finance Committee exists to scrutinise arrangements for ensuring the delivery of the Greater Nottingham CCGs' statutory financial duties, including the achievement of the Greater Nottingham Financial Recovery Programme (FRP). The Committee will review the monthly financial performance and identify key issues and risks requiring discussion or decision by the Greater Nottingham Joint Commissioning Committee. The Committee will also ensure that procurement responsibilities are appropriately discharged, including oversight of annual procurement plans.

Duties:

a) Oversee the development of the CCGs' financial plans and budgets and recommend these for approval by the Greater Nottingham CCGs' Governing Bodies.
b) Monitor progress against the CCGs' financial plans and approved budgets, ensuring that corrective actions are in place where plan delivery is off target.
c) Oversee the development, implementation and monitoring of the CCGs' Financial Recovery Plan. This will include consideration of the differing financial positions of the CCGs.
d) Triangulate finance, activity and contractual information across the four Greater Nottingham CCGs and for each individual CCG.
e) Review of expenditure across the four Greater Nottingham CCGs with an understanding of the impact of activity movements on the financial position for each CCG.
f) Scrutinise major shifts in spending, demand pressures and triangulation with the Financial Recovery Plan.
g) To scrutinise infrastructure, running cost and programme spend. This will include reviewing significant spend in areas that contribute to productivity and efficiency, including IT and estates.
h) Ensure risks of exceeding expenditure limits are assessed and mitigating actions are in place.
i) Oversee arrangements for ensuring the timeliness, accuracy, validity, reliability, relevance and completeness of finance, activity and contractual information being used for monitoring and reporting purposes (in line with data quality standards).
j) Review and oversight of annual procurement plans.
k) Oversee the identification and management of risks relating to the Committee's remit.
l) Approval and monitoring of policies within the Committee's remit.

Membership:

Lay Member	Terry Allen (Chair)
Lay Member	Tim Woods
Lay Member	Sue Sunderland
Lay Member	Mike Wilkins
GP Lead	Dr Mike O'Neil
GP Lead	Vacant
Chief Finance Officer	Jonathan Bemrose
Director of Contracting and Procurement	Maxine Bunn
Director of Acute Contracting	Mark Sheppard
Director of Information and Performance (or nominated deputy)	Andy Hall/Rob Taylor
Director of Financial Recovery	Fiona Callaghan
Deputy Chief Finance Officer	Ian Livesy/Isobel Scoffield

Clinical Commissioning Executive Group

The Clinical Commissioning Executive Group will make recommendations to the Greater Nottingham Joint Commissioning Committee on commissioning strategies and plans and is the day-to-day decision-making body regarding quality, performance, risk and financial management, capacity and capability and organisational development in order to provide robust assurance to the Greater Nottingham Joint Commissioning Committee (GNJCC).

The Group will evaluate, scrutinise and quality assure the clinical and cost effectiveness of new investments, recurrent funding allocations and all decommissioning and disinvestment proposals. This will include assessment of any associated equality and quality impacts arising from proposals, along with consideration of feedback from patient and public engagement and consultation activities.

The Group has delegated authority to make decisions in accordance with the Greater Nottingham CCGs' Schedule of Delegated Authority.

Duties:

a) Development of the Commissioning Strategies and Operational Plans (and other associated enabling strategies and plans) of the Greater Nottingham CCGs and recommendation to the Greater Nottingham Joint Commissioning Committee (for subsequent approval by the CCGs' Governing Bodies). The enabling strategies and plans will include, but not be limited to, those relating to information technology, estates, workforce and organisational development, patient and public engagement and communications.

b) Consider business cases for new investments, recurrent funding allocations and all decommissioning and disinvestment proposals, ensuring their clinical and cost effectiveness, whilst assessing any associated equality and quality impacts and feedback from patient and public engagement and consultation activities. The Group will make decisions in line with the financial limits set out within the Greater Nottingham CCGs' Schedule of Delegated Authority, or make recommendations to the GNJCC for decisions that exceed the Group's delegated financial limits, or where proposals are considered to set precedent, are novel, contentious or repercussive. The Group may recommend proposals for further scrutiny by the Quality and Performance and/or Finance Committees in line with agreed thresholds for referral.

