

**Greater Nottingham Joint  
Commissioning Committee**

**Quarterly Assurance Report**

**October 2018**

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## Forward

I am pleased to present the second quarterly assurance report from the Greater Nottingham Joint Commissioning Committee (GNJCC). The GNJCC has met twice since the last quarterly update: once in July and once in September 2018.

The current membership of the GNJCC is set out at **Appendix A**, along with each member's attendance at meetings to date. It also sets out all future meeting dates, times and venues for 2018/19. Links to GNJCC papers will continue to be sent to all Governing Body members prior to each meeting. Full papers packs can also be accessed here:

<http://www.rushcliffeccg.nhs.uk/your-ccg/joint-commissioning-committee/>.

Also attached as **Appendix B**, is the current governance framework for the Greater Nottingham Clinical Commissioning Partnership. The full Annual Work Programme can be found at **Appendix C**.

The GNJCC is committed to its ongoing development. The second of its three scheduled development sessions for 2018 was held in August and it focussed on developing the strategic objectives for the Greater Nottingham Clinical Commissioning Partnership. The output from this session was subsequently received and endorsed by the GNJCC and is being recommended to the four Governing Bodies for approval at their October meetings.

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 January or April 2019.

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](mailto: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 second quarterly report, which has been developed in line with the GNJCC's terms of reference, and describes the work of the GNJCC during the second 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. 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.
- Making decisions on the services that should be commissioned for the population of the Greater Nottingham Area, in line with approved strategies and plans, and arranging for the commissioning of these services.

The following sections summarise the work of the GNJCC relevant to the above during its July and September 2018 meetings.

**Appendix D** summarises the work of the GNJCC's Clinical Commissioning Executive Group.

### 2.1 Strategic objectives

In September 2018, the GNJCC endorsed an aligned set of strategic objectives for the Greater Nottingham Clinical Commissioning Partnership (CCP). This was the culmination of a programme of work that was undertaken during 2018 to synthesise the four CCGs' previous strategic aims and to incorporate feedback from a series of meetings and engagement sessions held with a broad cross section of staff. A dedicated GNJCC development session was also held on 29 August 2018 to shape and refine the strategic objectives further.

The GNJCC endorsed strategic objectives are being recommended for approval to the four Greater Nottingham CCGs' Governing Bodies in October 2018.

## 2.2 Thematic reviews

A programme of thematic reviews is included within the GNJCC's Work Programme that focus on a range of commissioning priority areas, aligned to the Greater Nottingham CCGs' Commissioning Strategies and Operational Plans. The reports update 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.

There have been two thematic reviews during the last quarter, as summarised at 2.2.1 and 2.2.2 below.

### 2.2.1 Children and families:

#### Highlights from the review:

- Work in relation to delivery of the Operational Plan is on track in relation to children and young people.
- The review focussed on the Nottinghamshire Maternity Transformation Plan, which has been co-produced with local service users and staff working in maternity services. It aims to ensure that women, their babies and families can:
  - Access consistently safe and high quality services during pregnancy, birth and postnatally
  - Choose from a range of providers that can support and met their individual needs
  - Be assured that these services will work collaboratively, reduce variation and improve outcomes
  - Have good experiences of care in a location that is as close to home as possible
- Delivery against the expectations within Better Births is overseen and monitored by the Midlands and East Regional Maternity Programme Board. A set of Key Lines of Enquiry (KLoEs) has been developed along with a set of national defined measures being used to show levels of ambition and trajectories against key deliverables in areas that can be quantified.

#### Successes, Issues, Risks and Mitigations:

- Implementation of the national expectation that most women have continuity of carer throughout their pregnancy (antenatal, intrapartum and postnatal periods) will be a significant challenge in Nottinghamshire. As a system, our data only records women experiencing continuity antenatally and postnatally. However, as the national metric includes intrapartum care, this is not currently recorded and therefore resulted in us agreeing to benchmark ourselves at 0%. This uncertainty on the baseline as well as the challenges for the workforce in moving to a model providing intrapartum continuity meant that Nottinghamshire set an ambition of 20% by the end of the programme which is not in line with the national expectation. This has resulted in us receiving a rating of 'not assured'. Again, we know from feedback received that other areas are also rated as not assured and as a result, a Midlands and East Continuity of Carer Task & Finish Group will be established to provide support for sharing learning; and progressing beyond piloting.
- Good progress has been made over the last year to bring the system together so that it is working on a 'Nottinghamshire' footprint and that this can be evidenced. However, the LMS is aware that there is still work to do as there continues to be examples of organisations working in isolation and not as part of a wider system, particularly in relation to clinical practice, policy and

procedures, but also in commissioning decisions and approaches.

- There are particular issues with the midwifery workforce in Nottinghamshire due to the age profile of the workforce. There is also the potential for the changes required to implement continuity of carer to adversely impact on retention. Work in relation to strategic workforce planning has commenced with a workshop held at the end of June 2018, where an approach to developing a workforce plan was agreed.

## 2.2.2 Planned care:

### Highlights from the review:

- Work in relation to delivery of the Operational Plan is on track.
- Where possible work is being undertaken across the Nottingham and Nottinghamshire Integrated Care System (ICS) footprint.
- Performance against the national waiting time standards is good with the exception of performance in relation to the number of patients waiting over 52 weeks for treatment where an improvement trajectory has been agreed.

### Successes, Issues, Risks and Mitigations:

- Musculoskeletal (MSK) is one of the highest priorities for planned care it is as consistently identified by RightCare as an area where there are financial opportunities. A full work programme is in place looking at follow up protocols in secondary care, thresholds for surgery, maximising the benefits from existing MSK contracts, shared decision making and role of primary care in managing MSK conditions.
- Nottingham University Hospitals NHS Trust (NUH) is the largest provider of planned care for Greater Nottingham, but 20% of spend is with other providers. Work that is undertaken with NUH needs to be spread where applicable across all providers – this is being addressed with the contracting teams.
- There is a need for a continued focus on the delivery of key performance targets.
- The CCGs and providers are focused on ensuring the delivery of national waiting time standards. The plans take into account historic seasonal trends but do not assume a significant reduction in electives over winter (such as that seen last winter). As the winter plan continues to be refined, there may be some further adjustments to the elective activity profile and consequent impact on waiting times.
- Whilst the planned care financial recovery work-stream is forecasting delivery of £17 million savings, this is a shortfall against the original target of £20 million. This position has been discussed in detail at the Financial Recovery Delivery Board.

## 2.3 Service Restriction Policy

In July 2018, the GNJCC approved the Service Restriction Policy for the four Greater Nottingham CCGs.

The policy is the product of Greater Nottingham and Mid-Nottinghamshire commissioners working together to combine and agree a single policy. It combines the previous Procedures of Limited Clinical Value and Cosmetics policies into a single policy. It also reflects those services not funded and those services that are funded with specific criteria. There is also an outline of the compliance process via prior approval or audit.

The intention is for the policy to remain live so that additions or subtractions can be made at pace if new evidence is forthcoming.

## **2.4 Prescribing proposals**

In September 2018, the GNJCC approved two prescribing proposals, both of which had been subject to Equality and Quality Impact Assessments (EQIAs) and patient and public engagement/consultation.

The first relates to self-care and over the counter medicines and will see a move away from over the counter medicines being available on prescription for minor ailments in Nottingham City. This aligns with the approach already in place for the three remaining Greater Nottingham CCGs. The proposal is in line with national guidance. This has some exceptions, which have been included within the agreed local self-care guidelines and allows for certain situations where patients should continue to have their treatments prescribed.

