| NHS Mansfield and Ashfield Clinical Commissioning Group | NHS Newark and Sherwood Clinical Commissioning Group | NHS Nottingham City Clinical Commissioning Group |
| NHS Nottingham North and East Clinical Commissioning Group | NHS Nottingham West Clinical Commissioning Group | NHS Rushcliffe Clinical Commissioning Group |

Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Governing Bodies (Open Session)	Date:	04 July 2019
Paper Title:	Highlight report from the meeting in common of the Quality, Safeguarding and Performance Committees	Paper Reference:	**GB 19 015**
Sponsor:	Eleri de Gilbert, Lay Member – Quality & Performance	Attachments/ Appendices:	Not applicable
Presenter:	Eleri de Gilbert, Lay Member – Quality & Performance		

Summary Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Key Focus of the Meeting

The first meeting of the committees in common met on 26 June 2019. The meeting was quorate. At this stage there was no GP input but it is expected that GP nominees will have been identified in readiness for the next meeting.

At the first meeting the annual work programme, terms of reference and reporting arrangements were considered and will be updated.

The Committees received:
- A Quality update report and a separate performance report detailing delivery across a range of indicators. It was agreed that in future the Committees will receive an integrated quality and performance report.
- A Medicines Management report highlighting the achievements of the Greater Nottingham and Mid Nottinghamshire prescribing sub-group around prescribing QIPP plans, setting of practice prescribing budgets, effective/optimal prescribing; practice prescribing visit programme; and the development of a competency framework for clinically embedded pharmacists working in GP practices.
- An update in relation to safeguarding children, adults and looked after children. The report included themes arising from serious cases reviews, and domestic homicide reviews. There was also an update on new safeguarding partnership arrangements. Concerns were raised regarding capacity within the teams to support this agenda. The Committees were assured that the restructuring would address this together with a review of partnership meeting attendance.
- An update relating to Stage 2 Equality and Quality Impact Assessment (EQIA) reviews undertaken a Mid-Notts. It was agreed to review a common process going forward linking in with the ICS process.
- A monthly risk report showing how the risks are being consolidated across both Greater Nottingham and Mid Nottinghamshire footprints. The report will be a standing item presented to each meeting.

Page 1 of 2

Key Messages for the Governing Body

- Nottinghamshire Healthcare Trust "requires improvement" rating by CQC was discussed and assurance received that the Clinical Commissioning Group is working with the Trust to ensure that the action plan addresses all concerns raised. The Committees expect to see the action plan in August 2019.
- The transition of patients between individual care homes and GP practices upon closure was discussed and it was agreed that communications needed to be carefully addressed and reach all of those patients affected. This came to light following recent instances where practices and care homes have had to close suddenly.
- Performance issues giving particular concern this month relate to:

  - Accident & Emergency – remains the biggest performance issues, especially in Greater Nottingham.
  - A recovery trajectory is in place and the ICS has commissioned a review of drivers for demand and need.
  - Cancer – especially at Nottingham University Hospitals (NUH).
  - Referral to Treatment (RTT) at SFH is showing a deteriorating position. More scrutiny is needed on internal validation processes but the committees were assured that this was a recoverable position.

- A potential risk exists with Circle performance in the transition period as services transfer to the new provider risks are believed to be around nursing and theatre staff.
- The Committees identified the importance of common risk appetite policy across Greater Nottingham and Mid Nottinghamshire.
- Following a recent infectious disease outbreak, the Committees asked that a response be sought around the risk in existence where the uptake of immunisation is deteriorating.
- A HMSR risk relating to NUH. Further detail is in the Performance Report.

Page 2 of 2

NHS Mansfield and Ashfield Clinical Commissioning Group

NHS Newark and Sherwood Clinical Commissioning Group

NHS Nottingham City Clinical Commissioning Group

NHS Nottingham North and East Clinical Commissioning Group

NHS Nottingham West Clinical Commissioning Group

NHS Rushcliffe Clinical Commissioning Group

Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG			
Meeting Title:	Governing Bodies (Open Session)	**Date:**	04 July 2019
Paper Title:	Combined Performance Report	**Paper Reference:**	**GB 19 016**
Sponsor:	Stuart Poyner – Chief Finance Officer	**Attachments/ Appendices:**	Performance Report
Presenter:	Stuart Poyner – Chief Finance Officer		

Summary Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Executive Summary

This report sets out the performance against key standards and targets for the six Nottingham & Nottinghamshire CCGs with supplementary information showing, where appropriate, the equivalent performance for individual provider organisations. For all CCG-based metrics, a combined position for all six CCGs is also shown to mirror the reporting for the proposed merged CCG.

The report is stratified into a number of sections:

- Section 1 provides a very high level summary of those indicators or standards which have been escalated by NHS England as part of the Improvement and Assurance Framework (details for which are included in following sections);
- Section 2 provides a summary of all key performance indicators indicating whether the organisations have achieved the standard; and
- Section 3 provides details for areas of sub-optimal performance against either the national standard, local standard or a recovery trajectory. The format of section 3 offers assurance by indicating:
  - What is the performance / quality issue being reported
  - What underlying factors are driving the underperformance
  - What actions are in place to recover the performance / quality
  - When will the performance / quality be back to the required standard
  - What assurance can be given to its sustainability
  - Are recovery trajectories in place and agreed
  - How are contractual levers being used to support delivery of the recovery plans.
- The final page provides a glossary of the acronyms used throughout the report.

In producing the performance report and its narrative the CCG lead officers are also asked to indicate whether there are services which are currently meeting the required standards which may, in the near future, deteriorate due to other underlying issues.

Information in the report utilises the most recent data nationally published data. In some case, for example for quarterly Cancer standards, more recent, locally sourced, monthly data is showed.

Page 1 of 2

Relevant CCG priorities/objectives: *(please tick which priorities/objectives your paper relates to)*			
Compliance with Statutory Duties	☒	Establishment of a Strategic Commissioner	☐
Financial Management	☐	Wider system architecture development (e.g. ICP, PCN development)	☐
Performance Management	☒	Cultural and/or Organisational Development	☐
Strategic Planning	☐	Procurement and/or Contract Management	☐

Conflicts of Interest: *(please indicate whether there are any conflicts of interest considerations in relation to the paper)*
☒   No conflict identified
☐   Conflict noted, conflicted party can participate in discussion and decision
☐   Conflict noted, conflicted party can participate in discussion, but not decision
☐   Conflict noted, conflicted party can remain, but not participate in discussion or decision
☐   Conflict noted, conflicted party to be excluded from meeting

Completion of Impact Assessments: *(please indicate whether the following impact assessments have been completed)*				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	

Risk(s): *(please highlight any risks identified within the paper)*
As detailed within the paper

Confidentiality: *(please indicate whether the information contained within the paper is confidential)*
☒No

Recommendation(s):
1.   Note the current level of performance and the associated remedial actions

Nottingham & Nottinghamshire CCGs Combined Performance Report July 2019

Table of Contents			
	Page 1	Introduction	
Section 1	**Page 2**	Key Performance Indicators where the CCGs have been escalated by NHS England	
Section 2	**Page 2**	Summary of Key Performance Indicators	
Section 3	**Page 4 - 25**	Exception Reporting	
	Page 26	Performance of Indicators Achieving Standard	
	Page 27	Glossary	

This report sets out the performance against key standards and targets for the 6 Nottingham & Nottinghamshire CCGs with supplementary information showing, where appropriate, the equivalent performance for individual provider organisations. For all CCG-based metrics, a combined position for all 6 CCGs is also shown to mirror the reporting for the proposed merged CCG.

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NHS
Mansfield and Ashfield
Clinical Commissioning Group

NHS
Newark and Sherwood
Clinical Commissioning Group

NHS
Nottingham City
Clinical Commissioning Group

NHS
Nottingham North and East
Clinical Commissioning Group

NHS
Nottingham West
Clinical Commissioning Group

NHS
Rushcliffe
Clinical Commissioning Group

1

Key Performance Indicators where the CCGs have been escalated by NHS England

Indicator			Standard		Latest data period	N&N ICS	M&A	N&S	City	NNE	NW	Rush	NUH	SFH	Circle	Page in Report
A&E	4 Hour Standard		=>	95%	Apr-19	R	R	R	R	R	R	R	R	R		3 & 4
Cancer	62 Day GP Urgent Referral to Treatment		=>	85%	Apr-19	R	R	R	G	G	R	R	R		G	7 & 8
TCP: Learning Disability Inpatients	Reliance on Inpatient Care for People with LD or Autism	CCG Commissioned	<=	13	Mar-19	R										24
		NHSE Commissioned	<=	23	Mar-19	R										24
		Total	<=	36	Mar-19	R										24
	Reliance on Inpatient Care for People with LD or Autism with a length of stay of 5 years and over	CCG Commissioned	<=	3	Mar-19	R										24
		NHSE Commissioned	<=	18	Mar-19	G										
		Total	<=	21	Mar-19	G										

Summary of Key Performance Indicators

Indicator		Standard		Latest data period	N&N ICS	M&A	N&S	City	NNE	NW	Rush	NUH	SFH	Circle	Page in Report
A&E	12 Hour Trolley Waits	=	0	Apr-19								G	G		
Cancer	2 Week Wait	=>	93%	Apr-19	R	G	R	R	R	G	R	R	R	G	5
	2 Week Wait - Breast Symptoms	=>	93%	Apr-19	G	G	G	G	G	G	G	G	R		5
	31 Day Decision to Treat to First Treatment	=>	96%	Apr-19	R	R	R	R	R	R	R	G	R	G	6
18 Weeks RTT	Incomplete %	=>	92%	Apr-19	R	R	R	G	R	G	R	G	G	G	9 & 10
	Incomplete pathways - Difference to plan	<=	2%	Apr-19	G	G	R	G	R	R	G				15
	Incomplete number of 52 week waiters	=	0	Apr-19	R	R	G	G	R	R	R	G	G		11
Diagnostics	Patients waiting longer than 6 weeks	<=	1%	Apr-19	R	R	R	R	R	R	R	R	R	R	12
Wheelchairs	Children waiting less than 18 weeks for a wheelchair	=>	92%	Q4 2018-19	R										13
DToC	As a % of occupied beds	<=	3.5%	Apr-19								G	R		13
Activity Variance to Plan (YTD)	GP Referrals (G&A)	<=	2%	Apr-19	G	G	R	G	G	G	G				15
	Other Referrals (G&A)	<=	2%	Apr-19	R	R	G	G	G	R	G				15
	Total Referrals (G&A)	<=	2%	Apr-19	G	G	R	G	G	G	G				15
	All 1st OP - Consultant led	<=	2%	Apr-19	G	G	R	G	G	G	G				15
	Follow-up OP - consultant led	<=	2%	Apr-19	G	G	G	G	G	R	G				15
	Total Consultant Led Outpatient Attendances	<=	2%	Apr-19	G	G	G	G	G	R	G				15
	Total Elective spells - Day Cases	<=	2%	Apr-19	R	R	R	R	R	R	R				15
	Total Elective spells - Ordinary	<=	2%	Apr-19	G	G	G	G	G	R	G				15
	Total Elective spells	<=	2%	Apr-19	R	R	R	R	R	R	R				15
	Non-elective spells complete - 0 Length of Stay	<=	2%	Apr-19	G	G	G	G	G	G	G				15
	Non-elective spells complete - 1+ Length of Stay	<=	2%	Apr-19	G	G	G	G	G	G	G				15
	Non-elective spells complete	<=	2%	Apr-19	G	G	G	G	G	G	G				15
	Type 1 A&E Attendances excluding Planned Follow Ups	<=	2%	Apr-19	G	G	G	G	R	G	G				15
	Other A&E Attendances excluding Planned Follow Ups	<=	2%	Apr-19	G	G	G	G	G	G	G				
	Total A&E Attendances excluding follow ups	<=	2%	Apr-19	G	G	G	G	G	G	G				
	Number of Completed Admitted RTT Pathways	<=	2%	Apr-19	G	G	G	G	G	G	G				15
	Number of Completed Non-Admitted RTT Pathways	<=	2%	Apr-19	G	R	R	G	R	R	G				15
	Number of New RTT Pathways (Clockstarts)	<=	2%	Apr-19	G	R	R	G	G	G	G				15

Indicator		Standard		Latest data period	N&N ICS	M&A	N&S	City	NNE	NW	Rush	EMAS Notts	Page in Report
Ambulance	Category 1 – Life-threatening illnesses or injuries - Average	<=	00:07:00	Apr-19		G	R	G	R	G	R	G	14
	Category 2 – Emergency calls - Average	<=	00:18:00	Apr-19		R	R	G	R	R	R	G	14
	Category 1 – Life-threatening illnesses or injuries - 90th centile	<=	00:15:00	Apr-19		G	G	G	G	G	G	G	14
	Category 2 – Emergency calls - 90th centile	<=	00:40:00	Apr-19		G	G	G	G	G	G	R	14
	Category 3 – Urgent calls - 90th centile	<=	02:00:00	Apr-19		G	G	G	R	G	G	G	14
	Category 4 – Less urgent calls - 90th centile	<=	03:00:00	Apr-19		R	G	G	G	G	G	G	14
NHS 111 Calls	Percentage answered within 60 seconds	=>	95.0%	Apr-19	G								
	Percentage abandoned after 30 seconds	<=	5.0%	Apr-19	G								
	Percentage of triaged calls to a Clinician	=>	50.0%	Apr-19	G								

Indicator		Standard		Latest data period	N&N ICS	M&A	N&S	City	NNE	NW	Rush	NHCT	Page in Report
Improving Access to Psychological Therapies	Entering Treatment - Month	=>	1.58%	Mar-19	G	G	R	G	G	G			16
	Entering Treatment - Rolling Three Months	=>	4.75%	Mar-19	G	G	G	G	G	G			
	Recovery Rate - Rolling Three Months	=>	50%	Mar-19	G	G	G	G	G	G	G		
	Waiting Times - First Treatment within 6 Weeks	=>	75%	Mar-19	G	G	R	G	R	G	R		17
	Waiting Times - First Treatment within 18 Weeks	=>	95%	Mar-19	G	G	G	G	G	G	G		
Dementia	Diagnosis Rate	=>	66.7%	Apr-19	G	G	G	G	G	G			
EIP	Treated within two weeks % - Rolling Three Months	=>	56%	Apr-19	G	G	G	G	R	R	G		18 - 20
CYP MH Access	% CYP Receiving Treatment	=>	32%	Q4 2018-19	R	R	R	R	R	R			21
CYP Eating Disorders	Routine Cases <4 Weeks - Rolling Twelve Months	=>	95%	Q4 2018-19	R	R	R	R	R	R			22
	Urgent Case <1 Week - Rolling Twelve Months	=>	95%	Q4 2018-19	R	R	R	G	G	G			22
OAPs	Inappropriate Out of Area Placement Bed Days	<=	2520	Q4 2018-19								R	23

Indicator		Standard	Latest data period	NUH	SFH	Page in Report
HSMR	HSMR (basket of 56 Diagnosis Groups) - Most Recent Month	Not Higher Than Expected	Mar-19	G	G	25
	HSMR (basket of 56 Diagnosis Groups) - Last 12 Months		Mar-19	R	G	25

2

Indicator	A&E - 4 Hour Standard
Standard	95%
CCG Lead	Caroline Nolan

A&E - 4 Hour Wait	Period	Performance
Nottingham & Notts ICS	Apr-19	**78.21%**
Mansfield & Ashfield	Apr-19	**87.95%**
Newark & Sherwood	Apr-19	**88.41%**
Nottingham City	Apr-19	**72.89%**
Nottingham North & East	Apr-19	**73.02%**
Nottingham West	Apr-19	**74.32%**
Rushcliffe	Apr-19	**72.73%**
Nottingham University Hospitals	Apr-19	**74.14%**
Sherwood Forest Hospitals	Apr-19	**90.96%**

Historic Performance	Nottingham & Notts ICS	Mansfield & Ashfield	Newark & Sherwood	Nottingham City	Nottingham North & East	Nottingham West	Rushcliffe	Nottingham University Hospitals	Sherwood Forest Hospitals
Apr-19	78.21%	87.95%	88.41%	72.89%	73.02%	74.32%	72.73%	74.14%	90.96%
Mar-19	79.13%	90.46%	89.28%	74.20%	74.47%	73.66%	74.44%	72.28%	92.78%
Feb-19	76.11%	86.96%	87.73%	71.43%	71.66%	69.96%	70.39%	68.18%	90.33%
Jan-19	79.52%	90.01%	90.58%	75.44%	75.15%	72.40%	74.09%	72.18%	92.00%
Dec-18	79.55%	92.19%	92.03%	74.05%	74.72%	71.72%	74.42%	70.70%	94.88%
Nov-18	82.60%	90.36%	90.53%	79.55%	79.02%	76.29%	79.23%	77.06%	93.11%
Oct-18	85.05%	91.73%	91.63%	82.57%	81.65%	81.48%	81.18%	80.30%	94.42%
Sep-18	87.71%	94.73%	94.05%	84.70%	85.27%	82.74%	84.58%	83.12%	96.62%
Aug-18	87.79%	93.33%	93.06%	85.72%	85.34%	83.09%	85.22%	83.22%	95.28%
Jul-18	86.92%	94.15%	93.92%	83.50%	83.60%	81.71%	85.17%	81.29%	95.86%
Jun-18	90.24%	95.88%	94.38%	88.27%	87.82%	86.78%	87.57%	86.47%	97.21%
May-18	88.80%	93.97%	93.80%	86.97%	86.40%	84.62%	86.25%	84.80%	95.66%

Issues and insight

NUH

NUH are taking part within a national pilot of the new emergency care standards which is underpinned by a nationally defined Memorandum of Understanding (MOU). This sets out the details of arrangements Trusts must ensure are in place both prior to, and during, the Urgent and Emergency Care Clinical Review of Standards Field Test. The UEC Clinical Review of Standards field test will consist of two six week testing phases. The first test began on the 22nd May, which will be followed by a brief period of analysis. The second test is expected to take place towards the end of July.

During the testing phases, the trust will be accountable for performance against the 'Mean Time in Department' and 'Time to First Assessment' standards. The thresholds against which performance will be assessed have not been published. During the trial phase NUH will not be providing performance against the current national 4 hour standard or performance against the standards being piloted which is in line with the nationally defined MOU.

An analytical deep dive is currently being finalised that has been produced by the CCG information team on behalf of the ICPs. The report will be completed by the end of June and will feed into the two A&E Delivery boards and the ICS in early July. The report focuses on quantifying the increases in demand for urgent care services and provides comparative information at a National, Regional and Local level. The report is broad in scope and includes activity for ED, Emergency admissions, 111 and EMAS.

SFH

The trust submitted an A&E performance trajectory to NHSE/I, which committed to a reduced performance during the winter period. This does, however comply with the minimum requirements set out by regulators during the period. There was a commitment to deliver 95% by May 2019 and this has not been achieved.

Please see Page 4 for actions to improve performance

3

Indicator	A&E - 4 Hour Standard (continued)

Actions being taken to improve performance
NUH
- Additional shifts have been added to the ED rota (circa 60 hours per day) to allow for greater resilience within the department and to align to the current demand, at the time of writing it has not been possible to fill all the additional shifts for all days due to staff availability
- A Community bed stock setup and utilisation review is currently underway in the system with a view to allow better utilisation of the current bed stock. Meetings took place throughout June to agree a new specification, with the aim for this to be in place by Q3 2019/20. Currently whilst numbers of beds currently match the demand, a change in patient profile means the bed type does not always match patient requirements
- NEMS and NUH have setup a joint clinical leadership model for the Urgent Treatment Unit to allow greater ownership of the department and resolution of practical staffing and environment issues
- System oversight continues on a daily basis with operational calls led by the CCG urgent care team (and on call director at the weekends) allowing for challenge and resolution of issues with all system partners present on the calls, three times a week CEO level calls also in place to provide senior decision making capabilities where required

SFH
- The Home First Integrated Discharge (HFID) workstream went live on the 13th May. This will deliver pathways for specific cohorts of patients outside of the acute trust, e.g. non-weight bearing and continuing health care assessment. This will improve flow once embedded
- The new integrated End of Life (EoL) pathway now provides patients and healthcare professionals with an alternative to acute hospital admission and data collected is providing evidence of impact. The HFID hub feeds into the EoL workstream for continuous improvement in identification of EoL patients and alternative pathways
- The EMAS non-conveyance workstream continues to target a reduction in conveyances to A&E by 3% which will support a reduction in demand growth at the front door and reduce the number of admissions. In 2019/20 this is both a local & national CQUIN
- The tactical discussions led by A&E Delivery Board (A&E DB) around addressing periods of surge in activity continue to take place. This will be a key feature of the A&E DB 2019/20 work plan which is being formulated
- A deep dive of system performance (including A&E) during February took place at the March A&E DB. Actions agreed have been built into the system escalation plans to ensure a more proactive approach to demand based on newly identified triggers
- System partners have shared individual organisational demand and capacity intelligence in the absence of a system-wide demand and capacity tool. This is enabling all providers, and especially SFH to understand demand which may impact upon front door demand, as well as community capacity which is relied upon to deliver discharges and system flow
- System calls remain booked in on every Monday with additional calls being organised ahead of and following bank holidays as well as during periods of escalation
- The next 12 hour A&E mental health RCA review meeting will take place in July 2019. These will continue quarterly and improvement recommendations will be made to the A&E DB. Special case reviews will take place where required to further support system and organisational resilience
- A paper was presented at the May A&E DB describing the proposal for a Notts wide flow and capacity system. A project group is being assembled and will meet for the first time in July 2019
- An ICS workstream has commenced to analyse the activity and demand presenting at A&E, this will be presented to the A&E DB in July 2019
- The ICP bid for transformation funding has proposed investment in transformation schemes which will support a reduction in demand and an improvement in flow

Timeline for Recovery
NUH
Not applicable due to trial of new A&E standards
SFH
Achievement of 95% in June 2019

4

Indicator	Cancer - 2 Week Wait
Standard	93%
CCG Lead	Simon Castle

Cancer 2 Week Wait	Performance	
	Apr-19	Q4 2018-19
Nottingham & Notts ICS	**91.96%**	95.50%
Mansfield & Ashfield	94.40%	96.81%
Newark & Sherwood	**88.33%**	95.79%
Nottingham City	**92.48%**	94.57%
Nottingham North & East	**90.32%**	94.82%
Nottingham West	**92.60%**	95.99%
Rushcliffe	93.24%	95.68%
Nottingham University Hospitals	**91.90%**	95.41%
Circle	93.94%	94.94%
NUH + Circle	**92.60%**	95.24%
Sherwood Forest Hospitals	**91.33%**	96.43%

Historic Performance	Nottingham & Notts ICS	Nottingham University Hospitals	Circle	NUH + Circle	Sherwood Forest Hospitals
Apr-19	91.96%	91.90%	93.94%	92.60%	91.33%
Mar-19	94.81%	95.55%	93.45%	94.79%	94.85%
Feb-19	96.82%	96.84%	96.20%	96.62%	97.66%
Jan-19	94.96%	93.90%	95.47%	94.42%	96.86%
Dec-18	96.41%	96.01%	94.59%	95.51%	98.13%
Nov-18	95.04%	94.42%	95.17%	94.67%	96.53%
Oct-18	94.72%	95.59%	93.18%	94.70%	95.21%
Sep-18	94.76%	95.29%	92.66%	94.36%	95.44%
Aug-18	95.19%	96.49%	93.01%	95.04%	95.41%
Jul-18	95.32%	96.65%	93.01%	95.30%	95.98%
Jun-18	93.90%	94.81%	93.01%	94.15%	94.56%
May-18	95.77%	96.02%	96.02%	96.02%	95.90%

Issues and insight

NUH

There were 135 breaches at NUH during April 2019, 68 of these were due to capacity and 58 due to patients choosing to delay their appointment. There was an increase in breast referrals during February and March, this has caused capacity issues in the service with 48 of the 56 breast referral breaches being due to capacity.

SFH

There were 111 breaches in April at SFH, 92 were due to patient choice. In addition, there were two clinics that had to be cancelled – one due to unexpected staff sickness, the other was the Newark Urology clinic that is covered by an NUH consultant who was called back to NUH at short notice.

The Easter Bank holidays also had an impact.

Actions being taken to improve performance
NUH
Demand has now reduced and is returning to normal levels of referrals.

SFH
The Mid Notts CCGs continue to work with SFH in ensuring that GPs are informing patients that they are being referred due a suspicion of cancer and to treat their appointment with the appropriate urgency.

Timeline for Recovery
NUH
May 2019 (reported in July 2019)
SFHT
May 2019 (reported in July 2019)

5

Indicator	Cancer - 31Day DTT
Standard	96%
CCG Lead	Simon Castle

Cancer 31 Day Decision to Treat to First Treatment	Performance	
	Apr-19	**Q4 2018-19**
Nottingham & Notts ICS	**92.94%**	**93.95%**
Mansfield & Ashfield	**94.05%**	**95.06%**
Newark & Sherwood	**92.42%**	**95.69%**
Nottingham City	**93.94%**	**91.86%**
Nottingham North & East	**95.08%**	**94.02%**
Nottingham West	**85.00%**	**93.28%**
Rushcliffe	**93.33%**	**94.12%**
Nottingham University Hospitals	**91.52%**	**92.34%**
Circle	97.78%	98.92%
NUH + Circle	**92.25%**	**93.28%**
Sherwood Forest Hospitals	97.58%	96.28%

Historic Performance	Nottingham & Notts ICS	Nottingham University Hospitals	Circle	NUH + Circle	Sherwood Forest Hospitals
Apr-19	92.94%	91.52%	97.78%	92.25%	97.58%
Mar-19	92.65%	90.63%	100.00%	91.92%	99.21%
Feb-19	96.09%	95.97%	98.15%	96.31%	97.27%
Jan-19	93.77%	91.29%	98.65%	92.34%	92.81%
Dec-18	97.42%	96.57%	100.00%	97.03%	97.25%
Nov-18	96.54%	96.04%	100.00%	96.41%	99.21%
Oct-18	97.02%	96.20%	98.63%	96.58%	98.46%
Sep-18	95.85%	93.30%	100.00%	93.89%	99.08%
Aug-18	96.92%	96.59%	100.00%	97.06%	97.25%
Jul-18	96.53%	94.52%	96.55%	94.76%	100.00%
Jun-18	96.59%	95.65%	98.41%	96.02%	98.06%
May-18	97.05%	94.98%	97.18%	95.30%	99.32%

Issues and insight

NUH

- Urology performance is still being affected by the significant increase in referrals seen throughout the year (+30% against the same period last year) leading to a backlog of patients requiring treatment
- There has also been delays in recruiting to an additional consultant post and lack of additional theatre capacity
- Surgical waits in Urology, Lower Gastrointestinal and Gynaecology are all impacting on 31 day target

Actions being taken to improve performance
NUH
Urology
- Patients have been identified and transferred to local independent sector providers to undertake routine non cancer treatments to release capacity at NUH - the impact of this will start to be seen in June 2019 (reported August 2019)
- A case of need has been approved to appoint an additional consultant surgeon. Recruitment has been delayed due to lack of theatre capacity. Plans are now in place and the recruitment process has started. The candidates have been identified and the trust are confident of appointing to the position, which will start in October 2019
- Additional theatre capacity has been secured

Timeline for Recovery
NUH
Expected in October 2019 (reported in December 2019)

6

Indicator	Cancer - 62Day RTT
Standard	85%
CCG Lead	Simon Castle

Cancer 62 Day GP Urgent Referral to Treatment	Performance	
	Apr-19	Q4 2018-19
Nottingham & Notts ICS	**80.63%**	**80.90%**
Mansfield & Ashfield	**71.05%**	**83.66%**
Newark & Sherwood	**78.95%**	**78.13%**
Nottingham City	92.59%	**77.44%**
Nottingham North & East	90.63%	**83.85%**
Nottingham West	**61.90%**	**77.78%**
Rushcliffe	**76.92%**	**83.51%**
Nottingham University Hospitals	**75.84%**	**75.73%**
Circle	96.67%	87.01%
NUH + Circle	**79.33%**	**78.18%**
Sherwood Forest Hospitals	**80.00%**	**83.87%**

Historic Performance	Nottingham & Notts ICS	Nottingham University Hospitals	Circle	NUH + Circle	Sherwood Forest Hospitals
Apr-19	80.63%	75.84%	96.67%	79.33%	80.00%
Mar-19	79.39%	73.20%	82.56%	75.26%	88.36%
Feb-19	79.61%	75.31%	89.19%	78.55%	80.25%
Jan-19	82.44%	78.11%	89.47%	80.43%	84.46%
Dec-18	83.77%	78.86%	92.41%	81.57%	84.33%
Nov-18	81.95%	80.22%	85.90%	81.22%	85.06%
Oct-18	80.59%	79.32%	87.07%	81.36%	79.29%
Sep-18	83.95%	79.94%	93.06%	82.19%	85.14%
Aug-18	81.66%	79.56%	93.33%	82.63%	74.59%
Jul-18	78.87%	78.84%	85.39%	80.09%	69.31%
Jun-18	85.19%	81.44%	94.51%	84.24%	84.62%
May-18	85.94%	85.14%	89.66%	86.21%	79.70%

Issues and insight

NUH

- Breaches reduced to 36 from 41 in March 2019, which is still impacting performance
- Tumour sites of breaches (please note, if a pathway is shared across two providers then each provider will have half of the breach)
  - 13.5 - Urology
  - 6.5 - Upper Gastrointestinal
  - 3.5 - Head & Neck
  - 3 - Gynaecological
  - 3 - Lung
  - 2.5 - Lower Gastrointestinal
  - 2 - Sarcoma
  - 1 - Breast
  - 1 - Haematological
- Treatment numbers fairly static at 149
- Backlog static at 115 – 50 cancers in backlog. Numbers have increased across all tumour sites, with complex and social issues having an impact
- 33 patients over 104 days - driven by patient choice, complexity, and a symptom of high backlog

SFH

- There were 14.5 breaches, compared to 8.5 breaches in March 2019, half of the breaches were due to pathways shared with different providers
- 3.5 breaches were in Urology. Over all specialities, 4.5 breaches were due to complex diagnostic pathways, 4 other reasons (not listed) and 2.5 were healthcare provider initiated delay due to diagnostic test or treatment planning

Please see Page 8 for actions to improve performance

7

Indicator	Cancer - 62Day RTT (continued)

Actions being taken to improve performance
NUH
Lower Gastrointestinal

- Backlog increased to 29 on 2nd June 2019, largely low risk patients from FIT pathway which are mostly complexity and patient choice related. However there are 3 cancers in backlog
- Surgical waits are an issue, at 6-8 weeks
- 2 new surgical posts approved – 3 month lead time to recruit, expected 'in post' date – September 2019
- Additional theatre capacity secured to reduce surgery waits, but will not impact fully until Q3 2019/20 onwards

Endoscopy

- Between 2014/15 and 2017/18 there has been a 42% rise in referral rates
- There are plans in place to refurbish the clinic room at QMC to increase capacity by up to 15% - to support this there is a £125k bid for transformational funds in place for equipment
- Service asked to explore options of utilising alternative providers for routine patients, to reduce waits in the short term

Urology

- Patients identified and transferred to local private provider to undertake routine non cancer treatments to release capacity at NUH - the impact of this will start to be seen in June 2019 (reported August 2019)
- Urology backlog as at 2nd June 2019 is 23 including 13 Cancers
- A case of need has been approved to appoint an additional consultant surgeon. Recruitment delayed due to lack of theatre capacity. Plan now in place and recruitment process started. Candidates identified and confident of appointment to start in October 2019

Current improvement plans are weighted to impact performance in Quarters 3 & 4 2019/20
Capacity will be impacted over the summer and discussions are underway to try to maintain capacity during this period.