c) Review business case activity on a bi-annual basis to ensure the consistency of decision making and to consider potential improvements to the decision-making process.

d) Agree annual commissioning intentions and make day-to-day decisions regarding the CCGs' annual procurement strategy and the quality and performance of commissioned services, ensuring the robustness of contract management arrangements.

e) Approve commissioning policies, pathway and referral guidelines and non/partial implementation of NICE guidance and standards in line with recommendations from the Clinical Policy Group.

f) Review and make funding decisions on applications for excess treatment costs for non-commercially funded research, which relate to the commissioning responsibilities of the Greater Nottingham CCGs. All such decisions will be made in line with the financial limits set out within the Greater Nottingham CCGs' Schedule of Delegated Authority.

g) Oversee the identification and management of risks relating to the Group's remit.

Membership:

The Clinical Chair of NHS Nottingham City CCG	Dr Hugh Porter (Rotational Chair)
The Clinical Chair of NHS Nottingham North and East CCG	Dr Nicole Atkinson (Rotational Chair)
The Clinical Chair of NHS Nottingham West CCG	Dr James Hopkinson (Rotational Chair)
The Clinical Chair of NHS Rushcliffe CCG	Dr Stephen Shortt (Rotational Chair)
Chief Nurse and Director of Quality	Nichola Bramhall
Accountable Officer	Samantha Walters
Chief Finance Officer	Jonathan Bemrose
Chief Operating Officer	Gary Thompson
Chief Commissioning Officer	Vacant

Appendix D: GNJCC Annual Work Programme 2018/19

	APR	MAY	JUNE	JULY	SEPT	OCT	NOV	JAN	FEB	MAR	NOTES
Strategy and Leadership											
Aligned Vision, Values and Strategic Objectives[1]			✓								
Operational Plans[1]	✓					✓			✓	✓	Mid-year delivery update in October 2018
Health and Care System Transformation Plans				✓	✓		✓		✓		Indicative timeframes for reports – to be confirmed.
Thematic Reviews: Commissioning Priorities			✓	✓	✓	✓	✓	✓	✓	✓	
Health and Wellbeing Strategies – Delivery Updates					✓						Indicative timeframes for report – to be confirmed.
Better Care Fund Report						✓					Indicative timeframes for report – to be confirmed.
Winter Plan					✓						
Quality Improvement Framework/Strategy[2]				✓							
Patient and Public Engagement Framework/Strategy[2]					✓						
Equality and Diversity Framework/Strategy[2] (including Equality Objectives)[1]						✓					
GNJCC Governance Framework (including sub-committee terms of reference)	✓	✓	✓							✓	
Annual Work Programme	✓	✓								✓	
Quality and Performance											
Patient Story			✓	✓	✓	✓	✓	✓	✓	✓	The monthly patient stories will be linked to the programme of thematic reviews
Quality Report	✓				✓		✓		✓		Due again May 2019
Performance Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Annual Report: Complaints and Patient Experience					✓						
Annual Report: Infection, Prevention and Control					✓						
Annual Report: Nottinghamshire County Safeguarding (Adults and Children)						✓					

[1] *To be endorsed for approval by the Greater Nottingham CCGs' Governing Bodies.*
[2] *A 'Framework' describes an overall strategic approach and sets out what needs to be achieved in order to reach its objectives. It can be considered an 'umbrella' document, under which a number of policies and procedures may exist to support it.*