The second relates to the prescribing of gluten free products. It has been agreed that the four Greater Nottingham CCGs will stop prescribing gluten free products for all patients. It is recognised that this is not in line with the recommendations from the national consultation on gluten free prescribing, but does align to the approach already in place in Mid-Nottinghamshire. In light of the current financial position and the fact that it is possible to have a healthy balanced diet without having gluten containing foods or gluten free alternatives, it has been agreed that the prescribing should stop. The clinical risk for patients has been carefully considered and it has been agreed that a mechanism for monitoring impact needs to be developed to enable this decision to be re-visited if necessary.

The GNJCC has requested that robust implementation and communications plans be established for both of the above changes to prescribing practice.

## **3. 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.

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.

The following sections summarise the latest quality and performance information received by the GNJCC.

### **3.1 Quality**

The following sections describe the work of the GNJCC and its quality and Performance Committee during the period July to September 2018 to ensure the quality of CCG commissioned services.

### 3.1.1 Quality Assurance Framework and Provider Quality Dashboards:

The GNJCC received its first quarterly Quality Report, which describes performance against the CCG Improvement and Assessment Framework (IAF) and Quality Premium indicators. This report also summarises the quality performance of the providers of services commissioned by the CCGs, either as coordinating or associate commissioners.

The following areas are highlighted for information:

- Nottingham University Hospitals NHS Trust (NUH): the impact of continued failure to achieve the 4-hour accident and emergency access target on quality metrics is acknowledged. There has been some improvement in both patient safety and experience metrics during the first quarter of 2018/19 compared to the previous quarter, but risks in relation to overcrowding in the 'blue area' remain. Work is continuing with NHS Improvement and NUH to monitor and mitigate impact.
- Nottinghamshire Healthcare NHS Foundation Trust: workforce metrics are deteriorating at Lings Bar Hospital. This is thought to be linked to the changing acuity and dependency of the patient caseload. Work is ongoing to determine patient needs and the required skill mix.
- Sherwood Forest Hospitals NHS Foundation Trust (SFH): there is a concern that SFH has set an internal target for reducing number of serious incidents reported given the impact this could have on reporting culture, transparency and learning. Therefore, the Mid-Nottinghamshire CCGs as coordinating commissioner have been asked to gain assurance in relation to the accuracy of incident reporting and classification. Work undertaken by SFH in response to previous adverse CQC inspection outcomes is acknowledged, but this will be further monitored.
- East Midlands Ambulance Service NHS Trust: the new Ambulance Response Programme standards continue to not be met. Harm reviews are being undertaken across all regions in rotation. The most recent review was undertaken in Nottingham, which identified that none of the patients audited who were subject to a delayed response came to harm as a result.

A risk based approach to quality monitoring across the range of contracts has been established. This requires different levels of oversight based on the nature, complexity, clinical risk and contract value of each contract.

### 3.1.2 Equality Quality Impact Assessments (EQIAs):

The Quality and Performance Committee has approved the Equality and Quality Impact Assessment (EQIA) Process Guidance. The Committee also routinely receives a log of completed EQIAs and has reviewed the EQIA completed for the Health Improvement through the Surgical Pathway (HISP) scheme.

The Committee has raised some concerns about the robustness of the EQIA process during a period of transition and it has been agreed that in order to provide additional scrutiny, the EQIA log will include timelines and the impact of identified mitigations. This area will remain a focus of the Committee at future meetings.



### 3.1.3 Mental Health Deep Dive:

The Quality and Performance Committee has completed a mental health services deep dive review that focussed on actions being taken as a result of a spike in suicide rates. The review provided some assurance following work completed to analyse cases for trends/themes. There has been some recent improvement in performance, but this will remain an area of focus for the Committee. In particular, the Nottinghamshire Healthcare NHS Foundation Trust has been asked to undertake a thematic review with a particular emphasis on assessing the responsiveness of crisis intervention teams.

Some concerns have also been identified in relation to mental health access targets and data quality. Work is currently underway to better define the data that is needed to robustly manage the contracts and this will be included in the information schedules in the current contracting round. In the meantime, work continues with the Nottinghamshire Healthcare NHS Foundation Trust to improve data quality until this is in place.

### 3.1.4 Care Homes Quality Monitoring:

The fragility of the care home sector has been highlighted. It has been agreed that the CCGs' approach to quality monitoring and improvement needs to be supportive and facilitative. This will be the focus of a deep dive review at a future Quality and Performance Committee meeting.

## 3.2 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.

### 3.2.1 A&E 4-hour wait:

#### *Actions being taken to improve performance:*

- Further additions are required to the draft Remedial Action Plan prior to formal agreement by Commissioner and Provider.
- NUH have developed an internal improvement action plan for the 4 hour standard which includes achievement of 100% minors performance, 95% performance across the admitted pathway and 95% across the non-admitted pathway. It also includes an increased focus on the delivery of the out of hours performance, focus on cultural issues and a focus on the stranded patients metric (>21 day length of stay). 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 and will monitor the key performance indicators in the NUH RAP.
- Following approval of the business case to expand ED and redesign the ED front door, the estate work has commenced on schedule in August and work streams are in place to agree the new processes through the ED, commissioners are involved in the transformation programmes.
- Workforce planning is underway with ED (for existing and expanded service) with revised bank rates progressing through approval process. Nursing staffing levels are fully established and the

latest round of medical recruitment resulted in two successful consultant appointments. A further round of recruitment is being scheduled.

- The health and social care system focus has been on reducing the total number of patients within NUH who have waited more than 24 hours for supported discharge. The system has not achieved the levels of DTOC reduction required in 2017/18 so an increased daily review of these 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 LOS 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.
- Revision of daily discharge target across NUH and local health and social care system providers. During 2017/18 a weekly supported discharges target of 190 per week was agreed with Providers. 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.

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.
- The latest data shows that the trajectory is not currently being met.

### 3.2.2 Cancer 62-day GP urgent referral to treatment:

Actions being taken to improve performance:

- Individual tumour site RAPs are in place. Progress against these is reviewed on a fortnightly rolling basis.
- East Midlands Cancer Alliance transformation funding is being released to CCGs and Providers in September 2018 in order to redesign pathways in Urology, Lung, and Colorectal cancer. This will reduce diagnosis and treatment waiting times and improve 62 day performance.

#### **Gynaecology**

Waiting list initiative sessions were implemented in July and August. Meanwhile, a case of need is currently being formulated for an additional consultant surgeon. Plans have also been submitted to extend theatre working sessions which will increase the number of procedures undertaken. This is currently awaiting approval by the Trust Executive team.

#### **Urology**

The first phase of the Prostate Pathway Transformation plan is due to be implemented starting from September.

This is expected to reduce the number of patients requiring diagnostic biopsy and surgery.

Timeline for recovery:

It is forecast that performance in July will remain below 85% as NUH continue to reduce backlog numbers. The revised planned date for recovery is November.

### 3.2.3 Children waiting less than 18-weeks for a wheelchair:

Actions being taken to improve performance:

- The actions outlined in the RAP are progressing and meeting the required timescale for completion.
- The key themes identified within the RAP are:
  - Outpatient capacity
  - Outpatient administration
  - Pathway administration

- Approved contractor administration
- The CCGs are now receiving an anonymised patient tracking list (PTL) on a weekly basis enabling the progress of individual patients to be tracked and the Trust can provide assurance of improvements to the overall position.
- The PTL enables CCGs to differentiate between patients who are waiting for their first wheelchair and patients who already have a wheelchair and are waiting for a new wheelchair or modifications to an existing chair.
- Review of the PTL is highlighting that there are occasions when children 'are not brought' for appointments, a review of this and specific actions to address it are being proposed and will be present to the NUH Quality and Performance Committee by Quarter 3.

