NHS
Greater Nottingham
Clinical Commissioning Partnership

# Greater Nottingham Joint Commissioning Committee

# Quarterly Assurance Report

## January 2019

# Contents


Foreword ..... 1
1. Introduction ..... 2
2. Strategy and leadership ..... 2
2.1 Thematic reviews ..... 2
2.2 Proposed governance arrangements: contracting negotiation round 2019/20 ..... 3
2.3 Investment, Disinvestment and Significant Service Change Policy ..... 4
2.4 Winter Planning ..... 4
2.5 Maternity Transformation ..... 5
3. Quality and performance ..... 6
3.1 Quality ..... 6
3.2 Performance ..... 7
3.3 Ambulance Response Programme Review ..... 10
4. Financial stewardship ..... 11
4.1 Financial position ..... 11
4.2 Financial Recovery Plan ..... 13
4.3 Contracting and procurement ..... 13
5. Risks ..... 13
Appendix A: Membership, meeting dates and attendance ..... 14
Appendix B: Greater Nottingham Clinical Commissioning Partnership – Governance Framework ..... 15
Appendix C: GNJCC Annual Work Programme 2018/19 ..... 16
Appendix D: Clinical Commissioning Executive Group – Highlight Report ..... 18
Appendix E: Performance against key national indicators ..... 20
Appendix F: Summary of financial duties/targets – Greater Nottingham CCGs ..... 21
Appendix G: Revenue expenditure position – Greater Nottingham CCGs ..... 22
Appendix H: Operating Cost Statement – Nottingham North and East CCG ..... 23
Appendix I: Financial Recovery Plan – Month 7 position ..... 24
Appendix J: Procurement and Contracting – Key Issues and Highlights Dashboard ..... 25

## Foreword

I am pleased to present the third quarterly assurance report from the Greater Nottingham Joint Commissioning Committee (GNJCC). The GNJCC has met twice since the last quarterly update: once in October and once in November 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 membership of the GNJCC has seen some recent changes, with Dr Amanda Sullivan welcomed to her first meeting as Accountable Officer for the Greater Nottingham and Mid-Nottinghamshire CCGs in November 2018. In addition, November was the last meeting for Dr Ben Teasdale and Paul McKay. Myself and the other members of the GNJCC have expressed our sincere thanks to Ben and Paul for their valuable insight and contributions and wish them both well for the future. We also look forward to welcoming Dr Adedeji Okubadejo, a consultant in anaesthesia and pain management and the Associate Medical Director at University Hospitals Birmingham NHS Foundation Trust, who will fulfil the role of the Secondary Care Doctor; and Sue Batty, Service Director for Adult Social Care and Health in Nottinghamshire, to meetings from January 2019.

The GNJCC did not meet during December, as this time was used for a joint development session with the four Greater Nottingham Governing Bodies. I had the pleasure of co-hosting this informative event; and in having the opportunity to meet with Governing Body members and hearing first-hand their views on the future direction of travel.

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 third quarterly report, which has been developed in line with the GNJCC's terms of reference, and describes the work of the GNJCC during the third 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 October and November 2018 meetings.

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

## 2.1 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 has been one thematic review during the last quarter, as summarised at 2.2.1 below.

2.1.1 Community care:

*Highlights from the review:*

- The review focussed on the delivery of community care across Greater Nottingham in line with the Greater Nottingham Operational Plan and it was confirmed that work was on track to deliver.
- Key priorities for the Community Care Workstream include implementation of a standardised model of population health across Greater Nottingham and ensuring optimum community capacity to support system flow in readiness for winter 2018/19.
- Work has commenced to establish a locality facing model of care in line with the emerging Integrated Care System (ICS) and where possible, work is already being undertaken across the ICS footprint.
- A Greater Nottingham Out of Hospital Oversight Group was stablished in August 2018. The Group is comprised of CCG commissioning and clinical leads and part of its remit is to review key areas such as population health, primary care development and community.

*Successes, Issues, Risks and Mitigations:*

- Whilst integrated working is already happening successfully in some places, the majority of current services still works independently from one another and are often reactive, rather than proactive. This can lead to inconsistencies in quality, fragmented patient care, duplication and people being passive recipients of care, which in turn leads to poorer outcomes for them. Breaking down barriers between provider organisations will lead to more equitable care
- The availability of home care provision is a key factor to the overall community capacity and system flow. System partners are working together to ensure that sufficient home care capacity is available.
- The strategic intentions to develop and enhance community provision to enable care to be provided in a proactive and timely manner, in the most appropriate setting, needs to be considered as part of an integrated care system to enable the necessary investment required.

## 2.2 Proposed governance arrangements: contracting negotiation round 2019/20

The Greater Nottingham Clinical Commissioning Partnership (GNCCP) requires a clear governance framework to underpin the management of its contracting arrangements; as such, the GNJCC reviewed the approach set out for the contracting round in 2019/20 at its meeting in November 2018. The approach was endorsed by members following assurance that:

- The approach reflects the GNCCP's joint commissioning intentions and strategic direction of travel, whilst still recognising each individual CCG's own statutory responsibilities.
- Accountabilities and responsibilities within the arrangements, including the contract negotiation process, are clearly assigned to individual executive and senior managers.
- The arrangements include the appropriate sub-groups and workstreams with clear reporting lines through the GNCCP's formal governance structure for decision-making (where necessary) and significant risks and issues.
- A comprehensive timetable is in place for planning the 2019/20 contract negotiations, which recognises national and local requirements.

## 2.3 Investment, Disinvestment and Significant Service Change Policy

The purpose of the Investment, Disinvestment and Significant Service Change Policy is to provide the overarching process and decision-making principles against which proposals to invest, disinvest or significantly change services will be developed and approved. The policy will apply across the GNCCP and will be supplemented with guidance to support staff in the development of business plans.

The GNJCC was assured that a robust approach had been taken in terms of developing the policy and that relevant expertise from across the GNCCP has been sought and embedded. The GNJCC approved the core content of the policy at its meeting in November 2018 and agreed to delegate approval of the supplementary documents to the Clinical Commissioning Executive Group.