	APR	MAY	JUNE	JULY	SEPT	OCT	NOV	JAN	FEB	MAR	NOTES
Annual Report: Nottingham City Safeguarding (Adults and Children)						✓					
Annual Report: Looked After Children						✓					
Annual Report: Serious Incidents							✓				
Financial Stewardship											
Finance Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	To include statutory financial duties, Financial Recovery Plan updates and contract updates
Contracting and Procurement Report				✓		✓		✓			Due again April 2019
2018/19 Financial Plans and Opening Budgets[3]	✓										
2019/20 Financial Plans and Opening Budgets										✓	
Corporate Assurance											
GNJCC Assurance Framework			✓				✓				Due again April 2019
Annual Assurance Report: Patient and Public Involvement					✓						
Annual Assurance Report: Public Sector Equality Duty							✓				
Annual Assurance Report: Research								✓			
Annual Assurance Report: Joint Strategic Needs Assessment									✓		

In addition to the specific papers detailed above, the GNJCC will also:

a) Routinely consider the Committee Members' registered and declared interests at the start of each meeting.
b) Receive minutes from the previous meetings, along with updates against an ongoing log of agreed actions.
c) Receive monthly updates on pertinent strategic and leadership areas from the Accountable Officer and four Clinical Chairs.
d) Receive monthly updates in relation to any risks rated as 'high/red'.
e) Receive summary reports from each of its sub-committees in order to demonstrate that delegated responsibilities are being effectively discharged. These will culminate in the presentation of Annual Assurance Reports from each sub-committee at financial year-end.
f) Receive updates from key strategic partnership forums, including the Leadership Board of the Nottingham and Nottinghamshire Sustainability and Transformation Partnership and Nottingham City and Nottinghamshire County Health and Wellbeing Boards.
g) Endorse or approve policies and procedures as and when required. Additional policies and procedures, as approved by the Greater Nottingham CCGs' Governing Bodies will be received as necessary.

[3] *Received following approval by the Greater Nottingham CCGs' Governing Bodies.*

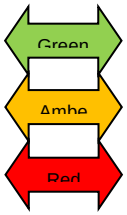
Appendix E: Performance against key national indicators