Timeline for recovery:

CCGs continue to work with NUH to meet the 92% standard for this service and are aiming to eliminate all breaches by the end of 2018/19. A trajectory has been agreed with NUH to achieve the 92% standard by Quarter 2 and 100% by Quarter 4.

### 3.2.4 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 Greater Nottingham A&E Delivery Group.
- CHC Nurse Assessors are alerting CCG 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 teams 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.
- Weekly reporting to DCO team of performance and fortnightly calls to provide assurance.
- A checklist for use by CHC Nurse Assessors prior to agreeing to undertake an assessment was in place during May and has contributed towards a reduction in assessments being undertaken.
- Regular audit of all assessments carried out in a hospital setting which 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 is improving.

### 3.2.5 Reliance on inpatient care for people with learning disabilities or autism:

Actions being taken to improve performance:

- Following local reviews by the TCP (in conjunction with the NHS England DCO team) 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 two whole day reviews were scheduled for 13th and 20th 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.
- There were four admissions in June 2018. A review of these was undertaken by the SRO in order to understand the reasons for admission. The review included a focus on the community services that had been commissioned to prevent unnecessary admissions and also explored whether reopening of the Orion Unit had been a contributory factor.
- The TCP held a 'learn and share' event on 25th July 2018. The event focussed on the journey

and progress that has been made to support successful discharge, retention in the community and to prevent a hospital admission. Case studies were used to analyse what is working, what is not working, what are the gaps and creative ideas for improvement. Discussions were based around four key topics areas, the legal framework for discharge, advocacy, workforce strategy and innovative practice happening elsewhere in the region (as shared by NHS England colleagues).

- One additional unplanned care bed is being secured until September 2018 and then long term requirements will be reviewed.
- We have been successful in obtaining the additional funding requested from NHS England in our 'doing things differently' bid as well as a small amount of investment which has been allocated to a number of TCPs. This means that there is an extra £685,000 of funding available and will be used to support community infrastructure.
- The NHS England Associate Director of Nursing & Quality, Nottinghamshire Health and Care Sustainability and Transformation Partnership continues to work with the Nottinghamshire TCP to ensure links with the Nottinghamshire Integrated Care System and NHS England DCO/Regional TCP teams.
- A Nottinghamshire Transforming Care Virtual Support Team is being established. This is being set up by the Local Government Association in conjunction with the Nottinghamshire Integrated Care System. This team aims to identify the priority areas for Nottinghamshire and will work together to co-produce a bespoke support package and plan which addresses local needs and strategic development as well as coordinating the deployment of resources to support its delivery.
- 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 / 2019 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

#### 4. 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.

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 summarise the latest financial information received by the GNJCC (month 5).

## 4.1 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 City	NNE	NW	Rushcliffe
Remain within the Revenue Resource Limit (£1.04 Bn)				
Achieve the 'Control Total' (in year breakeven)				
Remain within Running Cost Allowance (£14.9M)				
Remain within the Cash Balance Limit				
Better Payments Practice Code				

Key Internal Financial Indicators	Nottm City	NNE	NW	Rushcliffe
QIPP – achievement of overall target				
Achieve Underlying Surplus				
Risk Reserves – level utilised to balance position				
Co-commissioning – spend remains within budget				
Acute services – spend remains within budget				
Continuing healthcare – spend remains within budget				
Prescribing – spend remains within budget				

NHSE - CCG Improvement & Assessment Framework	Nottm City	NNE	NW	Rushcliffe
Forecast v plan for the year: Red - below plan				
Year to date financial position: Amber 0.1% to 2%; Red > 2% over plan				
Net risk: Amber 1% to 2%; Red > 2% of planned spend				
YTD QIPP: Amber < 80% plan				
FOT QIPP: Amber < 90% plan				
MHIS achievement: Amber unachieved				
I&A OVERALL RATING: Red - any red; Amber - any amber				

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

- a) The overall forecast for the Clinical Commissioning Partnership (CCP) is delivery of the key financial duties.
- b) The key area of concern continues to relate to acute spend. This area is £11.5 million over plan to date, with a combination of contract over performance and savings targets not delivered causing the pressure. The rate of overspend has reduced slightly from month 4 on acute.
- c) Contingency and risk reserves are brought into the year to date position to form the main mitigation for the acute pressure. Underspends on other budgets areas, notably prescribing, continuing healthcare and running costs also form part of the mitigations.
- d) The acute pressure leads to a continued risk of non-delivery of the control totals for Nottingham City, Nottingham North and East (NNE) and Rushcliffe CCGs. At this stage of the year, however, we are still forecasting delivery of the control totals for each CCG and the combined CCP control total.
- e) The reported underlying position at £5.2 million deficit has shown a small improvement against month 4. Recurrent acute pressures noted above are the main driver of the underlying deficit.

CCG	Recurrent Planned (Surplus) / Deficit £'000	Recurrent Pressures / (Benefits) £'000	Forecast Exit (Surplus) / Deficit £'000
Nottingham City	(4,418)	6,116	1,698
Nottingham, North & East	(725)	2,833	2,108
Nottingham West	(461)	(926)	(1,387)
Rushcliffe	(569)	3,307	2,738
<b>Total</b>	<b>(6,173)</b>	<b>11,330</b>	<b>5,157</b>

Further information in relation to revenue expenditure can be found at **Appendix G**.

**Appendix H** provides the full Operating cost Statement for NHS Nottingham North and East CCG.

## 4.2 Financial Recovery Plan

QIPP delivery shows a £7.7 million shortfall against the year to date £20.1 million target. Schemes to the value of £47 million are identified, although these are subject to risk rating. It is essential that QIPP schemes are delivered in the remaining months of the year otherwise the delivery of the financial duties will be at risk. **Appendix I** summarises the current Financial Recovery Plan (FRP) delivery forecast.

Due to the significantly worsening financial position of the Greater Nottingham CCGs during the first quarter of 2018/19, the Acting Accountable Officer and Chief Finance Officer identified the need to strengthen the oversight and monitoring arrangements for financial recovery to ensure the programme's delivery. As a result, a review was completed, which identified the need for a shift in focus in order to drive changes in organisational culture and behaviours and an increased ownership and accountability at all levels.

The revised governance structure for the Financial Recovery Programme is illustrated at **Appendix J** along with a narrative description of the differing roles and responsibilities, accountability and reporting arrangements. The main change relates to the establishment of a new Financial Recovery Delivery Board.

## 4.3 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.

The GNJCC's monthly Performance Reports provide a high level contract summary of the major acute contracts held by the CCGs, identifying the main areas of variation. Quarterly contracting and procurement reporting requirements have also been established, with the first quarterly Contracting and Procurement Report for 2018/19 being received in July 2018. An Executive Summary of the key issues and highlighted relating to the acute, out of hospital and mental health contracts and procurements is attached as **Appendix K**.

In July 2018, the GNJCC also received an assurance from the Nottingham Treatment Centre Procurement Programme Board. The following three key objectives for the procurement have been agreed:

- a) Secure quality, sustainable and value for money services for patients in line with the agreed commissioning intentions.
- b) Undertake an open market, EU compliant and transparent competitive procurement process for the services currently provided at the Nottingham Treatment Centre, completed in a timely manner to enable a contract award, should a preferred, appointable bidder be identified, to be made for service provision from July 2019 onwards.
- c) Achieve a contract award before the end of 2018 which would enable a seven month period for mobilisation, plus to enable time to address any other unforeseen or outstanding matters and in doing so ensure service continuity.

The intention remains to achieve a contract award before the end of 2018.