EMCA Funding

- STP Allocation for 2019/20 of £1.163m
- Total amount reduced vs last year, as EMCA has centrally ring-fenced a percentage for generic projects
- Quarter 1 funding, made available to EMCA in June 2019

SFH

- The actions within the RAP predominantly focus on the wait for first appointment and subsequent diagnostics. SFH deliver timely access from decision to treat to actual treatment; therefore the opportunity to reduce the overall time from referral to treatment lies in the early part of the pathway.
- SFH Demand and Capacity modelling will be refreshed by the end of June 2019 to identify any ongoing gaps and the opportunities to bridge the gap
- An additional mobile MRI scanner was made available from June 2019. This will shorten times for prostate MRIs
- Increased use of straight to test in the prostate pathway by end of June 2019 by triaging all referrals negating the need for a 1st outpatient and reducing the time to diagnosis by up to 10 days
- SFH have secured £300k of Cancer Alliance funding and is prioritising schemes identified by the tumour sites for transformational improvement; these include an additional Skin cancer nurse and Urology equipment that will improve the accuracy of testing and turnaround of histopathology results

Timeline for Recovery
NUH
Performance will initially fall as backlog numbers are reduced. Performance will start to recover with reduced backlog and transformational work starting to impact from Q3 2019/20
SFH
It is planned for the standard to be achieved in July 2019 (reported in September 2019)

8

Indicator	RTT - Incomplete %
Standard	92%
CCG Lead	Nina Ennis

18 Weeks RTT Performance	Period	Performance
Nottingham & Notts ICS	Apr-19	**91.78%**
Mansfield & Ashfield	Apr-19	**90.73%**
Newark & Sherwood	Apr-19	**89.63%**
Nottingham City	Apr-19	92.86%
Nottingham North & East	Apr-19	93.90%
Nottingham West	Apr-19	92.92%
Rushcliffe	Apr-19	92.21%
Nottingham University Hospitals	Apr-19	93.15%
Sherwood Forest Hospitals	Apr-19	**89.97%**
Circle	Apr-19	92.30%

Previous 12 Months	Nottingham & Notts ICS	Mansfield & Ashfield	Newark & Sherwood	Nottingham City	Nottingham North & East	Nottingham West	Rushcliffe	NUH	SFH	Circle
Apr-19	91.78%	90.73%	89.63%	92.86%	93.90%	92.92%	92.21%	93.15%	89.97%	92.30%
Mar-19	91.66%	90.12%	89.50%	93.10%	93.45%	93.12%	92.36%	93.16%	89.96%	92.76%
Feb-19	91.72%	90.48%	89.21%	93.31%	93.44%	92.84%	92.43%	93.34%	90.04%	92.41%
Jan-19	91.57%	90.56%	89.12%	93.09%	93.13%	92.62%	92.24%	93.45%	90.03%	91.80%
Dec-18	91.57%	90.64%	89.07%	92.92%	93.48%	92.76%	92.09%	93.39%	90.01%	92.08%
Nov-18	92.19%	90.95%	89.64%	93.73%	94.14%	93.13%	92.78%	93.79%	90.51%	93.03%
Oct-18	92.10%	90.92%	90.48%	92.73%	94.19%	92.87%	93.33%	93.22%	90.95%	92.70%
Sep-18	92.15%	91.15%	89.98%	92.91%	94.28%	93.27%	92.94%	92.91%	90.57%	93.09%
Aug-18	92.51%	90.67%	90.61%	93.63%	94.72%	93.85%	93.53%	93.45%	90.57%	93.53%
Jul-18	92.81%	91.07%	90.73%	94.17%	94.66%	94.22%	93.74%	93.69%	90.60%	94.12%
Jun-18	92.77%	90.69%	90.35%	94.60%	94.62%	94.14%	93.66%	93.76%	90.04%	94.63%
May-18	92.70%	90.43%	90.57%	94.49%	94.36%	94.27%	93.77%	94.00%	90.01%	94.22%

Issues and insight

SFH

- This is the 19th consecutive month that SFH has failed the RTT 92% national standard. April 2019 performance at the trust was 89.97% which is in line with March 2019 performance of 89.96%l. This is below the trajectory the trust submitted to NHSI in which the trust stated it would achieve 90.70% in April 2019

- Individual specialties not achieving the 92% national standard are as follows -

    - Cardiology - 83.5%

    - Dermatology - 86.9%

    - Ophthalmology - 88.0%

    - General Surgery - 90.4%

    - Urology - 91.1%

    - Trauma & Orthopaedics - 84.8%

    - Rheumatology - 90.0%

    - Plastic Surgery - 91.4%

    - Other - 91.0%

- In the plans submitted to NHSI, the trust stated its waiting list size would be 25,727 in April 2019 whereas the actual number was 26,018, 291 higher than planned

Please see Page 10 for actions to improve performance

9

| **Indicator** | RTT - Incomplete % (continued) |

Actions being taken to improve performance
SFH
Specialty level plans have been developed with actions including -
Cardiology
- From 20th May 2019 the Cardiology service was fully established, this is the first time in two years that the service is not carrying any vacancies
- An implementation plan for Medefer virtual triage outpatient model has been agreed. The provisional modelling suggests a 20% reduction, which equates to 14 appointment slots per week

Dermatology
- Additional consultant in post who is delivering extra minor ops capacity
- CCGs continue to support a tele-dermatology referral service for GP's and a Community clinical triage of referrals with Community Dermatology clinics. This has reduced referrals to SFH by approximately 250 per month

Ophthalmology
- CCGs have been working closely with SFH to develop a joint plan to increase capacity at the trust by ensuring appropriate patients are seen and followed up by the Community service

General Surgery
- Activity has been impacted by 4 middle grade doctor vacancies within the General Surgery rota. All posts have been recruited to but start dates have been protracted due to visa requirements
- Two additional theatre lists are being added to assist with the backlog

Urology
- Increase the numbers of patients on theatre lists and create two all day lists rather than half day lists, this leads to increased productivity
- From the end of April 2019 the service secured an additional weekly all day theatre list as part of a business case which will support RTT admitted backlog reduction

Rheumatology
- The position in April 2019 has continued to improve from last month to 90% from 87.6%. The service has shown a gradual improvement over the last 4 months since the workforce issues experienced in Q4 of 2018/19 were resolved

Non specialty specific actions in place to improve:
25% of the volume of patients over 18 weeks are waiting for an overdue follow up, by reducing this number by a third (approximately 250 appointments) the Trust would deliver the 92% standard.
The Outpatient transformation programme focussing on a reduction in face to face follow up activity through the use of -
- Virtual clinics
- New models of care for long term conditions
- Risk stratifying pre-op appointments
- Patient initiated follow ups (PIFU)

There will be a staged implementation of the Medefer Virtual Hospital Model with Cardiology to go live in June 2019. The expected impact is estimated to be a up to a 20% reduction in new outpatient attendances. The project will be closely monitored and results evaluated to identify the impact. Following evaluation of the impact on Cardiology activity, Dermatology and Gastroenterology will follow with implementation expected in July and August 2019 respectively.

Increasing theatre productivity is taking place by implementing ways of working more efficiently. The focus is on reducing the amount of unutilised time on a list to enable a larger volume of patients to receive surgical interventions. The key areas of focus in this programme are on the day performance, improved scheduling and patient optimisation. April's performance is positive with 108 additional cases completed above trajectory.

Timeline for Recovery
SFH revised target for 2019/20 is that the Trust will not reach 92% until October 2019. The trust is committed to a monthly target of 90% or above

10

Indicator	RTT - 52 Week Waiters
Standard	0
CCG Lead	Nina Ennis

RTT Incomplete 52 Week Waiters	Period	Performance
Nottingham & Notts ICS	Apr-19	5
Mansfield & Ashfield	Apr-19	1
Newark & Sherwood	Apr-19	0
Nottingham City	Apr-19	2
Nottingham North & East	Apr-19	0
Nottingham West	Apr-19	0
Rushcliffe	Apr-19	2
Nottingham University Hospitals	Apr-19	5
Sherwood Forest Hospitals	Apr-19	0
Circle	Apr-19	0

Previous 12 Months	Nottingham & Notts ICS	Mansfield & Ashfield	Newark & Sherwood	Nottingham City	Nottingham North & East	Nottingham West	Rushcliffe	NUH	SFH	Circle
Apr-19	5	1	0	2	0	0	2	5	0	0
Mar-19	4	0	0	2	1	0	1	5	0	0
Feb-19	13	6	3	2	2	0	0	5	11	0
Jan-19	11	4	3	3	1	0	0	4	9	0
Dec-18	13	5	1	7	0	0	0	7	6	1
Nov-18	17	9	2	2	2	0	2	8	11	0
Oct-18	24	9	7	6	1	0	1	9	15	0
Sep-18	33	13	9	7	2	0	2	14	21	0
Aug-18	25	10	4	8	2	0	1	12	14	0
Jul-18	25	11	8	4	2	0	0	9	18	0
Jun-18	28	13	8	4	3	0	0	10	21	1
May-18	43	17	19	2	2	3	0	6	40	2

Issues and insight

NUH

The number of incomplete 52 week waiters at NUH in April 2019 remains the same as the previous month but the overall trend is that of a gradual decrease over the past 6 months.

There were 5 patients at NUH who had waited over 52 weeks for treatment at the end of April. Four of these patients chose to delay treatment to fit in with personal circumstances - for example, patients may choose to wait until they have completed exams before treatment. The remaining breach was due to equipment breakdown followed by the patient choosing to delay treatment.

Two of these patients have since been treated with the remaining three patients choosing to be treated in the summer/autumn.

Actions being taken to improve performance
The Trust is continuing their rigorous management of the waiting list. Patients with very long waits are closely managed on a daily basis and patients expedited wherever possible.

The predicted position for the coming months is:
- May – 5 patients waiting over 52 weeks
- June – 4 patients waiting over 52 weeks
- July – 2 patients waiting over 52 weeks
- August – 1 patient waiting over 52 weeks

11

Indicator	Diagnostics - 6 Week Waiters
Standard	1%
CCG Lead	Nina Ennis

Diagnostic - 6 Week Waiters	Period	Performance
Nottingham & Notts ICS	Apr-19	**2.49%**
Mansfield & Ashfield	Apr-19	**1.60%**
Newark & Sherwood	Apr-19	**2.51%**
Nottingham City	Apr-19	**2.86%**
Nottingham North & East	Apr-19	**2.52%**
Nottingham West	Apr-19	**3.11%**
Rushcliffe	Apr-19	**2.69%**
Nottingham University Hospitals	Apr-19	**3.02%**
Sherwood Forest Hospitals	Apr-19	**1.98%**
Circle	Apr-19	**1.43%**

Previous 12 Months	Nottingham & Notts ICS	Mansfield & Ashfield	Newark & Sherwood	Nottingham City	Nottingham North & East	Nottingham West	Rushcliffe	NUH	SFH	Circle
Apr-19	2.5%	1.6%	2.5%	2.9%	2.5%	3.1%	2.7%	3.0%	2.0%	1.4%
Mar-19	0.9%	1.5%	1.5%	0.6%	0.9%	0.5%	0.2%	0.6%	1.6%	0.4%
Feb-19	0.5%	0.8%	0.6%	0.5%	0.7%	0.4%	0.1%	0.4%	0.7%	0.6%
Jan-19	0.7%	0.7%	0.7%	0.8%	0.8%	0.6%	0.6%	0.6%	0.7%	1.2%
Dec-18	0.8%	0.9%	1.0%	0.6%	1.1%	1.1%	0.4%	0.9%	0.9%	0.0%
Nov-18	1.2%	0.6%	0.9%	1.7%	1.1%	0.9%	1.8%	1.8%	0.7%	0.0%
Oct-18	1.4%	0.5%	0.8%	1.5%	1.9%	2.4%	2.1%	2.2%	0.5%	0.0%
Sep-18	1.9%	0.9%	0.6%	2.2%	2.2%	3.7%	3.3%	2.9%	0.8%	0.0%
Aug-18	1.8%	0.5%	0.6%	2.1%	2.8%	3.0%	2.9%	2.7%	0.6%	0.0%
Jul-18	0.6%	1.0%	0.5%	0.5%	0.3%	0.4%	0.4%	0.4%	0.9%	0.0%
Jun-18	0.5%	1.0%	0.7%	0.5%	0.6%	0.2%	0.5%	0.5%	0.9%	0.0%
May-18	0.5%	0.9%	0.9%	1.3%	0.5%	0.5%	0.7%	0.5%	0.9%	0.0%

Issues and insight

NUH

- The delivery of the replacement scanner has been delayed by 4-6 weeks, therefore, the trust are using a relocatable scanner as an interim measure during replacement of MRI3. This has reduced productivity as the scanner requires additional staff time compared to the usual scanner used.
- The oldest NUH scanner at QMC broke down over 3 days of the Easter bank holiday period and again towards the end of April, this resulted in 35 hours of lost scanning, which would equate to at least 70 outpatient scans
- Staffing issues have affected admin cover and, subsequently, staff morale. This has particularly impacted the trusts efforts to operate additional evening and weekend clinics

SFH

- At the end of April 2019 the Trust failed the DM01 standard for the second time in 10 months
- The main driver for underperformance is the volume of breaches in Echocardiography, Respiratory Physiology (Sleep Studies), MRI and Ultrasound
- The most significant volume of breaches has been for echocardiology and is a consequence of staff sickness absence within the non-invasive Cardiology Physiologist workforce
- The MRI team are prioritising 2WW cancer patients, this is leading to breaches in routine pathways
- A further risk identified is linked to the tax and pension changes and the ability for clinicians to undertake additional sessions in Endoscopy

Actions being taken to improve performance

NUH

- Additional capacity has been sourced from the independent sector
- Admin time has been identified to contact cardiac and some out of area patients as there are known high non-attendance rates in these 2 groups
- Admin staff have been offered training to ensure booking processes are correct
- Patients have been identified with residential post codes near to Loughborough and are being offered the opportunity to attend appointments at NCSEM in Loughborough
- Work is taking place with the Estates department to ensure portering is efficient as possible in anticipation that DNAs will be reduced

SFH

- A locum has been secured to run weekend lists alongside substantive workforce to double up weekend activity, formalising a local workforce agreement to enhance weekend working and agreeing a contract with Inhealth Group
- Additional mobile MRI capacity will be on site in July 2019 and will increase flexibility with appointments for both routine and cancer patients

Timeline for Recovery

NUH

The trust expect to achieve the 1% national standard in August 2019

SFH

The trust expect to achieve the 1% national standard in June 2019

12

Indicator	Delayed Transfer of Care Rate
Standard	3.5%
CCG Lead	Caroline Nolan

Delayed Transfers of Care Rate	Period	Performance
Nottingham University Hospitals	Apr-19	3.37%
Sherwood Forest Hospitals	Apr-19	**4.18%**

Delayed Transfers of Care Rate	Nottingham University Hospitals	Sherwood Forest Hospitals
Apr-19	3.37%	4.18%
Mar-19	3.46%	3.71%
Feb-19	3.09%	4.30%
Jan-19	2.86%	4.07%
Dec-18	3.85%	4.45%
Nov-18	3.15%	4.95%
Oct-18	2.81%	4.96%
Sep-18	3.07%	4.01%
Aug-18	1.76%	4.31%
Jul-18	1.96%	3.89%
Jun-18	2.31%	5.46%
May-18	3.41%	4.19%

Issues and insight

SFHT

- The DToC rate at SFHFT remains above the target of 3.5%. In April the rate increased to 4.2%
- The (Home First Integrated Discharge) HFID phase 1 did not commence until May 2019

Actions being taken to improve performance

- The existing recovery plan includes the recommendations from the 2018 Emergency Care Intensive Support Team (ECIST) visit along with national directives on Stranded patients (in an inpatient bed for over 7 days) and Super Stranded (over 21 days) patients.
- The care home capacity tracker which will support a reduction in waits for care home patients is now part of a mandated national NHSE rollout. In Mid Notts 70% of care homes are regularly updating the tracker which will enable families and advocates to make faster decisions around care home placements
- SFH have submitted a revised combined LoS & DToC action plan to NHSE/I, which includes specific actions to address key delay reasons. An early version has been signed off by the A&E Delivery Board. This will be expanded upon to be more holistic and will be included in the SFH NHS standard contract via a contract variation
- Key lines of enquiry are being pursued to understand the need for and efficacy of a Trusted Assessor post in Mid Notts following a discussion at A&E Delivery Board. Organisations have begun to consider where this post could sit in future
- Collaborative working continues to take place across Nottinghamshire, with urgent care teams sharing intelligence and good practice around Discharge to Assess pathways and DToC actions
- The Home First Integrated Discharge Workstream task and finish group have agreed new pathways (including those for non-weight bearing patients, those who require further CHC assessments and step-up care)
- Phase 1 of HFID went live on the 13th May 2019 and daily DTOC figures have shown an improvement since this date
- The discharge hub is being reformed under the HFID work stream. The daily meetings are now chaired by the CCG HFID Programme Manager and provides a robust critical friend challenge to discharge decisions, pathways and will have close oversight of LoS & DToC patients
- The CCGs are writing a service specification for the integrated discharge team at SFH which will support discharge, length of stay, flow and management of DTOCs from May 2019.
- The ICP bid for transformation funding has proposed investment in transformation schemes which will support an improvement in flow

Timeline for Recovery

The trust expect recovery in May 2019 (reported in July 2019)

13

Indicator	Ambulance Response Times
Standard	See table below
CCG Lead	

East Midlands Ambulance Service April 2019 Only	Measure	Standard	Performance						
			Notts	M&A	N&S	City	NNE	NW	Rush
Category 1 – Life-threatening illnesses or injuries	Average	00:07:00	00:06:32	00:06:03	**00:09:32**	00:05:20	**00:07:06**	00:06:41	**00:08:00**
Category 2 – Emergency calls	Average	00:18:00	**00:20:54**	**00:20:51**	**00:28:04**	00:17:16	**00:20:02**	**00:18:23**	**00:23:00**
Category 1 – Life-threatening illnesses or injuries	90th Centile	00:15:00	00:11:18	00:09:24	**00:16:33**	00:08:13	00:12:00	00:11:05	00:13:04
Category 2 – Emergency calls	90th Centile	00:40:00	**00:42:10**	**00:41:56**	**00:52:51**	00:34:57	00:37:44	00:36:53	**00:41:59**
Category 3 – Urgent calls	90th Centile	02:00:00	01:53:05	01:51:18	01:58:09	01:46:59	**02:01:04**	01:43:23	01:58:56
Category 4 – Less urgent calls	90th Centile	03:00:00	02:07:12	**03:03:39**	02:19:34	01:47:54	02:13:53	02:03:23	01:35:50

Historical Performance Notts Division	Cat 1 - Average	Cat 2 - Average	Cat 1 - 90th Centile	Cat 2 - 90th Centile	Cat 3 - 90th Centile	Cat 4 - 90th Centile
Apr-19	00:06:32	00:20:54	00:11:18	00:42:10	01:53:05	02:07:12
Mar-19	00:06:46	00:20:25	00:11:24	00:40:13	01:53:27	02:21:03
Feb-19	00:07:04	00:24:13	00:12:20	00:49:36	02:20:11	02:36:35
Jan-19	00:07:03	00:26:41	00:11:56	00:53:48	03:21:54	02:06:20
Dec-18	00:07:10	00:29:21	00:12:10	01:01:47	03:41:43	02:16:37
Nov-18	00:07:18	00:28:29	00:12:33	00:58:12	02:53:23	02:56:06
Oct-18	00:07:04	00:28:46	00:11:53	00:58:15	02:46:01	02:18:49
Sep-18	00:07:01	00:29:08	00:12:15	01:00:20	02:58:43	02:23:58
Aug-18	00:06:57	00:30:21	00:11:59	01:03:21	03:31:20	02:59:26
Jul-18	00:07:10	00:33:05	00:12:19	01:06:56	03:37:10	02:31:39
Jun-18	00:06:45	00:27:09	00:11:32	00:55:47	02:27:56	01:43:24
May-18	00:07:46	00:28:16	00:13:25	00:58:26	02:32:27	02:21:38

Issues and insight

- In April at an EMAS total Nottinghamshire level the category 1 average response time achieved the standard for the second consecutive month. The 90th centile standard was achieved at 11m 18s against a standard of 15 minutes

Actions being taken to improve performance
- The 2019/20 contract value has been agreed. Discussions continue to take place to resolve contract mechanisms and performance – these discussions will conclude in line with regulator direction
- Ambulance handovers will form part of the 2019/20 A&E Delivery Board work plan to maintain a focus on further improvement
- The CCGs continue to commission community pathfinder to provide EMAS with an additional alternative pathway to conveyance when on scene, this is being monitored via the non-conveyance group
- There are two national Category 2 pieces of work underway; one is looking at Category 2 coding to explore the high numbers of conditions which have been classified as Category 2 since the move to the new ARP standards. The second is around the pass-through of calls from 111 to EMAS. The final reports from both of these pieces of work are awaited and we are chasing timescales of when these will be shared
- Co-ordinating commissioners have expanded their deep-dive work on long waits to include Category 2 calls. The last Nottinghamshire deep-dive resulted in no identified significant harm for patients and this deep-dive was repeated for Category 2 calls on 11/03/19 for the Nottinghamshire division
- EMAS are undertaking local initiatives to improve performance which is in turn is having a positive impact on Category 2 performance. For example, incentives for weekend overtime linked to low sickness levels and the completion of mandatory training
- EMAS will be held to account for performance during 2019/20 in the Senior Partnership Board meeting, attended by finance Execs for mid-Notts

14

Indicator	Activity Variance to Plan
Standard	2%
CCG Lead	Andy Hall

Activity Variance to Plan (YTD) - April 2019	Nottingham & Notts	Mansfield & Ashfield	Newark & Sherwood	Nottingham City	Nottingham North & East	Nottingham West	Rushcliffe
GP Referrals (G&A)	-2.7%	-6.3%	**5.8%**	-2.6%	0.7%	-14.7%	-1.9%
Other Referrals (G&A)	**6.3%**	**14.4%**	**10.0%**	**3.1%**	**12.0%**	-8.6%	**6.3%**
Total Referrals (G&A)	**0.3%**	**0.3%**	**7.0%**	**-0.5%**	**4.4%**	**-12.6%**	**1.0%**
All 1st OP - Consultant led	-1.3%	**3.1%**	**6.4%**	-4.9%	-3.7%	-7.5%	0.2%
Follow-up OP - consultant led	-1.9%	-4.8%	0.0%	-2.0%	**2.1%**	-6.7%	**2.1%**
Total Consultant Led Outpatient Attendances	**-1.7%**	**-2.5%**	**2.0%**	**-3.1%**	**-0.1%**	**-7.0%**	**1.4%**
Total Elective spells - Day Cases	**2.8%**	**9.4%**	**5.8%**	-0.2%	**7.8%**	-7.0%	-1.9%
Total Elective spells - Ordinary	-1.0%	-3.8%	**3.8%**	-5.4%	**5.6%**	**3.0%**	-4.5%
Total Elective spells	**2.2%**	**7.5%**	**5.5%**	**-0.9%**	**7.5%**	**-5.6%**	**-2.3%**
Non-elective spells complete - 0 Length of Stay	-12.8%	**8.3%**	**13.5%**	-19.9%	-17.5%	-28.8%	-27.9%
Non-elective spells complete - 1+ Length of Stay	-1.2%	**9.0%**	**12.5%**	-6.6%	-5.9%	-8.5%	-5.6%
Non-elective spells complete	**-5.1%**	**8.8%**	**12.8%**	**-11.4%**	**-9.8%**	**-15.0%**	**-13.2%**
Type 1 A&E Attendances exc. Planned Follow Ups	0.9%	0.5%	-1.2%	**2.9%**	1.2%	-5.1%	1.7%
Other A&E Attendances exc. Planned Follow Ups	-46.9%	-31.8%	-13.2%	-58.7%	-56.0%	-30.3%	-55.2%
Total A&E Attendances excluding follow ups	**-15.2%**	**-1.0%**	**-6.3%**	**-20.4%**	**-21.1%**	**-14.6%**	**-24.0%**
Number of Completed Admitted RTT Pathways	-1.7%	-0.6%	**4.0%**	-3.0%	-0.4%	-2.1%	-7.4%
Number of Completed Non-Admitted RTT Pathways	1.9%	-0.8%	**2.9%**	**2.2%**	**7.1%**	**2.7%**	-1.7%
Number of New RTT Pathways (Clockstarts)	1.2%	**14.1%**	**12.5%**	-0.7%	-1.1%	**4.9%**	-4.0%

Issues and insight

An aggregate position of the six CCGs highlights that there are activity pressures beyond the 2% tolerance in Other referrals and Elective Day Cases. Within the Mid-Nottinghamshire CCGs, material over performance against the corporate plan is seen for the Non-Elective points of delivery. This is replicated within the SFHFT contract and is driven by additional demand for Geriatric Medicine, Respiratory Medicine and Cardiology services.

Within the Greater Nottingham CCGs, there is substantial under performance in the volume of Non-elective spells against plan. This issue is driven by the 0 Length of Stay admissions which are under plan by between 17.5% and 27.9% across the four CCGs. During construction of the plan, NUH declared some significant coding and counting changes which resulted in the Trust adding in 15,000 additional zero Length of stay non-elective spells and a further 24,000 A&E attendances to reflect the impact of the pathway changes at the front door. These substantial increases in activity have not been seen in Month 1 and further work is planned (following receipt of fully coded data) to examine the causes of the under performance in more detail.

Actions being taken to improve performance
- Granular analysis is taking place with a focus on understanding the reasons behind the growth in 'Other Referrals'. These include referrals from many sources including Consultants, Optometrists, National Screening Programmes and requests for diagnostic tests. The analysis will examine the construction of the plan, impact of any counting or coding changes and any variation between providers.
- Care Co-ordination - The aim of this project is to deliver the foundations of a consistent approach to Population Health Management across the Greater Nottingham footprint. The project will build on the existing Primary Care Networks made up of groups of GP practices and community teams to embed a consistent care co-ordination approach to admission avoidance to identify care gaps and utilise evidence based interventions.
- There are a number of QIPP schemes that are focussed on admission avoidance in 19/20. A number of actions are in place to make best use of these schemes. This includes:
  - Promoting the Mid Notts EOL Service & EPaCCS through Frailty GP Practice visits to those GP Practices with the highest NELs to raise awareness on earlier identification of end of life patient to enable earlier advance care planning reducing the need for Fast Track.
  - Ensuring Network Navigators are fully focussed on the identification of potential EOL patient as part of the GP MDTs.
  - Increasing the level of training for care home staff on the seven key early warning signs that lead to patient deterioration (significant 7). Ensuring a minimum of 85% in each targeted care home in a shorter timeframe.

15

Indicator	IAPT - Entering Treatment
Standard	Month - 1.58%
	Quarter - 4.75%
CCG Lead	Lucy Anderson

IAPT - The number of people who receive psychological therapies	Period	Latest Month Performance	Most Recent Three Months		
			Performance	Patients Entering Treatment	Additional Patients Required to Meet Standard
Nottingham & Nottinghamshire	Mar-19	1.68%	5.23%	5730	N/A
Mansfield & Ashfield	Mar-19	**1.47%**	4.81%	1015	N/A
Newark & Sherwood	Mar-19	1.76%	5.96%	695	N/A
Nottingham City	Mar-19	1.77%	5.21%	2140	N/A
Nottingham North & East	Mar-19	1.64%	4.92%	765	N/A
Nottingham West	Mar-19	1.74%	5.08%	510	N/A
Rushcliffe	Mar-19	1.66%	5.90%	605	N/A

Issues and insight

The access standard has not been met in Mansfield and Ashfield for the month of March 2019, however the quarterly standard was achieved. Mid Nottinghamshire CCGs have commissioned a single provider (Insight) and the contract started in April 2019. To support exit planning the incumbent providers stopped accepting referrals in January/ February 2019, which directly impacted upon performance of the standard.

Actions being taken to improve performance
Insight has ensured they have sufficient capacity (staff and estate) to enrol additional patients into treatment. It is anticipated there may be a deterioration in performance during Quarter 2 as the patients currently waiting beyond the standard are treated.

Timeline for Recovery
It is projected that the access target will be met in Quarter 2 2019/20.