## 2.4 Urgent Care Team and Winter Planning

During November 2018, the Greater Nottingham Clinical Commissioning Partnership welcomed two new members to its Urgent Care Team. Caroline Nolan took up the role of System Delivery Director on 5 November. This is a new joint position with Nottingham University Hospitals NHS Trust. Simon Frampton will be providing senior management support to Caroline in his role as Deputy Director of Urgent Care. Simon commenced in post on 15 November.

Winter planning across Greater Nottingham started in April 2018, enabling lessons learnt from the 2017/18 winter to be incorporated into the plans for 2018/19.

One of the key issues identified was a peak gap of 200 beds over the final quarter for 2018/19. Plans are now in place to mitigate this gap with an additional 65 community beds comprised of 20 enhanced care beds (now in place) and an additional 45 beds in the St Francis ward based on the City Hospital Campus, which started to come online from the end of December 2018. From December 2018 to April 2019, there will be 116 additional acute beds available, 30 of which are already open and in use by the system. To further increase the availability of beds, a target reduction of 25% on long length of stay patients has been implemented, Once fully realised this will reduce long length of stay patients from a March 2018 baseline of 285 to 200.

Nottingham City Council now has additional packages of care for reablement (18 from 1 January 2019) and home care (five to seven from 1 December 2018) due to both additional capacity and some efficiency improvements. An additional 16 interim beds have also be made available to aid system flow. Further capacity will also be available from Nottinghamshire County Council from the allocation of additional national funding for adult social care.

Both Local authorities have received winter pressures money which has enabled them to provide the following additional capacity between November 2018 and March 2019:

| | City LA | County LA |
|---|---|---|
| Additional number of home care packages provided from | 162 | 107 |

| | City LA | County LA |
|---|---|---|
| November 2018 to March 2019 | | |
| Additional number of hours of home care provided from November 2018 to March 2019 | 0 | 27895 |
| Additional number of care home placements from November 2018 to March 2019 | 14 | 18 |

Capital funded redesign work on the front door of the Emergency has provided the department with a new area for 'minors' patients and a seven day frailty unit, including longer evening operating hours to support admission avoidance. A Medical Ambulatory Care Unit has been co-located with the Urgent and Emergency Care Centre which will also incorporate some of the functions of the Acute Medicine Receiving Unit (AMRU), allowing a greater flow of patients to this service that may have otherwise been treated in the Emergency Department 'majors' area. As a result of these changes, the Emergency Department 'majors' area has expanded to 30 cubicles, with the ability to further expand to 36 when required in times of escalation. Workforce models have been developed for the new structure and pathways, which are passing through the appropriate governance routes for consideration. Once fully staffed these improvements aim to deliver a ten percent improvement in performance.

An over-arching system winter plan is in place, which contains all provider organisations' internal business continuity plans for winter and flu prevention, a system agreed surge and escalation plan with refreshed OPEL (Operational Pressures Escalation Levels) triggers and action cards, and an urgent care communications plan. These plans were tested by the system on 27 November 2018 when a system led full day table top exercise took place to test and refine the winter escalation procedures and communication routes.

It is important to note that current performance against the Accident and Emergency four hour waiting time standard remains below the required level and the Greater Nottingham system remains in escalation.

## 2.5 Maternity Transformation Programme

The Midlands and East Regional Project Management Office (PMO) has established a reporting timetable from September 2018 for Local Maternity Systems (LMS) in our area. This consists of a highlight report with self-rating (RAG) against regional milestones, national core deliverables and focussed 'deep dive' reports.

An assurance meeting was held with NHS England in September 2018 whereby the Nottinghamshire LMS had to present the first highlight report and our plans around continuity of carer and finance. Attendance at the meeting included Penny Harris, Senior Advisory Consultant, Isobel Schofield, Deputy Chief Finance Officer and Fiona Warren, Maternity Transformation Programme Manager.

At the meeting the attendees self-assessed themselves as:

- Amber against the safety and saving babies lives care bundle core deliverables, due to high smoking rates in certain areas of the system (action plans in place led by public health to reduce this) and because there is no formal pathway for smoking cessation in place in Nottingham City.
- Red against continuity of carer, as the LMS will not meet the planning guidance requirement of 20% and the LMS had agreed and submitted a trajectory of 10% in June 2018 to NHS England.

The outcome of the assurance meeting was that the LMS was rated as 'some support was required', which is in line with many others across our region.

## 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 October to December 2018 to ensure the quality of CCG commissioned services.

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

Quarterly Quality Reports are received by the GNJCC and its Quality and Performance Committee. These describe performance against the CCG Improvement and Assessment Framework (IAF) and Quality Premium indicators. The reports also summarise 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:

- Healthcare Acquired Infections: Nottingham City CCG has one MRSA bacteraemia post infection investigation underway. Both Nottingham City and Rushcliffe CCGs have exceeded their Clostridium difficile targets and are unlikely to be able to recover the position in year. Some inappropriate prescribing practice has been identified and addressed with the relevant practices.
- Emergency Department 4 hour access target: performance continues to be below both national standard and local trajectory. Enhanced surveillance in relation to quality impact

continues. The joint quality visit was undertaken by the CCGs, NHS England and NHS Improvement on 11 October, which provided assurance in relation to patient safety. The process redesign of the Emergency Department will improve this further and will address the concerns regarding privacy and dignity. The impact of medical staff shortfalls is to be reflected in the risk register.

3.1.2 Equality Quality Impact Assessments (EQIAs):

There has been a continued focus on the Equality Quality Impact Assessment (EQIA) process and the EQIA Log has now been updated to include details of all schemes where the EQIA process has been commenced as well as those completed. Patient and public engagement and the EQIA process are to be a focus of the Quality and Performance Committee's meeting in December.

3.1.3 Care Homes Sector:

The fragility of this sector has been a continued focus of the Quality and Performance Committee and it has been agreed that the CCGs' approach to quality monitoring and improvement needs to be supportive and facilitative. It was agreed that there will be a deep dive report to a future meeting. The Quality Surveillance Group is currently completing a review of the sector, given recent concerns about fragility due to financial and/or workforce pressures. The output from this work will feed into the deep dive report, along with an update on the quality assurance frameworks (including medicines management oversight) that are being aligned across Greater Nottingham.