## **5. 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.

The GNJCC currently has oversight of two major risks, as follows:

- Failure to deliver the Financial Recovery Plan (FRP) and saving schemes (predominantly but not solely related to un-transacted acute QIPP) will impact directly on our ability to deliver our financial control total.
- There is a risk that patient safety in ED will be compromised as a result of departmental reconfiguration during the busy winter period which has the potential to make tracking and observation of patients more difficult.

## Appendix A: Membership, meeting dates and attendance

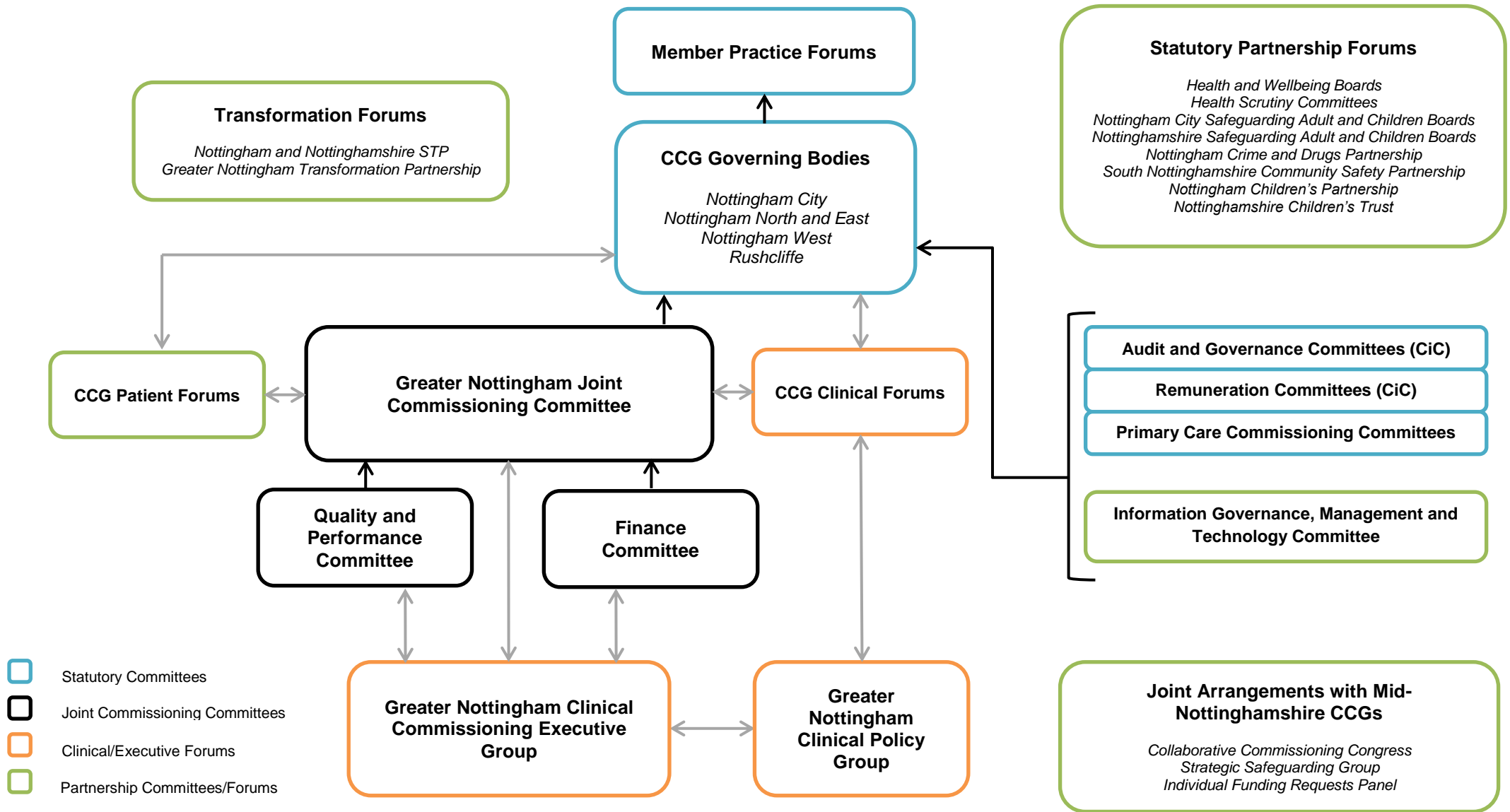
Member	Name	Attendance		
		Possible	Actual	Comment
GP Cluster Chair, NHS Nottingham City CCG	Dr Margaret Abbott	-	1	Deputising for Dr Hugh Porter
Lay Member, Financial Management and Audit	Terry Allen	5	4	
Clinical Chair, NHS Nottingham West CCG	Dr Nicole Atkinson	5	5	
Chief Finance Officer, Greater Nottingham CCGs	Jonathan Bemrose	5	5	
Chief Nurse and Director of Quality, Greater Nottingham CCGs	Nichola Bramhall	5	5	
Lay Member	Janet Champion	3	2	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	5	5	
Clinical Chair, NHS Nottingham North and East CCG	Dr James Hopkinson	5	4	
GP Advisor	Dr Sonali Kinra	4	3	Membership started May 2018
Chief Executive, Nottinghamshire County Council	Anthony May	1	0	Membership ceased April 2018
Independent Chair	Jenny Myers	5	5	
Clinical Chair, NHS Nottingham City CCG	Dr Hugh Porter	5	4	
Clinical Chair, NHS Rushcliffe CCG	Dr Stephen Shortt	5	5	
Secondary Care Doctor	Dr Ben Teasdale	5	4	
Chief Operating Officer, Greater Nottingham CCGs	Gary Thompson	-	4	Deputising for Samantha Walters
Accountable Officer, Greater Nottingham CCGs	Samantha Walters	5	1	

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

Click on the months above to access the full GNJCC papers for that particular meeting.



## Appendix B: Greater Nottingham Clinical Commissioning Partnership – Governance Framework



## Appendix C: GNJCC Annual Work Programme 2018/19

	APR	MAY	JUNE	JULY	SEPT	OCT	NOV	JAN	FEB	MAR	NOTES
<b>Strategy and Leadership</b>											
Aligned Vision, Values and Strategic Objectives <sup>1</sup>			✓								
Operational Plans <sup>1</sup>	✓					✓			✓	✓	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 <sup>2</sup>				✓							
Patient and Public Engagement Framework/Strategy <sup>2</sup>					✓						
Equality and Diversity Framework/Strategy <sup>2</sup> (including Equality Objectives) <sup>1</sup>						✓					
GNJCC Governance Framework (including sub-committee terms of reference)	✓	✓	✓							✓	
Annual Work Programme	✓	✓								✓	
<b>Quality and Performance</b>											
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)						✓					

<sup>1</sup> To be endorsed for approval by the Greater Nottingham CCGs' Governing Bodies.

<sup>2</sup> 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							✓				
<b>Financial Stewardship</b>											
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 <sup>3</sup>	✓										
2019/20 Financial Plans and Opening Budgets										✓	
<b>Corporate Assurance</b>											
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.

<sup>3</sup> Received following approval by the Greater Nottingham CCGs' Governing Bodies.

## **Appendix D: Clinical Commissioning Executive Group – Highlight Report**

Detailed below is a summary of the main areas of focus for the Clinical Commissioning Executive Group ('the Group') at its fortnightly meetings during the period June to September 2018.

### **1. Unwarranted Clinical Variation**

Unwarranted clinical variation is one of the top five QIPP schemes for 2018/19, and as such, has been a key focus of the Group's last two meetings. As a result of discussions, it has been agreed that a task and finish group will be established within the next two weeks. The task and finish group will develop an implementation plan for actions identified at a recent meeting of the clinical financial recovery group. This will include continuing with practice visits and peer review where these are already in place and effective; but in addition, undertaking targeted work with the highest referring practices. Consideration will also be given to mandating review of all locum referrals and review of referrals made under the Service Restriction Policy via the Greater Nottingham Referral Support Service (see Section 5 below). The primary care quality team will also do some targeted work looking at the lowest referring practices to ensure that any potential quality concerns are identified and addressed.