16

Indicator	IAPT - Waiting Times
Standard	6 weeks - 75%
	18 weeks - 95%
CCG Lead	Lucy Anderson

IAPT - Waiting Times	Period	First Treatment within 6 Wks	First Treatment within 18 Wks
Nottingham & Nottinghamshire	Mar-19	76.60%	99.62%
Mansfield & Ashfield	Mar-19	80.77%	100.00%
Newark & Sherwood	Mar-19	75.56%	97.78%
Nottingham City	Mar-19	**73.81%**	100.00%
Nottingham North & East	Mar-19	80.65%	100.00%
Nottingham West	Mar-19	**73.91%**	100.00%
Rushcliffe	Mar-19	76.67%	100.00%

Historic Performance	First Treatment within 6 Wks						
	Nottingham & Nottinghamshire	Mansfield & Ashfield	Newark & Sherwood	Nottingham City	Nottingham North & East	Nottingham West	Rushcliffe
Mar-19	76.60%	80.77%	75.56%	73.81%	80.65%	73.91%	76.67%
Feb-19	77.83%	84.21%	69.57%	76.92%	80.00%	80.00%	75.00%
Jan-19	80.77%	86.84%	77.42%	77.65%	82.14%	84.00%	81.48%
Dec-18	81.94%	84.85%	84.00%	77.92%	84.00%	77.27%	88.24%
Nov-18	79.85%	81.82%	80.56%	77.42%	81.82%	85.19%	77.50%
Oct-18	80.80%	86.05%	80.65%	73.49%	83.78%	85.19%	86.21%
Sep-18	78.79%	77.78%	76.00%	76.54%	84.62%	80.77%	82.14%
Aug-18	78.14%	78.72%	75.00%	79.52%	77.78%	76.00%	78.13%
Jul-18	79.92%	77.27%	88.00%	74.16%	84.85%	82.14%	86.67%
Jun-18	78.81%	84.21%	80.00%	75.00%	78.57%	80.00%	83.33%
May-18	76.10%	79.07%	88.00%	69.32%	84.38%	74.19%	75.00%
Apr-18	76.96%	81.08%	85.19%	70.13%	77.78%	82.61%	76.92%

Issues and insight

There are 3 providers of IAPT services across Nottinghamshire and Nottingham City; Let's Talk Wellbeing (LTWB), Trent PTS and Insight Healthcare.

LTWB were experiencing significant waiting times and due to this an interim care pathway was developed in conjunction with NHSI and NHSE. This pathway was implemented in February 2019 and has led to a gradual reduction in waiting times for patients accessing the LTWB service.

Actions being taken to improve performance
All actions agreed within the interim pathway have been delivered within the agreed timescale. The pathway has reduced waits at a faster rate than anticipated. The change to the pathway is expected to have an overall impact on reducing the 6 weeks waits and people will be able to access treatment faster, this will continue be monitored on a monthly basis.

LTWB have increased their step 2 workforce to enable the improvements in performance to be maintained.

Timeline for Recovery
All actions agreed as part of the interim pathway have been delivered as agreed and waiting times have decreased, actions are in place to maintain performance.

17

Indicator	Early Intervention in Psychosis
Standard	See below
CCG Lead	Sally Dore

There are 2 Mental Health Five Year Forward View standards for Early Intervention in Psychosis, these are shown below along with the relevant standards		
The percentage of people receiving treatment in 2 weeks	2019/20	56%
	2020/21	60%
Specialist EIP provision is delivered in line with NICE recommendations (% of Service graded at least level 3 by year end)	2019/20	50%
	2020/21	60%

EIP - Complete waiting less than two weeks % - Rolling Three Months	Period	Total Patients	Breaches	Performance
Nottingham & Nottinghamshire	Apr-19	100	31	69.00%
Mansfield & Ashfield	Apr-19	24	3	87.50%
Newark & Sherwood	Apr-19	1	0	100.00%
Nottingham City	Apr-19	48	12	75.00%
Nottingham North & East	Apr-19	9	5	**44.44%**
Nottingham West	Apr-19	2	0	100.00%
Rushcliffe	Apr-19	16	11	**31.25%**
Nottinghamshire Healthcare Trust	Mar-19	97	30	69.07%

Historic Performance (Rolling Three Months)	Standard	Nottingham & Notts	Mansfield & Ashfield	Newark & Sherwood	Nottingham City	Nottingham North & East	Nottingham West	Rushcliffe
Apr-19	56%	69.00%	87.50%	100.00%	75.00%	44.44%	100.00%	31.25%
Mar-19	53%	68.35%	83.33%	100.00%	76.92%	25.00%	50.00%	38.46%
Feb-19	53%	66.67%	40.00%	100.00%	72.97%	100.00%	50.00%	50.00%
Jan-19	53%	66.67%	71.43%	100.00%	64.00%	80.00%	50.00%	100.00%
Dec-18	53%	71.64%	78.95%		61.29%	85.71%	71.43%	100.00%
Nov-18	53%	76.19%	88.24%		65.52%	83.33%	60.00%	100.00%
Oct-18	53%	78.95%	80.00%		70.97%	100.00%	80.00%	100.00%
Sep-18	53%	75.61%	80.00%		71.43%	100.00%	60.00%	85.71%
Aug-18	53%	70.27%	80.00%		68.42%	66.67%	75.00%	66.67%
Jul-18	53%	64.71%	100.00%		71.43%	0.00%	75.00%	50.00%
Jun-18	53%	68.57%	100.00%	100.00%	83.33%	0.00%	100.00%	28.57%
May-18	53%	63.89%	100.00%	100.00%	82.35%	50.00%	57.14%	16.67%

Issues and insight

Performance in the ICS in April 2019 was 69.00% against the access and treatment target of 56%. Nottingham North and East CCG and Rushcliffe CCG did not achieve the target. All breaches of the 2 week target are reviewed on an individual basis to establish the reason and action to be taken. Often, these relate to patients who are being supported by other teams, i.e. Crisis, who are then transferred to the EIP when clinically appropriate.

NICE Compliance

NHSE requested all EIP services to undertake a further self-assessment audit in May based on the first 50 and last 50 patients and the results of this has been scored by NHSE as a level 2 for the ICS.

Services are not fully NICE compliant and have ongoing actions to improve service delivery.

There are 4 levels that EIP services are graded on based on NICE compliance:

Level 1 - 'Greatest need for improvement'

Level 2 - 'Needs improvement'

Level 3 - 'Performing well'

Level 4 - 'Top performing'

If a team is rated 'greatest need for improvement' in any domain, they cannot be rated 'performing well' overall. Therefore until the CBTp training is completed, Mid Notts and South Nottinghamshire can not achieve a level 3 overall.

The following pages show the current and predicted compliance, along with actions to improve compliance, across the various NICE indicators.

EIP - Overall score	Current Compliance	Predicted Compliance			
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Mansfield & Ashfield	Level 1	Level 2	Level 2	Level 2	Level 2
Newark & Sherwood	Level 1	Level 2	Level 2	Level 2	Level 2
Nottingham City	Level 2	Level 2	Level 3	Level 3	Level 3
South Nottinghamshire	Level 2	Level 2	Level 2	Level 2	Level 2

18

Indicator	Early Intervention in Psychosis (continued)

Adults with psychosis or schizophrenia took up cognitive behavioural therapy for psychosis (CBTp)	Current Compliance	Predicted Compliance			
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Mansfield & Ashfield	Level 1	Level 1	Level 1	Level 1	Level 1
Newark & Sherwood	Level 1	Level 1	Level 1	Level 1	Level 1
Nottingham City	Level 2	Level 2	Level 2	Level 2	Level 2
South Nottinghamshire	Level 1	Level 1	Level 1	Level 1	Level 1

Issues:

There are not enough CBTp trained therapists across the ICS.

Actions

- NHT have supported 4 members of staff to apply for the next CBTp course (start date is September) in Hull. Backfill arrangements are being determined. Health Education England (HEE) have agreed to fund the places
- Through the transformation work via the EIP steering group, a plan will be devised to address future training needs
- NHT will aim to recruit future staff to the EIP team that are already trained in CBTp.
- HEE and NHT to discover if the CBTp in house course can be accredited. A meeting is taking place in July to look at the options

Family members of adults with psychosis or schizophrenia took up family interventions	Current Compliance	Predicted Compliance			
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Mansfield & Ashfield	Level 4	Level 4	Level 4	Level 4	Level 4
Newark & Sherwood	Level 1	Level 1	Level 2	Level 3	Level 4
Nottingham City	Level 3	Level 3	Level 3	Level 4	Level 4
South Nottinghamshire	Level 4	Level 4	Level 4	Level 4	Level 4

Actions

- The EIP teams are prioritising N&S staff to receive the training and to ensure they are inputting the data correctly.
- NHT have requested 2 training places for the Family Intervention Supervisor course.

Adults with psychosis or schizophrenia who wish to find or return to work took up supported employment programmes	Current Compliance	Predicted Compliance			
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Mansfield & Ashfield	Level 1	Level 1	Level 2	Level 3	Level 4
Newark & Sherwood	Level 2	Level 2	Level 3	Level 3	Level 4
Nottingham City	Level 1	Level 2	Level 3	Level 3	Level 4
South Nottinghamshire	Level 2	Level 2	Level 3	Level 3	Level 4

Issues:

There is currently no IPS service in Mid Nottinghamshire

Actions

- Mid Notts have been successful in the BID to NHSE/I and have secured two years funding for an Individual Placement and Support Service. A recruitment process is underway and will take 3 months.
- A steering group has commenced to oversee implementation of IPS and a plan is being written to ensure the IPS service meets fidelity

Adults with psychosis or schizophrenia have specific comprehensive physical health assessments	Current Compliance	Predicted Compliance			
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Mansfield & Ashfield	Level 1	Level 2	Level 2	Level 2	Level 3
Newark & Sherwood	Level 1	Level 2	Level 2	Level 2	Level 3
Nottingham City	Level 1	Level 1	Level 2	Level 2	Level 3
South Nottinghamshire	Level 1	Level 1	Level 2	Level 2	Level 3

Actions

- EIP patients have been prioritised to receive physical health checks, internal data shows an improvement in these scores
- All EIP staff have been trained to support physical health assessments.
- NHT is recruiting 2 Support Workers to focus on improving physical health assessments.

19

Indicator	Early Intervention in Psychosis (continued)

Carers of adults with psychosis or schizophrenia took up carer- focussed education and support programmes	Current Compliance	Predicted Compliance			
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Mansfield & Ashfield	Level 3	Level 3	Level 3	Level 4	Level 4
Newark & Sherwood	Level 4	Level 4	Level 4	Level 4	Level 4
Nottingham City	Level 2	Level 2	Level 3	Level 3	Level 4
South Nottinghamshire	Level 3	Level 3	Level 3	Level 4	Level 4

Actions

- This remains a priority for the service and will be a key training requirement for staff, with 80% of staff now trained in Behavioural Family Therapy. By training staff in BFT they will be more confident and feel better equipped to develop courses for carers support programmes. The first programmes will be developed in the City. NHT are mapping the peer support workers to assess if there is more resource available to support EIP teams.

Percentage of service users for whom two or more outcome measures were recorded at least twice	Current Compliance	Predicted Compliance			
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Mansfield & Ashfield	Level 1	Level 1	Level 2	Level 3	Level 4
Newark & Sherwood	Level 1	Level 1	Level 2	Level 3	Level 4
Nottingham City	Level 1	Level 1	Level 2	Level 3	Level 4
South Nottinghamshire	Level 1	Level 1	Level 2	Level 3	Level 4

Actions

- Health of the Nation Outcome Scales (HoNOS) is currently used. DIALOG (a specific patient reported outcome measure for people with psychosis) has been introduced with staff being trained for roll-out in Q1 2019/20.

Actions being taken to improve performance
CCG Anticipated Recovery for when both national standards will be met: Quarter 1 2021/22.
Improvements against individual NICE standards are outlined in the trajectory charts above.
If a team is rated 'greatest need for improvement' in any domain, they cannot be rated 'performing well' overall. Therefore until the CBTp training is completed, Mid Notts and South Nottinghamshire can never achieve a level 3 overall.

20

Indicator	Children & Young People Mental Health Access
Standard	2018/19 = 32%
	2019/20 = 34%
CCG Lead	Lucy Anderson

Children and Young People Mental Health Access	Period	Plan	Actual	Variance from Plan
Nottingham & Notts ICS	Q4 2018-19	32.0%	25.4%	-6.6%
Mansfield & Ashfield	Q4 2018-19	32.0%	20.7%	-11.3%
Newark & Sherwood	Q4 2018-19	32.0%	25.4%	-6.6%
Nottingham City	Q4 2018-19	32.0%	31.2%	-0.8%
Nottingham North & East	Q4 2018-19	32.0%	21.2%	-10.8%
Nottingham West	Q4 2018-19	32.0%	19.3%	-12.7%
Rushcliffe	Q4 2018-19	32.0%	26.6%	-5.4%

Issues and insight

Target- Increase the number of children and young people receiving treatment from the NHS commissioned community service by 34%. (2019/20) This is monitored via data submitted by providers to the Mental Health Services Data Set (MHSDS).The MHSDS data is published quarterly, where providers have not been able to submit data their submissions have not been included. Local data is captured whilst providers work to address challenges.

Risk 1- Data submissions- Local non NHS providers; Kooth, Base 51 and Nottingham City Council have not been able to accurately submit access figures to the national reporting system MHSDS. Nationally reported performance has therefore been lower than what has been reported locally.

Risk 2 – Capacity- Nottinghamshire Healthcare NHS Foundation Trust (NHT) are the main service provider. Activity decreased in Quarter 3 and Quarter 4 2018/19 due to sickness and vacancies.

Actions being taken to improve performance
A Recovery Action Plan (RAP) has been developed which outlined all actions being taken to improve performance. The RAP is monitored on a monthly basis the key actions are as follows;

Data Quality
- All providers performance information will be reported through the national system (MHSDS) by Q2 2019/20. The CSU are supporting providers to resolve submission issues including reporting at a CCG level and reporting of telephone contacts. These issues are on track to be resolved by Q2

Capacity
- An activity plan has been agreed for 2019/20 and NHT are piloting new ways of working to increase access. A review of performance and access to services in 2018/19 is being undertaken, utilising local data this will enable any commissioning gaps to be identified and actions to be agreed
- The bids submitted to NHS England for mental health support teams (MHST) will increase capacity within the local system. Commissioners have been informed these bids have been successful (subject to finance clarification)

Communication Strategy
- A communication strategy has been developed, which outlines actions taken to increase awareness of services and how to access them
- Commissioners continue to contact areas who are achieving the target to learn from best practice, which continues to inform local planning

Timeline for Recovery
- Delivery against activity plans is monitored for all providers on a monthly basis,.
- Performance for NHT is expected to improve by Q1. Base 51's data flow issues are scheduled to be resolved by Q2.
- During Q1 the communications strategy will ensure the following actions are take place;
  - Work with GPs to ensure they direct those with mild to moderate needs to self-refer and know what support is available. GP's will direct refer higher risk children and young people.
  - Liaise with CCG, provider and council Communications teams to deliver key mental health messages via social media
  - Plan coordination of attendance at public events in summer holidays – August 2019
  - Support the roll out of the Emotional Health and Well-being pathway for schools across Nottinghamshire between March and July 2019.

These actions will mitigate the gap between actual and planned performance in 2019/20.

21

Indicator	Children & Young People Eating Disorders
Standard	95% over a rolling 12 month period
CCG Lead	Lucy Anderson

Children and Young People Eating Disorders	Latest Period	Routine Complete 4 Weeks %	Urgent Complete 1 Week %
Nottingham & Nottinghamshire	Q4 2018-19	91.7%	100.0%
Mansfield & Ashfield	Q4 2018-19	100.0%	N/A
Newark & Sherwood	Q4 2018-19	100.0%	N/A
Nottingham City	Q4 2018-19	100.0%	100.0%
Nottingham North & East	Q4 2018-19	66.7%	N/A
Nottingham West	Q4 2018-19	100.0%	100.0%
Rushcliffe	Q4 2018-19	100.0%	N/A

Children and Young People Eating Disorders - Rolling Twelve Months	Rolling 4 Qtrs to	Routine Complete		Urgent Complete	
		4 Weeks %	Patients	1 Week %	Patients
Nottingham & Nottinghamshire	Q4 2018-19	75.5%	49	63.6%	11
Mansfield & Ashfield	Q4 2018-19	66.7%	<10	0.0%	<10
Newark & Sherwood	Q4 2018-19	50.0%	10	0.0%	<10
Nottingham City	Q4 2018-19	100.0%	<10	75.0%	<10
Nottingham North & East	Q4 2018-19	75.0%	<10	100.0%	<10
Nottingham West	Q4 2018-19	75.0%	<10	100.0%	<10
Rushcliffe	Q4 2018-19	90.9%	11	0.0%	<10

Issues and insight

'Target- Delivering by 2020/2021 the eating disorder waiting time standard whereby 95% of patients receive their first definitive treatment within four weeks for routine cases and within one week for urgent cases. This is monitored via data submitted by providers to Unify'.

CCG's increased investment in 2018 to enable the service to reconfigure and deliver a same day 'assess and treat' service.

During Quarter 4 2018/19 the service was mobilised and performance against the two standards significantly improved. In Nottinghamshire 12 children required a routine appointment and in 91.7% of cases they were seen within the routine timeframe standard. In this reporting period, 6 children required an urgent assessment and these were completed within the urgent timeframe in all cases (100%).

Actions being taken to improve performance
The new service model has now been implemented. Performance is reviewed on a monthly basis and a service review is scheduled for July 2019. If there are any risks to maintaining the standards mitigating actions will be agreed.

Timeline for Recovery
The service is mobilised and new service model in place. Performance is on track to improve in Quarter 1 2019/20.

22

Indicator	Inappropriate Out of Area Placement Bed Days
Standard	See table below
CCG Lead	Lucy Anderson

Out of Area Occupied Bed Days	Period	Performance	Trajectory
Nottinghamshire Healthcare Foundation Trust	Q4 2018-19	**3319**	2520

Inappropriate Out of Area Occupied Bed Days
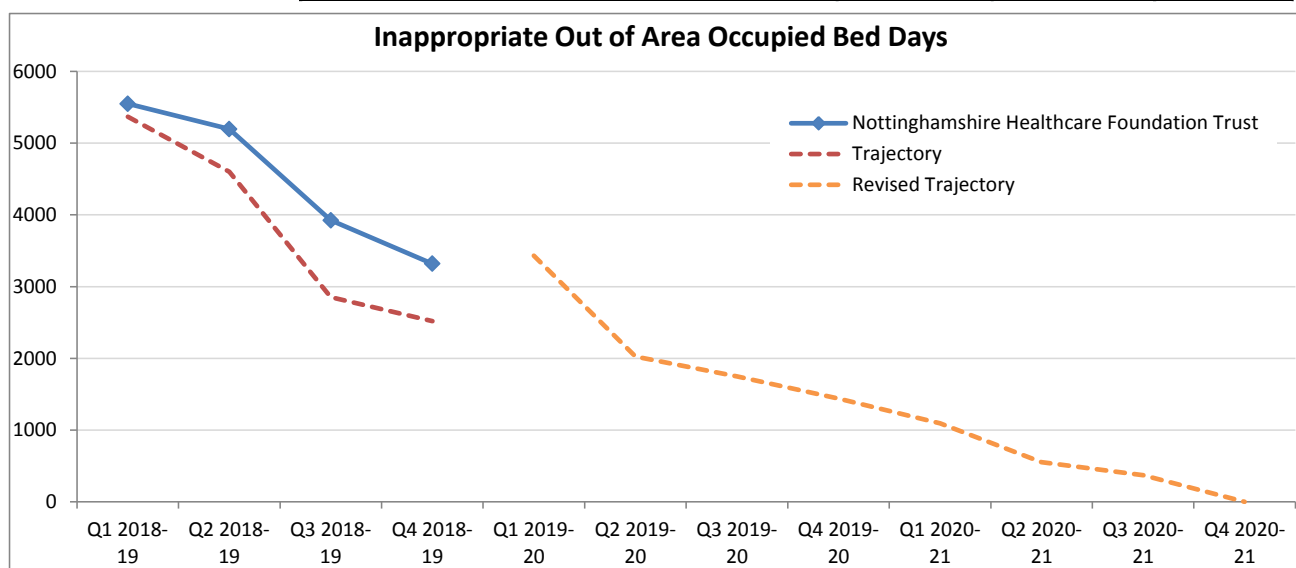
Issues and insight

National benchmarking data shows that admission rates to NHT beds as 165.2 per 100,000 population; the national average is 221.2 per 100,000. Local data has been provided to include admissions to out of area placements; this brings the Trust performance to 215.5 per 100,000 population, which is still below the national average of 221.2.

Following a meeting in May between commissioners and NHT further actions have been identified.

There are a number of risks to the delivery of this trajectory. There is a risk that the demand for inpatient admissions continues to rise and that the interventions planned, for example reducing length of stay, do not have the anticipated impact in reducing inappropriate out of area placements.

Data quality has been identified as a risk, and an Information Breach Notice (IBN) was issued in February 2019. The Trust has developed an action plan to strengthen data reporting and governance in response to the IBN. Further analysis is required to ensure all locally reported data aligns with national reporting and that a clear narrative is provided for any differences in reporting.

There is a risk that a number of interventions are reliant on recruiting additional staff; however there may not be the staff available to fill the posts, therefore a detailed recruitment plan has been developed by NHT to mitigate against this risk.

In order to counteract the risks the actions detailed below will deliver more OBDs in area than have been used in the past 12 months

Actions being taken to improve performance
- A Detailed transformation and delivery plan for CRHT and crisis pathway will be agreed.
- The Community Crisis Transformation funding bid will be completed and submitted by 20 June 2019.
- The 'Moving Forwards' Crisis link workers will commence during June 2019.
- Recruitment for additional staff for a daytime Street Triage service, which NHT have agreed to fund, will take place during June
- Rolling recruitment into CRHT continues with recruitment of Clinical Psychologists, the advertisement closed on 12th June 2019.
- There has been an increase in Female PICU OAP, NHT have been asked to undertake a clinical review to explain the increase in admissions

Time for Recovery
It is projected that the local trajectory will be achieved by the end of quarter 3 2020/21

23

Indicator	Transforming Care Partnership
Standard	See table below
CCG Lead	Theodore Phillips

Transforming Care Partnership		Period	LD IP Rate per Million GP		
			Plan	Performance	Variance
Reliance on Inpatient Care for People with LD or Autism	CCG Commissioned	Mar-19	13	16	3
	NHSE Commissioned	Mar-19	23	36	13
	Total	Mar-19	36	52	16
Reliance on Inpatient Care for People with LD or Autism with a length of stay of 5 years and over	CCG Commissioned	Mar-19	3	4	1
	NHSE Commissioned	Mar-19	18	16	-2
	Total	Mar-19	21	20	-1

Issues and insight

Inpatient Numbers

CCG and specialised inpatient numbers were on trajectory for the end of May target. There are a number of forecast discharges with associated risk that if not achieved will mean we exceed the July trajectory.

Lack of community residential/supported living provision to support TCP discharges: not enough vacancies/ capacity in the system and a lack of knowledge/training/resilience to allow the forecast numbers of TCP discharges to take place.

Enforcement action taken by the CQC against a local provider (Mid Notts) following identification of quality and safety concerns has resulted in contract suspensions by CCG and Local Authority. Having contract suspensions in place is likely to delay some discharge arrangements. This will impact on achievement of planned trajectories.

Actions being taken to improve performance
Inpatient Numbers
- Discharge forecasting tracker adopted as a tool to judge the net impact of likely admissions and discharges throughout the year to help predict our year-end position
- Fortnightly calls in place involving the specialised team, the local authorities and the programme team to agree levels of confidence with discharges and ensure joined up approach to maximise opportunities for successful discharge

Community Provision
- TCP programme team have engaged a consultancy firm to assess the gaps in provision and the barriers to addressing this, in consultation with both local authorities and their procurement teams.
- Issues with workforce and training being led by workforce work stream, and addressed via regional and local workforce development strategies
- Increased provider support and quality monitoring visits by the CCG to continue to drive change and service improvements

24

Indicator	HSMR
Standard	Not Higher than Expected
CCG Lead	Rosa Waddingham

HSMR	Mar-19	2018/19
Nottingham University Hospitals	100.7	**116.2**
Sherwood Forest Hospitals	98.7	105.3

HSMRs for Nottinghamshire Major Acute Trusts
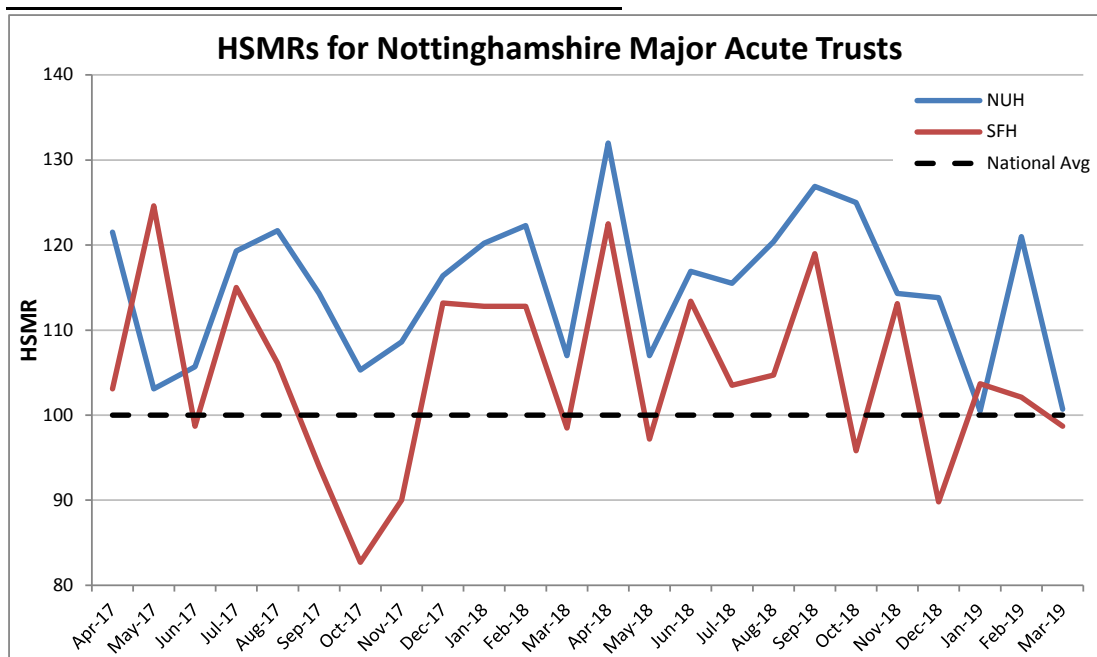
Issues and insight

Hospital Standardised Mortality Rate (HSMR)

HSMR for the 12-months ending March 2019 (latest reported period) is outside the expected range at 116.1 (confidence interval: 111.8 to 120.6).

The HSMR is a measurement tool where mortality data is adjusted to take account of some of the factors known to affect the underlying risk of death and calculated as the ratio of the actual number of deaths within 30 days of admission to hospital (irrespective of place of death) to the expected number of deaths.

Actions being taken to improve performance
HSMR
- Specialty based Morbidity and Mortality reporting in place to strengthen shared learning from structured judgement case reviews. Case reviews are being undertaken with actions implemented and monitored
- External review identified to the Trust issues with coding
- Review of why the key areas are likely to be above expected have been undertaken by Dr Foster and the Trust
- CCG attendance at Mortality Surveillance Group has been evaluated and Chief Nurse or Deputy Chief Nurse will attend going forward
- CQC and NHSE/I informed of HSMR concerns and actions via the Quality Surveillance Group
- Chief Nurse has met with Director of Nursing to discuss patient impact. A meeting with the Medical Director to go through all actions and to raise our concerns again is to take place on 18th July 2019. Following this meeting the CCG will update NHSE/I and CQC of outstanding concerns with proposed letter to the Trust on findings and relevant actions. CCG to meet with Dr Foster to investigate if concerns remain
- NUH undertaking work to understand why outlier for HSMR as review of crude data suggests that the Trust should be in line with HSMR rates. NUH specifically reviewing methodology and whether transfers from other trusts are affecting HSMR rates

25

Performance of Indicators Achieving Standard

The table below summarises performance of indicators where all organisations have achieved the national standard.

Indicator	Standard	Organisation	Latest Data Period	Performance	Previous 12 Months/Quarters Performance (< Oldest ... Latest >)
A&E - 12 Hour Trolley Waits	0	NUH	Apr-19	0	
	0	SFHT	Apr-19	0	
Wheelchairs - Children waiting less than 18 weeks for a wheelchair	92%	M&A	Q4 2018-19	100.00%	
		N&S	Q4 2018-19	100.00%	
		City	Q4 2018-19	100.00%	
		NNE	Q4 2018-19	100.00%	
		NW	Q4 2018-19	100.00%	
		Rush	Q4 2018-19	100.00%	
		NUH	Q4 2018-19	100.00%	
		SFH	Q4 2018-19	100.00%	
NHS111 Calls - Percentage answered within 60 seconds	95%	NNICS	Apr-19	96.42%	
NHS111 Calls - Percentage abandoned after 30 seconds	5%	NNICS	Apr-19	0.83%	
NHS111 Calls - Percentage of triaged calls to a Clinician	50%	NNICS	Apr-19	55.10%	
IAPT Recovery Rate - Rolling Three Months	50%	M&A	Mar-19	53.91%	
		N&S	Mar-19	56.38%	
		City	Mar-19	52.38%	
		NNE	Mar-19	56.82%	
		NW	Mar-19	52.94%	
		Rush	Mar-19	59.26%	
IAPT Waiting Times - First Treatment within 18 Weeks	95%	M&A	Mar-19	100.00%	
		N&S	Mar-19	97.78%	
		City	Mar-19	100.00%	
		NNE	Mar-19	100.00%	
		NW	Mar-19	100.00%	
		Rush	Mar-19	100.00%	
Dementia - Diagnosis Rate	67%	M&A	Apr-19	67.54%	
		N&S	Apr-19	79.12%	
		City	Apr-19	82.07%	
		NNE	Apr-19	71.19%	
		NW	Apr-19	78.90%	
		Rush	Apr-19	72.46%	

Glossary

Acronym	Meaning	Acronym	Meaning
A&E	Accident and Emergency	KMH	Kings Mill Hospital
A&E DB	Accident and Emergency Delivery Board	LD	Learning Disabilities
ACS	Accountable Care System	LoS	Length of Stay
ADD	Attention Deficit Disorder	LTWB	Let's Talk Well Being
ADHD	Attention Deficit and Hyperactivity Disorder	MHST	Mental Health Support Team
ANP	Advanced Nurse Practitioner	MN	Mid Nottinghamshire
ASD	Autism Spectrum Disorder	MOU	Memorandum of Understanding
BAU	Business As Usual	NEL	Non-Elective
CBT	Cognitive Behavioural Therapy	NEMS	Nottinghamshire Emergency Medical Services
CCG	Clinical Commissioning Group	NHCT	Nottinghamshire Healthcare NHS Trust
CETR	Care Education and Treatment Review	NHSE	NHS England
CFIDD	Community Forensic Intellectual and Development Disability Service	NHSI	NHS Improvement
CHC	Continuing Health Care	NNICS	Nottingham & Nottinghamshire ICS
CoP	Court of Protection	NICE	National Institute for Health and Care Excellence
CQUIN	Commissioning for Quality and Innovation	NUH	Nottingham University Hospitals NHS Trust
CT	Computed Tomography	OAPs	Out of Area Placements
CV	Contract Variation	OBD	Occupied Bed Days
CYP	Children and Younger People	OP	Outpatient
DCO	Director of Commissioning Operations	PCN	Primary Care Network
DST	Decision Support Tool	PHE	Public Health England
DToC	Delayed Transfers of Care	PICU	Pyschiatric Intensive Care Unit
DTT	Diagnosis to Treatment Times	PID	Project Initiation Document
EBUS	Endobronchial Ultrasound	POD	Point Of Delivery
ED	Emergency Department – often referred to as A&E	PTL	Patient Targeted List
EIP	Early Intervention in Psychosis	QIPP	Quality Innovation Productivity and Prevention
EMAS	East Midlands Ambulance Service NHS Trust	QMC	Queens Medical Centre
EMCA	East Midlands Cancer Alliance	RAP	Remedial Action Plan
EOL	End of Life	RTT	Referral to Treatment Times
G&A	General & Acute	SFHFT	Sherwood Forest Hospitals NHS Foundation Trust
GI	Gastro-Intestinal – often referred to as either Upper GI or Lower GI	SLA	Service Level Agreement
GN	Greater Nottingham	SLAM	Service Level Agreement Monitoring
HEE	Health Education England	SOP	Standard Operating Procedure
HFID	Home First Integrated Discharge	SRO	Senior Responsible Officer
IAPT	Improving Access to Psychological Therapies	STP	Sustainability and Transformation Plan
IBN	Information Breach Notice	TCP	Transforming Care Partnership
ICATT	Intensive Community Assessment and Treatment Team	UEC	Urgent & Emergency Care
ICP	Integrated Care Paertnership	UTC	Urgent Treatment Centre
ICS	Integrated Care System	YOC	Year Of Care
IR	Identification Rules	YTD	Year To Date

27

NHS Mansfield and Ashfield Clinical Commissioning Group

NHS Newark and Sherwood Clinical Commissioning Group

NHS Nottingham City Clinical Commissioning Group

NHS Nottingham North and East Clinical Commissioning Group

NHS Nottingham West Clinical Commissioning Group

NHS Rushcliffe Clinical Commissioning Group

Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Governing Bodies (Open Session)	Date:	04 July 2019
Paper Title:	Highlight report from the meeting in Common of the Audit and Governance Committees	Paper Reference:	GB/19/017
Sponsor: Presenter:	Sue Sunderland, Lay Member - Audit and Governance Committee	Attachments/ Appendices:	No attachments
	Sue Sunderland, Lay Member - Audit and Governance Committee		

Summary Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Key Focus of the Meeting

In May 2019, the Governing Bodies delegated responsibility to the Audit and Governance Committees to sign off the Standing Financial Instructions (SFIs).