3.1.4 2017/18 Annual Reports:

The following annual reports have been received for assurance in relation to compliance with the CCGs' statutory requirements:

- Controlled Drugs Annual Report 2017/18: was received and provided assurance in relation to the CCGs' compliance with statutory medicines management requirements.
- Serious Incident Annual Report 2017/18: was received and provided assurance in relation to the CCGs' and providers' compliance with the serious incident framework. Actions taken as a result of learning were identified.
- Medicines Safety Officer Annual Report 2017/18: was received and provided assurance in relation to the CCGs' compliance with statutory medicines management requirements. The report detailed the important work that the teams do in relation to medicines safety. It was noted that the team has recently won a national Presquipp award for the joint work undertaken with the primary care quality team on the splenectomy audit.

## 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 four areas of performance that remain in formal escalation with NHS England. Full NHS continuing healthcare (CHC) assessments taking place in an acute hospital setting is no longer in escalation.

Actions being taken to address these areas of under-performance are set out in the sections below.

A&E 4-hour wait:

*Actions being taken to improve performance:*

- Work is underway on the emergency pathway 'front door' design at QMC. This will create an integrated urgent treatment centre, which combines NEMS and minors in a single location, and increases the number of major cubicles from 20 to 30. There will also be a new 'front door' for ambulatory attendances requiring urgent care.
- A business case has been approved to deliver a 45 bedded community facility at Nottingham City Hospital (St Francis), due to open mid-December 2018.
- Discharge targets had been introduced for all wards, including stretch targets for those over 92% capacity (calculated over an 8 week asessment period). Sustained delivery of discharge targets would support a reduction of medically safe patients and reduce bed occupancy.
- Plans are in place to increase home care / reablement capacity to support the winter plan. A plan has been approved, with conditions, at the ED Delivery Board.

*Timeline for recovery:*

- The A&E performance trajectory aims to deliver 90% for the period November 2018 to January 2019, with the trajectory increasing to 91% and 95% respectively for February and March 2019.
- The latest data shows that the trajectory is not being met.

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

*Actions being taken to improve performance:*

**All Tumour Sites**

- Individual tumour site RAPs are in place and progress against these is reviewed on a fortnightly basis.
- East Midlands Cancer Alliance transformation funding has been realised to CCGs and Providers 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 (WLI) sessions continued to be implemented during November 2018. A case of need is currently being formulated for an additional consultant surgeon.

**Urology**

The first phase of the Prostate Pathway Transformation plan has been implemented, which will reduce the number of patients requiring diagnostic biopsy and surgery. WLI sessions are being undertaken at weekends to reduce surgery waiting times. Negotiations are being held with a local private provider to undertake routine non cancer treatments to release capacity at NUH.

**Lung**

The vacant surgical post has been appointed to and due to commence in December 2018. The vacant consultant physician post is to be filled by a locum in December 2018. Cancer Alliance Transformational funds being awarded in December 2018 and January 2019 will be targeted towards lung pathway redesign.

*Timeline for recovery:*

It is forecast that performance in October and November 2018 (reported in December 2018 and January 2019) will improve but remain below 85% as NUH continue to reduce backlog numbers.

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

*Actions being taken to improve performance:*

- The actions outlined in the RAP have been progressed and met 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 continuing to receive an anonymised patient tracking list (PTL) on a weekly basis to enable the progress of individual patients to be tracked and NUH 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 achieve 100% during Q3 2018/19.

### 3.2.3 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).

- 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 |

## 3.3 Ambulance Response Programme Review

The aim of the Ambulance Response Programme (ARP) has been to explore strategies that can support operational efficiency and performance and improve the delivery of high quality care for patients. Over an 18 month period from October 2015 to April 2017 two major changes were made to ambulance service operations – The introduction of additional time to triage 999 calls to enable better dispatch of an appropriate response (Dispatch on Disposition) and a revision of call categories to support provision of responses that are a better fit between urgency, clinical need and appropriate response. After careful piloting and evaluation, the decision was made to implement ARP across all ambulance services in England in July 2017 and this was achieved by November 2017.

To ensure the successful implementation of the ARP, a group of clinical and operational experts were tasked to monitor and review the logistical, practical and operational issues associated with national roll-out. This group also discussed and reviewed weekly and monthly reporting data for monitoring and safety purposes and were responsible for overseeing the continued evaluation and further development of the programme. They commissioned and developed the ARP Review in conjunction with Sheffield University's School of Health and Related Research and the Association of Ambulance Chief Executives.

The aims of the ARP Review were to:

- Undertake a review of the implementation of the various initiatives within the Ambulance Response Programme;
- Provide recommendations relating to further development of the programme;
- Provide oversight, analysis and monitoring of safety and performance of ambulance services operating the Ambulance Response Programme;
- Provide clinical expertise as to the recommended time and type of response that is appropriate for specific conditions;
- Ensure the programme delivers coherent outcomes and benefits to patients, ambulance services and the wider Urgent and Emergency Care system.

The full report resulting from the Review can be accessed here: https://www.england.nhs.uk/wp-content/uploads/2018/10/ambulance-response-programme-review.pdf

# 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 7).

## 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 (£14.9 M) | | | | |
| 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 GNCCP is delivery of the key financial duties.

b) Key area of concern remains Acute spend. This area is £15.8 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 6 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, 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 £7.3 million deficit has worsened slightly against month 6. 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 | (6,534) | (2,116) |
| Nottingham, North & East | 725 | (3,642) | (2,917) |
| Nottingham West | 461 | 279 | 740 |
| Rushcliffe | 569 | (3,612) | (3,043) |
| **Total** | **6,173** | **(13,509)** | **(7,336)** |

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 forecast delivery of £43.9 million against the £52.5 million target. Of the £43.9 million, £8.5 million is non recurrent. 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.

## 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 second quarterly Contracting and Procurement Report for 2018/19 being received in October 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**.