### **2. Population Health Management**

Population health management is another key QIPP scheme for 2018/19. As such, the Group received a progress report for this scheme, which highlighted the need for the population health management QIPP scheme to be rebased to reflect 2017/18 performance in order to ensure that the target savings are realistic. The Group considered the short-term and long-term mitigations, along with a detailed recovery action plan. The correlation between this scheme and the outputs from the Centene phase 3 work was noted, particularly in relation to data and information technology systems, which are crucial to successful population health management. As a result of discussions, the Group supported the proposed recovery plan and recognised the need to look at prioritising resources for this area in order to deliver the proposed savings.

### **3. Health improvement throughout the surgical pathway (HISP) Scheme**

This scheme, developed with a range of stakeholders, aims to promote best practice and reduce clinical variation of referrals where elective surgery is anticipated, by creating an evidence based pre-referral checklist. The checklist is designed to promote health improvement at the start of the elective surgical pathway by encouraging clinicians to make every contact count through the identification of opportunities to promote lifestyle advice and referrals to appropriate support services. Patient leaflets have been produced to support General Practice, with separate leaflets designed for City and County patients. The Group recognised that GP awareness and 'buy in' to the scheme is crucial to its success. Therefore, it was agreed that the GP communications will be signed off by, and sent out in the name of, the four Clinical Chairs. The Group approved the referral checklist criteria and the patient leaflets.

#### **4. Greater Nottingham Referral Support Service**

The Group considered proposals for the new Greater Nottingham Referral Support Service (GNRSS) relating to the process for managing urgent referrals and the patient contact timelines. Updates to the new F12 standardised referral screen were also discussed. The Group acknowledged the output from the Equality and Quality Impact Assessment (EQIA) that had been completed and the actions being taken to mitigate potential impacts on certain vulnerable patient groups, particularly those within the City. A patient leaflet has been produced to support General Practice. As a result of discussions, the Group agreed the scope of referrals to be managed by the new service and the maximum length of time that the service will hold a referral before it gets rejected/ returned to the practice. It was also agreed that the Quality and Performance Committee will be asked to oversee the implementation of the actions agreed to mitigate potential impacts identified by the EQIA.

#### **5. Winter Planning and Community Bed Capacity**

The Group has considered the work being undertaken to analyse last winter's capacity, with a particular focus on community beds. An update on this year's Winter Plan, which is currently being developed with system partners, was received. It was acknowledged that a capacity and demand modelling exercise has been completed and the ongoing work to establish a flexible and affordable community bed model was supported.

#### **6. Delivering an Integrated Urgent Care Pathway for Nottinghamshire**

It was agreed that Greater Nottingham would continue to participate in the current collaborative arrangements for the commissioning of 111/999 services, but that given that the NEMS contract expires in September 2019, procurement of an integrated urgent care pathway (as required by national directive) would need to commence soon.

Work will now be undertaken to establish Senior Responsible Officer and governance arrangements for this procurement.

#### **7. East Midlands Framework for Locked Rehabilitation Mental Health and Learning Disabilities Inpatient Beds**

The current contract is a three year contract with the option to extend for a further two years. The contract was extended for two years in 2017 and so is due to end on 31 March 2019. Three options were outlined regarding the future of the locked rehabilitation bed provision. These included a 'do nothing' option, procurement of the beds on a Nottinghamshire basis and continuation of the current regional approach.

Re-procurement of the framework contract was approved on a regional basis for a two year period, plus one year extension option. A minimum of 5% QIPP savings will be required.

#### **8. Briefing on the use of IV Zolendronate**

The Fracture Liaison Service (FLS) works across the South Nottinghamshire CCGs and identifies patients with osteoporosis following a first low trauma fracture. It treats this group of patients, who are at high risk of further fracture, with intravenous (IV) Zolendronate in a community setting. The usual

treatment is 5mg Zolendronate, given every 18 months (total of 10mg over three years). The current supplier of the generic 5mg IV Zolendronate has recently encountered manufacturing problems and other generic 5mg Zolendronate products are considerably more expensive. The FLS is delivered by a small provider that is unable to absorb any additional prescribing cost pressures. Attempts continue to be made to source an alternative product at a lower price. The FLS has developed a proposed solution with Professor Sahota, a consultant from Nottingham University Hospitals NHS Trust. This proposes moving to the administration of 4mg Zolendronate yearly. This can be implemented immediately to support the high number of patients awaiting treatment. The 4mg dose is currently unlicensed for the treatment of osteoporosis, but is licensed for prevention of skeletal-related complications in patients with cancer. The Group acknowledged the risks of using an unlicensed product and the implications from a medico-legal perspective. The proposed way forward was supported, with the caveat that there must be strict adherence to the medico-legal requirements of prescribing medicines off licence and a clear understanding of where the liabilities lie.

## **9. Core 24**

Nottinghamshire Healthcare NHS Foundation Trust (NHT) is contracted to provide a liaison psychiatry service at Nottingham University Hospitals (NUH). The approximate contract value for the liaison psychiatry service is £2.6 million (excluding the additional Core 24 funding). A bid was submitted to NHS England (NHSE) by the A&E Delivery Board in 2016 for additional funding to ensure the service was Core 24 compliant. £472,000 was received in 2017 to support Core 24 compliance. The total investment into this service is £3.1 million. A condition of the funding was that CCGs would pick up the recurrent cost of the service after the initial bid investment, and the steer from NHSE is that there needs to be strong justification why funding would not be continued.

The Group considered three options, which were to continue investment, continue investment for six months with specific conditions, or discontinue investment. The Group approved continued investment for six months with specific conditions, which include improving A&E response and reviewing the staffing model (currently costing £3.1 million) compared to what is commissioned in other health systems to ensure what is commissioned is efficient and cost effective.

## **10. Primary Care Mental Health Service**

The primary care mental health service is commissioned by NHS Nottingham City CCG from Nottinghamshire Healthcare NHS Foundation Trust (NHFT) and funded through the Nottingham City Better Care Fund (BCF). The contract value is £506,031. In January 2018, Nottingham City Council confirmed that it would be withdrawing BCF funding for this service and notice was issued to NHFT in line with the contract. The service is due to end on 31 January 2019. The chair of One Nottingham has written to the CCG raising concerns about the decision to decommission the service.

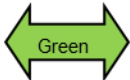
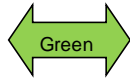
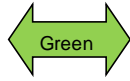
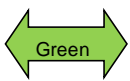
The Group considered three options, including allowing the service to end on 31 January 2019 as per the notice given (no cost), reducing the scope of the service delivered from 1 February 2019 (cost implications), and funding the service for a further six months (to 31 July 2019) to align with the mental health transformation work that is being undertaken.

The Group determined that the service should end in line with the Council's decision to withdraw funding. It was noted that there is limited evidence of the activity delivered or the outcomes achieved, and that the service is not directly related to delivering a Five Year Forward View for Mental Health target.