The Committees received the SFIs for consideration at their 11 June 2019 extraordinary meeting and were assured that they were largely consistent across the six organisations with no major changes to note.

Differences remain in relation to the authorised limits for invoice approvals on Oracle; the inbuilt control environment is based on the existing staffing structure and will be reviewed and updated once the ongoing consultation process has concluded.

Discussion took place regarding approval limits for investment and disinvestment decisions per CCG and in aggregate across the six organisations. It was agreed that an aggregated maximum limit would be applied of three times the individual CCG values.

Key Messages for the Governing Body

The SFIs were approved subject to the amendment detailed above.

The approved SFIs have been circulated to Governing Body members for information following the meeting.

Page 1 of 1

Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Governing Bodies (Open Session)	Date:	04 July 2019

Paper Title:	Alignment of Organisational Policies and Procedures	Paper Reference:	**GB 19 018**

Sponsor:	Elaine Moss, Chief Nurse and Director of Quality and Governance	Attachments/ Appendices:	Appendix A – Draft Managing Conflicts of Interest Policy
Presenter:	Lucy Branson, Associate Director of Governance		Appendix B – Draft Gifts, Hospitality and Sponsorship Policy
			Appendix C – Draft Raising Concerns (Whistleblowing Policy)

Summary Purpose:	Approve	☒	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☐

Executive Summary

Work has now commenced to develop a single suite of joint policies for implementation across the six CCGs. This work builds on policies already in existence across the CCGs and will help to ensure that the organisations are working to aligned arrangements, whilst continuing to adhere to relevant legislation and guidance.

The purpose of this paper is to update on the development of the CCGs' policy work programme and to present a number of policies that require consideration and approval by the Governing Bodies.

Relevant CCG priorities/objectives: *(please tick which priorities/objectives your paper relates to)*

Compliance with Statutory Duties	☒	Establishment of a Strategic Commissioner	☒
Financial Management	☐	Wider system architecture development (e.g. ICP, PCN development)	☐
Performance Management	☐	Cultural and/or Organisational Development	☐
Strategic Planning	☐	Procurement and/or Contract Management	☐

Conflicts of Interest: *(please indicate whether there are any conflicts of interest considerations in relation to the paper)*

☒	No conflict identified
☐	Conflict noted, conflicted party can participate in discussion and decision

Page 1 of 7

☐	Conflict noted, conflicted party can participate in discussion, but not decision
☐	Conflict noted, conflicted party can remain, but not participate in discussion or decision
☐	Conflict noted, conflicted party to be excluded from meeting

Completion of Impact Assessments: *(please indicate whether the following impact assessments have been completed)*				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☒	N/A ☐	EIAs require completing for the appended policies before they are issued.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	

Risk(s): *(please highlight any risks identified within the paper)*
Staff may be working to different arrangements if clear requirements and expectations are not conveyed.

Confidentiality: *(please indicate whether the information contained within the paper is confidential)*
☒No

Recommendation(s):
1. To **APPROVE** the proposed arrangements for ratification of the CCGs' organisational policies and procedures
2. To **APPROVE** the joint standards of business conduct policies.

Page 2 of 7

Alignment of organisational policies and procedures

1. Introduction

In May and June 2019 the Governing Bodies of the six Nottingham and Nottinghamshire CCGs approved the establishment of an aligned governance framework as a transitional step while the six CCGs explore the option of creating a single, strategic commissioning organisation as part of the Nottingham and Nottinghamshire Integrated Care System (ICS) development.

Each CCG's Constitution (incorporating the Standing Orders and Standing Financial Instructions) and Governance Handbook (incorporating Committee Terms of Reference and Scheme of Reservation and Delegation) have been updated to reflect these new arrangements and formal approval from NHS England is expected imminently.

Work has now commenced to develop a single suite of joint policies for implementation across the six CCGs. This work builds on policies already in existence across the CCGs and will help to ensure that the organisations are working to aligned arrangements, whilst continuing to adhere to relevant legislation and guidance. It is particularly important that this work is not just limited to the updating of documents, rather that the processes set out within them are fit for purpose in the new arrangements, that any changes are clearly communicated to staff and that assurance can be provided that the new arrangements are being firmly and consistently embedded across the CCGs.

The purpose of this paper is to update on the development of the CCGs' policy work programme and to present a number of policies that require consideration and approval by the Governing Bodies.

2. Policy work programme

Whilst there are some slight variances in approach, each CCG currently has a corresponding set of policies in place. Meetings are now underway with leads to review policies within their areas of responsibility (including the identification of any gaps) and agree on prioritisation and timelines for their completion.

Whilst it is planned that all of the policies will have been updated by October 2019, a number of policies have been prioritised for completion during July and early August 2019. These include all policies relating to risk management, standards of business conduct and certain commissioning policies, including those relating to investment, disinvestment and significant service change proposals and procurement arrangements.

Until this work has been completed and all new joint policies are in place, individuals will still need to adhere to their employing organisation's policies. A communication to this effect has been sent out to all employees.

The CCGs' overarching policy work programme will be monitored by the CCGs' Audit and Governance Committees and an update on its progress is scheduled for their meeting in common in July 2019.

3. Policy approval arrangements

All joint policies will go through a formal approval process to provide assurance that they reflect the new arrangements across the six CCGs and to confirm which organisation-specific policies they are superseding. Following approval, each joint policy and any changes to processes will be communicated to staff.

Page 3 of 7

The Governing Bodies are requested to delegate approval of the CCGs' joint policies to the relevant committees within the governance framework. Whilst a definitive list of required joint policies is still in development, the 'types' of policies, and the proposed approving committees, are shown below.

Policies	Approved by
Commissioning Policies	Governing Bodies (Following review and endorsement by the Strategic Commissioning Committees)
Standards of Business Conduct Policies	Governing Bodies
Risk Management Policy	Governing Bodies
Equality and Diversity Policies	Governing Bodies (Following review and endorsement by the Quality, Safeguarding and Performance Committees)
Human Resources Policies	Remuneration and Terms of Service Committees
Primary Care Policies	Primary Care Commissioning Committees
Safeguarding Policies	Quality, Safeguarding and Performance Committees
Quality Policies	Quality, Safeguarding and Performance Committees
Data Quality Policy	Quality, Safeguarding and Performance Committees
Information Governance Policies	Audit and Governance Committees (With the exception of the Information Governance Management Framework, which will be approved by the Governing Bodies)
Counter Fraud Policy	Audit and Governance Committees
Health and Safety Policies	Directors' Group[1]

[1] *Formal Terms of Reference for the Directors' Group are currently being developed*

4. Standards of business conduct policies – for consideration and approval

4.1 Conflicts of Interest Policy

It is recognised that conflicts of interest are inevitable in commissioning and that CCGs will need to manage these as part of their day-to-day activities. This means balancing the statutory requirements with ensuring that the right people are not precluded when it is appropriate, and necessary, for them to be involved. The effective handling of conflicts of interest is crucial in giving confidence to the public that the CCGs' decisions are robust, fair and transparent; and in protecting the organisations, and individuals, from any accusations of impropriety.

A joint Register of Declared Interests is now in place across the six CCGs and all Governing Body and Committee members have been requested to confirm or update their declared interests in light of the aligned arrangements now in place. Work is now taking place to contact all members of staff (including temporary staff) to request the same.

Page 4 of 7

The CCGs' joint Management of Conflicts of Interest Policy is provided for review and approval at **Appendix A**. Members are requested to note the following key points:

- As with the CCGs' existing policies on managing conflicts of interest, the new joint policy has been developed from NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs ("the Guidance").
- Whilst appropriate to develop a joint policy on the CCGs' approach to managing conflicts of interest (to ensure alignment of working practices across the six CCGs), it is important to remember that the legal requirements remain the responsibility of each individual organisation. As such, the policy describes that each CCG will continue to provide separate submissions to NHS England as part of the quarterly and annual conflicts of interest assurance process.
- The Guidance requires that CCGs have systems in place to assure themselves annually that Registers of Declared Interests are correct. The CCGs' joint policy sets out that an exercise will be performed across the CCGs bi-annually to provide the Governing Bodies with sufficient assurance that the new arrangements are working effectively and that their joint register for employees and appointees is accurate and up-to-date. For the Register of Declared Interests for Member GP practices, the same exercise will be undertaken annually.
- The Guidance states that only the register of declared interests for 'decision-making staff' needs to be published, although the requirement is still that all employees (including those working in a temporary capacity) and appointees must declare any interests. As the guidance on who should be classed as a 'decision-maker' is particularly broad, the CCGs' joint policy stipulates that full registers will continue to be published (the policy details how individuals can request that their information be redacted).
- The Chair of the CCGs' Audit and Governance Committees is the CCGs' appointed Conflicts of Interest Guardian. This is a key role, which acts (in collaboration with the CCGs' governance leads) as a conduit for staff, the public, GP practice staff and other healthcare professionals who may have concerns with regards to conflicts of interest.

4.2 Gifts, Hospitality and Sponsorship Policy

The national guidance on conflicts of interest (as described in section 3.1 of this report) also sets out the requirements for the management of gifts, hospitality and sponsorship. The majority of amendments to the joint Gifts, Hospitality and Sponsorship Policy have been made to ensure consistent working practices across the six CCGs and to update roles and responsibilities in line with the new arrangements.

The CCGs' joint Gifts, Hospitality and Sponsorship Policy is provided for review and approval at **Appendix B**. Members are requested to note the following key points:

- As with the joint Conflicts of Interest Policy, there is a requirement for each CCG to ensure its own compliance with the legal requirements.
- The joint policy thresholds for gifts and hospitality are in line with the guidance – in summary these are:

Type of gift/hospitality	Can it be accepted?	Does it need to be declared?
Cash or cash equivalents (including remuneration to attend meetings whilst in a capacity working for or representing the CCGs)	No	Yes
Gifts from suppliers or contractors doing business (or likely to do	No (unless of a low value,	Yes

Type of gift/hospitality	Can it be accepted?	Does it need to be declared?
business) with the CCGs	which can be accepted – see below)	
Gifts of a low value (up to £6, e.g. promotional items) from suppliers or contractors doing business (or likely to do business) with the CCGs	Yes	No
Gifts under £50 from non-suppliers and non-contractors	Yes	No
Gifts over £50 from non-suppliers and non-contractors	Only on behalf of the organisation(s), not in a personal capacity	Yes
Hospitality under £25	Yes	No
Hospitality between £25 and £75	Yes	Yes
Hospitality over £75	Only with senior management approval	Yes

- The Guidance describes that sponsorship by external parties is valued and recognised as providing important opportunities for learning, development and partnership working. The CCGs' joint policy sets out the principles to be followed when accepting external sponsorship; however, more detailed guidance for sponsorship when working with the pharmaceutical industry is currently being developed.
- Overarching principles around the acceptance of gifts, hospitality and sponsorship are clearly stated within the joint policy. In all circumstances, staff should remain mindful of perceptions and not accept anything which may be seen to affect their professional judgement.

4.3 Raising Concerns (Whistleblowing) Policy

The joint Raising Concerns (Whistleblowing) Policy sets out the arrangements in place to enable the CCGs' employees (including temporary staff) to raise concerns about possible improprieties. The joint policy has been developed in line with NHS England and NHS Improvement guidance and utilising other national resources, such as 'Public Concern at Work' and the NHS Whistleblowing Helpline. The joint policy sets out:
- Clear definitions of what 'whistleblowing' is and is not.
- How to raise a concern internally or externally and where to go for further advice.
- The Governing Bodies' commitment to a transparent and supportive culture for its workforce and assurance that that no reprisals will be taken against individuals who raise genuine concerns, internally or externally.
- The legal protection offered to employees who raise concerns (the Public Interest Disclosure Act 1998).
- Key contacts with whom individuals can raise a concern in confidence; including the CCGs' Freedom to Speak up Guardian, who can provide independent and impartial advice. The Lay Chair of the Governing Bodies has been appointed as the CCGs' Freedom to Speak up Guardian.
- The procedure for reporting concerns and advice for managers on how to handle the reporting of concerns.

The joint Raising Concerns (Whistleblowing) Policy is attached for review and approval at **Appendix C**.

Page 6 of 7

5.   Recommendations

The Governing Bodies are requested to:

- **APPROVE** the proposed arrangements for ratification of the CCGs' organisational policies and procedures; and
- **APPROVE** the joint standards of business conduct policies.

Page 7 of 7

Managing Conflicts of Interest Policy

2019 - 2020

Version:
Approved by:
Date approved:
Date of issue (communicated to staff):
Next review date:
Document author:

CONTROL RECORD				
Reference Number	**Version**	Status	**Author** Head of Corporate Governance and Assurance	
			Sponsor Associate Director of Governance	
			Team Corporate Governance and Assurance	
Title	Managing Conflicts of Interest Policy			
Amendments	N/A			
Purpose	To support a culture of openness and transparency in business transactions and to set out the CCGs' requirements regarding conflicts of interests, ensuring that all individuals are aware of their responsibilities.			
Superseded Documents	• Greater Nottingham CCGs' Conflicts of Interest Policy • Mid-Nottinghamshire CCGs' Conflicts of Interest Policy			
Audience	All employees of the six CCGs (including all individuals working within the CCGs in a temporary capacity, including agency staff, seconded staff, students and trainees, and any self-employed consultants or other individuals working for the CCGs under contract for services), individuals appointed to the Governing Body and its committees, all member GP practices (single-handed practitioners, practice partners, or their equivalent ;or where the practice is a company, each Director) and any other individual directly involved with the business or decision-making of the CCGs.			
Consulted with	N/A			
Equality Impact Assessment	*To be completed*			
Approving Body	The Nottingham and Nottinghamshire CCGs' Governing Bodies	**Date approved**		
Date of issue				
Review Date	*One year from date of approval*			
This is a controlled document and whilst this policy may be printed, the electronic version available on the CCGs' document management systems is the only true copy. As a controlled document, this document should not be saved onto local or network drives.				

Policies can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact ncccg.notts-committees@nhs.net

Contents

1. Policy Summary

This policy is in place to help ensure the proper use of NHS money, best value for taxpayers and accountability to the local populations of the Nottingham and Nottinghamshire CCGs for the decisions we take.

As a member of staff you should……..	The CCGs will……

• Ensure you have sufficient knowledge on conflicts of interest to perform your role in line with this policy. This includes:
 	
  ➢ Familiarising yourself with this policy and ensuring it is followed;
 	
  ➢ Seeking further advice from the individuals stated in this policy where there is any uncertainty as to the requirements or your own specific responsibilities; and
 	
  ➢ Ensuring you undertake the mandatory annual training of Conflicts of Interest
 	
• Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent – or whether your interests could be *perceived* to an influencing factor.
 	
• Regularly consider what interests you have (or be perceived to have) and declare these as they arise. **If in doubt, <u>declare</u>** – the CCGs' Governance Leads can advise as to whether this is a relevant interest or not.
 	
• <u>**NOT**</u> misuse your position to further your own interests or those close to you
 	
• <u>**NOT**</u> be influenced, or give the impression that you have been influenced by outside interests
 	
• <u>**NOT**</u> allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money
	• Ensure that this policy and its supporting processes are clear and help staff understand what they need to do
	
	• Ensure that resources are in place to:
	
	  ➢ Keep this policy under review and ensure it stays in line with national guidance and best practice
	
	  ➢ Provide advice, training and support for staff as to how interests should be managed
	
	  ➢ Maintain and publish Register(s) of Interest, in line with the statutory requirements
	
	• Ensure a culture of transparency and openness, which assures the public, our staff and our partner organisations that all of our dealings are conducted to the highest standards of integrity
	
	<u>**NOT**</u> avoid managing conflicts of interest or underestimate the potential impact of the perception of conflicts of interest
	
	<u>**NOT**</u> interpret this policy in a way that stifles collaboration and innovation

Page | 1

2.   Introduction

2.1.   This policy applies to the Nottingham and Nottinghamshire Clinical Commissioning Groups (NHS Nottingham City CCG, NHS Nottingham West CCG, NHS Nottingham North and East CCG, NHS Rushcliffe CCG, NHS Mansfield and Ashfield CCG and NHS Newark and Sherwood CCG), hereafter referred to as '**the CCGs**'.

2.2.   All CCGs have a responsibility for ensuring that high standards of business conduct are maintained across their organisations and all Governing Body members are expected to show leadership by example in order to successfully influence the behaviour of staff. As such, members of Governing Bodies and their established committees must at all times comply with the expectations set out in the *Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England*.

2.3.   Conflicts of interest occur when an individual's ability to exercise judgment, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur.

2.4.   The CCGs are required to manage conflicts of interest as part of their day-to-day activities. The minimum requirements for discharging these duties are set out in Section 14O of the NHS Act 2006 (as amended) and within the NHS Procurement, Patient Choice and Competition (No. 2) Regulations 2013 and Public Contracts Regulations 2015.

2.5.   Effective handling of conflicts of interest is crucial for the maintenance of public trust in the commissioning system. Importantly, it also serves to give confidence to patients, providers, Parliament and tax payers that the CCGs' commissioning decisions are robust, fair, transparent and offer value for money. As such, this policy is aligned with the three crucial public service values that are required to underpin the work of the CCGs:

- **Accountability:** Everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety, and professional codes of conduct.

- **Probity:** There should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.

Page | 2

2.6. **Openness:** There should be sufficient transparency about NHS activities to promote confidence between the NHS organisation and its staff, patients and the public.

2.7. Failure to manage conflicts of interest could lead to legal challenge resulting in civil or criminal implications for the CCGs and the individual, as well as disciplinary and professional regulatory implications in respect of the individual.

1.6 All individuals within the CCGs are required to abide by the Seven Principles of Public Life (as set out by the Committee on Standards in Public Life) shown in **Appendix A**, ensuring that:

- The interests of patients remain paramount at all times.

- They are impartial and honest in the conduct of their official business.

- Public funds entrusted to them are used to the best advantage of the service, always ensuring value for money.

- They do not abuse their official position for personal gain or to the benefit of their family or friends.

- They do not seek to advantage or further their other interests in the course of their official duties.

2.8. In addition, the CCGs must ensure that any possibility for bribery, fraud or corruption is eliminated. Organisations must act in accordance with the Bribery Act 2010 and have appropriate policies and procedures in place to mitigate the risk of acts of bribery and corruption committed by persons associated with them, in the course of their work. This policy has been developed as part of the CCGs' suite of Standards of Business Conduct policies to achieve compliance with relevant legislation and national guidance and ensure high standards of behaviour throughout the organisation. Other CCG policies that should be read in conjunction with this policy are shown in section 19.

2.9. Whilst the CCGs have established aligned governance arrangements and a joint staffing structure, it is important to remember that the legal requirements for the management of conflicts of interest remains the responsibility of each individual organisation. This policy has been developed for implementation across the CCGs to ensure a consistent approach and aligned working practices; however, each CCG will need to continue to be able to demonstrate its own compliance with the national guidance on managing conflicts of interests.

3. Scope of Policy

3.1. The CCGs require this policy to be followed by:

- All employees of the CCGs (including all individuals working within the CCGs in a temporary capacity, including agency staff, seconded staff, students and trainees, and any self-employed consultants or other individuals working for the CCGs under contract for services).

- Individuals appointed to the Governing Body and sub-committees.

- All member GP practices of each of the CCGs (GP Partners, or where the practice is a company, each director).

- Any other individual directly involved with the business or decision-making of the CCGs.

These are collectively referred to as '**individuals**' hereafter.

4. Purpose

4.1. The purpose of this policy is to:

- Support a culture of openness and transparency in business transactions and uphold confidence and trust in the NHS.

- Support good judgement about how to approach and manage interests.

- Ensure that all individuals are aware of their responsibilities in relation to the CCGs' requirements regarding the management of conflicts of interest.

- Safeguard clinically led commissioning, whilst ensuring objective decision-making.

- Ensure that the CCGs are operating within the legal framework.

4.2. This policy supports each CCG's Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies, which set out the statutory and governance framework in which the CCGs operate. All individuals are required to comply with the requirements of the CCGs' Constitutions, Standing Orders, Schemes of Reservation and Delegation and Prime Financial Policies when carrying out their duties and these shall prevail over the requirements of this policy where conflicting advice is given.

4.3. All clinically qualified individuals must also refer to their respective codes of conduct relating to conflicts of interest.

5. Definitions

Term	Definition
Conflict of Interest	A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.
A conflict of interest may be:	
An *Actual* Conflict of Interest	There is a material conflict between one or more interests.
A *Potential* Conflict of interest	There is the possibility of a material conflict between one or more interests in the future.
A *Perceived* Conflict of Interest	Where an individual could be incorrectly seen to have a conflict of interest, due to false perceptions about their responsibilities, their interests or their relationships.

6. Roles and Responsibilities

Roles	Responsibilities
The CCGs' Governing Bodies and their committees	The Governing Bodies, and all committees of the Governing Bodies, are responsible for upholding the principles of good corporate governance and ensuring that the CCGs are acting in the best interests of stakeholders at all times.
The Audit and Governance Committees	The Audit and Governance Committees of each CCG are responsible for reviewing the establishment and maintenance of an effective system of integrated governance and internal control. In particular, the Committees are responsible for monitoring compliance with the CCGs' Standards of Business Conduct Policies.
The Accountable Officer	The Accountable Officer has overall accountability for the CCGs' management of conflicts of interest.
The Chief Finance	The Chief Finance Officer is responsible for ensuring the

Roles	Responsibilities
Officer	adequacy of the CCGs' counter fraud arrangements.
The Associate Director of Governance (supported by the Corporate Governance and Assurance Team as appropriate)	The Associate Director of Governance is responsible for: • The day to day management of conflicts of interest matters and queries; • Maintaining the following registers: – Conflicts of Interest Registers. – Gifts, Hospitality and Sponsorship Register. – Procurement Decisions Register. • Providing advice, support, and guidance on how conflicts of interest should be managed (see section 8); • Ensuring that appropriate administrative processes are put in place; • Supporting the Conflicts of Interest Guardian in carrying out their role effectively.
Conflicts of Interest Guardian	The Conflicts of Interest Guardian is in place to further strengthen the scrutiny and transparency of the CCGs' decision-making processes (section 8 of this policy describes this role in more detail).
Lay Members	Lay members provide scrutiny, challenge and an independent voice in support of robust and transparent decision making and management of conflicts of interest.
Executive Management and Senior Management Team	All members of the Executive Management and Senior Leadership Team have an ongoing responsibility for ensuring the robust management of conflicts of interest.
All Individuals	All individuals are responsible for complying with all elements of this policy and for seeking advice if unsure how it applies to them.

7. Guiding Principles

7.1. In addition to the Nolan Principles, each CCG observes the following principles of good governance in the way that it conducts its business:

Page | 6

- The Good Governance Standards for Public Services (2004), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy ("CIPFA").

- The seven key principles of the NHS Constitution.

- The Equality Act 2010.

- The UK Corporate Governance Code.

- Standards for members of NHS boards and CCG governing bodies in England.

7.2. Conflicts of interest are inevitable in commissioning, but in most cases it is possible to handle them with integrity and probity by ensuring they are identified, declared and managed in an open and transparent way. With this in mind, the CCGs have adopted the following guiding principles for managing conflicts of interest:

a) **Doing business appropriately:** ensuring that our needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right from the outset, resulting in conflicts of interest becoming much easier to identify, avoid and/ or manage, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny.

b) **Being proactive, not reactive:** seeking to identify and minimise the risk of conflicts of interest at the earliest possible opportunity, for instance by:

- Considering potential conflicts of interest when electing or selecting individuals to join the Governing Body or other decision-making bodies.

- Ensuring individuals receive proper induction and training so that they understand their obligations to declare conflicts of interest.

- Establishing and maintaining registers of interests and agreeing in advance how a range of possible situations and scenarios will be handled, rather than waiting until they arise.

c) **Assuming that individuals will seek to act ethically and professionally:** ensuring there are prompts and checks to identify when conflicts occur, supporting individuals to exclude themselves appropriately from decision making.

d) **Being balanced and proportionate:** identifying and managing conflicts, but not expecting to eliminate them completely.

e) **Openness:** ensuring early engagement with patients, the public, clinicians and other stakeholders, including Healthwatch Nottingham and Nottingham City's Health and Wellbeing Board, in relation to proposed commissioning plans.

f) **Responsiveness and best practice:** ensuring that commissioning intentions are based on local health needs and reflect evidence of best practice – securing 'buy in' from local stakeholders to the clinical case for change.

g) **Transparency and sound record keeping:** documenting clearly the approach taken at every stage in the commissioning cycle so that a clear audit trail is evident, including up to date registers of interests.

h) **Securing expert advice:** Ensuring that plans take into account advice from appropriate health and social care professionals (e.g. through clinical senates and networks) and draw on commissioning support, for instance around formal consultations and for procurement processes.

i) **Engaging with providers:** engaging early with both incumbent and potential new providers over potential changes to the services commissioned for the local population.

j) **Creating clear and transparent commissioning specifications:** reflecting the depth of engagement and setting out the basis on which any contract will be awarded.

k) **Following proper procurement processes and legal arrangements:** having an unbiased approach to providers and a clear, recognised and easily enacted system for dispute resolution.

l) **Creating an environment and culture** where individuals feel supported and confident in declaring relevant information and raising concerns.

8.   Conflicts of Interest

8.1.   For individuals from the CCGs' member practices, a conflict of interest can exist when their judgement as a commissioner could be, or could reasonably be perceived to be, influenced and/ or impaired by their own concerns and obligations as a healthcare provider or as an owner, director or shareholder in an organisation doing business (or who may do business) with the NHS.

8.2.   An individual does not need to exploit their position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur. In fact, a *perception* of wrongdoing, impaired judgement, or undue influence can be as detrimental as any of them actually occurring. It is important to manage these perceived conflicts in order to maintain public trust.

8.3.   Interests fall into the following categories:

Page | 8

Type of Interest	Description
Financial interests	Where an individual may get direct financial benefit* from the consequences of a decision they are involved in making.
Non-financial professional interests	Where an individual may obtain a non-financial benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
Non-financial personal interests	Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit because of decisions they are involved in making in their professional career.
Indirect interests	Where an individual has a close association** with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

* This may be a financial gain, or avoidance of a loss

** A common-sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

8.4. The above categories are not exhaustive and each situation must be considered on a case by case basis. Where individuals are unsure whether a situation falling outside of the above categories may give potential for a conflict of interest, they should seek advice from the Associate Director of Governance of the CCGs' Conflicts of Interest Guardian. If in doubt, the individual concerned should assume the existence of a conflict of interest and ensure that it is managed appropriately, rather than ignore it.

8.5. Examples of each of the above categories of interest are provided at **Appendix B**.

9. Conflicts of Interest Guardian

9.1. The CCGs have appointed the Chair of the Audit and Governance Committees as the Conflicts of Interest Guardian. The Conflicts of Interest Guardian, in collaboration with the Associate Director of Governance, will:

- Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;

- Be a safe point of contact for employees or workers of the CCGs to raise any concerns in relation to conflicts of interest, this Policy, or any other policy relating to conflicts of interest;

- Support the rigorous application of conflict of interest principles and policies;

- Provide independent advice and judgment where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;

- Provide advice on minimising the risks of conflicts of interest.

9.2. Details of the CCGs' Conflicts of Interest Guardian is provided at Appendix E

10. Declaring and Registering Interests

10.1. Where an individual has an interest or becomes aware of an interest that could lead to a conflict of interests, whether real or perceived, then this should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could also include interests an individual is pursuing.

10.2. The CCGs will establish arrangements to ensure that, as a matter of course, declarations of interest are made in the following circumstances:

a) **On appointment:** Applicants for any appointment to the CCGs or the Governing Body will be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests will again be made and recorded in advance of them commencing their position.

b) **On changing role or responsibility:** When an individual changes their role or responsibilities within the CCGs or their Governing Bodies and committees, any change to the individual's interests should be declared.

c) **On any other change of circumstances:** Whenever an individual's circumstances change in a way that affects the individual's interests (e.g. where an individual takes on a new role outside the CCGs or sets up a new business or relationship), a further declaration should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.