# 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.

As at November 2018, the GNJCC were sighted on the GNCCP's three 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.
- As a result of the restructuring process and period of ongoing change and uncertainty, staff may become disengaged which could result in low morale and reduced productivity

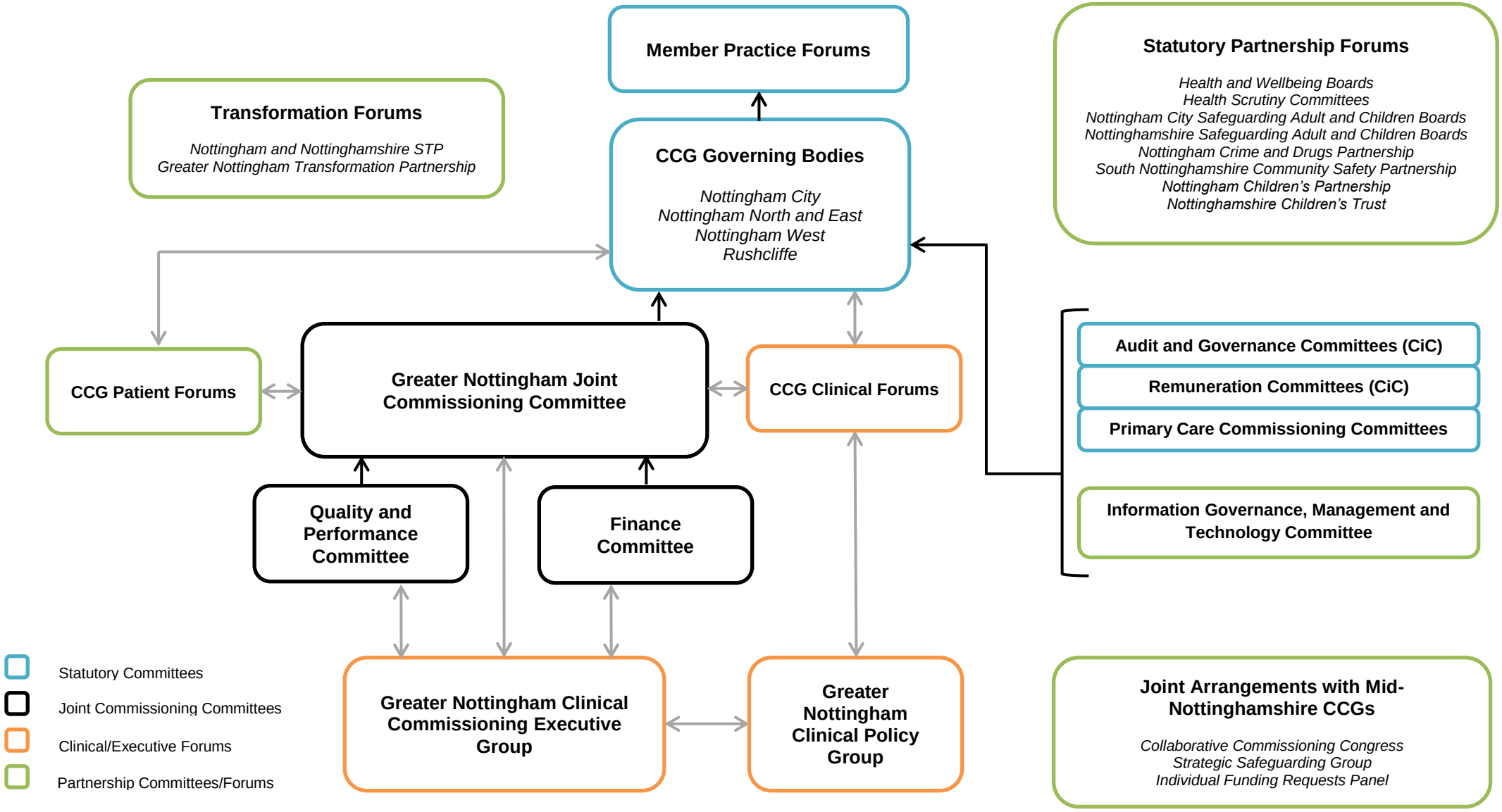
## Appendix A: Membership, meeting dates and attendance

| Member | Name | Attendance | | |
|---|---|---|---|---|
| | | *Possible* | *Actual* | *Comment* |
| Lay Member, Financial Management and Audit | Terry Allen | 7 | 6 | |
| Clinical Chair, NHS Nottingham West CCG | Dr Nicole Atkinson | 7 | 5 | |
| Chief Finance Officer, Greater Nottingham CCGs | Jonathan Bemrose | 7 | 7 | |
| Chief Nurse and Director of Quality, Greater Nottingham CCGs | Nichola Bramhall | 7 | 6 | |
| Lay Member | Janet Champion | 7 | 4 | Membership started June 2018 |
| Lay Member, Patient and Public Involvement | Sue Clague | 7 | 7 | |
| Chief Executive, Nottingham City Council | Ian Curryer | 1 | 0 | Membership ceased April 2018 |
| Lay Member | Carol Knott | 2 | 1 | Membership ceased May 2018 |
| Clinical Chair, NHS Nottingham North and East CCG | Dr James Hopkinson | 7 | 4 | |
| GP Advisor | Dr Sonali Kinra | 7 | 5 | Membership started May 2018 |
| Chief Executive, Nottinghamshire County Council | Anthony May | 1 | 0 | Membership ceased April 2018 |
| Independent Chair | Jenny Myers | 7 | 7 | |
| Clinical Chair, NHS Nottingham City CCG | Dr Hugh Porter | 7 | 6 | Dr Margaret Abbott acted as deputy at the June 2018 meeting |
| Clinical Chair, NHS Rushcliffe CCG | Dr Stephen Shortt | 7 | 7 | |
| Accountable Officer, Nottingham and Nottinghamshire CCGs | Dr Amanda Sullivan | 1 | 1 | Membership started November 2018 |
| Secondary Care Doctor | Dr Ben Teasdale | 7 | 5 | Membership ceased December 2018 |
| Acting Accountable Officer, Greater Nottingham CCGs | Gary Thompson | 3 | 3 | Membership started July and ceased October 2018 |
| Accountable Officer, Greater Nottingham CCGs | Samantha Walters | 5 | 1 | Gary Thompson acted as deputy at the May and June 2018 meetings<br>Membership ceased September 2018 |

| 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 | 31 January 2019 | 09:00-13:00 | Clumber Room, Easthorpe House |
| 25 July 2018 | 09:00-13:00 | Chappell Room, Gedling Civic Centre | 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 |

**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **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 D: Clinical Commissioning Executive Group – Highlight Report

Detailed below is a summary of the main areas of focus for the Clinical Commissioning Executive Group (CCEG) at its most recent meetings in October and November 2018:

### 1. Greater Nottingham Podiatry Model

Podiatry is currently a community care scheme on the Financial Recovery Plan for 2018/19.