Indicator			Standard	Latest data period		Latest period data								
						CCG						Provider		
				CCG	Provider	Total Notts	Grt Notts	City	NNE	NW	Rush	NUH	Circle	EMAS Notts
A&E	4 Hour Standard		=> 95%	May-18	Jun-18			✗	✗	✗	✗	✗		
	12 Hour Trolley Waits		= 0		Jun-18							✓		
Cancer	2 Week Wait		=> 93%	Apr-18	Apr-18			✓	✗	✗	✗	✓	✗	
	2 Week Wait - Breast Symptoms		=> 93%	Apr-18	Apr-18			✗	✓	✓	✓	✓		
	31 Day Decision to Treat to First Treatment		=> 96%	Apr-18	Apr-18			✗	✓	✓	✗	✓	✗	
	62 Day GP Urgent Referral to Treatment		=> 85%	Apr-18	Apr-18			✓	✓	✓	✗	✗	✓	
18 Weeks RTT	Incomplete %		=> 92%	May-18	May-18			✓	✓	✓	✓	✓	✓	
	Incomplete number of 52 week waiters		= 0	May-18	May-18			✗	✗	✗	✓	✗	✗	
Diagnostics	Patients waiting longer than 6 weeks		<= 1%	May-18	May-18			✓	✓	✓	✓	✓	✓	
Cancelled Operations	Rebooked within 28 Days		= 0		May-18							✓	✓	
	Urgent Operation Cancelled for a Second Time		= 0		May-18							✓	✓	
Wheelchairs	Children waiting less than 18 weeks for a wheelchair		=> 92%	Q4 2017-18	Q4 2017-18			✗	✗	✗	✗	✗		
DToC	As a % of occupied beds (Greater Nottingham)		<= 3.5%		Apr-18		✓							
	Number of Stranded Patients (7+ days)		<= 668		Jun-18		✓							
	Number of Super Stranded Patients (21+ days)		<= 258		Jun-18		✓							
	Total Days Delayed (Nottinghamshire County)		<= 2053		Apr-18	✓								
	Total Days Delayed (Nottingham City)		<= 1225		Apr-18	✗								
	Total Days Delayed (Total Nottinghamshire)		<= 3278		Apr-18	✓								
Ambulance	Category 1 – Life-threatening illnesses or injuries - Average		<= 00:07:00		Jun-18			✓	✗	✗	✗			✓
	Category 2 – Emergency calls - Average		<= 00:18:00		Jun-18			✗	✗	✗	✗			✗
	Category 1 – Life-threatening illnesses or injuries - 90th centile		<= 00:15:00		Jun-18			✓	✓	✓	✓			✓
	Category 2 – Emergency calls - 90th centile		<= 00:40:00		Jun-18			✗	✗	✗	✗			✗
	Category 3 – Urgent calls - 90th centile		<= 02:00:00		Jun-18			✗	✗	✗	✗			✗
	Category 4 – Less urgent calls - 90th centile		<= 03:00:00		Jun-18			✓	✓	✓	✓			✓
Activity Variance to Plan (YTD)	GP Referrals (G&A)		<= 2%	May-18			✓	✓	✓	✗	✗			
	Other Referrals (G&A)		<= 2%	May-18			✓	✓	✓	✗	✓			
	Total Referrals (G&A)		<= 2%	May-18			✓	✓	✓	✗	✓			
	All 1st OP - Consultant led		<= 2%	May-18			✓	✓	✓	✓	✓			
	Follow-up OP - consultant led		<= 2%	May-18			✓	✓	✓	✓	✓			
	Total Elective spells - Day Cases		<= 2%	May-18			✓	✓	✓	✓	✓			
	Total Elective spells - Ordinary		<= 2%	May-18			✓	✓	✓	✓	✗			
	Total Elective spells		<= 2%	May-18			✓	✓	✓	✓	✓			
	Non-elective spells complete - 0 Length of Stay		<= 2%	May-18			✗	✗	✗	✗	✗			
	Non-elective spells complete - 1+ Length of Stay		<= 2%	May-18			✗	✗	✗	✗	✗			
	Non-elective spells complete		<= 2%	May-18			✗	✗	✗	✗	✗			
	A&E Attendances excluding follow ups		<= 2%	May-18			✓	✓	✓	✓	✗			
	Number of Completed Admitted RTT Pathways		<= 2%	May-18			✓	✓	✓	✓	✗			
	Number of Completed Non-Admitted RTT Pathways		<= 2%	May-18			✓	✓	✗	✓	✓			
	Number of New RTT Pathways (Clockstarts)		<= 2%	May-18			✓	✓	✗	✗	✗			
Improving Access to Psychological Therapies	Entering Treatment - Month		=> 1.4%	Apr-18				✓	✓	✓	✓			
	Entering Treatment - Rolling Three Months		=> 4.2%	Apr-18				✓	✗	✓	✗			
	Recovery Rate		=> 50%	Mar-18				✓	✓	✓	✓			
	Waiting Times - First Treatment within 6 Weeks		=> 75%	Mar-18				✓	✓	✓	✓			
	Waiting Times - First Treatment within 18 Weeks		=> 95%	Mar-18				✓	✓	✓	✓			
Dementia	Diagnosis Rate		=> 67%	May-18				✓	✓	✓	✓			
EIP	Treated within two weeks % - Rolling Three Months		=> 50%	May-18				✓	✓	✓	✗			
CYP Eating Disorders	Routine Cases <4 Weeks - Complete Pathways		=> 95%	Q4 2017-18				✗	✓	✗	✓			
	Urgent Case <1 Week - Complete Pathways		=> 95%	Q4 2017-18				✓		✗	✗			
Continuing Health Care	Full NHS CHC assessments taking place in acute hospital setting		<= 15%	Q1 2018-19				✓	✓	✗	✓			
	NHS CHC eligibility decisions made by CCG within 28 days		=> 80%	Q1 2018-19				✓	✓	✓	✓			
Transforming Care Partnership: Learning Disability Inpatient Rate per Million GP Registered Population	Reliance on Inpatient Care for People with LD or Autism	CCG Commissioned	<= 23	Jun-18		✗								
		NHSE Commissioned	<= 28	Jun-18		✗								
		Total	<= 51	Jun-18		✗								
	Reliance on Inpatient Care for People with LD or Autism with a length of stay of 5 years and over	CCG Commissioned	<= 9.00	Jun-18		✓								
		NHSE Commissioned	<= 24.00	Jun-18		✓								
		Total	<= 33.00	Jun-18		✓								
Out of Area Placements	Inappropriate Out of Area Placement Bed Days		<= N/A	Q4 2017-18		✓								