Page | 10

10.3. A template Declaration of Interests Form is provided at **Appendix B** for this purpose. Alternatively, this form can be requested from ncccg.interests@nhs.net.

10.4. In order to promote confidence in the probity of commissioning decisions and the integrity of those involved, the CCGs will maintain and make publically available a register that detail the interests of:

- All employees of the CCGs (including all individuals working within the CCGs in a temporary capacity; including agency staff, seconded staff, students and trainees, and any self-employed consultants or other individuals working for the CCG under contract for services).

- Individuals appointed to the Governing Body and its committees.

- Any other individual directly involved with the business or decision-making of the CCGs.

10.5. The CCGs will maintain and publish a separate register that details the interests of:

- All member GP practices (single-handed practitioners, practice partners, or their equivalent; or where the practice is a company, each director).

10.6. The Associate Director of Governance will maintain the Registers of Declared Interests, which will include the following information:

- Name of the person declaring the interest;

- Position within, or relationship with, the CCGs;

- Type of interest;

- Description of the interest;

- The dates to which the interest relates; and

- The actions to be taken to mitigate risk.

10.7. To ensure accuracy and consistency across the CCGs, there will be a master version of each Register of Declared Interests. Extracts of the registers (eg. those used for meetings) should always be taken from the master version.

10.8. The Registers of Declared Interests will be updated whenever a new or revised interest is declared. *NB this means that the versions published on the CCGs' websites may not always be the most up-to-date.*

10.9. The CCGs will assure themselves on a bi-annual basis that the Register of Declared Interests (for individuals directly involved with the CCGs) is accurate and up-to-date. A request will be sent to all individuals, on behalf of the Associate Director of Governance, asking them to check their entry on the register. Where an individual has no interest to declare, or no interest in addition to those already declared, they must confirm this by way of 'nil return'. **_The request is designed to prompt individuals and does not negate the responsibility of individuals to proactively declare, as stipulated in section 6 of this policy._**

10.10. The CCGs will assure themselves that the Register of Declared Interests of member GP practices is accurate and up-to-date on an annual basis.

10.11. Interests will remain on the published Registers of Declared Interests for a minimum of six months after the interest has expired.

10.12. A private record of historic interests will be retained for a period of six years after the date on which the interest expired.

10.13. Whilst it is recognised that some individuals are more likely than others to have a material influence on how public money is spent; to ensure complete transparency in all of the CCGs' business activities, the Governing Bodies have agreed that the complete Registers of Declared Interests will be published and/or made available if requested.

10.14. Where an individual has substantial grounds for believing that publication of their interests should not occur, they may request in writing that the information is not published, explaining the reasons why. In exceptional circumstances, the information may be withheld on the public register. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

10.15. The decision as to whether or not to publish information will be made by the Conflicts of Interest Guardian in consultation with the Associate Director of Governance.

10.16. In line with the statutory requirements, the registers will be published at least annually.

11. Management of Declared Interests

11.1. The Associate Director of Governance is responsible for ensuring that for every interest declared, arrangements are in place to manage the conflict of interests or potential conflict of interests following an assessment of the:

- **Materiality of the interest:** in particular whether the individual (or family member or business partner) could benefit from any of the CCGs' decisions.

- **Extent of the interest:** in particular, whether it is related to a business area significant enough that would impact on the individual's ability to make a full and proper contribution to relevant commissioning activities.

11.2. These arrangements will confirm the following:

- When an individual should withdraw from a specified activity, on a temporary or permanent basis.

- Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.

11.3. All individuals that have declared interests are responsible for ensuring that they understand any requirements for managing their declared interests before participating in any decision-making activities.

11.4. There will be occasions where an individual declares an interest in good faith but upon closer consideration, it is clear that this does not constitute a genuine conflict of interest. The Associate Director of Governance will provide advice on this and decide whether it is necessary for the interest to be added to the Register of Declared Interests.

12. Management of Conflicts of Interests at Meetings

12.1. In advance of any meetings of the Governing Bodies and their committees, the Chair of the meeting will consider, together with members of the Governance and Assurance Team and Conflicts of Interest Guardian (as appropriate), whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.

12.2. All agendas for meetings of the Governing Bodies and their committees will contain a standing item at the commencement of each meeting, requiring members and

Page | 13

attendees to declare any interests relating specifically to the agenda items being considered. The Chair of the meeting is then responsible for ensuring that the appropriate course of action is taken on agenda items against which interests have been declared.

12.3. In instances where an individual is aware of a conflict, or potential conflict of interest, which relates to the scheduled or likely business of the meeting, then the individual concerned will bring this to the attention of the Chair of the meeting. The individual is responsible for ensuring that the interest is include on the Register of Declared Interests.

12.4. The Chair of the meeting, supported by the CCGs Governance Leads, will determine how conflicts should be managed and inform the individual of their decision, which is likely to involve one the following actions:

   a) Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the CCGs' decision-making arrangements.

   b) Allowing the individual to participate in the discussion, but not part of the decision making process.

   c) Allowing full participation in discussion and the decision making process as the potential conflict is not perceived to be material or detrimental to the CCGs' decision-making arrangements.

12.5. The CCGs will always endeavour to identify where conflicts of interest occur in advance of its decision-making forums.

12.6. The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.

12.7. Where the Chair of any meeting has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, then they are required to make a declaration and the Deputy Chair (or other nominated non-conflicted individual if the Deputy Chair is also conflicted) will act as Chair for the relevant part of the meeting. Where there is no Deputy Chair, the members of the meeting will select one from the remaining non-conflicted members.

12.8. Where arrangements have been confirmed for the management of the conflict, or potential conflict, of interest in relation to the Chair, then the Deputy Chair (or other nominated non-conflicted individual if the Deputy Chair is also conflicted) is required

Page | 14

to ensure that these are followed. Where no arrangements have been confirmed, the Deputy Chair (or other nominated non-conflicted individual if the Deputy Chair is also conflicted) shall decide how the conflict is to be managed, and may require the Chair to withdraw from the meeting or part of it.

12.9. For previously recorded declarations of interest, steps will be taken to ensure that meeting membership supports decision making as far as is reasonably practicable. However, should a situation arise where more than 50% of members of a meeting are required to withdraw from a meeting, or part of it, due to agreed arrangements for managing conflicts of interest, then the Chair (or their Deputy) will determine whether or not the discussion can proceed. In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership as defined within the relevant Terms of Reference.

12.10. Where a quorum cannot be achieved from the membership of the meeting, owing to the arrangements for managing conflicts, or potential conflicts, of interest, the Chair of the meeting will consult with the Associate Director of Governance on the action to be taken. This may include:

- Deferring the item to a future meeting where the quorum can be achieved (if timescales allow).

- Requiring another of the CCGs' decision-making forums, to progress the item of business.

  Or if this is not possible:

- Inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee in question) so that the item of business can be progressed:

  - A member of the Nottingham City/Nottinghamshire County Health and Wellbeing Board.

  - A member of a Governing Body of another Clinical Commissioning Group.

12.11. Minutes of meetings will record all declarations made, including the following details:

- Who has the interest

- The nature of the interest and why it gives rise to a conflict

- The item(s) on the agenda to which the interest relates

- How the conflict was agreed to be managed

Page | 15

- Evidence that the conflict was managed as intended, including confirmation that any exclusions occurred.

It is the responsibility of the Chair of the meeting to ensure that the above information is recorded in the minutes of the meeting.

12.12. The Register of Declared Interests will also be updated for all instances where interests have not been previously declared.

13. Transparency in Procurement

13.1. Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is not discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour – which is against the interest of patients and the public.

13.2. Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement, steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

13.3. An assessment of any actual or potential conflicts of interest should occur during the production of procurement specifications, scoring of bids or in meetings where final procurement decisions are made (eg. a decision to procure, a decision to use a single tender action, or a decision on the outcome of an evaluation process).

13.4. Responsibility for managing conflicts of interest remains the statutory responsibility of the CCGs, even when procurement processes are led by other organisations. The CCGs need to ensure that any Commissioning Support Unit (CSU) or Commissioning Support Service (CSS) involved in a procurement process is made aware of the statutory requirements.

13.5. The CCGs' Governing Body have approved a Procurement Policy which ensures that:

- All relevant clinicians (not just members of the CCGs) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services.

Page | 16

- Service redesign and procurement processes are conducted in an open, transparent, non-discriminatory, and fair way.

- All potential bidders/contractors are requested to declare relevant interests as part of every procurement process (see **Appendix C**).

13.6. The Procurement Policy also sets out a number of specific safeguards that have been established for all instances where the CCGs are commissioning services that could potentially be provided by a GP practice (or consortium of practices). In these instances, a number of factors are required to be considered as set out in the Procurement Template at **Appendix D**. These safeguards are designed to maintain confidence and trust between patients and GPs, enabling the CCGs and their GP member practices to demonstrate that they are acting fairly and transparently, and that members of the CCGs will always put their duty to patients before any personal financial interest.

13.7. In the interests of transparency, the CCGs will maintain and make publicly available a register of procurement decisions taken, which will include:

a) The details of the decision.

b) Who was involved in making the decision.

c) A summary of any conflicts of interest in relation to the decision and how this was managed.

14. New Models of Care

14.1. In terms of new models of care, there may be individuals with roles in both the CCGs and a new care model provider/potential provider. The CCGs should identify these conflicts of interest as soon as possible and manage them in accordance with this policy.

14.2. Where a member of staff participating in a meeting has dual roles, for example a role within the CCGs and a role with a new care model provider organisation, but it is not considered necessary to exclude them from the whole or any part of a CCG meeting, he or she should ensure that the capacity in which they continue to participate in the discussions is made clear and correctly recorded in the meeting minutes. Where it is appropriate for them to participate in decisions they must only do so if they are acting in their CCG role.

14.3. The CCGs will take all reasonable steps to ensure that employees, committee members, contractors and others engaged under contract with them are aware of the requirement to inform the CCGs if they are employed or engaged in, or wish to

be employed or engaged in, any employment or consultancy work in addition to their work with the CCGs. This could apply to new care model arrangements or any other organisation which may conflict with their role in the CCGs.

14.4. The CCGs should identify as soon as possible where staff might be affected by the outcome of a procurement exercise, e.g., they may transfer to a provider (or their role may materially change) following the award of a contract. This should be treated as a relevant interest, and the CCGs will ensure it is managed as a potential conflict. This conflict of interest arises as soon as individuals are able to identify that their role may be personally affected.

15. Raising Concerns

15.1. It is the duty of every individual to speak up about genuine concerns in relation to the management of conflicts of interest. If an individual has any such concerns then they should not ignore such suspicions; however, nor should they seek to investigate the matter themselves.

15.2. In respect of individuals who are employees or workers of the CCGs, regard should be had to the CCGs' Raising Concerns (Whistleblowing) Policy. In the case of an employee or worker of another organisation, they should consider the provisions within that organisations' whistleblowing policy when reporting a suspected breach.

15.3. Where an individual has concerns in relation to the management of conflicts of interest they should raise this with the Conflicts of Interest Guardian and/ or the Associate Director of Governance.

15.4. At the time of raising the concern, the individual should state whether they wish to remain anonymous whilst the concern is being investigated.

15.5. If an individual has any particular concerns as to confidentiality then they may raise the matter solely with the Conflicts of Interest Guardian who will initially discuss the matter with the individual and consider how to retain confidentiality between themselves and the individual. The Conflicts of Interest Guardian should be seen as a safe point of contact where matters can be raised on a confidential basis.

15.6. The concern will be investigated by the Conflicts of Interest Guardian and Associate Director of Governance. The individual raising the concern will be asked to provide details of their concern. The Conflicts of Interest Guardian and Associate Director

of Governance will consider the concern and take further steps, as considered appropriate on a case by case basis, to investigate the concern.

15.7. The decision as to the outcome of the investigation will be made by the Associate Director of Governance. In the event that a breach of this policy is identified the Associate Director of Governance will consider, on a case by case basis, any further action required taking into account all of the circumstances of the case, and with reference to this policy.

15.8. All concerns raised will be reported to the relevant CCGs' Audit and Governance Committees as the investigation progresses and as to the final outcome of the investigation. Any identified breach will be reported to the relevant CCGs' Audit and Governance Committee, including any action taken.

15.9. Where a breach is identified, the Associate Director of Governance will be responsible for reporting the breach to NHS England. A confidential record of the breach will be retained by the Associate Director of Governance.

15.10. An anonymised record of breaches of this policy will be made available on the CCGs websites.

16. Consequences of Non-Compliance

16.1. Failure to comply with this policy can result in serious consequences for the CCGs and any individuals concerned, including:

- **Civil Implications –** if conflicts of interest are not effectively managed then the CCGs could face civil challenges to decisions it makes.

  In the case of breaches occurring during a service re-design or procurement exercise, for example, this could result in legal challenge to the decision of the CCGs which could result in the award of contract being overturned, lead to damages claims against the CCGs, and require a further procurement process.

- **Criminal Implications –** potential criminal proceedings could result from a failure to manage conflicts of interest for offences such as fraud, bribery and corruption. This could have implications for the CCGs and linked organisation, and the individuals who are engaged by them.

  Reference should be made to the CCGs' Fraud, Corruption and Bribery Policy.

- **Disciplinary Implications –** the CCGs will view instances of non-compliance with this policy as serious and may take disciplinary action against individuals. This may result in dismissal or removal from office.

Page | 19

All individuals who fail to disclose any relevant interests or who otherwise breach the CCGs' policies relating to the management of conflicts of interest will be subject to investigation and, where appropriate, disciplinary action.

- **Professional Regulatory Implications –** statutorily regulated healthcare professionals working for, or engaged by, the CCGs are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest.

16.2. Where it is considered that such a healthcare professional has acted improperly, the relevant CCG will report them to the appropriate regulator so that such concerns may be investigated. Such individuals may be subject to fitness to practise proceedings and could, if appropriate, be struck off by their regulator as a result.

17. Equality and Diversity Statement

The Nottingham and Nottinghamshire CCGs pay due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, both as commissioners and as employers.

17.1. As a commissioning organisation, we are committed to ensuring our activities do not unlawfully discriminate on the grounds of any of the protected characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

17.2. We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.

17.3. As employers, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

17.4. To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

Page | 20

18. Communication, Monitoring and Review

18.1. The CCGs will establish effective arrangements for communicating the requirements of this policy. This will include:

- Communicating the publication of this policy at the time of issue.

- All employees of the CCGs and all individuals appointed to the Governing Bodies and their committees completing annual mandatory conflicts of interest training. Training can be accessed via ESR (if employed by the CCGs) or via the E-learning for Health at https://portal.e-lfh.org.uk/

- Ensuring that the existence of this policy, and the requirements, are highlighted to new starters as part of the local induction process.

- As a minimum, bi-annual reminders of the existence and importance of this policy will be sent out via established staff communication methods.

18.2. The implementation of this policy, and the effectiveness of the arrangements detailed within it, will be monitored by the CCGs' Audit and Governance Committees on a bi-annual basis. This will include, as a minimum, the Registers of Declared Interests and Register of Procurement Decisions being presented for review and scrutiny.

18.3. This policy will be reviewed by the Governing Bodies annually or in light of any legislative changes or best practice guidance.

18.4. Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the CCGs' Associate Director of Governance (details shown at **Appendix E**).

19. References and Supporting Documents

19.1. This policy should be read in conjunction with the following CCG documents and supporting national guidance documents:

- The Constitutions of each CCG (including their Standing Orders, Schemes of Reservation and Delegation and Prime Financial Policies)

- The CCGs' Fraud, Corruption and Bribery Policy 2019 - 2020

- The CCGs' Voicing Concerns (Whistleblowing) Policy 2019 - 2020

- The CCGs' Gifts, Hospitality and Sponsorship Policy 2019 - 2020

- The CCGs' Procurement Policy 2019 -2020

- Respective professional Codes of Conduct

- Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (NHS England, June 2017)

- Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England (November 2012)

- The Healthy NHS Board: Principles for Good Governance (2010)

- Good Medical Practice - Financial interests in institutions providing care or treatment (2008)

- Code of Conduct for NHS Managers (2002)

19.2. In addition, further guidance can be found in the following documents:

- Managing Conflicts of Interest in the NHS: Guidance for Staff and Organisations (NHS England, 2017)

- Role-specific summary guides on conflicts of interest (NHS England, 2017)

- Best Practice Update on Conflicts of Interest Management: Call to Action for CCGs (NHS England, February 2019).

- Managing Conflicts of Interest: CCG Case Studies (NHS England, 2016)

Page | 22

Appendix A – The seven principles of public life set out by the Committee on Standards in Public Life (The Nolan Principles)

Selflessness	Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
Integrity	Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
Objectivity	In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
Accountability	Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
Openness	Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
Honesty	Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
Leadership	Holders of public office should promote and support these principles by leadership and example.

Appendix B – Template Declaration of Interests Form

Greater Nottingham and Mid Nottinghamshire Clinical Commissioning Group - Declaration of Interests Form

All individuals within the CCG (including employees, appointees and temporary staff) must declare any conflict or potential conflict of interest in the capacity of their role with the CCG. The Register of Declared Interests is updated on a quarterly basis and the CCG is obliged to publish the information that you provide on the CCGs' websites. The latest version of the Managing Conflicts of Interest Policy can be accessed on the Intranet.

You will need to refer to the **category definitions** attached, complete the relevant sections below and return a signed copy of this form to both the Corporate Governance and Assurance Team and your line manager.

Complete **Section A** and **Section C** if you have interests to declare.
Complete **Section B** and **Section C** if you have no interests to declare.

Full Name:		Job Title:	
Role Start Date:		Line Manager:	
Committee Membership/ Attendance:		Employing CCG:	

Section A

Declared Interest: - name of the organisation - nature of business - details of relationship for indirect interests	Type of Interest				Date of Interest	
	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect	From	To

Page | 24

Section B

Please tick the box ☐ to confirm that you have **no relevant interests** to declare.

Section C

Please tick the box ☐ to confirm the following statement: The information I have provided above is complete and correct. I acknowledge that any changes to my declaration must be notified to the CCG as soon as practicable, and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.

The information submitted will be held by the CCG for personnel or other reasons specified in this email and to comply with the CCGs' policies. This information will be held in both manual and electronic form in accordance with the Data Protection Act 2018 and may be disclosed to third parties in accordance with the Freedom of Information Act 2000.

The CCG is obliged to publish registers of interest on the CCGs' websites. If you have any concerns about this, please raise these in your response and explain why you consider that the information you supply should not be made publicly available.

  Signed: **Date**:

A scanned, signed copy can be returned to the Corporate Governance and Assurance Team via Ncccg.interests@nhs.net or by post to Nottingham City CCG, Room 3.07, 3rd Floor, Nottingham City CCG, 1 Standard Court, Park Row, Nottingham, NG1 6GN.

Page | 25

Types of interest

Type of Interest	Description
Financial Interests	This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being: • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider; • In secondary employment; • Having patents or other intellectual property rights (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing , which are, or might be reasonably expected to be, related to items to be procured or used by the organisation. • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider)
Non-Financial Professional Interests	This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is: • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher.

Page | 26

Type of Interest	Description
Non-Financial Personal Interests	This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is: • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include: • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.

Page | 27

Appendix C – Template Declaration of Conflict of Interests for Bidders/Contractors

Name of Relevant Organisation:	
Interests	
Type of Interest	**Details**
Provision of services or other work for the CCG or NHS England	
Provision of services or other work for any other potential bidder in respect of this project or procurement process	
Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCGs or any of its members' or employees' judgements, decisions or actions	

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

Signed:

On behalf of:

Date

Page | 28

Appendix D – Procurement Checklist

Service:

Question	Comment/Evidence
How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the CCGs' proposed commissioning priorities? How does it comply with the CCGs' commissioning obligations?	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in designing the proposed service?	
What range of potential providers have been involved in considering the proposals?	
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
What are the proposals for monitoring the quality of the service?	
What systems will there be to monitor and publish data on referral patterns?	
Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available? Have you recorded how you have managed any conflict or potential conflict?	
Why have you chosen this procurement	

Page | 29

route eg. single action tender?[1]	
What additional external involvement will there be in scrutinising the proposed decisions?	
How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and aware of any contract?	
Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)	
How have you determined a fair price for the service?	
Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers	
How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	
Additional question for proposed direct awards to GP providers	
What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	
What assurances will there by that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	

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[1] Taking into account all relevant regulations (eg the NHS (Procurement, patient choice and competition) (No 2) Regulations 2013 and guidance (eg that of Monitor).

Page | 30

Appendix E – Contact Details

If you have further questions about conflicts of interest, you can contact one of the following members of staff:

- Lucy Branson – Associate Director of Governance. Tel 8839538, email lucy.branson@nhs.net
- Jo Simmonds – Head of Corporate Governance and Assurance. Tel 8839449, email joanne.simmonds1@nhs.net

If you have any concerns regarding conflicts of interest and don't feel able to raise them internally, you can contact the CCGs' Conflicts of Interest Guardian. This role is fulfilled by the Chair of the CCGs' Audit and Governance Committees and provides a safe point of contact for staff or anyone else who may have concerns and wish to discuss them with somebody independent.   Details of the Conflicts of Interest Guardian are:

- Sue Sunderland - email sue.sunderland1@nhs.net

Any suspicions or concerns of acts of fraud or bribery can be reported online via www.reportnhsfraud.nhs.uk or via the NHS Fraud and Corruption Reporting Line on 0800 0284060. This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so. Alternatively, you can contact the CCGs' Counter Fraud Specialist.

Gifts, Hospitality and Sponsorship Policy

2019 - 2020

Version:
Approved by:
Date approved:
Date of issue (communicated to staff):
Next review date:
Document author:

CONTROL RECORD			
Reference Number	**Version**	Status DRAFT	**Author** Head of Governance and Assurance
			Sponsor Associate Director of Governance
			Directorate
Title	Gifts, Hospitality and Sponsorship Policy		
Amendments	N/A		
Purpose	To support a culture of openness and transparency in business transactions and to set out the CCGs' requirements regarding gifts, hospitality and sponsorship; ensuring that all individuals are aware of their responsibilities.		
Superseded Documents	• Greater Nottingham CCGs' Gifts, Hospitality and Sponsorship Policy • Mid-Nottinghamshire CCGs' Gifts, Hospitality and Sponsorship Policy		
Audience	All employees of the six Nottingham and Nottinghamshire CCGs (including all individuals working within the CCGs in a temporary capacity, including agency staff, seconded staff, students and trainees, and any self-employed consultants or other individuals working for the CCGs under contract for services), individuals appointed to the Governing Body and its committees, all member GP practices (single-handed practitioners, practice partners, or their equivalent) and any other individual directly involved with the business or decision-making of the CCG.		
Consulted with	N/A		
Equality Impact Assessment	To be completed		
Approving Body	Governing Bodies	**Date approved**	
Date of issue	-		
Review Date	*One year from date of approval*		
This is a controlled document and whilst this policy may be printed, the electronic version available on the CCGs' document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.			

Policies can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact ncccg.notts-committees@nhs.net

Contents

1.   Introduction

1.1.   This policy applies to the Nottingham and Nottinghamshire Clinical Commissioning Groups (NHS Nottingham City CCG, NHS Nottingham West CCG, NHS Nottingham North and East CCG, NHS Rushcliffe CCG, NHS Mansfield and Ashfield CCG and NHS Newark and Sherwood CCG), hereafter referred to as 'the CCGs'.

1.2.   All CCGs have a responsibility for ensuring that high standards of business conduct are maintained across their organisations and all Governing Body members are expected to show leadership by example in order to successfully influence the behaviour of staff. As such, members of Governing Bodies and their established committees must at all times comply with the expectations set out in the *Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England*.

1.3.   The CCGs' Governing Bodies determine to ensure that the organisation inspires confidence and trust, avoiding any potential situations of undue bias or influence in decision-making and protecting the NHS, the CCGs, and individuals involved from any appearance of impropriety. As such, this policy is aligned with the three crucial public service values that are required to underpin the work of the CCGs:

- **Accountability** - Everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety, and professional codes of conduct.

- **Probity** - There should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.

- **Openness** - There should be sufficient transparency about NHS activities to promote confidence between the NHS organisation and its staff, patients and the public.

1.4.   All individuals within the CCGs are required to abide by the Seven Principles of Public Life (as set out by the Committee on Standards in Public Life) shown in **Appendix A**, ensuring that:

- The interests of patients remain paramount at all times.

- They are impartial and honest in the conduct of their official business.

- Public funds entrusted to them are used to the best advantage of the service, always ensuring value for money.

- They do not abuse their official position for personal gain or to the benefit of their family or friends.

Page 4 of 16

- They do not seek to advantage or further their other interests in the course of their official duties.

1.5. In addition, the CCGs must ensure that any possibility for bribery, fraud or corruption is eliminated. Organisations must act in accordance with the Bribery Act 2010 and have appropriate policies and procedures in place to mitigate the risk of acts of bribery and corruption committed by persons associated with them, in the course of their work. This policy has been developed as part of the CCGs' suite of Standards of Business Conduct policies to achieve compliance with relevant legislation and national guidance and ensure high standards of behaviour throughout the organisation. Other CCG policies that should be read in conjunction with this policy are shown in section 12.

1.6. In 2019, the six CCGs established joint governance arrangements and a shared staffing structure. Whilst this policy has been developed for implementation across the GNCCP to ensure a consistent approach and aligned working practices, it is important to remember that the legal requirement for the management of conflicts of interest remains the responsibility of each individual CCG. As such, each CCG will need to continue to be able to demonstrate its own compliance with the national guidance on gifts, hospitality and sponsorship.

2. Scope of Policy

2.1. The CCGs require this policy to be followed by:

- All employees of the CCGs (including all individuals working within the CCGs in a temporary capacity, including agency staff, seconded staff, students and trainees, and any self-employed consultants or other individuals working for the CCGs under contract for services).

- Individuals appointed to the Governing Bodies and its committees.

- Any other individual directly involved with the business or decision-making of the CCGs.

These are collectively referred to as 'individuals' hereafter.

3. Purpose

3.1. The purpose of this policy is to support a culture of openness and transparency in business transactions and to set out the CCGs' requirements regarding gifts, hospitality and sponsorship, ensuring that all individuals are aware of their responsibilities.

Page 5 of 16

3.2.   This policy supports each CCGs' Constitutions, Standing Orders, Schemes of Reservation and Delegation and Prime Financial Policies, which set out the statutory and governance framework in which the CCGs operate. All individuals are required to comply with the requirements of the CCGs' Constitution, Standing Orders, Schemes of Reservation and Delegation and Prime Financial Policies when carrying out their duties and these shall prevail over the requirements of this policy where conflicting advice is given.

3.3.   It should be noted that all clinical staff employed by the CCGs should also refer to their respective professional codes of conduct relating to the acceptance of gifts, hospitality and sponsorship, and collaborative working with the pharmaceutical industry.

4.   Roles and Responsibilities

Roles	Responsibilities
The CCG Governing Bodies and their committees	The Governing Bodies, and all committees of the Governing Bodies, are responsible for upholding the principles of good corporate governance and ensuring that the CCGs are acting in the best interests of stakeholders at all times.
The Audit and Governance Committees	The Audit and Governance Committees of the CCGs are responsible for reviewing the establishment and maintenance of an effective system of integrated governance and internal control. In particular, the committee is responsible for monitoring compliance with the CCGs' Standards of Business Conduct Policies.
The Accountable Officer	The Accountable Officer has overall accountability for the CCGs' management of conflicts of interest (related to this policy – see the Conflicts of Interest Policy for further details).
The Chief Finance Officer	The Chief Finance Officer is responsible for ensuring the adequacy of the CCGs' counter fraud arrangements.
The Associate Director of Governance (supported by the Governance and Assurance Team as appropriate)	The Associate Director of Governance is responsible for: • The day-to-day management of matters and queries relating to the application of this policy. • Maintaining the Gifts, Hospitality and Sponsorship Register. • Ensuring that appropriate administrative processes are in

Page 6 of 16

Roles	Responsibilities
	place.
Conflicts of Interest Guardian	The Conflicts of Interest Guardian is in place to further strengthen the scrutiny and transparency of the CCGs' decision-making processes (see Conflicts of Interest Policy).
Executive Management and Senior Leadership Team	Members of the Executive Management Team have an ongoing responsibility for ensuring the application of this policy.
Individuals	All individuals are responsible for complying with this policy and for seeking advice if unsure how it applies to them.

5. Definitions

Term	Definition
Gifts	Any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value.
Hospitality	Offers of meals, refreshments, travel, accommodation and other expenses in relation to attendance at meetings, conferences, education and training events etc.
Sponsorship	Support (financial or otherwise) of CCG activities by an external body.
Register of Gifts, Hospitality and Sponsorship	The central register on which details of all offers of gifts, hospitality and sponsorship (accepted and declined) are recorded.

6. Gifts

6.1. Overarching principles

- Individuals should not accept gifts that may affect, or be seen to affect, their professional judgement. This overarching principle should apply in all circumstances.

- Under no circumstances are individuals allowed to accept personal gifts of cash or cash equivalents (e.g. gift vouchers), whatever their value and whatever their source. All such offers must be declared and recorded on the Register of Gifts, Hospitality and Sponsorship (see section * of this policy).

Page 7 of 16

- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

- Individuals should not ask for any gifts.

- Individuals are advised to consult with the Associate Director of Governance if they are unsure as to whether to accept any offers of gifts.

6.2. **Gifts from suppliers or contractors**

- Gifts from suppliers or contractors doing business (or likely to do business) with the CCGs should be politely declined and declared on the Register of Gifts, Hospitality and Sponsorship Register. This does not apply to low cost (less than £6*) branded promotional aids, which may be accepted and do not require declaring.

- If a gift with an estimated value in excess of the £6 limit arrives without warning, it must be handed over to the Associate Director of Governance who will decide whether the gift should be returned (or passed on to a charity or good cause). In such circumstances, action will be taken to ensure that the donor is informed of what has happened.

* *The £6 value has been selected with reference to existing industry guidance issued by the ABPI*

6.3. **Gifts from other sources** (eg. patients, families, service users)

- Modest gifts under a value of £50 may be accepted and do not need to be declared.

- Gifts at a value of over £50 should be treated with caution and only be accepted on behalf of the CCGs and not in a personal capacity. Such gifts should be declared.

- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

6.4. **What should be declared**

- The staff member/individual's name and their role within the CCGs

- A description of the nature and value of the gift, including its source

- Date of offer and receipt of the gift

- Any other relevant information (eg. circumstances surrounding the gift, action take to mitigate any conflict of interest, details of any approvals given that may conflict with this policy).