Currently, there are three different models across Greater Nottingham and a review has been completed to facilitate the agreement of a consistent model across Greater Nottingham, which could achieve potential savings of approximately £102k for 2018/19.

Six options, based on the medical and podiatric needs matrix, were presented to the Group for consideration.

Having considered the information provided the Group agreed that:

a) More detailed information is required around how much the thresholds are being reduced.

b) More clarity is needed on the differences between the Sheffield and Nottingham North and East models before a decision can be made and clinical support is agreed.

### 2. Low Acuity Ambulance Pathway 111

The current NHS 111 contract was awarded to Derbyshire Health United (DHU) 111 CIC on the 1 October 2016 and is due to expire on 30 September 2021. This is a regional contract covering Derbyshire, Nottinghamshire, Lincolnshire, Leicestershire and Northamptonshire. The core contract is paid on a cost per case (call) basis.

An additional element to the contract is the low acuity ambulance pathway. This service increases clinical input to low acuity ambulance calls, with the aim to reduce transfer of activity to EMAS, ambulance dispatch and subsequent conveyance to A&E.

Implementing this pathway was a requirement under the Urgent and Emergency Care Vanguard in 2016. Since inception of the pathway, there has been a reduction in EMAS activity, equating to £894k for Nottinghamshire. The service was funded, for the Nottinghamshire region, using non recurrent vanguard and STP monies until September 2018.

The Group was asked to approve a proposal to commission the low acuity ambulance pathway for the further period of October 2018 to September 2019. The intention is that the service will then be re-procured as part of integrated urgent care from October 2019. The Group approved the proposal and were assured that processes are in place to ensure activity performance remains on plan.

### 3. Falls and Bone Health

The Group had previously supported the re-procurement of the Community Fracture Liaison Service for NHS Nottingham North and East, NHS Nottingham West and NHS Rushcliffe CCGs. A further update was provided on the estimated activity levels and costs. The Group recognised that the service

will help to improve patient health, it was felt however more assurance was required to demonstrate value for money.

The Group was also asked to consider a proposal to continue the Falls Management Exercise (FAME) Programme. The Programme is felt to have led to a significant reduction in falls and risks, which have resulted in the past to hospitalisation, admission to long term care and death. The Group requested further evidence in relation to the benefits of the Postural Stability Exercise Programme before granting final approval.

**4. Multi-Speciality Community Provider (MCP) Personalised Business Case Manager: Role and Impact**

In November 2017, using Multispecialty Community Provider (MCP) resources, a Personalised Care Case Manager was recruited for a fixed term of 12 months to scope the opportunities presented at locality level within NHS Rushcliffe CCG. The Group was asked to approve the extension of the existing project for a further 12 months, with consideration for roll-out across Greater Nottingham.

The Group acknowledged that the initiative had proven successful; however, were mindful that there was potential duplication due to a recently implemented Continuing Healthcare (CHC) service achieving similar outcomes. The Group requested further investigation to be undertaken before the proposal is revisited.

**5. Referral Support Service Management Support, Resourcing and Future Provision**

The Greater Nottingham Referral Support Services (GNRSS) was launched in July 2018. The service built on the already established Clinical Assessment Services (CAS) delivered by NHS Rushcliffe CCG and commissioned by NHS Nottingham City CCG. The two CASs have different operating and contractual arrangements and, as a result of this, deliver a mixture of services for the CCGs and across Greater Nottingham. Contractually they are procured differently.

The Group received a proposal to identify a strategic lead to oversee the current and any future expansion of GNRSS, to approve the recruitment of a new Operational Lead to manage GNRSS across Greater Nottingham and to endorse the establishment of a single Referral Support Service.

The Group requested a review to be undertaken of existing roles within the Locality Teams to understand capacity and if there was a need to recruit an Operational Lead.

The Group noted wider clinical conversations taking place with Greater Nottingham and Mid-Nottinghamshire to discuss the future expansion and commissioning of RSS services.

**6. Hospital to Home Respiratory Care Pilot**

The Group received a proposal to approve funding for a two-year pilot scheme with the overarching aim of providing an aligned respiratory care service between secondary, primary and community care across the Greater Nottingham Clinical Commissioning Partnership (GNCCP) that delivers both improved quality and value for money.

The Group supported the proposal; however, requested further clarification in order to seek agreement on the proposed model.

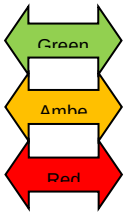
# Appendix E: Performance against key national indicators