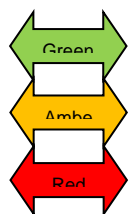
## Appendix E: Performance against key national indicators

Indicator	Standard	Latest data period		Latest period data										
		COG	Provider	COG						Provider				
				Total Notts	Grt Notts	City	NNE	NVW	Rush	NUH	Circle	EMAS Notts		
A&E	12 Hour Trolley Waits	= 0												
Cancer	2 Week Wait	≥ 83%	Jun-18	Jun-18										
	2 Week Wait- Breast Symptoms	≥ 83%	Jun-18	Jun-18										
	31 Day Decision to Treat to First Treatment	≥ 88%	Jun-18	Jun-18										
18 Weeks RTT	Incomplete %	≥ 92%	Jun-18	Jun-18										
	Incomplete number of 18 week waiters	= 0	Jun-18	Jun-18										
Diagnostics	Patients waiting longer than 6 weeks	≤ 1%	Jun-18	Jun-18										
Cancelled Operations	Rebooked within 28 Days	= 0		Jun-18										
	Urgent Operation Cancelled for a Second Time	= 0		Jun-18										
DToC	As a % of occupied beds (Greater Nottingham)	≤ 3.8%		Jun-18										
	Number of Stranded Patients (7+ days)	≤ 888		Jun-18										
	Number of Super Stranded Patients (21+ days)	≤ 288		Jun-18										
	Total Days Delayed (Nottinghamshire County)	≤ 1700		Jun-18										
	Total Days Delayed (Nottingham City)	≤ 1136		Jun-18										
Ambulance	Total Days Delayed (Total Nottinghamshire)	≤ 2836		Jun-18										
	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	≤ 00:16:00		Jun-18										
	Category 2 - Emergency calls - 90th centile	≤ 00:40:00		Jun-18										
Activity/Variance to Plan (YTD)	Category 3 - Urgent calls - 90th centile	≤ 02:00:00		Jun-18										
	Category 4 - Less urgent calls - 90th centile	≤ 03:00:00		Jun-18										
	GP Referrals (G&A)	≤ 2%	Jun-18											
	Other Referrals (G&A)	≤ 2%	Jun-18											
	Total Referrals (G&A)	≤ 2%	Jun-18											
	All 1st OP - consultant led	≤ 2%	Jun-18											
	Follow-up OP - consultant led	≤ 2%	Jun-18											
	Total Elective spells - Day Cases	≤ 2%	Jun-18											
	Total Elective spells - Ordinary	≤ 2%	Jun-18											
	Total Elective spells	≤ 2%	Jun-18											
	Non-elective spells complete - 0 Length of Stay	≤ 2%	Jun-18											
	Non-elective spells complete - 1+ Length of Stay	≤ 2%	Jun-18											
	Non-elective spells complete	≤ 2%	Jun-18											
	A&E Attendances excluding follow ups	≤ 2%	Jun-18											
	Improving Access to Psychological Therapies	Number of Completed Admitted RTT Pathways	≤ 2%	Jun-18										
Number of Completed Non-Admitted RTT Pathways		≤ 2%	Jun-18											
Number of New RTT Pathways (Clockstarts)		≤ 2%	Jun-18											
Entering Treatment - Month		≥ 1.4%	May-18											
Entering Treatment - Rolling Three Months		≥ 4.2%	May-18											
Dementia	Recovery Rate	≥ 60%	May-18											
	Waiting Times - First Treatment within 6 Weeks	≥ 76%	May-18											
	Waiting Times - First Treatment within 18 Weeks	≥ 86%	May-18											
	Diagnosis Rate	≥ 87%	Jun-18											
EIP	Treated within two weeks % - Rolling Three Months	≥ 60%	Jun-18											
CYP Eating Disorders	Routine Cases <4 Weeks - Complete Pathways	≥ 86%	Q1 2018-19											
	Urgent Case <1 Week - Complete Pathways	≥ 86%	Q1 2018-19											
Continuing Health Care	NHS CHC eligibility decisions made by COG within 28 days	≥ 80%	Q1 2018-19											
TCP: Learning Disability Inpatient Rate per Million GP Registered Population	Reliance on Inpatient Care for People with LD or Autism with a length of stay of 5 years and over	COG Commissioned	≤ 8.00	Jun-18										
		NHSE Commissioned	≤ 24.00	Jun-18										
Out of Area Placements	Total	≤ 33.00	Jun-18											
	Inappropriate Out of Area Placement Bed Days	≤ 24.28	May-18											

## Appendix F: Summary of financial duties/targets – Greater Nottingham CCGs

Statutory Duties - Remain within Revenue Resource Limit	Year to Date (£'000)	Forecast Out-Turn (£'000)	Risk Rating	Comments
Cumulative Surplus b/f	(8,062)	(19,349)	 Green	The Greater Notts CCGs are reporting delivery of the b/f cumulative surplus of £19,349k
Running Costs	(286)	(286)	 Green	The Greater Notts CCGs are forecasting an underspend position of £286k for Running Costs
Other budget areas incl reserves	284	284	 Green	The Greater Notts CCGs are forecasting an overspend position of £284k for other budget areas
<b>TOTAL</b>	<b>(8,064)</b>	<b>(19,351)</b>	 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	99.4	95.0	All targets are achieved
By Number: NHS	99.7	95.0	
By Value: Non NHS	99.7	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 – Greater Nottingham CCGs

	Annual Budget £000	Budget to Date £000	Actual to Date £000	Variance under/ (overspend) £000
<b><u>Commissioned Services</u></b>				
Acute Care	450,612	189,337	200,911	(11,574)
Mental Health Care	105,175	44,263	44,640	(377)
Community Care	97,253	41,081	41,444	(363)
Continuing Care	69,749	29,146	29,098	48
Primary Care	25,228	10,721	10,380	343
Prescribing	94,991	39,527	37,595	1,931
Delegated Co-Commissioning	96,260	36,876	36,594	282
Other Programme Services	26,009	9,715	9,621	94
Contingency, Reserves and Developments	37,845	9,332	0	9,332
<b>Total Programme Costs</b>	<b>1,003,123</b>	<b>409,998</b>	<b>410,283</b>	<b>(284)</b>
CCG Running Costs	14,994	6,231	5,944	287
<b>Total Expenditure</b>	<b>1,018,117</b>	<b>416,229</b>	<b>416,227</b>	<b>2</b>
Planned Historic Surplus	19,349	8,062	0	8,062
<b>Total Revenue Position</b>	<b>1,037,466</b>	<b>424,291</b>	<b>416,227</b>	<b>8,064</b>