7. Hospitality

7.1. Overarching principles

- Individuals should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.

- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.

- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. These offers can be accepted if modest and reasonable, but individuals should always obtain approval from a member of the Executive Management and Senior Leadership Team.

- Individuals should never put themselves in a position where there could be any suspicion that their business decisions could have been influenced by accepting hospitality from others. With this in mind, individuals should ask themselves what a member of the public, who may be critical or suspicious, might think.

- Individuals are advised to consult with the Associate Director of Governance if they are unsure as to whether to accept any offers of hospitality.

7.2. Meals and Refreshments

- Under a value of £25 may be accepted and need not be declared.

- Of a value between £25 and £75* may be accepted and must be declared.

- Over a value of £75 should be refused unless (in exceptional circumstances) approval from a member of the Executive Management and Senior Leadership Team is given. A clear reason for the approval should be recorded on the Gifts, Hospitality and Sponsorship Register.

- Individuals should take a common sense approach to the valuing of meals and refreshments (if actual value is not known) and always adhere to the principles set out in section *.1.

* The £75 value has been selected with reference to existing industry guidance issued by the ABPI

7.3. Travel and Accommodation

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.

- Offers which go beyond modest, or are of a type that the CCGs themselves would not usually offer (eg. business class or first class travel, offers of foreign travel etc.) needs approval from a member of the Executive Management and Senior Leadership Team and should only be accepted in exceptional circumstances. A clear reason for the approval should be recorded on the Gifts, Hospitality and Sponsorship Register.

Page 9 of 16

8.   Sponsorship and Collaborative Working with the Pharmaceutical Industry

8.1.   Overarching principle

Sponsorship of the CCGs' events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefits for the CCGs (or CCG if applicable).

8.2.   Sponsored events

8.2.1.   Sponsorship of NHS events by external parties is valued, as such offers can secure their ability to take place and ultimately benefit patients, as well as NHS staff. Without this funding, there may be fewer opportunities for learning, development and partnership working.

8.2.2.   However, there is the potential for conflicts of interest between the organiser and the sponsor and appropriate safeguards must be in place to prevent this. Please refer to the CCGS' Managing Conflicts of Interest Policy or seek advice from the Associate Director of Governance if required.

8.2.3.   Acceptance of commercial sponsorship should not in any way compromise the CCGs' commissioning decisions or be dependent on the purchase or supply of goods or services.

8.2.4.   If sponsorship is accepted, the following principles must be adhered to:

- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.

- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not normally in the public domain should not normally be supplied.

- At the CCGs' discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.

- The involvement of a sponsor in an event must always be clearly identified in the interest of transparency.

- It must be made clear to sponsors that sponsorship in no way equates to the CCGs' endorsement of a company or its products. This should be made visibly clear on any promotional or other materials relating to the event.

8.2.5. Individuals must be aware of and ensure that collaborative working with the pharmaceutical industry is in line with the Association of the British Pharmaceutical Industry (ABPI) Code of Practice for the Pharmaceutical Industry.

8.2.6. Sponsored events should be declared on the Register of Gifts, Hospitality and Sponsorship.

8.3. Sponsored Research

8.3.1. Funding sources for research purposes must be transparent and any proposed research must go through the relevant health research authority or other approvals process.

8.3.2. There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.

8.3.3. The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.

8.3.4. Involvement with sponsored research should be declared on the Register of Gifts, Hospitality and Sponsorship. This should include other relevant information such as what, if any, benefit the sponsor derives from the sponsorship and details of any approvals given that conflict with the requirements set out in this policy.

8.4. Sponsored Posts

8.4.1. External sponsorship of a post requires prior approval from the organisation.

8.4.2. Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.

8.4.3. Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.

8.4.4. Sponsored post holders must not promote or favour the sponsors products and information about alternative products and suppliers should be provided.

8.4.5. Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

8.4.6. Sponsored posts will be included on the Register of Gifts, Hospitality and Sponsorship.

8.4.7. Individuals in sponsored posts should declare any other interests arising as a result of their associated with the sponsor, in line with the CCGs' Managing Conflicts of Interest Policy.

9. Gifts, Hospitality and Sponsorship Register

9.1. The CCGs have established a Gifts, Hospitality and Sponsorship Register, which is maintained and updated by the Governance and Assurance Team.

9.2. Individuals are required to report offers of gifts, hospitality and sponsorship, which are made to them in the capacity of their role with the CCGs, in accordance with this policy. This is required to be reported at the time such offers are made.

9.3. In addition, the Governance and Assurance Team will proactively contact all individuals on a monthly basis to ensure that all offers have been reported centrally.

9.4. The following information will be recorded within the Register:

- The person or organisation making the offer.
- The individual to whom the offer was made and their position within the CCG.
- Date of the offer and / or receipt.
- Details of the gifts, hospitality or sponsorship offered.
- Whether the offer was accepted or declined.
- Reasons for accepting or declining the offer.
- The estimated value of the gift, hospitality or sponsorship.

10. Equality and Diversity Statement

10.1. The Nottingham and Nottinghamshire CCGs pay due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, both as commissioners and as employers.

Page 12 of 16

10.2. As a commissioning organisation, we are committed to ensuring our activities do not unlawfully discriminate on the grounds of any of the protected characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

10.3. We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.

10.4. As employers, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

10.5. To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

11. Communication, Monitoring and Review

11.1. The CCGs will establish effective arrangements for communicating the requirements of this policy to include:

- The policy being published and communicated to all staff following approval.

- All new starters being briefed on the requirements of this policy as part of their induction to the CCGs.

- A bi-annual reminder of the existence and importance of this policy via internal communication methods.

11.2. Individuals who fail to disclose the receipt of gifts, hospitality or sponsorship, as required by this policy may be subject to disciplinary action, which could ultimately result in the termination of their employment or position within the CCGs.

11.3. The implementation of this policy, and the effectiveness of the arrangements detailed within it, will be monitored by the CCGs' Audit and Governance Committees on a bi-annual basis. This will include, as a minimum, details of the Gifts, Hospitality and Sponsorship Register being presented for review and scrutiny.

11.4. This policy will be reviewed by the Governing Bodies annually or in light of any legislative changes or best practice guidance.

11.5. The CCG actively encourages individuals with reasonable suspicions of non-compliance with this policy to report them.   The CCGs' Voicing Concerns (Whistleblowing) Policy provides further information on how to raise concerns.

11.6. Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the CCGs' Associate Director of Governance.

12.   References and Supporting Documents

12.1. This policy should be read in conjunction with the following corporate documents and supporting national guidance documents:

- The CCGs' Constitutions (including their Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies).

- Policy on Fraud, Corruption and Bribery.

- Raising Concerns (Whistleblowing) Policy.

- Conflicts of Interests Policy.

- Confidentiality and Data Protection Policy.

- Respective professional Codes of Conduct.

- Standards for members of NHS Boards and Clinical Commissioning Group Governing Bodies in England (November 2012).

- The Healthy NHS Board: Principles for Good Governance (2013).

- Code of Conduct for NHS Managers (2002).

- ABPI Code of Practice for the Pharmaceutical Industry.

- Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (2017).

Appendix A – The seven principles of public life set out by the Committee on Standards in Public Life (The Nolan Principles)

Selflessness	Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
Integrity	Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
Objectivity	In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
Accountability	Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
Openness	Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
Honesty	Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
Leadership	Holders of public office should promote and support these principles by leadership and example.

Appendix B – Template Declaration of Gifts, Hospitality and Sponsorship

Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift / Hospitality /Sponsorship	Estimated Value	Supplier / Offeror Name and Nature of Business	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining	Name and details of who approved the declaration made and date of approval

The information submitted will be held by the CCGs for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

Please remember that the CCGs are obliged to publish the information that you provide on the CCGs' websites. If you have any concerns about this, please raise these when returning your declaration and explain why you consider that the information you supply should not be made publicly available.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.

[Hard copy documents to be signed by individual and their line manager, as appropriate. Check boxes to be completed where electronic declarations are completed.]

NHS
Mansfield and Ashfield
Clinical Commissioning Group

NHS
Newark and Sherwood
Clinical Commissioning Group

NHS
Nottingham City
Clinical Commissioning Group

NHS
Nottingham North and East
Clinical Commissioning Group

NHS
Nottingham West
Clinical Commissioning Group

NHS
Rushcliffe
Clinical Commissioning Group

Raising Concerns (Whistleblowing) Policy

2019 - 2022

Version:
Approved by:
Date approved:
Date of issue (communicated to staff):
Next review date:
Document author:

CONTROL RECORD				
Reference Number	**Version**	Status DRAFT	**Author** Head of Governance and Assurance	
			Sponsor Associate Director of Governance	
			Directorate	
Title	Raising Concerns (Whistleblowing) Policy			
Amendments	N/A			
Purpose				
Superseded Documents	• Greater Nottingham CCGs Raising Concerns (Whistleblowing) Policy • Mid-Nottinghamshire CCGs Raising Concerns (Whistleblowing) Policy			
Audience	All employees of the six Nottingham and Nottinghamshire CCGs (including those working within the organisation in a temporary capacity).			
Consulted with	N/A			
Equality Impact Assessment	*To be completed*			
Approving Body	Governing Bodies		**Date approved**	
Date of issue				
Review Date	*One year following approval of the policy*			
This is a controlled document and whilst this policy may be printed, the electronic version available on the CCGs' document management systemsis the only true copy. As a controlled document, this document should not be saved onto local or network drives.				

Policies can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact ncccg.notts-committees@nhs.net

Contents

1. Introduction

1.1 This policy applies to the Nottingham and Nottinghamshire Clinical Commissioning Groups (NHS Nottingham City CCG, NHS Nottingham West CCG, NHS Nottingham North and East CCG, NHS Rushcliffe CCG, NHS Mansfield and Ashfield CCG and NHS Newark and Sherwood CCG), hereafter referred to as 'the CCGs'.

1.1. All CCGs have a responsibility for ensuring that high standards of business conduct are maintained across their organisations and all Governing Body members are expected to show leadership by example in order to successfully influence the behaviour of staff. As such, members of Governing Bodies and their established committees must at all times comply with the expectations set out in the *Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England*.

1.2 The CCGs' Governing Bodies and Executive Management and Senior Leadership Team are committed to creating an open, transparent and supportive culture for their workforce. The CCGs recognise the valuable contribution their employees make to the running of public services, and to the protection of the public interest. People are encouraged to speak up with any genuine issues that are concerning them and, under this policy, can do so in confidence and without the fear of reprisal.

1.3 Whistleblowing can inform those who need to know about unsafe working practices, potential environmental problems, fraud, corruption, bribery, cover-ups, bullying and many other problems. Often it is only through whistleblowing that this information comes to light and can be addressed before any real damage is done.

1.4 The Governing Bodies would rather that matters are raised when they are just a concern, instead of waiting for confirmation. As long as individuals are acting in good faith, it does not matter if there has been a mistake.

1.5 A whistleblowing concern should not be confused with a grievance, which is a personal complaint about an individual's own employment situation. The CCGs' Grievance Procedure should be referred to for further information on this.

Page 4 of 15

1.6   The CCGs will not tolerate the harassment or victimisation of anyone raising a genuine concern under this policy and individuals will not be at risk of losing their job or suffering any form of retribution as a result. The Governing Bodies are committed to this policy, and the public interest principle that it promotes.

1.2.   Whilst the CCGs have established aligned governance arrangements and a joint staffing structure, it is important to remember that any legal requirements interest remain the responsibility of each individual organisation. This policy has been developed for implementation across the CCGs to ensure a consistent approach and aligned working practices; however, each CCG will need to continue to be able to demonstrate its own compliance with the relevant legislation and national guidance.

2.   Definitions

2.1   The following terms and definitions apply for the purposes of this policy and its associated procedure (provided at **Appendix A**):

Term	Definition
Whistleblowing	Someone 'whistleblows' when they tell their employer, a regulator, the police, or the media about a dangerous, improper, or illegal activity that they have become aware of through the course of their work.
Concern	For the purpose of this policy, a concern can be defined as a reasonable and honest suspicion about a possible fraud, danger, or other serious risk that threatens patients, colleagues, stakeholders, the public, or the organisation's reputation. Whilst this is not an exhaustive list, examples of incidents that may constitute a cause for concern are: • Victimisation or harassment of a colleague • Criminal acts • Unethical practices, not necessarily of a criminal nature • Issues regarding staff conduct, including

Page 5 of 15

Term	Definition
	concerns related to equality and diversity • Serious maladministration • Dangerous acts (or omissions) that create a hazard to health, safety or the environment • Fraud, corruption or bribery[1] • Non-compliance with the CCGs' Conflicts of Interest Policy or Gifts Hospitality and Sponsorship Policy • Non-compliance with a legal obligation
External Disclosure	This is the term used for raising a whistleblowing concern externally, for example, with a regulator or independent supervisory body, or as appropriate, the police, MPs, or the media. Further information on making external disclosures is set out at **Appendix A**.
The Public Interest Disclosure Act (The Act)	The Act protects workers from detrimental treatment or victimisation from their employer if, in the public interest, they blow the whistle on wrongdoing.

3. Scope

3.1 This policy relates to all employees and appointees of the CCGs and others working within the organisation in a temporary capacity. These are collectively referred to as 'individuals' hereafter.

3.2 This policy specifically applies to issues of concern relating to the activities of the CCGs. If any issues of concern are identified by individuals within the CCGs that relate to other organisations (from which the CCGs commission services), then these should be brought to the attention of the relevant Commissioning Manager (or appropriate senior manager within the CCGs) at

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[1] *If the concern is regarding fraud, corruption or bribery, then the CCGs' Policy on Fraud, Corruption and Bribery should be referred to for guidance on how to report this.*

the earliest convenience. Any such instance would not be classified as whistleblowing or treated in accordance with this policy.

4.   Purpose

4.1   The CCGs take all whistleblowing concerns seriously. Therefore, the purpose of this policy is to ensure that individuals feel empowered and assured that it is acceptable and safe to speak up about any concerns they may have, as long as they are made in good faith.

4.2   This policy is designed both to inform individuals of how they can raise concerns, both internally and externally, and to protect them from suffering any detriment.

5.   The Public Interest Disclosure Act 1998

5.1   Under the Public Interest Disclosure Act (PIDA) 1998, a protected disclosure can be made, if in the reasonable view of the individual, it is "in the public interest". PIDA also affords protection to those who may suffer victimisation where they have made such a disclosure.

5.2   In line with the Act, the CCGs undertake that no reprisals will be taken against individuals who raise genuine concerns, internally or externally. The CCGs will not tolerate the harassment of anyone raising a genuine concern and it will be a disciplinary matter to victimise bona fide whistleblowers.

5.3   However, this assurance will not extend to individuals who maliciously raise concerns they know to be untrue. All concerns raised will be treated in good faith, however if it is found that an individual has done so with improper motives, disciplinary proceedings may commence against that individual.

6.   Confidentiality

6.1   The best way for individuals to raise concerns is to do so openly, as this makes it easier for the CCGs to gain more information in order to better investigate the matter.

6.2   However, the CCGs recognise that individuals may wish to raise their concerns in confidence, so if an individual asks that their identity be protected, then it will not be disclosed it without their consent.

Page 7 of 15

6.3   If a situation arises where a concern cannot be resolved without revealing an individual's identity, then it will be discussed with the individual whether and how the matter can proceed. It should be remembered that if identity is withheld, it will be much more difficult to look into the matter and give feedback, or to protect the individual's position.

7.   Roles and Responsibilities

7.1   **Governing Bodies**

The Governing Bodies are responsible for ensuring that there is an effective system in place for individuals to raise concerns. They are also responsible for promoting a culture of openness and transparency, where individuals feel empowered and assured that they are able to discuss their concerns without fear of reproach.

7.2   **All Managers**

All managers have a responsibility to:

- Ensure this policy is adhered to.

- Contribute to a culture where individuals feel safe to discuss concerns.

- Take concerns seriously and handle them in accordance with **Appendix A – Procedure for Reporting Concerns** and **Appendix B – Handling Whistleblowing: practical tips for managers**.

- Recognise that raising a concern can be a difficult experience for individuals.

- Seek appropriate advice as necessary and communicate relevant findings to others where appropriate.

7.3   **Associate Director of Governance**

The Associate Director of Governance has delegated responsibility from the Governing Body for dealing with concerns, where an individual feels unable, for whatever reason, to contact their line manager directly.

8.   Freedom to Speak Up Guardian

Where individuals still have concerns but feel unable to raise these with their Manager or the Associate Director of Governance; the Lay Chair of the

Page 8 of 15

Governing Bodies (who is the CCGs' appointed Freedom to Speak up Guardian) can also provide an independent and impartial source of advice to staff at any stage of raising a concern.

8.1 **Equality and Diversity Statement**

The Nottingham and Nottinghamshire CCGs pay due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, both as commissioners and as employers.

8.2 As a commissioning organisation, we are committed to ensuring our activities do not unlawfully discriminate on the grounds of any of the protected characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

8.3 We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.

8.4 As employers, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

8.5 To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

9. Communication, Monitoring and Review

9.1 The CCGs will establish effective arrangements for communicating the this policy and will provide appropriate training to line management in relation to their responsibilities.

9.2 The Audit and Governance Committees will review the effectiveness of the CCGs' whistleblowing arrangements on an annual basis.

9.3   The Associate Director of Governance will monitor the use of this policy on an ongoing basis.

9.4   This policy will be reviewed by the Governing Bodies every three years or in light of any legislative changes.

9.5   Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the CCGs' Associate Director of Governance.

10.   Interaction with other Policies

10.1   This procedure should be read in conjunction the following CCG policies:

- Policy on Fraud, Corruption and Bribery

- Management of Conflicts of Interest Policy

- Gifts, Hospitality and Sponsorship Policy

11.   References

This policy has been developed with guidance from the following publications and websites:

- NHS Improvement and NHS England (2016). Freedom to speak up: raising concerns (whistleblowing) policy for the NHS

- NHS Employers (2018), Whistleblowing: Raising concerns at work

- HM Government (2018). Whistleblowing for employees

- Public Concern at Work

Appendix A – Procedure for Reporting Concerns

1.   Internal Reporting

1.1   Where there is a concern, the CCGs hope that individuals will feel able to raise it with their line manager in the first instance. This may be done verbally or in writing.

1.2   If an individual feels unable to discuss their concern with their line manager, or is unsatisfied with the response from their line manager, then they should raise the matter with:

Lucy Branson
Associate Director of Governance
0115 8839538 (ext. 39538)

This member of staff has been delegated responsibility by the Governing Bodies for dealing with whistleblowing concerns.

1.3   If an individual still has concerns about raising the matter with either of the above, they can contact the CCG's Freedom to Speak Up Guardian:

Jon Towler
Lay Chair of the Governing Bodies
Email: jon.towler@btinternet.com

1.4   Alternatively, if the concern is about fraud, corruption or bribery, then the CCGs' nominated Local Counter Fraud Specialist may also be contacted:

Joanna.Clarke3@nhs.net
Tel 0115 883 5322

1.5   If the concern is about conflicts of interest then the CCGs' Conflicts of Interest Guardian should also be contacted. Details are provided in the CCGs' Managing Conflicts of Interest Policy.

1.6   Individuals should report matters when they are still concerns, rather than waiting for proof or investigating concerns themselves.

1.7   At the time of raising the concern, the individual should state whether they wish to remain anonymous whilst the concern is being investigated. Any

Page 11 of 15

personal interest in the matter being reported should also be stated at this time.

1.8   The manager (or other individual mentioned in paragraphs 1.2, 1.3 and 1.4 above as appropriate) will convene a meeting to discuss the issue with the individual raising the concern, who may wish to be accompanied by a Union representative or a colleague or friend not acting in a professional capacity. Advice from other professionals may be sought as considered appropriate. This meeting will take place no later than **three working days** of the issue being reported.

1.9   The manager (or other individual mentioned in paragraphs 1.2, 1.3 and 1.4 above as appropriate) will provide the individual with a summary of the concern in writing. It is important that the factual accuracy of this is checked by the individual raising the concern to ensure there aren't any misunderstandings or inaccuracies.

1.10   Those receiving concerns will ensure that they are given full and sympathetic consideration. This is likely to result in one of the following:

- A further investigation being completed under the relevant CCG Policy and Procedure.

- The concern being forwarded to another body or organisation for their attention.

- The issue not being considered a priority for attention at present, but the situation continuing to be monitored.

1.11   A response detailing the agreed course of action will be provided to the individual raising the concern within **10 working days** from when the concern was first raised.

1.12   Wherever possible, feedback will be provided on the outcome of any investigation. However, individuals may not be able to be informed of the precise actions taken where this would infringe a duty of confidence owed to another person.

1.13   Whilst no guarantees can be given that all matters will be responded to in the way that individuals might wish, all concerns will be handled fairly and properly in accordance with this policy and procedure.

1.14 Those receiving concerns should ensure that the following details are recorded and forwarded to the Associate Director of Governance following feedback to the individual concerned:

- Details of the concern and the date it was raised.

- Who raised the concern (stating 'unable to disclose' where anonymity is requested).

- Who the concern was raised with.

- Details of action taken.

2. External Disclosures

2.1 Any individual that does not wish to raise their concern internally, or feels that a concern previously raised has not been properly addressed under this policy and procedure, is able to raise their concern externally. The Public Interest Disclosure Act (PIDA) 1998 provides further information on this.

2.2 Individuals are advised to seek advice from the organisation Public Concern at Work (see **Appendix C**) before making an external disclosure. They will be able to provide free, independent and confidential advice in relation to concerns and also advise on any legal implications.

2.3 All NHS employees must fulfil their duty of confidentiality to the CCGs. Unauthorised disclosure of personal information about any patient or colleague will be regarded as a most serious matter, which may result in disciplinary action.

2.4 In cases where employees are considering disclosing confidential information (even if their opinion is that it would be in the public interest) they should first seek specialist advice. Organisations from which advice may be sought is given at **Appendix C**.

Appendix B – Handling Whistleblowing: Practical Tips for Managers

As a manager you can lead by example. Be clear to staff what sort of behaviour is unacceptable and practise what you preach. Encourage staff to ask you what is appropriate if they are unsure before – not after – the event. If you find wrongdoing or a potential risk is present, take it seriously and deal with it immediately.

Responding to a concern

- Thank the staff member for telling you, even if they may appear to be mistaken.

- Respect and heed legitimate staff concerns about their own position or career.

- Manage expectations and respect promises of confidentiality.

- Discuss reasonable timeframes for feedback with the member of staff.

- Remember there are different perspectives to every story.

- Determine whether there are grounds for concern and investigate if necessary as soon as possible. If the concern is potentially very serious or wide-reaching, consider who should handle the investigation and know when to ask for help. If asked, put your response in writing.

- Always remember that you may have to explain how you have handled the concern.

- Feedback any outcome and/or remedial action you propose to take to the whistleblower, but be careful if this could infringe any rights or duties you may owe to other parties.

This information has been adapted from Speak up for a healthy NHS: How to implement and review whistleblowing arrangements in your organisation

Page 14 of 15

Appendix C – External Contacts

Public Concern at Work (PCAW)

PCAW are an independent charity, who have trained advisers can offer free, confidential practical and legal advice if you have concerns with regard to your organisation.

Telephone:

Whistleblowing Advice Line: 020 7404 6609

General enquiries: 020 3117 2520

Email:

UK enquiries: whistle@pcaw.org.uk

UK helpline: helpline@pcaw.org.uk

The National Whistleblowing Helpline

The National Whistleblowing Helpline provides free, confidential, and independent advice for those working in the NHS.

Telephone:

08000 724 725

Email:

enquiries@wbhelpline.org.uk

Health and Safety Executive (HSE)

The HSE can advise on matters relating to the health or safety of any individual at work or affect the health and safety of any member of the public arising out of, or in connection with, the activities of persons at work.

Telephone:

0845 300 9923

Page 15 of 15

Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Governing Bodies (Open Session)	Date:	04 July 2019

Paper Title:	Risk Management Arrangements	Paper Reference:	**GB 19 019**

Sponsor:	Elaine Moss, Chief Nurse and Director of Quality and Governance	Attachments/ Appendices:	Appendix A – Risk Management Policy
Presenter:	Lucy Branson, Associate Director of Governance		

Summary Purpose:	Approve	☒	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☐

Executive Summary

The effective design and embedment of risk management arrangements will ensure that the Governing Bodies are kept informed of the key risks facing the CCGs and assured that robust management actions are in place to manage and mitigate them. Work is underway to fully align risk management arrangements across the six CCGs and good progress has been made in developing the joint Governing Body Assurance Framework and joint Corporate Risk Register.

The purpose of this paper is to:

• Present the CCGs' Risk Management Policy for review and approval. This paper does not propose to consider every part of the Policy in detail but to highlight the key matters for consideration by the Governing Bodies.
• Provide an update regarding the current work to align risk management processes across the six CCGs.

Relevant CCG priorities/objectives: *(please tick which priorities/objectives your paper relates to)*

Compliance with Statutory Duties	☒	Establishment of a Strategic Commissioner	☒
Financial Management	☐	Wider system architecture development (e.g. ICP, PCN development)	☐
Performance Management	☐	Cultural and/or Organisational Development	☐
Strategic Planning	☐	Procurement and/or Contract Management	☐

Conflicts of Interest: *(please indicate whether there are any conflicts of interest considerations in relation to the paper)*

☒ No conflict identified

☐ Conflict noted, conflicted party can participate in discussion and decision

☐ Conflict noted, conflicted party can participate in discussion, but not decision

☐ Conflict noted, conflicted party can remain, but not participate in discussion or decision

Page 1 of 8

☐	Conflict noted, conflicted party to be excluded from meeting			
Completion of Impact Assessments: *(please indicate whether the following impact assessments have been completed)*				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☒	N/A ☐	EIA requires completing for the appended policy before it is issued.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	
Risk(s): *(please highlight any risks identified within the paper)*				
See Section 7 of the paper.				
Confidentiality: *(please indicate whether the information contained within the paper is confidential)*				
☒No				
Recommendation(s):				
1. To **APPROVE** the Risk Management Policy and the CCGs' risk appetite statement and approach to risk tolerance; and				
2. To **NOTE** the progress made with regard to the implementation of the joint risk management arrangements.				

Page 2 of 8

Nottingham and Nottinghamshire CCGs' Risk Management Arrangements

1.   Introduction

A fundamental aspect of the CCGs' joint commissioning and governance structure will be the establishment and implementation of sound risk management arrangements. The effective design and embedment of these arrangements will ensure that the Governing Bodies are kept informed of the key risks facing the CCGs and assured that robust management actions are in place to manage and mitigate them. As part of the Governing Bodies' wider assurance arrangements, effective risk management can provide members with ongoing assurance that processes are in place to proactively identify, understand, monitor and address current and future risks; both operationally and strategically.

The purpose of this paper is to:

- Present the CCGs' Risk Management Policy for review and approval. This paper does not propose to consider every part of the Policy in detail but to highlight the key matters for consideration by the Governing Bodies.

- Provide an update regarding the current work to align risk management processes across the six CCGs.

2.   Risk Management Policy

The CCGs' Risk Management Policy describes the aligned approach to the management of risk across the CCGs. The Policy outlines the whole risk management architecture (roles, responsibilities and reporting structure) and clearly sets out:

- The Governing Bodies' commitment to, and leadership of, the total risk management function.

- How risk management is integrated into organisational culture and key to all business decision making processes.

- The roles and responsibilities of individuals and committees in respect of both operational and strategic risks.

- The processes in place to ensure the systematic identification, assessment, evaluation and control of risks, including arrangements for the Corporate Risk Register and Governing Body Assurance Framework.

- The CCGs' joint risk appetite statement and approach to risk tolerance, including acknowledgement that well-managed risk-taking can support innovation and bring other positive benefits.

- How all staff are empowered to be responsible for risk management (through training and guidance), in a 'risk-aware' culture where senior managers lead by example.

- A description of risk management terms to ensure common understanding, along with full guidance on the risk scoring matrix.

3.   Risk Management Tools

The Policy defines the roles of both the Corporate Risk Register and the Governing Body Assurance Framework and proposes how both will be utilised as part of the CCGs' risk management arrangements. Whilst there are obvious connections between these two documents, there are also clear differences to their purpose and utilisation. In summary, the Corporate Risk Register provides a reactive means to capture operational 'live' risks and document the actions required to minimise them; the Governing Body Assurance Framework is focussed on the potential for strategic risks which may impact on the delivery of strategic objectives. Utilised effectively, the combination of both processes enables an encompassing system, whereby all levels of risk are being identified, managed and reported accordingly.

Further examples of the differences are shown below:

The Risk Register:	The Assurance Framework:
Details *operational* risks – risks that arise through the CCGs' activities and could impact on 'business as usual'.	**Details *strategic* risks** – risks that may prevent the achievement of strategic objectives and are significant to the delivery of outcomes.
Has a 'bottom up' approach – risks are identified by all staff in the course of their work; documented, managed and escalated as appropriate. Major risks are presented to the Governing Bodies with the detail required from 'those on the ground'.	**Has a 'top down' approach** - Risks are identified at Governing Body level, ensuring that significant risks to strategic objectives are anticipated. Executive and Senior Management Leads are responsible and accountable for the management of strategic risks.
Is dynamic – risks are often short-term and can be mitigated with appropriate management actions.	**Shows minimal movement** – strategic risks are unlikely to decrease significantly due to external influences.
Is reactive – it ensures a process for documenting operational risks when they arise and provides an ongoing means of monitoring management actions.	**Is proactive** – it ensures that robust controls are in place to prevent strategic risks occurring and that assurance can be planned on the effectiveness of those controls.
Provides information and assurance – the CCGs are aware of the totality of their operational risk profile and can be assured that actions are being progressed.	**Provides confidence in decision-making** – the Governing Bodies are assured that 'what they think is happening is happening in practice' and provides evidence to assist the CCGs in the preparation of the annual governance statements.
Is the output of operational risk management arrangements – demonstrating that individuals are identifying risks in the course of their	**Is the output of wider assurance arrangements** – represents the total arrangements in place for managing the

Page 4 of 8

The Risk Register:	The Assurance Framework:
work and that these are being logged, managed and prioritised accordingly.	CCGs' assurances
Is reviewed and scrutinised at all levels – Reports from the risk register are reviewed at all levels, including team meetings, at directorate-level and at committees of the Governing Bodies. Major risks and other significant risks (as deemed necessary) are escalated to the Governing Bodies' attention.	**Is reviewed and scrutinised at a senior level** – The Governing Bodies are focussed on strategic risks, supported by the Audit and Governance Committees, who are responsible for assuring the Governing Bodies that systems and processes are working as they should.