| Indicator | | | Standard | Latest data period | | Latest period data | | | | | | | | | Page in Report |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | CCG | | | | | | Provider | | | |
| | | | | CCG | Provider | Total Notts | Grt Notts | City | NNE | NW | Rush | NUH | Circle | EMAS Notts | |
| A&E | 12 Hour Trolley Waits | | = 0 | | Sep-18 | | | | | | | ✓ | | | |
| Cancer | 2 Week Wait | | => 93% | Aug-18 | Aug-18 | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| | 2 Week Wait - Breast Symptoms | | => 93% | Aug-18 | Aug-18 | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| | 31 Day Decision to Treat to First Treatment | | => 96% | Aug-18 | Aug-18 | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| 18 Weeks RTT | Incomplete % | | => 92% | Sep-18 | Sep-18 | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| | Incomplete number of 52 week waiters | | = 0 | Sep-18 | Sep-18 | | | ✗ | ✗ | ✓ | ✗ | ✗ | ✓ | | 6 |
| Diagnostics | Patients waiting longer than 6 weeks | | <= 1% | Aug-18 | Aug-18 | | | ✗ | ✗ | ✗ | ✗ | ✗ | ✓ | | 7 |
| Cancelled Operations | Rebooked within 28 Days | | = 0 | | Sep-18 | | | | | | | ✓ | ✓ | | |
| | Urgent Operation Cancelled for a Second Time | | = 0 | | Sep-18 | | | | | | | ✓ | ✓ | | |
| DToC | As a % of occupied beds (Greater Nottingham) | | <= 3.5% | | Sep-18 | | ✓ | | | | | | | | |
| | Beds Occupied by Long Stay Patients (7+ days) | | <= 697 | | Sep-18 | | ✓ | | | | | | | | |
| | Beds Occupied by Long Stay Patients (21+ days) | | <= 269 | | Sep-18 | | ✓ | | | | | | | | |
| | Total Days Delayed (Nottinghamshire County) | | <= 1347 | | Aug-18 | ✓ | | | | | | | | | |
| | Total Days Delayed (Nottingham City) | | <= 1046 | | Aug-18 | ✓ | | | | | | | | | |
| | Total Days Delayed (Total Nottinghamshire) | | <= 2392 | | Aug-18 | ✓ | | | | | | | | | |
| Ambulance | Category 1 – Life-threatening illnesses or injuries - Average | | <= 00:07:00 | | Sep-18 | | | ✓ | ✗ | ✗ | ✗ | | | ✗ | 9 & 10 |
| | Category 2 – Emergency calls - Average | | <= 00:18:00 | | Sep-18 | | | ✗ | ✗ | ✗ | ✗ | | | ✗ | 9 & 10 |
| | Category 1 – Life-threatening illnesses or injuries - 90th centile | | <= 00:15:00 | | Sep-18 | | | ✓ | ✓ | ✓ | ✓ | | | ✓ | |
| | Category 2 – Emergency calls - 90th centile | | <= 00:40:00 | | Sep-18 | | | ✗ | ✗ | ✗ | ✗ | | | ✗ | 9 & 10 |
| | Category 3 – Urgent calls - 90th centile | | <= 02:00:00 | | Sep-18 | | | ✗ | ✗ | ✗ | ✗ | | | ✗ | 9 & 10 |
| | Category 4 – Less urgent calls - 90th centile | | <= 03:00:00 | | Sep-18 | | | ✓ | ✓ | ✗ | ✓ | | | ✓ | 9 & 10 |
| Activity Variance to Plan (YTD) | GP Referrals (G&A) | | <= 2% | Aug-18 | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | |
| | Other Referrals (G&A) | | <= 2% | Aug-18 | | | ✓ | ✓ | ✓ | ✗ | ✓ | | | | |
| | Total Referrals (G&A) | | <= 2% | Aug-18 | | | ✓ | ✓ | ✓ | ✗ | ✓ | | | | |
| | All 1st OP - Consultant led | | <= 2% | Aug-18 | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | |
| | Follow-up OP - consultant led | | <= 2% | Aug-18 | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | |
| | Total Elective spells - Day Cases | | <= 2% | Aug-18 | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | |
| | Total Elective spells - Ordinary | | <= 2% | Aug-18 | | | ✓ | ✓ | ✓ | ✓ | ✗ | | | | |
| | Total Elective spells | | <= 2% | Aug-18 | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | |
| | Non-elective spells complete - 0 Length of Stay | | <= 2% | Aug-18 | | | ✗ | ✗ | ✗ | ✗ | ✗ | | | | 11 |
| | Non-elective spells complete - 1+ Length of Stay | | <= 2% | Aug-18 | | | ✓ | ✓ | ✓ | ✗ | ✗ | | | | 11 |
| | Non-elective spells complete | | <= 2% | Aug-18 | | | ✗ | ✗ | ✗ | ✗ | ✗ | | | | 11 |
| | A&E Attendances excluding follow ups | | <= 2% | Aug-18 | | | ✓ | ✓ | ✓ | ✗ | ✗ | | | | 11 |
| | Number of Completed Admitted RTT Pathways | | <= 2% | Aug-18 | | | ✓ | ✓ | ✓ | ✓ | ✗ | | | | 11 |
| | Number of Completed Non-Admitted RTT Pathways | | <= 2% | Aug-18 | | | ✓ | ✓ | ✗ | ✓ | ✓ | | | | 11 |
| | Number of New RTT Pathways (Clockstarts) | | <= 2% | Aug-18 | | | ✓ | ✓ | ✗ | ✗ | ✓ | | | | 11 |
| Improving Access to Psychological Therapies | Entering Treatment - Month | | => 1.5% | Aug-18 | | | | ✗ | ✓ | ✓ | ✓ | | | | 12 |
| | Entering Treatment - Rolling Three Months | | => 4.4% | Aug-18 | | | | ✗ | ✓ | ✓ | ✓ | | | | 12 |
| | Recovery Rate | | => 50% | Aug-18 | | | | ✓ | ✓ | ✓ | ✓ | | | | |
| | Waiting Times - First Treatment within 6 Weeks | | => 75% | Aug-18 | | | | ✓ | ✓ | ✓ | ✗ | | | | 13 |
| | Waiting Times - First Treatment within 18 Weeks | | => 95% | Aug-18 | | | | ✓ | ✓ | ✓ | ✓ | | | | |
| Dementia | Diagnosis Rate | | => 67% | Aug-18 | | | | ✓ | ✓ | ✓ | ✓ | | | | |
| EIP | Treated within two weeks % - Rolling Three Months | | => 50% | Sep-18 | | | | ✓ | ✓ | ✓ | ✓ | | | | |
| CYP Eating Disorders | Routine Cases <4 Weeks - Complete Pathways | | => 95% | Q2 2018-19 | | | | | ✗ | ✗ | ✓ | | | | 13 |
| | Urgent Case <1 Week - Complete Pathways | | => 95% | Q2 2018-19 | | | | ✗ | | | | | | | 13 |
| Continuing Health Care | NHS CHC eligibility decisions made by CCG within 28 days | | => 80% | Q2 2018-19 | | | | ✓ | ✓ | ✓ | ✓ | | | | |
| TCP: Learning Disability Inpatients | Reliance on Inpatient Care for People with LD or Autism with a length of stay of 5 years and over | CCG Commissioned | <= 7 | Sep-18 | | ✓ | | | | | | | | | |
| | | NHSE Commissioned | <= 22 | Sep-18 | | ✓ | | | | | | | | | |
| | | Total | <= 29 | Sep-18 | | ✓ | | | | | | | | | |
| Out of Area Placements | Inappropriate Out of Area Placement Bed Days (NHCT) | | <= 4600 | Q2 2018-19 | | ✗ | | | | | | | | | 17 |