## Appendix H: Operating Cost Statement – Nottingham North and East CCG

Nottingham North & East CCG Operating Cost Statement		Ledger Position £'000			
OCS Area	OCS Description	Annual Budget	YTD Budget	YTD Actual	YTD Variance
Acute Services (AS)	Circle Indep. Sect Treatment Ctr	8,812	3,816	3,797	19
	East Midlands Ambulance Service	4,560	1,789	1,789	0
	AS - Nottingham CityCare	177	74	87	(14)
	Nottingham University Hospitals	79,626	33,447	33,592	(145)
	AS - Savings Requirement	(3,524)	(1,465)	0	(1,465)
	AS - Other NHS	1,819	760	941	(181)
	AS - Other Non NHS	3,384	1,415	1,505	(90)
	AS - Sherwood Forest Hospitals (SFHFT)	4,997	2,090	2,244	(153)
	AS - Vanguard	0	0	0	0
	Collaborative Commissioning	0	0	0	0
	Clinical Assessment Service Team	0	0	0	0
	AS - Resilience	0	0	0	0
<b>Acute Services (AS)</b>		<b>99,850</b>	<b>41,925</b>	<b>43,954</b>	<b>(2,029)</b>
Delegated Co-Commissioning (DCC)	DCC - Enhanced Services	355	144	152	(8)
	GMS/PMS Payments	13,891	5,828	5,798	30
	Other	1,307	3	3	0
	Property Costs	1,915	798	631	167
	QOF	1,928	499	499	0
<b>Delegated Co-Commissioning (DCC)</b>		<b>19,396</b>	<b>7,272</b>	<b>7,083</b>	<b>189</b>
Community Health Services (CHS)	Local Partnerships	11,976	4,990	4,972	18
	Integrated Comm Equip Loan Service	626	261	278	(17)
	CHS - Nottingham CityCare	0	0	0	0
	CHS - Other NHS	343	143	175	(32)
	CHS - Other Non NHS	1,701	709	719	(10)
	CHS - Sherwood Forest Hospitals (SFHFT)	1,012	422	422	0
	CHS - Savings Requirement	0	0	0	0
<b>Community Health Services (CHS)</b>		<b>15,658</b>	<b>6,524</b>	<b>6,565</b>	<b>(41)</b>
Continuing Care Services	Continuing Care	14,053	6,024	5,886	138
	CHC Assessment Service	355	148	144	4
	Funded Nursing Care	2,024	831	788	43
<b>Continuing Care Services</b>		<b>16,433</b>	<b>7,003</b>	<b>6,818</b>	<b>186</b>
Mental Health Services (MHS)	Improv. Access to Psych. Therapies	1,258	524	450	74
	Locked Rehab MH	467	219	295	(76)
	Locked Rehab LD	361	114	81	33
	MHS - Non Contracted Activity	348	145	145	0
	Nottinghamshire Healthcare Trust	13,495	5,505	5,485	20
	MHS - Other NHS	86	36	53	(18)
	MHS - Other Non NHS	2,375	1,174	1,045	129
<b>Mental Health Services (MHS)</b>		<b>18,390</b>	<b>7,716</b>	<b>7,554</b>	<b>163</b>
Corporate Costs	Non-Pay	938	330	205	126
	Pay	2,277	949	948	1
<b>Corporate Costs</b>		<b>3,215</b>	<b>1,279</b>	<b>1,153</b>	<b>126</b>
Other Programme Services (OPS)	Corporate Costs	(430)	(655)	(714)	59
	OPS - Medicines Management	0	0	0	0
	OPS - GP IT	0	0	0	0
	NHS Property Services	870	363	363	(0)
	OPS - Other NHS	0	0	0	0
	OPS - Other Non NHS	4,810	2,004	1,964	40
	Patient Transport	911	391	411	(20)
<b>Other Programme Services (OPS)</b>		<b>6,162</b>	<b>2,103</b>	<b>2,024</b>	<b>79</b>
Primary Care Services (PCS)	PCS - Enhanced Services	837	349	348	1
	GP Forward View	669	235	235	0
	PCS - GP IT	406	169	188	(19)
	PCS - Medicines Management	361	151	154	(4)
	Out of Hours	1,309	545	562	(17)
	Pathways	2,194	914	787	127
	Prescribing	21,961	9,139	8,715	424
	PCS - Resilience	0	0	0	0
<b>Primary Care Services (PCS)</b>		<b>27,736</b>	<b>11,501</b>	<b>10,989</b>	<b>512</b>
Developments and Reserves	Contingency	973	816	0	816
	Investments/ Other	1,058	0	0	0
	Committed	4,173	0	0	0
<b>Developments and Reserves</b>		<b>6,204</b>	<b>816</b>	<b>0</b>	<b>816</b>
Planned Historic Surplus	Planned Historic Surplus	4,069	1,695	0	1,695
<b>Planned Historic Surplus</b>		<b>4,069</b>	<b>1,695</b>	<b>0</b>	<b>1,695</b>
<b>Grand Total</b>		<b>217,112</b>	<b>87,835</b>	<b>86,140</b>	<b>1,696</b>

## Appendix I: Financial Recovery Plan – Month 5 position

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

Current Position	Overall	Risk Adjusted
<b>Full Year Effect of 17/18 Schemes</b>	£19.33m	£17.16m
<b>18/19 New Schemes</b>	£27.69m	£21.06m
<b>Total</b>	<b>£47.02m</b>	<b>£38.22m</b>
<b>Target</b>	£52.52m	£52.52m
<b>Shortfall / Surplus</b>	<b>(£5.50m)</b>	<b>(£14.30m)</b>

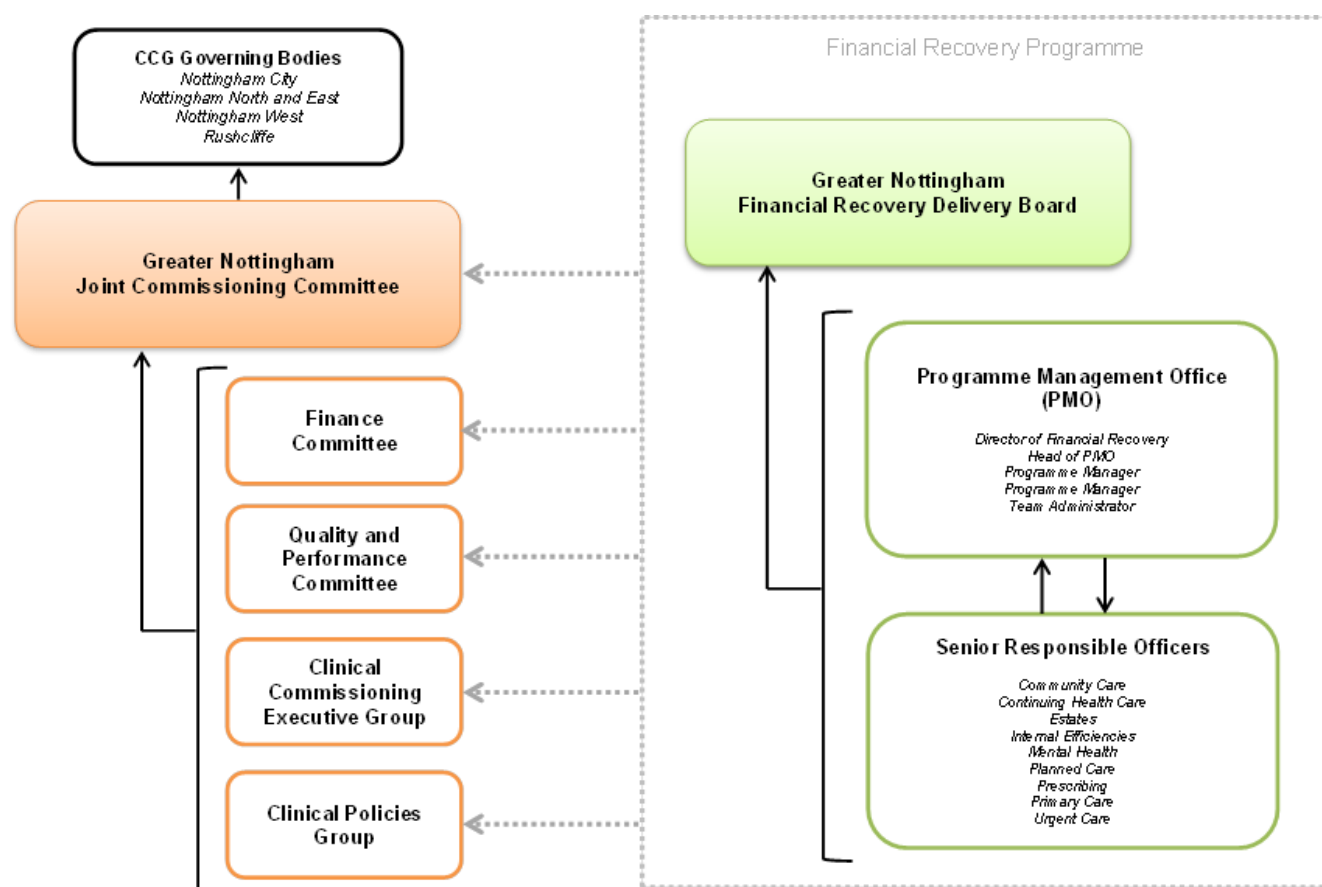
The value of the schemes identified is £5.48 million under target, but risk assessed gives a £14.3 million shortfall.