4. Roles, Responsibilities and Reporting Arrangements

The Policy clearly defines roles, responsibilities and reporting arrangements in relation to the monitoring and scrutiny of both operational and strategic risks:

- **The Governing Bodies** have ultimate responsibility for risk management and as such, it needs to be satisfied that internal control systems are functioning effectively. The Governing Bodies are also responsible for setting the organisation's risk culture, risk appetite and risk tolerance level (see section 5); ensuring that these are aligned the organisations' strategic objectives and driving the delivery of their achievement.

- **The Audit and Governance Committees** have delegated responsibility for risk management and will receive ongoing assurance that the CCGs' have implemented robust operational and strategic risk management arrangements. The Committees also approve the CCGs' Internal Audit Plan, which provides independent assurances in line with the CCGs' strategic objectives and Annual Governance Statements.

- **All committees** have delegated responsibility for scrutinising operational risks that fall within their remits and for ensuring that management actions are progressing as necessary. As such, all committees will receive a risk report at each of their meetings.

Risk reporting arrangements are shown in the table below:

	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
All Committees Corporate Risk Register Report *(Relevant extracts in line with the Committees' delegated duties)(Progress on mitigating actions)*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Audit and Governance Committees: Corporate Risk											

	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Register Report *(Assurance on overarching risk management arrangements and full Corporate Risk Register)*		✓			✓				✓		
Governing Body Assurance Framework Targeted Reports (*Relevant executive lead to be in attendance to present these*)				✓		✓		✓		✓	✓
Governing Body: Governing Body Assurance Framework (*Progress on mitigating significant control/assurance gaps*)			✓				✓				✓
Corporate Risk Register Report (*Update on Major risks and assurance on management actions*)			✓	✓	✓	✓	✓	✓	✓	✓	✓

5. Risk Appetite and Risk Tolerance

Risk appetite refers to the amount of risk an organisation is willing to *take* in pursuit of its strategic objectives, whereas risk tolerance refers to the amount of risk an organisation is willing to *accept*. These terms are often used interchangeably and as there is no 'one size fits all' approach to adopt, organisations should define their own methods of use to ensure that they are fit for purpose. The Policy proposes the following approach:

- That the risk appetite is agreed as a narrative which clearly articulates the level of risk the CCGs should be exposed to across key business functions; whilst accepting that this may change as the CCGs and the external environment evolve. The proposed narrative acknowledges the importance of innovation but recognises the boundaries involved. The statement has been developed utilising guidance from the Institute of Risk Management and The Good Governance Institute.

- That the risk tolerance levels are based on risk-scores. This recognises that whilst most operational risks should have the ability to reduce in impact and/or likelihood, some risks may be outside of the CCGs' control. Risks scoring 12 or above which are not deemed to be treatable (as confirmed by the appropriate committee) will be escalated to the Governing Bodies. Low and medium risks scoring under 12 which are not deemed to be treatable will be kept on the Corporate Risk Register as 'inactive' risks. This approach ensures that we are still recognising and considering all risks within our risk profile but have accepted (at committee level) that no further action can be taken.

The proposed risk appetite statement and approach to risk tolerance is shown from page 9 of the Policy.

Page 6 of 8

6.   Progress to date

Work is already underway to fully align risk management arrangements across the CCGs and good progress has been made with developing the joint Corporate Risk Register. This work is being led by the Corporate Governance and Assurance Team in collaboration with colleagues across the CCGs and risks are being reviewed with the aim of agreeing one, or more, of the following actions:

- The re-wording or re-scoring of risks where minor amendments were required to reflect the new joint arrangements.

- The archiving of risks that are no longer active and identifying any new risks to be added.

- The merging risks into one where appropriate (e.g. where CCGs had the same risk on their risk registers.

An audit trail of the above actions is being kept to demonstrate that no risks have been 'lost' in the transition of arrangements.

7.   Major risks

As referenced earlier in this paper, it is intended that the CCGs' major risks will be presented at every meeting of the Governing Bodies; however, work is still ongoing to ensure duplication is removed and that the major risk profile is accurate. Currently, the major risks identified relate to:

- Potential non-delivery of the CCGs' 2019/20 statutory financial duties;

- Continued non-achievement of key performance targets and the potential impact on patient safety, patient experience and clinical outcomes;

- The potential for low morale and staff to become disengaged as a result of the re-structuring process and period of ongoing change and uncertainty; and

- The risk that system transformation may not be achieved due to provider workforce issues and the CCGs' inability to influence and drive the required system reconfiguration.

It is planned that the first risk update will be presented at the Governing Bodies' meeting in common during August 2019. Risk reports are already being presented to committees to ensure the required scrutiny, regardless of whether work is still in progress.

The Governing Body Assurance Framework is in progress and meetings are planned with all Executive Directors in July to develop the opening position, which will be presented to the Governing Bodies at their meeting in common during August 2019.

8.   Next steps

The next steps are to:

- Meet with all Executive Directors during July 2019 to fully populate the Governance Body Assurance Framework and present the opening position to the Governing Bodies in August 2019.

Page 7 of 8

- Ensure that work continues to review the joint Corporate Risk Register and to allow Committee risk reporting arrangements to embed.

- Publish and communicate the Risk Management Policy to all staff. Training in relation to the Policy, specifically operational risk identification, management and escalation, will be offered to all Directorates/teams across the CCGs.

9.   Recommendations

The Governing Bodies are requested to:

- **APPROVE** the Risk Management Policy (attached at **Appendix A**), including the CCGs' risk appetite statement and approach to risk tolerance; and

- **NOTE** the progress made with regard to the implementation of the joint risk management arrangements.

Lucy Branson
Associate Director of Governance

July 2019

Page 8 of 8

Risk Management Policy

2019 - 2022

Version:	0.1 Draft
Approved by:	Governing Bodies
Date approved:	4 July 2019
Date of issue (communicated to staff):	
Next review date:	July 2022
Document author(s):	Associate Director of Governance
	Head of Corporate Governance and Assurance
	Corporate Governance and Assurance Manager

CONTROL RECORD			
Reference Number	**Version** 0.1	**Status** Draft	**Author(s)** Associate Director of Governance Head of Corporate Governance and Assurance Corporate Governance and Assurance Manager
			Sponsor Chief Nurse / Director of Quality and Governance
			Team Corporate Governance and Assurance
Title	Risk Management Policy		
Amendments	N/A		
Purpose	The purpose of this Policy is to ensure that robust arrangements for risk management are embedded across the Nottingham and Nottinghamshire CCGs and to ensure a mutually agreed risk appetite and approach to risk tolerance.		
Associated Documents	• Nottingham and Nottinghamshire CCGs' Governing Body Assurance Framework • Nottingham and Nottinghamshire CCGs' Corporate Risk Register		
Superseded Documents	• Greater Nottingham Clinical Commissioning Partnership Integrated Risk Management Framework (2018-2021) • NHS Newark and Sherwood CCG and NHS Mansfield and Ashfield CCG Risk Management Policy (April 2018)		
Audience	All employees and appointees of the Nottingham and Nottinghamshire CCGs and any individuals working within the CCGs in a temporary capacity.		
Impact Assessments	To be populated prior to publication		
Approving Body	Nottingham and Nottinghamshire CCGs' Governing Bodies (in Common)	**Date approved**	4 July 2019
Date of issue			
Review Date	July 2022		
This is a controlled document and whilst this policy may be printed, the electronic version available on the CCGs' document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.			

Nottingham and Nottinghamshire CCGs' policies can be made available on request in a range of languages, large print, Braille, audio, electronic and other accessible formats from the Communications Team at ncccg.team.communications@nhs.net

Contents

1. Introduction

1.1. NHS Newark and Sherwood CCG, NHS Mansfield and Ashfield CCG, NHS Nottingham City CCG, NHS Nottingham West CCG, NHS Nottingham North and East CCG and NHS Rushcliffe CCG (hereafter referred to as 'the CCGs') recognise risk management as an essential business activity that underpins the achievement of its objectives. A proactive and robust approach to risk management can:

- Reduce risk exposure through the development of a 'lessons learnt' environment and more effective targeting of resources.
- Support informed decision-making to allow for innovation and opportunity.
- Enhance compliance with applicable laws, regulations and national guidance.
- Increase stakeholder confidence in corporate governance and ability to deliver.

1.2. Risk is accepted as an inherent part of health care. Likewise, uncertainty and change in the evolving health care landscape may require innovative approaches that bring with them more risk. Therefore, it is not practical to aim for a risk-free or risk-averse environment; rather one where risks are considered as a matter of course and identified and managed appropriately.

1.3. This Policy has been developed to ensure that risk management is fundamental to all of the CCGs' activities and understood as the business of everyone. It forms a key element of the CCGs' overarching Corporate Assurance framework.

The Policy has adopted the following principles of risk management as set out in the ISO 31000:

Principle	Description
Proportionate	Risk management activities must be proportionate to the level of risk faced by the organisation.
Aligned	Risk management activities need to be aligned with other activities in the organisation.
Comprehensive	In order to be fully effective, the risk management approach must be comprehensive.
Embedded	Risk management activities need to be embedded within the organisation.
Dynamic	Risk management activities must be dynamic and responsive to emerging risks.

1.4. This Policy demonstrates the CCGs' commitment to its total risk management function. It sets out the CCGs' risk architecture (roles, responsibilities, communication and reporting arrangements) and describes how risk management is integrated into governance arrangements, key business activities and culture.

4

2. Purpose

This Policy describes the CCGs' approach to the management of risk at all levels across the organisation. The purpose of this guidance is to encourage a culture where risk management is viewed as an essential process of the CCGs' activities. It provides assurance to the public, patients and partner organisations that the CCGs are committed to managing risk appropriately.

3. Scope

This Policy applies to all employees and appointees of the CCGs and any individuals working within the CCGs in a temporary capacity (hereafter referred to as 'individuals').

4. Definition of Risk Management Terms

The following terms are used throughout this document:

Term	Definition
Assurance	Evidence that controls are working effectively. Assurance can be **Internal** (e.g. committee oversight) or **externa**l (e.g. Internal Audit reports).
Assurance Framework	An Assurance Framework is a structured means of identifying and mapping the main sources of assurance in an organisation, and co-ordinating them to best effect. The Assurance Framework document is the key source of evidence that links the organisation's strategic objectives to risk, controls and assurances and the main tool a governing body uses in discharging its responsibility for internal control.[1]
Controls	The measures in place to control risks and reduce the likelihood of them occurring.
Corporate Risk Register	A tool for recording identified operational risks and monitoring actions against them.
Current (or Residual) risk score	The numerical assessment of the risk (impact vs. likelihood) <u>after</u> taking into consideration controls and/or mitigating actions.
Initial risk score	The numerical assessment of the risk (impact vs. likelihood) <u>prior</u> to considering any controls and/or mitigating actions.
Operational risks	These risks are by-products of day-to-day business delivery.

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[1] NHS Governance, Fourth Edition 2017 (HfMA)

5

Term	Definition
	They arise from definite events or circumstances and have the potential to impact negatively on the organisation and its objectives.
Risk	There are many definitions of what a risk is but this Policy has adopted the definition set out in ISO 31000 in that a risk is the *'effect of uncertainty on objectives'.* The effects can be negative, positive or both. It is measured in terms of impact and likelihood.
Risk assessment	An examination of the possible risks that could occur during an activity.
Risk capacity	The amount of risk an organisation can actually bear. Risk capacity should be fully considered when agreeing risk appetite and risk tolerance levels.
Risk culture	The values, beliefs, knowledge and understanding of risk, shared by a group of people with a common intended purpose.
Risk logs	A tool for capturing potential risks that could impact on the delivery of a project.
Risk management	The arrangements and activities in place that direct and control the organisation with regard to risk.
Risk mitigation	How risks are going to be controlled in order to reduce the impact on the organisation and/or likelihood of their occurrence.
Risk profile	The nature and level of the threats faced by an organisation.
Risk treatment	The process of selecting and implementing suitable measures to modify the risk.
Strategic risks	High-level risks that threaten the achievement of strategic objectives.

5.   Roles and Responsibilities

Roles	Responsibilities
Governing Bodies	The Governing Bodies have overall accountability for risk management and, as such, need to be satisfied that appropriate arrangements are in place and that internal control systems are functioning effectively.

6

Roles	Responsibilities
	The Governing Bodies determine the CCGs' risk appetite and risk tolerance levels and are also responsible for setting the risk culture.
Audit and Governance Committees	The Audit and Governance Committees will provide the Governing Bodies with assurance on the effectiveness of the Assurance Framework and the robustness of the CCGs' operational risk management processes. The Committees' role is not to 'manage risks' but to ensure that the approach to risks is effective and meaningful. In particular, the Committees support the Governing Bodies by obtaining assurances that controls are working as they should, seeking assurance about the underlying data upon which assurances are based and challenging relevant managers when controls are not working or data is unreliable.
All committees, sub-committees and joint committees	All committees, sub-committees and joint committees are responsible for monitoring operational risks related to their delegated duties*. This will include monitoring the progress of actions, robustness of controls and timeliness of mitigations. They are also responsible for identifying risks that arise during meeting discussions and ensuring that these are captured on the Corporate Risk Register.
Directors' Group	The Directors' Group will be alerted to, and have oversight of, all major and significant operational risks. It will ensure executive direction to risk owners as necessary and consider and agree additional resources that may be required to mitigate risks appropriately. As individuals, **Executive Directors** will ensure that robust internal controls are maintained within their areas of responsibility and that this Policy is applied consistently within their directorates.
Accountable Officer (AO)	The AO has responsibility for maintaining a sound system of internal control that supports the achievement of the CCGs' policies, aims and objectives, whilst safeguarding public funds and assets.
Chief Nurse / Executive Director	The Chief Nurse / Executive Director of Quality and Governance has overall responsibility for ensuring robust

7

Roles	Responsibilities
of Quality and Governance	corporate risk and assurance systems are in place and being consistency complied with. This includes promoting the CCGs' risk culture within the Executive team and wider directorates.
Chief Finance Officer (CFO)	The CFO has overall responsibility for the management of risk associated with finance. This includes ensuring the adequacy of counter fraud arrangements and the implementation of the CCGs' Standing Financial Instructions.
Independent / Lay Members	As members of the Governing Bodies and committees, Independent / Lay Members will ensure an impartial approach to the CCGs' risk management activities and should satisfy themselves that systems of risk management are robust and defensible.
Associate Director of Governance (supported by the Corporate Assurance Team)	The Associate Director of Governance leads on the implementation of corporate governance and risk and assurance systems across the CCGs. This includes the development, implementation and co-ordination of the CCGs' risk management activities and providing training and advice in relation to all aspects of this Policy.
Nominated Executive / Strategic Leads on Partnership Boards	Executive / Strategic Leads are responsible for highlighting risks identified at meetings with strategic partners and ensuring they are captured within the CCGs' own arrangements. This includes, but is not limited to, meetings in the Integrated Care System (ICS) and Integrated Care Partnerships (ICP) governance structures.
The Senior Information Risk Owner (SIRO)	The SIRO takes ownership of the CCGs' information risks and acts as advocate for information risk on the six Governing Bodies.
Risk Owners	Risk owners are responsible for ensuring robust mitigating actions are identified and implemented for their assigned risks. The level of the risk owner is dependent on the risk score.
Individuals	All individuals are responsible for complying with the arrangements set out within this Policy and are expected to: • Routinely consider risks when developing business cases,

8

Roles	Responsibilities
	commencing procurements or any other activity which could be impacted by unexpected events (undertaking specific risk assessments as necessary). • Ensure that any operational risks they are aware of are captured on the Corporate Risk Register.

* Risks cannot always be addressed in isolation from each other. Risks may have different facets (e.g. finance and quality) and management actions may impact on different areas of the CCGs. Where this is the case, a pragmatic approach will be taken and risks may be scrutinised by more than one committee.

6. Risk Appetite

6.1. Good risk management is not about being risk averse, it is also about recognising the potential for events and outcomes that may result in opportunities for improvement, as well as threats to success. A 'risk aware' organisation encourages innovation in order to achieve its objectives and exploit opportunities and can do so in confidence that risks are being identified and controlled by senior managers.

6.2. With this in mind, the Governing Bodies have agreed to the following risk appetite statement:

Nottingham and Nottinghamshire CCGs' Risk Appetite Statement
The Governing Bodies of the Nottingham and Nottinghamshire CCGs recognise that our long-term sustainability, and ability to improve quality and health outcomes for our populations, depends on the achievement of our strategic objectives and that this will involve a willingness to take and accept risks. It may also involve taking risks with our strategic partners in order to ensure successful integration and better health services for the people of Nottingham and Nottinghamshire.   The CCGs will endeavour to adopt a *mature* approach to risk-taking where the long-term benefits could outweigh any short-term losses, in particular when working with strategic partners across the Nottingham and Nottinghamshire system. However, such risks will be considered in the context of the current environment, in line with the CCGs' risk tolerance and where assurance is provided that appropriate controls are in place and these are robust and defensible.   The CCGs will *avoid* risks that could impact negatively on the health outcomes and safety of patients or in meeting the legal requirements and statutory obligations of the CCGs. We will also seek to *minimise* any undue risk of adverse publicity, risk of damage to the CCGs' reputations and any risks that may impact on our ability to demonstrate high standards of probity and accountability.

9

Nottingham and Nottinghamshire CCGs' Risk Appetite Statement
In view of the changing landscape, the CCGs' risk appetite will not necessarily remain static. The CCGs' Governing Bodies will have the freedom to vary the amount of risk we are prepared to take depending on the circumstances at the time. It is expected that the levels of risk the CCGs' are willing to accept are subject to regular review.
*1 Good Governance Institute Risk Appetite for NHS Organisations – definition of '**mature**' is confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.*
*2 Good Governance Institute Risk Appetite for NHS Organisations – definition of '**avoid**' is avoidance of risk and uncertainty is a key organisational objective.*
*3 Good Governance Institute Risk Appetite for NHS Organisations – definition of '**minimal**' is preference for ultra-safe delivery options that have a low degree of inherent risk.*

7.   Risk Tolerance

7.1. Whilst risk appetite is about the pursuit of risk, risk tolerance is concerned with the level of risk that can be accepted.

7.2. Some risks are unavoidable and will be out of the CCGs' ability to mitigate to a tolerable level. Where this is the case, the focus will move to the controls in place to manage the risks and the contingencies planned should the risk materialise.

7.3. Strategic risks are high-level risks that are more likely to be influenced by the environment (e.g. regulatory requirements, economic factors etc.) and therefore, may be more difficult to mitigate. Strategic risks which are not deemed to be treatable will be specifically highlighted to the Governing Bodies during the review of the Assurance Framework.

7.4. The majority of operational risks should have the ability to reduce in impact and/or likelihood and the relevant risk treatment must be performed to mitigate risks to an acceptable level. Significant and major operational risks (those scoring 12 or above) which are not deemed to be treatable (as agreed by the Directors' Group) will be highlighted to the Governing Bodies as part of routine risk reporting.

7.5. For operational risks rated lower than 12, the responsible committee may agree that they can be tolerated. However, this is subject to the committee being satisfied that no other actions can be undertaken and that robust management and monitoring controls are in place.

Such risks will show as 'inactive' on the Corporate Risk Register (therefore remaining within the risk profile) but will not be subject to ongoing committee

10

scrutiny. The relevant risk lead will be responsible for highlighting any relevant changes to 'tolerated' risks (e.g. whether they can be archived or need to be reactivated).

8.   The Governing Body Assurance Framework

8.1.   An Assurance Framework is a structured means of identifying and mapping the main sources of assurance in an organisation, and co-ordinating them to best effect (HM Treasury, 2012).

8.2.   The purpose of the Assurance Framework is to provide the Governing Bodies with confidence (assurance) that the organisation has robust systems, policies and processes in place (controls) to ensure the achievement of the CCGs' strategic objectives.

8.3.   The Assurance Framework plays an important role in informing the production of the CCGs' Annual Governance Statements and is the main tool that the Governing Bodies should use in discharging overall responsibility for ensuring that an effective system of internal control is in place.

8.4.   The Framework is updated by Executive Leads and the Corporate Assurance Team on a quarterly basis. This involves a review of the effectiveness of controls and what evidence (internal or external) is available to demonstrate that they are working as they should (assurances). Any gaps in controls or assurances will be highlighted at this point and risk rated. Risks rated as amber/ red or red will be translated into operational risks and added to the Corporate Risk Register.

8.5.   The Governing Bodies review the framework bi-annually and are requested to affirm that sufficient levels of controls and assurances are in place in relation to the organisation's strategic risks.

8.6.   The Audit and Governance Committees receive a rolling programme of targeted assurance reports which, over a 12 month period, covers the all of the CCGs' strategic objectives (the full Assurance Framework).

9.   The Corporate Risk Register

9.1.   Whilst risks will feature across a number of the CCGs' processes, it is important that these are captured centrally to provide a comprehensive log of prioritised risks that accurately reflects the CCGs' risk profile.

9.2.   The Corporate Risk Register is the central repository for all of the CCGs' operational risks. Where risks may not be applicable across all six of the statutory CCG organisations, this will be clearly reflected on the document.

11

9.3. The Corporate Risk Register contains details of the risk, the current controls in place and an overview of the actions required to mitigate the risk to the desired level. A named individual (risk owner) is given responsibility for ensuring the action is carried out by the chosen due date. All high (or red) risks will be assigned an Executive risk owner until the time the risk has been mitigated to a tolerable level.

9.4. The Corporate Risk Register is managed and co-ordinated by the Corporate Assurance Team.

9.5. The Audit and Governance Committees receive the full Corporate Risk Register bi-annually to support their duty to provide the Governing Bodies with assurance on the robustness and effectiveness of the CCGs' risk management processes.

9.6. Relevant extracts of the Corporate Risk Register are presented to the CCGs' sub-committees in line with their delegated duties. Reports will be presented monthly to those sub-committees where risks exist within their remit.

10. Risk Logs

10.1. Risk logs are used to record project-level risks and are held by teams across the CCGs. Whilst a fundamental part of the CCGs' risk management arrangements (ensuring and demonstrating that project-level risks are being actively identified and managed), risk logs do not require the same level of scrutiny as the Corporate Risk Register or Assurance Framework and are, therefore, maintained and managed at team level.

10.2. Where identified risks may impact directly on the CCGs, risks must be transferred to the Corporate Risk Register. The Corporate Assurance Team can provide further advice on this if required by email (notts.corporateassurance@nhs.net).

11. Confidentiality

11.1. Where risks are not deemed to be in the public interest, they will be clearly marked as confidential on the Corporate Risk Register and reported to the Governing Bodies during their closed sessions. This should be for a time-limited period only and risk owners and committees are responsible for agreeing when confidentiality no longer applies.

12. Risk Management Processes

12.1. **Risk Assessments and Risk Identification**
Risk assessments can be undertaken at the start of any activity and provide a helpful means of anticipating 'what could go wrong' and deciding on preventative actions. For specific risk assessments relating to workplace safety (e.g. use of display screen equipment), please refer to the CCGs' Health and Safety Policies.

12

12.2. Operational risks (those which require adding to the Corporate Risk Register) may be identified through an assortment of means, for example by risk assessments, external assessments, audits, complaints, during meetings and through horizon-scanning. For example, any medium (or higher) risks identified within Internal Audit reports are captured within the Corporate Risk Register.

12.3. Regular meetings are held with Executive Directors and senior managers to discuss new or evolving risks within their respective portfolios / teams.

12.4. **Risk Evaluation**

Risks are evaluated by defining qualitative measures of impact and likelihood, as shown in the risk scoring matrix, shown in Appendix 3, to determine the risk's RAG rating. Risk scores can be subjective, therefore, the scores will be subject to review and agreement by senior managers and/or the responsible committee. Members of the Corporate Assurance Team (email: notts.corporateassurance@nhs.net) can also offer support and guidance regarding risk evaluation.

12.5. **Risk Treatment**

Risk treatment (also known as risk control) is the process of selecting and implementing measures to mitigate the risk to an acceptable level. Once risks have been evaluated, a decision should be made as to whether they need to be mitigated or managed through the application of controls (as described using the 'four T' risk treatment model below).

Treatment	Description
Terminate	Opt not to take the risk by terminating the activities that will cause it (more applicable to project risks).
Treating	Take mitigating actions that will minimise the impact of the risk prior to its occurrence and/or reduce the likelihood of the risk occurring.
Transfer	Transfer the risk, or part of the risk, to a third party.
Tolerate	Accept the risk and take no further actions. This may be due to the cost of risk mitigation activity not being cost effective or the impact is so low it is deemed acceptable to the organisation. *Risks which are tolerated should continue to be monitored as future changes may make the risk no longer tolerable.*

13

12.6. **Management and Reporting of Risks**

The following categories of risk grading provide a high-level view of management and reporting requirements:

	Green	Green/Amber	Amber	Amber/Red	Red
Level of risk	An acceptable level of risk that can be managed at directorate / team level	An acceptable level of risk that can be managed at directorate / team level	A generally acceptable level of risk but corrective action needs to be taken	An unacceptable level of risk which requires urgent senior management attention and immediate corrective action	An unacceptable level of risk which requires urgent senior management attention and immediate corrective action
Add to Corporate Risk Register?	No	No	Yes, with quarterly progress updates	Yes, with bi-monthly progress updates	Yes, with monthly progress updates
Oversight and scrutiny	N/A	N/A	Reviewed by the relevant sub-committee(s) at each meeting	Reviewed by the relevant sub-committee(s) at each meeting	- Reviewed by the relevant sub-committee(s) at each meeting - Reviewed by the Directors' Group - Highlighted to the Governing Body

13. Performance 'Risks'

13.1. The CCG monitors the performance of its providers against key delivery priorities via a separate, but parallel, process to the CCGs' risk management arrangements.

13.2. In order to minimise duplication, failures to achieve performance standards are not routinely identified as specific risks on the Corporate Risk Register. This should not indicate its absence from the organisation's overall risk profile and poor performance from a risk perspective will be referenced as necessary when reporting externally on risks (e.g. in the Annual Governance Statement).

13.3. The consistent non-delivery of performance standards will be assessed by the Quality, Safeguarding and Performance Committees to ensure that any specific risks this poses to the CCGs' functions (e.g. a detrimental impact on health

14

outcomes, patient safety or patient experience) are identified and captured on the Corporate Risk Register.

14. Management of Risk across Organisational Boundaries

14.1. The NHS Long Term Plan (January 2019) provides national direction for the delivery of the health service for the 21st century and beyond. It outlines changes which are required to the NHS service model and the infrastructure to support this.

14.2. The management of risk across organisational boundaries is complex. The system's governance model should allow each sovereign organisation to manage their own risks independently, whilst enabling a strong and holistic partnership approach to risk management to support delivery of system objectives.

14.3. Risk is an important feature within the different parts of the system architecture (e.g. Integrated Care System (ICS), Integrated Care Partnerships (ICPs) and Primary Care Networks (PCNs)). Partnership working can often lead to risks regarding risk ownership and accountability. As such, it is important that there are clear inter-relationships regarding the management and ownership of risks between these different elements.

14.4. Risks identified within the ICS Risk Register are fed back to the CCGs' Corporate Assurance Team via Strategic Leads (including the Accountable Officer and Chief Nurse / Executive Director of Quality and Governance, both of which are members of the ICS Leadership Board) and via CCG representative attendance at the ICS Governance Group. Any such risks are considered as a commissioner and included, if appropriate, within the CCGs' Corporate Risk Register**.

14.5. Risk management arrangements at ICP and PCN level are in development and we will continue to review the CCGs' risk management arrangements to incorporate these.

**The narrative of any risks identified via these mechanisms will be amended to reflect a risk whose mitigating controls are solely the responsibility of the CCGs.

15. Communication, Monitoring and Review

15.1. The Policy will be published and maintained in line with the CCGs' Policy Management Framework.

15.2. The Policy will be highlighted to new staff as part of the local induction process and made available to all staff through the CCGs' internal communication procedures (and Internet/Intranet sites).

15

15.3. The CCGs' Audit and Governance Committees will review the effectiveness of this Policy, and its implementation, via bi-annual risk management update reports and monthly targeted assurance reports.

15.4. The CCGs' Governing Bodies (in common) will review the risk appetite on an annual basis.

15.5. Internal Audit will report on implementation of this Policy as part of the annual Head of Internal Audit Opinion work programme.

16. Staff Training

16.1. The Corporate Assurance Team will proactively raise awareness of the Policy across the CCGs and provide ongoing support to committees and individuals to enable them to discharge their responsibilities. Members of the Corporate Assurance Team can be contacted for formal training at team meetings (or other forums) by email: notts.corporateassurance@nhs.net.

16.2. Any individual who has queries regarding the content of the Policy, or has difficulty understanding how this relates to their role, should contact the CCGs' Corporate Assurance Team (email: notts.corporateassurance@nhs.net).

17. Equality and Diversity Statement

17.1 The Nottingham and Nottinghamshire CCGs pay due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, both as commissioners and as employers.

17.2 As a commissioning organisation, we are committed to ensuring our activities do not unlawfully discriminate on the grounds of any of the protected characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

17.3 We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.

17.4 As employers, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

16

17.5 To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

18. References

- Assurance Frameworks, (2002). HM Treasury.
- A Risk Practitioners Guide to ISO 31000:2018, (2018). The Institute of Risk Management.
- Board Assurance: A toolkit for health sector organisations, (2015). NHS Providers.
- The Orange Book: Management of Risk – Principles and Concepts, (2004).
- Risk Appetite & Tolerance, (2011). The Institute of Risk Management.
- NHS Audit Committee Handbook, (2018). Healthcare Financial Management Association
- NHS Governance Handbook, (2017). Healthcare Financial Management Association
- Risk Appetite for NHS Organisations: A matrix to support better risk sensitivity in decision taking. (2012). The Good Governance Institute.

17

Appendix 1

Risk Identification Guidance

The purpose of this form is to enable staff to report operational risks that may require entry on to the Corporate Risk Register. Further guidance on reporting risks can be provided by contacting the Corporate Assurance Team.

> The general definition of a risk is "*the effect of uncertainty on objectives"* and it is the responsibility of all staff to:
>
> - Identify risks at the conceptual stage of projects, as well as throughout the life of the project.
> - Routinely consider risk within any planning, procurement or other CCG business activities.
> - Ensure that any **operational** risks they become aware of are captured on the CCGs' Corporate Risk Register.