## 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 | 11,287 | 19,349 | Green | The Greater Notts CCGs are reporting delivery of the b/f cumulative surplus of £19,349k |
| Running Costs | 274 | 276 | Green | The Greater Notts CCGs are forecasting an underspend position of £276k for Running Costs |
| Other budget areas incl reserves | (274) | (274) | Green | The Greater Notts CCGs are forecasting an overspend position of £274k for other budget areas |
| **TOTAL** | **11,287** | **19,351** | 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 | 99.8 | 95.0 | |
| By Value: NHS | 99.5 | 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 |
|---|---|---|---|---|
| **Commissioned Services** | | | | |
| Acute Care | 451,259 | 266,064 | 281,898 | (15,834) |
| Mental Health Care | 105,222 | 61,791 | 62,151 | (359) |
| Community Care | 100,647 | 58,934 | 59,137 | (202) |
| Continuing Care | 72,051 | 42,183 | 42,105 | 78 |
| Primary Care | 22,986 | 13,497 | 13,586 | (89) |
| Prescribing | 95,009 | 55,829 | 53,664 | 2,165 |
| Delegated Co-Commissioning | 96,260 | 51,670 | 51,528 | 142 |
| Other Programme Services | 31,099 | 17,359 | 17,104 | 256 |
| Contingency, Reserves and Developments | 34,316 | 13,573 | 0 | 13,573 |
| **Total Programme Costs** | **1,008,850** | **580,901** | **581,172** | **(270)** |
| CCG Running Costs | 14,994 | 8,678 | 8,405 | 274 |
| **Total Expenditure** | **1,023,844** | **589,579** | **589,577** | **4** |
| Planned Historic Surplus | 19,349 | 11,287 | 0 | 11,287 |
| **Total Revenue Position** | **1,043,193** | **600,866** | **589,577** | **11,290** |

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

| Nottingham North & East CCG Operating Cost Statement | | Ledger Position £'000. Variance: Favourable / (Adverse) | | | | |
|---|---|---|---|---|---|---|
| OCS Area | OCS Description | Annual budget | YTD Budget | YTD Actual | YTD Variance | In Month Movment |
| **Acute Services (AS)** | Circle Indep. Sect Treatment Ctr | 8,812 | 5,283 | 5,228 | 55 | (30) |
| | East Midlands Ambulance Service | 4,560 | 2,612 | 2,571 | 40 | 0 |
| | AS - Nottingham CityCare | 177 | 103 | 103 | 0 | 0 |
| | Nottingham University Hospitals | 79,626 | 46,926 | 47,704 | (778) | (300) |
| | AS - Savings Requirement | (3,524) | (2,050) | 0 | (2,050) | (284) |
| | AS - Other NHS | 1,819 | 1,064 | 1,185 | (121) | (36) |
| | AS - Other Non NHS | 3,384 | 1,983 | 2,054 | (71) | (37) |
| | AS - Sherwood Forest Hospitals (SFHFT) | 4,997 | 2,929 | 3,336 | (406) | (139) |
| | AS - Vanguard | 0 | 0 | 0 | 0 | 0 |
| | Urgent Care Centre | 0 | 0 | 0 | 0 | 0 |
| | Collaborative Commissioning | 0 | 0 | 0 | 0 | 0 |
| | Clinical Assessment Serivce Team | 0 | 0 | 0 | 0 | 0 |
| | AS - Resilience | 62 | 27 | 173 | (146) | (21) |
| **Acute Services (AS)** | | **99,912** | **58,877** | **62,354** | **(3,477)** | **(848)** |
| **Delegated Co-Commissioning (DCC)** | DCC - Enhanced Services | 401 | 232 | 224 | 8 | (0) |
| | GMS/PMS Payments | 13,849 | 8,114 | 8,093 | 21 | (55) |
| | Other | 1,524 | 8 | 4 | 5 | 1 |
| | Property Costs | 1,694 | 895 | 844 | 52 | 2 |
| | QOF | 1,928 | 728 | 728 | 0 | 0 |
| **Delegated Co-Commissioning (DCC)** | | **19,396** | **9,978** | **9,893** | **86** | **(52)** |
| **Community Health Services (CHS)** | Local Partnerships | 12,032 | 6,995 | 6,980 | 16 | (8) |
| | Integrated Comm Equip Loan Service | 656 | 383 | 385 | (2) | 11 |
| | CHS - Nottingham CityCare | 0 | 0 | 0 | 0 | 0 |
| | CHS - Other NHS | 411 | 235 | 275 | (39) | (9) |
| | CHS - Other Non NHS | 2,675 | 1,560 | 1,497 | 63 | 75 |
| | CHS - Sherwood Forest Hospitals (SFHFT | 1,012 | 590 | 590 | 0 | 0 |
| | CHS - Vanguard | 0 | 0 | 0 | 0 | 0 |
| | CHS - Savings Requirement | 0 | 0 | 0 | 0 | 0 |
| **Community Health Services (CHS)** | | **16,787** | **9,764** | **9,726** | **37** | **69** |
| **Continuing Care Services** | Continuing Care | 14,660 | 8,708 | 8,645 | 63 | 340 |
| | CHC Assessment Service | 355 | 207 | 202 | 6 | 1 |
| | Funded Nursing Care | 1,874 | 1,089 | 1,121 | (32) | (78) |
| **Continuing Care Services** | | **16,890** | **10,004** | **9,967** | **37** | **263** |
| **Mental Health Services (MHS)** | Improv. Access to Psych. Therapies | 1,258 | 734 | 576 | 158 | 20 |
| | Locked Rehab | 827 | 474 | 519 | (45) | 4 |
| | Section 117 | 1,516 | 1,020 | 1,098 | (78) | (249) |
| | MHS - Non Contracted Activity | 348 | 203 | 203 | 0 | 0 |
| | Nottinghamshire Healthcare Trust | 13,495 | 7,707 | 7,707 | 0 | 0 |
| | MHS - Other NHS | 86 | 50 | 83 | (33) | (12) |
| | MHS - Other Non NHS | 329 | 188 | 181 | 7 | (19) |
| **Mental Health Services (MHS)** | | **17,860** | **10,376** | **10,366** | **10** | **(255)** |
| **Corporate Costs** | Non-Pay | 938 | 454 | 274 | 180 | 31 |
| | Pay | 2,277 | 1,328 | 1,330 | (2) | (14) |
| **Corporate Costs** | | **3,215** | **1,782** | **1,604** | **178** | **17** |
| **Other Programme Services (OPS)** | Corporate Costs | (430) | (591) | (657) | 67 | 20 |
| | OPS - Medicines Management | 0 | 0 | 0 | 0 | 0 |
| | OPS - GP IT | 0 | 0 | 0 | 0 | 0 |
| | NHS Property Services | 870 | 508 | 508 | (0) | (0) |
| | OPS - Other NHS | 0 | 0 | 0 | 0 | 0 |
| | OPS - Other Non NHS | 3,768 | 2,198 | 2,198 | (0) | (57) |
| | Patient Transport | 911 | 540 | 579 | (39) | (11) |
| | STP | 0 | 0 | 0 | 0 | 0 |
| | TCP | 0 | 0 | 0 | 0 | 0 |
| **Other Programme Services (OPS)** | | **5,120** | **2,655** | **2,627** | **28** | **(47)** |
| **Primary Care Services (PCS)** | PCS - Enhanced Services | 837 | 488 | 467 | 21 | 7 |
| | GP Forward View | 669 | 328 | 328 | 0 | 0 |
| | PCS - GP IT | 406 | 237 | 261 | (25) | (5) |
| | PCS - Medicines Management | 361 | 211 | 222 | (12) | (0) |
| | Out of Hours | 1,309 | 763 | 796 | (33) | (16) |
| | Pathways | 1,552 | 905 | 957 | (52) | (218) |
| | Prescribing | 21,961 | 12,903 | 12,578 | 325 | (85) |
| | PCS - Resilience | 0 | 0 | 0 | 0 | 0 |
| **Primary Care Services (PCS)** | | **27,094** | **15,836** | **15,610** | **225** | **(317)** |
| **Developments and Reserves** | Contingency | 973 | 973 | 0 | 973 | 0 |
| | Investments / Other | 1,041 | 1,904 | 0 | 1,904 | 1,171 |
| | Committed | 4,810 | 0 | 0 | 0 | 0 |
| **Developments and Reserves** | | **6,823** | **2,877** | **0** | **2,877** | **1,171** |
| **Planned Historic Surplus** | Planned Historic Surplus | 4,069 | 2,374 | 0 | 2,374 | 339 |
| **Planned Historic Surplus** | | **4,069** | **2,374** | **0** | **2,374** | **339** |
| | | **217,165** | **124,522** | **122,148** | **2,374** | **339** |