The forecast delivery by programme area is shown in the table below:

Programme Areas	Current Position	No Risk	Low Risk	Medium Risk	High Risk	FRP	Movement from FRP
Primary Care	-	-	-	-	-	-	-
Community Care	£5.49m	£3.22m	£0.20m	£1.98m	£0.10m	£4.74m	£0.75m
Urgent Care	£3.86m	-	£3.86m	£0.00m	-	£7.75m	(£3.89m)
Prescribing	£6.06m	-	£5.06m	£1.00m	-	£6.40m	(£0.34m)
Planned Care	£20.60m	£9.38m	£9.63m	£1.59m	-	£27.75m	(£7.15m)
Continuing Health Care	£3.37m	£0.09m	£3.28m	-	-	£3.44m	(£0.07m)
Mental Health	£0.29m	£0.30m	-	-	-	£0.29m	-
Internal Efficiencies	£0.51m	-	£0.51m	-	-	£0.52m	(£0.01m)
Estates	£0.01m	£0.01m	-	-	-	£0.06m	(£0.05m)
Pipeline Schemes	£6.82m	-	£0.05m	£2.94m	£3.83m	-	£6.82m
<b>Sub Totals</b>	<b>£47.02m</b>	<b>£13.00m</b>	<b>£22.58m</b>	<b>£7.51m</b>	<b>£3.93m</b>	<b>£50.95m</b>	<b>(£3.93m)</b>
<b>NHSE Risk Adjusted Sub Totals</b>	<b>£38.22m</b>	<b>£13.00m</b>	<b>£20.32m</b>	<b>£4.50m</b>	<b>£0.39m</b>	<b>£43.05m</b>	<b>(£4.83m)</b>

The year to date QIPP delivery is £12.3 million against a plan of £20.1 million (month 5). The CCP is confident of delivery of schemes of £38 million and is working to deliver schemes to the value of £46.5 million.










## Appendix J: Financial Recovery Programme – Governance Arrangements



Forum	Role, responsibilities, accountability and reporting arrangements
Financial Recovery Delivery Board	<p>The Financial Recovery Delivery Board (FRDB) has been established to lead and drive the Greater Nottingham Financial Recovery Programme, with a specific focus on:</p> <ul style="list-style-type: none"> <li>• Performance managing the delivery of the Financial Recovery Programme and any associated recovery actions to support in-year financial targets.</li> <li>• Ensuring that the capability and capacity of the Greater Nottingham Clinical Commissioning Partnership is sufficient to meet the requirements of the Financial Recovery Programme.</li> </ul> <p>The FRDB supports the Finance Committee in its scrutiny assurance role and the Greater Nottingham Joint Commissioning Committee (GNJCC) in discharging its delegated financial responsibilities.</p>
Greater Nottingham Joint Commissioning Committee (GNJCC)	<p>The GNJCC is responsible 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. The GNJCC is accountable to the four Greater Nottingham CCGs' Governing Bodies in relation to this responsibility.</p> <p>In line with this responsibility the GNJCC will continue to receive a monthly finance report, which will include updates on the work of the Financial Recovery Delivery</p>

Forum	Role, responsibilities, accountability and reporting arrangements
	<p>Board. In order to provide the relevant assurance to each CCG Governing Body, it is important that these reports include detail pertaining to each CCG's financial position. Assurance will also be received through Finance Committee highlight reports and minutes.</p> <p>The GNJCC also approves financial recovery business cases, as recommended by the Clinical Commissioning Executive Group (CCEG).</p>
Clinical Commissioning Executive Group	<p>The CCEG considers business cases relating to financial recovery schemes, including invest to save proposals and decommissioning and disinvestment proposals. The CCEG 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.</p> <p>The CCEG may recommend proposals for further scrutiny by the Quality and Performance and/or Finance Committees in line with agreed thresholds for referral.</p>
Finance Committee	<p>The Finance Committee exists to scrutinise arrangements for ensuring the delivery of the Greater Nottingham CCGs' statutory financial duties. This includes overseeing the development, implementation and monitoring of the Greater Nottingham Financial Recovery Plan.</p> <p>The Finance Committee also reviews the cost effectiveness of business cases relating to financial recovery schemes, as referred by the Clinical Commissioning Executive Group. This is likely to be where proposals are considered to set precedent, be novel, contentious or repercussive.</p> <p>The work of the Financial Recovery Delivery Board will be reported to the Finance Committee as part of its monthly assurance reports in relation to the Financial Recovery Programme. The Finance Committee will also receive the minutes from all Board meetings.</p>
Quality and Performance Committee	<p>The Quality and Performance Committee reviews Equality and Quality Impact Assessments (EQIAs) and feedback from patient and public engagement and consultation activities, as referred by the Clinical Commissioning Executive Group. This is likely to be where business cases relating to financial recovery schemes are considered to set precedent, be novel, contentious or repercussive.</p>
Clinical Policies Group	<p>The Clinical Policies Group, once established as a sub-committee of the Greater Nottingham Joint Commissioning Committee, will remove the need for a separate Financial Recovery Clinical Group. The existing group will continue to meet in the meantime and acts as a reference group to support financial recovery scheme development.</p>

## Appendix K: Procurement and Contracting – Key Issues and Highlights Dashboard

Acute 	Out Of Hospital 	Mental Health 
<p>The treatment centre Direct Contract Award is expected to be signed by 24 July, with a go live date of 29 July. Work on the TC procurement continues with the ITT publication expected in August 2018 and contract award in year.</p>	<p>New contract with Citycare commenced on 1 July 2018 for 6 years and 9 months with an option to extend for 2 years For all other contracts the NHS national variation is in place for 2018/19. New contracts will be agreed for 2019/20.</p>	<p>Processes for contract and performance management are being reviewed and strengthened.</p>
Financial Recovery 	Financial Recovery 	Financial Recovery 
<p>7 headline schemes have been identified with work being undertaken to translate these into the PMO workbooks.</p> <p>Team capacity issues identified in the risk register are being mitigated with the use of interim resource whilst recruitment continues.</p>	<p>Review of non-acute contracts ending Mar 19, to determine decommissioning or recommission with potential efficiencies. Summary review for each to be presented to FRDG. EQIAs and full reviews to be completed as required. Final commissioning intentions to be communicated to providers by the 30 September 18. CCGs working with Local Partnerships to establish contractual opportunities to release QIPP. Citycare re-procurement savings have been delivered.</p>	<p>2018/19 QIPP schemes delivered. Savings minimal due to the national requirement to meet the Mental Health Investment Standard. Mental Health Transformation Programme has not progressed as planned due to capacity and the need to focus on national standards which are not being met. Developing case for interim support to progress.</p>
Contract Risks 	Contract Risks 	Contract Risks 
<p>Top risks</p> <ul style="list-style-type: none"> <li>pressures caused by team capacity,</li> <li>provider's potential resistance to the new Restricted Procedures policy, and</li> <li>NUHs engagement in the redesign of the Stroke rehabilitation pathway.</li> </ul> <p>Risks are being well managed with mitigating actions in place.</p>	<p>CCGs will ensure through closer monitoring that performance at Citycare is maintained during transition phase. A number of community bed contracts are due to expire this year. Clinical executives have agreed plan to increase activity through improved utilisation and requirements to implement notice is currently being agreed.</p>	<p>Processes for managing performance risk have not been sufficiently robust, resulting in a deterioration in provider performance across a number of areas. Risks have been identified, executive meetings taken place and more robust contract management processes are being implemented</p>