Appendix F: Summary of financial duties/targets

Statutory Duties - Remain within Revenue Resource Limit	Year to Date (£'000)	Forecast Out-Turn (£'000)	Risk Rating	Comments
Cumulative Surplus b/f	(3,225)	(19,349)	Green	The Greater Notts CCGs are reporting delivery of the b/f cumulative surplus of £19,349k
Running Costs	(156)	0	Green	The Greater Notts CCGs are forecasting a breakeven position for Running Costs
Other budget areas incl reserves	(2,712)	0	Green	The Greater Notts CCGs are forecasting a breakeven position for other budget areas
TOTAL	**(6,093)**	**(19,349)**	Green	Overall forecast of In Year Breakeven / delivery of the b/f surplus

Better Payments Practice Code	Year to Date (%)	Target (%)	Comments
By Number: Non NHS	99.9	95.0	All targets are achieved
By Number: NHS	99.8	95.0	
By Value: Non NHS	99.9	95.0	
By Value: NHS	100.0	95.0	



Indicates that the organisation is forecasting to achieve its target by the financial year-end

Indicates that there is some cause for concern and the organisation may not achieve its target unless action is taken

Indicates that the organisation will not achieve its target by the financial year-end without immediate intervention

Appendix G: Revenue expenditure position

	Annual Budget £000	Budget to Date £000	Actual to Date £000	Variance (under)/ overspend £000
Commissioned Services				
Acute Care	460,080	69,139	70,367	1,228
Mental Health Care	106,978	16,504	16,333	(171)
Community Care	101,700	16,350	16,270	(80)
Continuing Care	68,837	9,701	9,289	(412)
Primary Care	21,670	3,293	3,358	65
Prescribing	94,805	14,255	14,096	(159)
Delegated Co-Commissioning	96,727	15,486	15,487	1
Other Programme Services	22,549	3,942	4,091	150
Reserves	25,395	3,334	0	(3,334)
Total Programme Costs	**998,741**	**152,004**	**149,290**	**(2,713)**
CCG Running Costs	14,884	2,486	2,330	(156)
Total Expenditure	**1,013,625**	**154,490**	**151,620**	**(2,869)**
Planned Historic Surplus	19,349	3,225	0	(3,225)
Total Revenue Position	**1,032,974**	**157,715**	**151,620**	**(6,093)**

Appendix H: Financial Recovery Plan – Month 2 position

The tables below summarises the current Financial Recovery Plan (FRP) delivery forecast:

Current Position	Overall	Risk Adjusted
Full Year Effect of 17/18 Schemes	£19.34m	£16.01m
18/19 New Schemes	£34.22m	£25.89m
Total	**£53.56m**	**£41.90m**
Target	£52.52m	£52.52m
Shortfall / Surplus	**£1.04m**	**(£10.62m)**

The value of the schemes identified has increased by £2.61 million from the original Financial Recovery Plan, but the risk adjusted position has worsened by £1.15 million. The forecast scheme delivery by programme area is summarised below:

Programme Areas	Current Position	No Risk	Low Risk	Medium Risk	High Risk	FRP	Shortfall / Surplus
Primary Care	**-**	-	-	-	-	**-**	**-**
Community Care	**£4.81m**	£3.21m	£0.04m	£0.22m	£1.34m	**£4.74m**	**£0.07m**
Urgent Care	**£7.75m**	-	£6.23m	£0.62m	£0.90m	**£7.75m**	**-**
Prescribing	**£6.06m**	-	£4.84m	£1.21m	-	**£6.40m**	**(£0.34m)**
Planned Care	**£23.45m**	£9.38m	£11.51m	£2.26m	£0.30m	**£27.75m**	**(£4.30m)**
Continuing Health Care	**£3.38m**	£0.09m	£3.28m	-	£0.01m	**£3.44m**	**(£0.06m)**
Mental Health	**£0.29m**	£0.09m	-	£0.20m	-	**£0.29m**	**-**
Internal Efficiencies	**£0.52m**	-	£0.34m	£0.10m	£0.08m	**£0.52m**	**-**
Estates	**£0.01m**	-	£0.01m	-	-	**£0.06m**	**(£0.05m)**
Pipeline Schemes	**£7.30m**	-	£0.30m	£3.00m	£4.00m	**-**	**£7.30m**
Sub Totals	**£53.58m**	**£12.78m**	**£26.56m**	**£7.60m**	**£6.63m**	**£50.95m**	**£2.63m**
NHSE Risk Adjusted Sub Totals	**£41.90m**	**£12.78m**	**£23.90m**	**£4.56m**	**£0.66m**	**£43.05m**	**(£1.15m)**

The year to date (month 2) QIPP delivery shows that £5.3 million has been delivered against a plan of £7.6 million. The shortfall of £2.26 million is due to slippage of schemes but is currently forecast to be achieved by the end of the year. The month on month plan has been updated to reflect actual/forecast savings.

Appendix I: Summary of STP Leadership Board Meeting, 18 May 2018

The Nottingham and Nottinghamshire Sustainability and Transformation Partnership

Future Integrated Care System Scope and System Architecture

NHS Improvement and NHS England regional and national teams have confirmed their support in principle to extending the current Greater Nottingham Integrated Care System (ICS) to incorporate the Mid-Nottinghamshire area. Our proposal is for the ICS to cover the whole of Nottinghamshire and include all of its commissioners and providers. This was discussed and support in principle agreed by Michael McDonnell (NHSE, Transforming Health Systems) and Ben Dyson (NHSI, Executive Director of Strategy) in early March 2018. A recommendation has been submitted to the national STP Governance Group that the ICS is ready to progress to partial status. This will be on an expanded Nottinghamshire-wide footprint.

A review of the future system architecture has been commissioned and will take place over the next 12 weeks. Interviews with System Leaders from commissioning and provider organisations are taking place and these will explore where we are now and where we want to be in the future ensuring what functions happen at each level, what we need to do by when to achieve this. Deloitte's will feedback their recommendations to the June Leadership Board.

STP Annual Report

In July 2017, we made a commitment to the public as part of the update to the STP Plan to publish an Annual Report for 2017/18. The first Nottinghamshire STP Annual Report will be published in July 2018. The report will highlight the achievements and positive outcomes achieved by health and social care across Nottinghamshire over the past year, as well as outlining the continuing challenges and key priorities for the year ahead.

STP Advisory Group

It has been agreed that the Chair of the STP Advisory Group will be a member of the STP Leadership Board and will attend future meetings. The Group is made up of representatives from the voluntary sector, Local Medical Council, Healthwatch and community pharmacy, optometry etc. The purpose of this is to ensure voluntary organisations and wider stakeholders are activity engaged in the integration of health and social care across Nottinghamshire.

National Developments

Senior leaders from the Nottinghamshire STP have been invited to attend a series of round table discussions with the Prime Minister and Secretary of State about the future of health and social care

and in particular a long term funding settlement. Nottinghamshire showcased a range of innovative examples from Greater Nottingham and Mid Nottinghamshire along with other high profile STP areas from across the Country. The importance of a long term funding settlement was emphasised by demonstrating the positive things can be achieved if you get the right investment in health and social care, and the challenge of moving from local transformation to large scale transformation.

David Pearson, STP Lead and Wendy Saviour, Managing Director, STP

May 2018