## Appendix I: Financial Recovery Plan – Month 7 position

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

| Current Position | Forecast |
|---|---|
| **Full Year Effect of 17/18 Schemes** | £19.84m |
| **18/19 New Schemes** | £15.56m |
| **Non Recurrent transactional schemes** | £8.51m |
| **Total** | **£43.91m** |
| **Target** | £52.52m |
| **Shortfall / Surplus** | **(£8.61m)** |

The value of the schemes identified is £8.6m under target; non recurrent transactional schemes have been identified to support QIPP delivery in 2018-19.

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 | **£0.00m** | £0.00m | - | - | - | **£0.00m** | **£0.00m** |
| Community Care | **£3.64m** | £3.21m | £0.42m | £0.00m | £0.01m | **£4.74m** | **(£1.10m)** |
| Urgent Care | **£0.73m** | £0.09m | £0.13m | £0.20m | £0.30m | **£7.75m** | **(£7.02m)** |
| Prescribing | **£7.49m** | - | £7.49m | - | - | **£6.40m** | **£1.09m** |
| Planned Care | **£18.29m** | £11.35m | £6.85m | - | £0.10m | **£27.75m** | **(£9.46m)** |
| Continuing Health Care | **£3.02m** | £0.09m | £2.91m | £0.01m | - | **£3.44m** | **(£0.42m)** |
| Mental Health | **£0.28m** | £0.28m | - | - | - | **£0.29m** | **(£0.01m)** |
| Internal Efficiencies | **£0.46m** | - | £0.46m | - | - | **£0.52m** | **(£0.06m)** |
| Estates | **£0.01m** | £0.01m | - | - | - | **£0.06m** | **(£0.05m)** |
| Non Recurrent transactional schemes | **£8.51m** | £8.51m | - | - | - | **£0.00m** | **£8.51m** |
| Pipeline Schemes | **£1.48m** | £0.40m | - | £0.62m | £0.46m | **£0.00m** | **£1.48m** |
| Total | **£43.91m** | **£23.95m** | **£18.26m** | **£0.83m** | **£0.87m** | **£50.95m** | **(£7.04m)** |

The year to date QIPP delivery is £21.6m against a plan of £28.9m (Month 7).

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

### Acute

Treatment Centre direct contract in place and performing below plan.
Treatment Centre ITT published and due to close on 1st Nov.
Transforming OP at NUH delivering a significant reduction in activity ready for 19/20 planning.

### Financial Recovery

Financial recovery schemes within the NUH contract currently sit in an adjustments POD, these are due to be CV'd on to their individual POD lines.
Contract challenges and Service Restriction Policy are returning savings ahead of plan.
Stroke Rehab work is ongoing with all 3 providers however the cost to commissioners in 18/19 is forecast to be at least £2m lower than 17/18.
NUH incentive scheme continues to be challenged with regards to delivery but ambition and joint working remain strong.

### Contract Risks

Top risks
Team capacity with recruitment still underway.

Full contract round to be delivered with a predominantly new team.

Provider planning assumptions for 19/20.

### Out Of Hospital

New contract with Citycare commenced on 1 July 2018 for 6 years and 9 months with an option to extend for 2 years. Mobilisation has been completed. For all other contracts the NHS national variation is in place for 2018/19. New contracts will be agreed for 2019/20.

### Financial Recovery

Review of non-acute contracts ending Mar 19, to determine future commissioning intentions.

PMO has been established with Local Partnerships to review opportunities for efficiencies.

### Contract Risks

A number of community bed contracts are due to expire on 31/03/19. Work is ongoing to improve occupancy and length of stay.

Reporting requirements for the CityCare contract is being reviewed.

### Mental Health

Processes for contract and performance management are being reviewed and strengthened.

### Financial Recovery

2018/19 QIPP schemes delivered. Planning for 2019/20 to work within the existing financial envelope and ensure the Mental Health Minimum Investment Standard is met.

Review of commissioned services has started and will be progressed in quarter 4 2018/19.

### Contract Risks

Processes for managing performance have been strengthened. Performance has improved across a number of key performance indicators including Early Intervention in Psychosis, dementia diagnosis and a reduction in the number of Out of Area occupied Bed days.