Operational risks are defined as by-products of the day-to-day running of an organisation. They arise from definite events or circumstances and have the potential to impact negatively on the organisation and its objectives. These types of risks can be articulated as follows:

Cause – due to…… **Condition** – There is a risk that…… **Consequence** – which could result in…. (it does not necessarily matter which order these factors go in, as long as all three are reflected).

Categorise the risk using the categories in Appendix 2 and use the risk scoring matrix in Appendix 3 to calculate what the risk is at the moment (before any actions have been implemented). You then need to consider the controls you have in place to manage this (e.g. contract monitoring arrangements) and any additional actions that may be needed to mitigate the risk to an acceptable level.

Depending on the risk score, you will be contacted to provide status updates on the risk as follows:

- **Red** risks – monthly
- **Amber/red** risks – bi-monthly
- **Amber** risks – quarterly

Green and **amber/green** risks do not need adding to the risk register, as these can be managed at individual/team level.

18

Appendix 2

Categories of Risk

Function	Description	Responsible Committee
Finance	Risks to all areas pertaining to finance and financial control. This also includes risks related to contractual enforcement issues.	Finance and Turnaround Committees
Quality of services	Risks in maintaining and improving quality; including the safety and effectiveness of treatment and care and patient experience (not including safeguarding or primary care services).	Quality, Safeguarding and Performance Committees
Improved outcomes	Risk of failure to ensure better outcomes for patients as a result of CCG commissioned services.	Strategic Commissioning Committees
Safeguarding	Risks relating the CCGs' statutory duties for safeguarding children and vulnerable adults.	Quality, Safeguarding and Performance Committees
Primary Care	Risks relating to delegated commissioning responsibilities for primary care services. Quality of primary care services.	Primary Care Commissioning Committees Quality, Safeguarding and Performance Committees
Delivery	Risk of failure in meeting specific organisational objectives and short term / long term plans and strategies.	Strategic Commissioning Committees
Compliance	Risk of failure to comply with statutory duties and other regulatory and legal requirements; for example the Public Sector Equality Duty, information governance requirements, procurement regulations and employment law.	Appropriate Committee depending on area of non-compliance
Information Governance	Risk of failure to comply with information governance regulatory and legal requirements.	Audit and Governance Committees

19

Appendix 2

Function	Description	Responsible Committee
Governance / Probity	Risk of failure to comply or to demonstrate compliance with standards of business conduct. This includes transparency in decision-making, the robust management of conflicts of interest and adherence with the CCGs' policy on gifts, hospitality and sponsorship.	Audit and Governance Committees (on behalf of the Governing Bodies)
Workforce	Risk of failure to ensure a skilled and effective workforce, incorporating issues related to staff recruitment and retention, training and development (including succession planning) and organisational morale and culture.	Directors' Group (on behalf of the Governing Bodies)
Engagement and Partnership working	Risk of failure to engage effectively with patients, carers, the public, clinicians and all other stakeholders. Risk of working with health and social care partners. Risk of reputational damage.	Quality, Safeguarding and Performance Committees Directors' Group

Appendix 3

Risk Scoring Matrix

Table 1 - Impact scores (I)

What is the severity of the impact?					
Impact Score	1	2	3	4	5
Descriptor	Insignificant or minor	Moderate	Significant	Very Significant	Major
Impact should it happen	No or slight impact on the CCG's objectives	Moderate Impact on the the CCG's objectives	Significant impact on the CCG's objectives	Impact on the CCG's objectives affectinge delivery over several areas	Impact on the CCG's objectives requiring radical review

Table 2 Likelihood score (L)

What is the liklihood that harm, loss or damage from the identified hazard will occur?					
Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency — How often might it happen?	This will probably never happen/occur	Do not expect it happen/ recur but it is possible it may do so	Possibly may happen	Highly probable that it will happen	Likely to occur

Table 3 Risk scoring = Impact x likelihood (I x L)

	Rare - 1	Unlikely - 2	Possible - 3	Likely - 4	Almost certain - 5
Very High - 5	A	A/R	R	R	R
High - 4	A	A	A/R	R	R
Medium - 3	A/G	A	A	A/R	A/R
Low - 2	G	A/G	A/G	A	A
Very Low - 1	G	G	G	G	G

Likelihood

G	Acceptable level of risk that can be managed at team/directorate level - does not require entry on to the organisational risk register
A/G	Acceptable level of risk that can be managed at team/directorate level - does not require entry on to the organisational risk register
A	To be entered on the organisational risk register and progress reports to be given quarterly
A/R	To be entered on the organisational risk register and progress reports to be given bi- monthly
R	To be entered on the organisational risk register and progress reports to be given monthly

21

Appendix 4

Risk Identification Template (to be used to populate Corporate Risk Register)

Date risk was identified	Risk Description	Risk Category	Initial Rating (before any actions have been implemented)			Existing controls (where applicable)	Additional Risk Management Actions	Current Rating			Risk Owner	CCG Team	Target risk score
			Impact	Likelihood	Score			Impact	Likelihood	Score			
		Select category.										Select Team.	

Appendix 5

Equality Impact Assessment – to be completed prior to publication.

NHS
Nottingham North and East
Clinical Commissioning Group

UNRATIFIED Minutes of the Extraordinary Governing Body meeting held in public
Tuesday 14 May 2019 13:30 – 15:00
Room 5.03, Standard Court, Park Row, Nottingham NG1 6GN

Present with voting rights:

Dr James Hopkinson	Clinical Leader (Chair)
Terry Allen	Lay Member – Financial Management and Audit
Jonathan Bemrose	Chief Finance Officer
Dr Ian Campbell	GP Representative
Janet Champion	Lay Member – Patient and Public Involvement
Dr Caitriona Kennedy	GP Representative
Elaine Moss	Chief Nurse and Director of Quality and Governance
Dr Paramjit Panesar	Assistant Clinical Chair

In attendance:

Lucy Branson	Associate Director Corporate Governance
Lucy Dadge	Chief Commissioning Officer
Fiona Daws (minutes)	Corporate Governance Officer
Stuart Poyner	Director of Turnaround

Apologies:

Amanda Sullivan	Accountable Officer
Mike Wilkins	Lay Member – Primary Care

Cumulative Record of Members Attendance (2019/20)					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Dr James Hopkinson	2	2	Jonathan Bemrose	2	2
Dr Paramjit Panesar	2	2	Amanda Sullivan	2	1
Dr Ian Campbell	2	2	Elaine Moss	2	2
Dr Caitriona Kennedy	2	2	Mike Wilkins	2	1
Terry Allen	2	2	Janet Champion	2	2

Item

Introductory Items

GB 19 054   **Welcome and apologies for absence**
Dr James Hopkinson welcomed everyone to the meeting of the Governing Body in open session. Apologies were received from Amanda Sullivan and Mike Wilkins.

GB 19 055   **Confirmation of quoracy**
It was confirmed that the meeting was quorate.

GB 19 056   **Declarations of interest for any item on the agenda**
No interests were declared in relation to any item on the agenda. Members were reminded of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.

GB 19 057   **Management of any real or perceived conflicts of interest**
As no conflicts of interest had been identified, this was not necessary for the meeting.

Page **1** of **4**

Item

GB 19 058   **Questions from the public**
No questions from the public had been received

GB 19 059   **Minutes of the meeting held on 16 April 2019**
The minutes of the previous meeting held on 16 April 2019 were reviewed and confirmed as an accurate record.

GB 19 060   **Action log and matters arising from the meeting held on 16 April 2019**
There are no outstanding actions on the action log and there were no further matters arising.

Strategy and Leadership

GB 19 061   **Aligned Governance Framework across Nottingham and Nottinghamshire CCGs**
Lucy Branson presented this agenda item in the context of previous discussions held by the Governing Body in joint development sessions with the Governing Bodies of the five other CCGs in Nottinghamshire and subsequently at its April 2019 meeting. The following key points were highlighted:

(a)   The CCG's Constitution and Governance Handbook have been revised to facilitate the implementation of the aligned governance framework, as agreed at the previous meeting.

(b)   The aligned governance framework is an interim measure while the six CCGs explore the option of creating a single, strategic commissioning organisation as part of the Nottingham and Nottinghamshire Integrated Care system (ICS) development.

(c)   There has been a focus on ensuring that the CCGs remain statutorily compliant, while facilitating streamlined and consistent decision-making across the six CCGs.

(d)   The amendment of the CCG's Constitution has also required a move to the new national model Constitution published by NHS England during September 2018, which is a more concise document.

(e)   Non-material amendments to the Constitution (and associated amendments to the Scheme of Reservation and Delegation) can now be agreed by the Governing Body without Member practice approval. This responds to national concerns that the process for making amendments to the constitution can be overly burdensome.

(f)   Due process will continue to be followed for any changes which will have a material impact; where proposed changes relate to the reserved powers of the Members, or when at least 50 percent of the Governing Body members formally required that amendments be put before the Membership for approval.

(g)   The terms of reference for the statutory or mandated committees haven't materially changed since last approved by the Governing Body. The only changes reflect the additional responsibilities added to the Audit and Governance Committee in relation to information governance and corporate policy oversight.

(h)   The relevant revised terms of reference will be presented to each of the inaugural Committee meetings for consideration, particularly in relation to duties, memberships and quorum requirements.

(i)   The scheme of reservation and delegation, included within the Governance Handbook, has been updated to reflect where decisions are made within the new framework.

(j)   The Governance Handbook is now mandated and will be published on the organisations' website.

Page **2** of **4**

Item

(k) Although the terms of reference for the Greater Nottingham Patient and Public Engagement Committee (PPEC) have been omitted from the Governance Handbook, members were assured that they have been drafted, dates for the meeting have been identified and the first meeting is due to take place during July 2019, preceded by an expressions of interest process to identify membership.

(l) Work is still ongoing to develop the aligned Standing Financial Instructions across the six CCGs. As such, it is proposed that the Governing Body delegate approval of these to the Audit and Governance Committee (to be considered at its meeting on 23 May 2019). This will enable timely agreement of these changes prior to the new arrangements starting.

(m) The Clinical Chairs are helping to shape the developing terms of reference for the new Membership Forum.

The following points were raised in discussion:

(n) Clarification of the definition of material changes was requested. In the absence of a national prescribed definition, the Governing Body will determine what constitutes material changes depending upon the circumstances and therefore can't be predetermined. It was confirmed that the proposed merger will go out for consultation.

(o) Members received confirmation that the Governing Body can make a decision regarding changes to the constitution and it is not necessary for the membership to be involved. The constitution has been streamlined with focus on requirements from both statutory and national perspectives and in line with NHS England's view on how approvals take place.

(p) Members sought clarification on the Strategic Commissioning Committee (SCC) in terms of authorising investment and procurement. It was explained that the authority limits are being clarified to be included within the Standing Financial Instructions.

(q) Appropriate, clear and relevant thresholds were discussed regarding the contractual amount that requires Committee sign off for recommissioning or contract awards. Members felt transparency was necessary and that this could be achieved via sign off at an open/public meeting.

The Governing Body:
- **APPROVED** the amendments to the CCG's Constitution.
- **APPROVED** the amendments to the Governance Handbook, subject to further work to develop full terms of reference for the Patient and Public Engagement Committee and Membership Forum.
- **DELEGATED** responsibility to Audit and Governing Committee to approve the aligned Standing Financial Instructions.

Information Items

GB 19 062   Audit and Governance Committee Minutes
The minutes from the 28 February 2019 meeting were noted.

GB 19 063   Primary Care Commissioning Committee

Page **3** of **4**

Item

The minutes from the 7 March 2019 meeting were noted.

Closing Items

GB 19 064 **Any other business**

Jonathan Bemrose informed members that he was leaving the organisation in August 2019 and this would be his last meeting as a member of the Nottingham North and East Governing Body meeting. Members thanked Jonathan for his hard work, integrity and good nature.

Additionally, Janet Champion informed members that this was her last meeting and members thanked Janet for her valued contribution and input.

GB 19 065 **Risks identified during the course of the meeting**

No risks were identified to add to the risk register.

GB 19 066 **Date of next meeting:**

Thursday 4 July 2019
Rooms 1, 2, 3, Birch House, Ransom Wood Business Park, Southwell Road West, NG21 0HJ

Confidential Motion

The Governing Body resolved that representatives of the press and other members of the public were excluded from the remainder of this meeting on the basis that, having regard to the confidential nature of the business to be transacted, publicity would be prejudicial to the public interest. (Section 1[2] Public Bodies [Admission to Meetings] Act 1960).

SIGNED …………………………………………………… Chair

DATE ……………………………………………………

Page **4** of **4**

UNRATIFIED Minutes of the Governing Body meeting held in public
Wednesday 15 May 2019 10:10 – 11:30
Boardroom, Standard Court, Park Row, Nottingham NG1 6GN

Present with voting rights:

Dr Hugh Porter (Chair)	Clinical Leader and GP Cluster Lead, UNICOM
Dr Margaret Abbott	GP Cluster Lead, Robin Hood
Jonathan Bemrose	Chief Finance Officer
Dr Marcus Bicknell	GP Cluster Lead, Norcomm
Sue Clague	Lay Member, Patient and Public Involvement
Elaine Moss	Chief Nurse and Director of Quality and Governance
Dr Adedeji Okubadejo	Independent Secondary Care Doctor
Dr Arun Tangri	GP Cluster Lead, City Central
Sue Sunderland	Lay Member, Primary Care
Tim Woods	Lay Member, Financial Management and Audit

In attendance:

Lucy Branson	Associate Director of Governance
Helen Clark (minutes)	Corporate Governance Officer
Lucy Dadge	Chief Commissioning Officer

Apologies:

Alison Challenger	Director of Public Health, Nottingham City Council
Amanda Sullivan	Accountable Officer

Cumulative Record of Members Attendance (2019/20)

Name	Possible	Actual	Name	Possible	Actual
Dr Margaret Abbott	2	2	Sue Sunderland	2	2
Dr Marcus Bicknell	2	2	Tim Woods	2	2
Dr Adedeji Okubadejo	2	1	Jonathan Bemrose	2	2
Dr Hugh Porter	2	2	Elaine Moss	2	2
Dr Arun Tangri	2	2	Amanda Sullivan	2	1
Sue Clague	2	2			

Item

Introductory Items

GB 19 051   Welcome and apologies for absence

Dr Hugh Porter welcomed everyone to the meeting of the Governing Body in open session. Apologies were noted as above.

GB 19 052   Confirmation of quoracy

It was confirmed that the meeting was quorate.

GB 19 053   Declarations of interest for any item on the agenda

No interests were declared in relation to any item on the agenda.

Members were reminded of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.

Item

GB 19 054   **Management of any real or perceived conflicts of interest**
As no conflicts of interest had been identified, this was not necessary for the meeting.

GB 19 055   **Questions from the public**
No questions from the public had been received.

GB 19 056   **Minutes of the meeting held on 17 April 2019**
The minutes of the previous meeting held on 17 April 2019 were reviewed, and confirmed as an accurate record and will be signed by the Chair.

GB 19 057   **Action log and matters arising from the meeting held on 17 April 2019**
An update on the following outstanding items was provided:
(a) GB 19 009 - Lucy Branson to liaise with Councillor Webster, Health and Wellbeing Board Chair, to identify which member would be an appropriate attendee at the Primary Care Commissioning Committee meeting in common. Confirmation was received that since the discussion at the January 2019 Governing Body meeting, work has progressed to hold the six Nottingham and Nottinghamshire Primary Care Commissioning Committee meetings in common from June 2019. The terms of reference are in development which will inform the membership requirements of the Committee.

All other actions were confirmed as complete. There were no further matters arising.

Strategy and Leadership

GB 19 058   **Moving to an aligned Governance Framework across the Nottingham and Nottinghamshire Clinical Commissioning Groups**
Lucy Branson presented this agenda item in the context of previous discussions held by the Governing Body in joint development sessions with the Governing Bodies of the five other CCGs in Nottinghamshire and subsequently at its April 2019 meeting. The following key points were highlighted:

(a) The CCG's Constitution and Governance Handbook have been revised to facilitate the implementation of the aligned governance framework, as agreed at the previous meeting.
(b) The aligned governance framework is an interim measure while the six CCGs explore the option of creating a single, strategic commissioning organisation as part of the Nottingham and Nottinghamshire Integrated Care system (ICS) development.
(c) There has been a focus on ensuring that the CCGs remain statutorily compliant, while facilitating streamlined and consistent decision-making across the six CCGs.
(d) The amendment of the CCG's Constitution has also required a move to the new national model Constitution published by NHS England during September 2018, which is a more concise document.
(e) Non-material amendments to the Constitution (and associated amendments to the Scheme of Reservation and Delegation) can now be agreed by the Governing Body without Member practice approval. This responds to national concerns that the process for making amendments to the constitution can be overly burdensome.
(f) Due process will continue to be followed for any changes which will have

Item

a material impact; where proposed changes relate to the reserved powers of the Members, or when at least 50 percent of the Governing Body members formally required that amendments be put before the Membership for approval.

(g) The terms of reference for the statutory or mandated committees haven't materially changed since last approved by the Governing Body. The only changes reflect the additional responsibilities added to the Audit and Governance Committee in relation to information governance and corporate policy oversight.

(h) The relevant revised terms of reference will be presented to each of the inaugural Committee meetings for consideration, particularly in relation to duties, memberships and quorum requirements.

(i) The scheme of reservation and delegation, included within the Governance Handbook, has been updated to reflect where decisions are made within the new framework.

(j) The Governance Handbook is now mandated and will be published on the organisations' website.

(k) Although the terms of reference for the Greater Nottingham Patient and Public Engagement Committee (PPEC) have been omitted from the Governance Handbook, members were assured that they have been drafted, dates for the meeting have been identified and the first meeting is due to take place during July 2019, preceded by an expressions of interest process to identify membership. The terms of reference for the PPEC will be circulated to members as soon as available.

(l) Work is still ongoing to develop the aligned Standing Financial Instructions across the six CCGs. As such, it is proposed that the Governing Body delegate approval of these to the Audit and Governance Committee (to be considered at its meeting on 23 May 2019). This will enable timely agreement of these changes prior to the new arrangements starting.

The following points were raised during discussion:

(m) Clarification was sought on the definition of a material and non-material change. It was explained that the concept of materiality is fluid and cannot be easily defined. If a change is to the processes that enable the practical and efficient running of a statutory organisation then it is likely a non-material change.

(n) Confirmation was received that the Merger Programme Board has responsibility for overseeing the merger process. The application has to be submitted to NHS England prior to the end of July 2019 and it is anticipated that members will be sighted of the merger papers in the coming months.

(o) Members expressed support in the holding position being presented.

(p) Assurance was sought as to whether the composition of the Governing Body meeting in common constitutes a material change in the Constitution. Confirmation was received that the although the individuals present at the Governing Body meeting in common will be different, there remains sufficient GP and lay member representation to deliver the terms of the Constitution.

(q) Discussion took place regarding the decision making process at the Governing Body meeting in common if the majority of members were not affiliated with a specific locality. Clarification was received that in the main each Governing Body executive member would be a common appointment with a responsibility for ensuring that the decisions made

Item

were right for each of the six localities.

(r) Confirmation was received that although it was hoped that the six statutory organisations would reach a consensus decision, it would be possible for a statutory organisation to reach a separate decision if required to best meet the needs of its local population.

(s) Concern was expressed that engagement with the GP member practices has yet to commence. Assurance was given that GP member practices will be engaged on the proposed merger; this will be expanded to include a message regarding the interim governance arrangements and details about how they will influence the shape of the aligned organisations moving forward. A communication and engagement plan has been established which maps the opportunities to engage with General Practice members in new and existing forums. This would be shared with members for review and comment.

(t) It was confirmed that although the Governing Body meeting in common will approve the final submission to NHS England, it will be the Membership Forum, once established, that will be integral in the development of the Constitution for the new CCG, including Governing Body composition. The terms of reference for the Membership Forum will be developed in conjunction with the six Clinical Chairs', with wider input from GP members.

(u) Assurance was received that each of the statutory organisations will remain membership organisations as this was recognised as a key strength.

(v) Members noted that Primary Care Network (PCN) Clinical Directors will be involved in the Integrated Care Partnership (ICP) process from July 2019 onwards, as this is when their funding starts.

The Governing Body:

- **APPROVED** the amendments to the CCG's Constitution.
- **APPROVED** the amendments to the Governance Handbook, subject to further work to develop full terms of reference for the Patient and Public Engagement Committee and Membership Forum.
- **DELEGATED** responsibility to Audit and Governing Committee to approve the aligned Standing Financial Instructions.

ACTION:
(a) Lucy Branson to circulate the PPEC terms of reference once finalised.
(b) Lucy Branson to set up a meeting for GP members to input on the Membership Forum terms of reference.
(c) Alex Ball to share with members the GP member communication and engagement plan relating to the proposed merger.

Information Items

GB 19 059   **Audit and Governance Committee Minutes**
The minutes from the Audit and Governance Committee meeting held on the 28 February 2019 were received for information.

In consideration of the minutes, assurance was provided that item AG 19 030, Property Services Update, did not relate to General Practice properties.

GB 19 060   **Primary Care Commissioning Committee Minutes**
The minutes from the Primary Care Commissioning Committee meeting held

Item

on the 14 February 2019 were received for information.

GB 19 061 **People's Council Minutes**
The minutes from the People's Council meeting held on the 11 March 2019 were received for information.

Closing Items

GB 19 062 **Any other business**
Jonathan Bemrose informed members that he was leaving the organisation in August 2019 and this would be his last meeting as a member of the Nottingham City Governing Body meeting. On behalf of the Governing Body, Hugh thanked Jonathan for his contribution and wished him well for the future.

There was no further business raised.

GB 19 063 **Risks identified during the course of the meeting**
No risks were identified to add to the risk register.

GB 19 064 **Date of next meeting:**
Thursday 4 July 2019
Rooms 1, 2, 3, Birch House, Ransom Wood Business Park, Southwell Road West, NG21 0HJ

Confidential Motion

The Governing Body resolved that representatives of the press and other members of the public were excluded from the remainder of this meeting on the basis that, having regard to the confidential nature of the business to be transacted, publicity would be prejudicial to the public interest. (Section 1[2] Public Bodies [Admission to Meetings] Act 1960).

SIGNED …………………………………………………… **Chair**

DATE ……………………………………………………

NHS
Rushcliffe
Clinical Commissioning Group

UNRATIFIED Minutes of the Governing Body meeting held in public
Thursday 16 May 2019 13:30 – 14:30
Clumber Meeting Room, Easthorpe House, 165 Loughborough Road, Ruddington, Nottingham, NG11 6LQ

Present with voting rights:

Sue Clague (Chair)	Lay Member
Jonathan Bemrose	Chief Finance Officer
Ian Blair	Lay Member
Dr Gavin Derbyshire	GP Member for Member Practices
Dr Jeremey Griffiths	GP Member Lead for Health and Wellbeing Board
Prof Chris Hawkey	Secondary Care Doctor
Elaine Moss	Chief Nurse and Director of Quality and Governance
Dr Stephen Shortt	Clinical Chair
Amanda Sullivan	Accountable Officer

In attendance:

Lucy Branson	Associate Director of Governance
Helen Clark (minutes)	Corporate Governance Officer

Cumulative Record of Members Attendance (2019/20)					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Jonathan Bemrose	2	2	Amanda Sullivan	2	2
Ian Blair	2	2	Prof Chris Hawkey	2	2
Elaine Moss	2	2	Dr Jeremy Griffiths	2	2
Sue Clague	2	2	Dr Stephen Shortt	2	2
Dr Gavin Derbyshire	2	2			

Item

Introductory Items

GB 19 053 Welcome and apologies for absence
Sue Clague welcomed everyone to the meeting of the Governing Body in open session. There were no apologies for absence.

GB 19 054 Confirmation of quoracy
It was confirmed that the meeting was quorate.

GB 19 055 Declarations of interest for any item on the agenda
No interests were declared in relation to any item on the agenda.

Members were reminded of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.

GB 19 056 Management of any real or perceived conflicts of interest
As no conflicts of interest had been identified, this was not necessary for the meeting.

GB 19 057   **Questions from the public**
No questions from the public had been received

GB 19 058   **Minutes of the meeting held on 18 April 2019**
The minutes of the previous meeting held on 18 April 2019 were reviewed and confirmed as an accurate record.

GB 19 059   **Action log and matters arising from the meeting held on 18 April 2019**
There were no actions in progress or outstanding and there was one matter arising:
(a)   Members were keen to ensure they were sighted of the analysis of the 360° Stakeholder Survey once complete. Confirmation was received that this piece of work had started and that the presentation on the stakeholder survey analysis would be included on the agenda of the inaugural Governing Body meeting in common across the six Nottingham and Nottinghamshire CCGs.

Strategy and Leadership

GB 19 060   **Moving to an aligned Governance Framework across the Nottingham and Nottinghamshire CCGs**
Elaine Moss and Lucy Branson presented this agenda item in the context of previous discussions held by the Governing Body in joint development sessions with the Governing Bodies of the five other CCGs in Nottinghamshire and subsequently at its April 2019 meeting. The following key points were highlighted:

(a)   The CCG's Constitution and Governance Handbook have been revised to facilitate the implementation of the aligned governance framework, as agreed at the previous meeting.
(b)   The aligned governance framework is an interim measure while the six CCGs explore the option of creating a single, strategic commissioning organisation as part of the Nottingham and Nottinghamshire Integrated Care system (ICS) development.
(c)   There has been a focus on ensuring that the CCGs remain statutorily compliant, while facilitating streamlined and consistent decision-making across the six CCGs.
(d)   The amendment of the CCG's Constitution has also required a move to the new national model Constitution published by NHS England during September 2018, which is a more concise document.
(e)   Non-material amendments to the Constitution (and associated amendments to the Scheme of Reservation and Delegation) can now be agreed by the Governing Body without Member practice approval. This responds to national concerns that the process for making amendments to the constitution can be overly burdensome.
(f)   Due process will continue to be followed for any changes which will have a material impact; where proposed changes relate to the reserved powers of the Members, or when at least 50 percent of the Governing Body members formally required that amendments be put before the Membership for approval.
(g)   The terms of reference for the statutory or mandated committees haven't materially changed since last approved by the Governing Body. The only changes reflect the additional responsibilities added to the Audit and Governance Committee in relation to information governance and corporate policy oversight.
(h)   The relevant revised terms of reference will be presented to each of the

2

inaugural Committee meetings for consideration, particularly in relation to duties, memberships and quorum requirements.

(i) The scheme of reservation and delegation, included within the Governance Handbook, has been updated to reflect where decisions are made within the new framework.

(j) The Governance Handbook is now mandated and will be published on the organisations' website.

(k) Although the terms of reference for the Greater Nottingham Patient and Public Engagement Committee (PPEC) have been omitted from the Governance Handbook, members were assured that they have been drafted, dates for the meeting have been identified and the first meeting is due to take place during July 2019, preceded by an expressions of interest process to identify membership. The terms of reference for the PPEC will be circulated to members as soon as available.

(l) Work is still ongoing to develop the aligned Standing Financial Instructions across the six CCGs. As such, it is proposed that the Governing Body delegate approval of these to the Audit and Governance Committee (to be considered at its meeting on 23 May 2019). This will enable timely agreement of these changes prior to the new arrangements starting.

(m) The Membership Forum terms of reference will be developed in conjunction with the six Clinical Leads and the GP members.

The following points were raised during discussion:

(n) The work undertaken to revise the Governance Handbook and the Constitution was commended.

(o) Members were pleased that the Membership Forum terms of reference would be developed in conjunction with the Clinical Leads and GP members and received assurance that the final terms of reference would be presented to the inaugural Governing Body meeting in common.

(p) Clarification was sought regarding how the Committee's in common will differ from the individual Committees. It was explained that although the Governing Body and the Primary Care Commissioning Committee will retain a locality element, in the main executive member and lay members will be a common appointments with a responsibility for ensuring that any decisions made were right for each of the six localities.

(q) Discussion took place regarding the Clinical Effectiveness Committee and its membership composition. Assurance was received that the six Clinical Leads recognise that the Committee is multi-faceted and that effective decision making will be underpinned by a robust relationship between the six CCGs and the Integrated Care Partnerships (ICPs).

(r) Confirmation was received that the Committee terms of reference and membership will be kept under review as they evolve over the next ten months.

(s) The Committees in common structure was noted as a useful forum for joint decision making and the good balance of locality representation, where relevant, was praised.

Dr Jeremey Griffiths arrived at this point

(t) Members were keen to ensure that General Practice staff were kept informed that the Chair of the Audit and Governance Committee will be the Conflicts of Interest Guardian.

(u) Assurance was received that each of the statutory organisations will remain as membership organisations as this was recognised as a key strength. Sarah Carter, Director of Transition, has been working with the

3

Communications and Engagement team to establish an engagement and information programme that will be an opportunity to emphasise that the CCG remains a membership organisation, what this means and the opportunities for members to influence change. Additionally, there will be an added dimension of members being part of a Primary Care Network (PCN) as well as a CCG; which will provide an additional vehicle for primary care engagement. Members agreed that the Communications and Engagement team needed to ensure primary care members were clear about what they are expected to give to the organisation and what they will get in return.

(v) It was noted that the strategic commissioner will have a key role to play in the configuration of services and the development and agreement of thresholds.

(w) A discussion took place regarding the ICS and its role in relation to the CCGs' new committee arrangements.

(x) Dr Stephen Shortt referenced a presentation by Neil Moore, Associate Director of Procurement and Commercial Development, which had been delivered to the joint City and South County Integrated Care Partnership Development Group. It detailed the principles of Alliance Contracting and shared the experience and learning from the Mid-Nottinghamshire alliance process. It was agreed this would be circulated to members for information.

The Governing Body:
- **APPROVED** the proposed amendments to the CCG's Constitution.
- **DELEGATED** responsibility to the Audit and Governance Committee for the sign off of the aligned Standing Financial Instructions.
- **APPROVED** the proposed amendments to the CCG's Governance Handbook, subject to further work to develop full terms of reference for the Patient and Public Engagement Committee and Membership Forum.

ACTION:
(a) To share the principles of Alliance Contracting presentation delivered to the joint City and South County Integrated Care Partnership Development Group.

Information Items

GB 19 061   Audit and Governance Committee Minutes
The minutes for the 28 February 2019 Audit and Governance Committee were received for information.

Closing Items

GB 19 062   Any other business
(a) As this was the last Rushcliffe Governing Body in this format members were thanked for their commitment and contribution to the meeting.
(b) The process for agreeing clinical leadership was queried and assurance was provided that the six current leads have met to identify a clinical framework and once approved will agree a process for appointing in to the roles.
(c) Jonathan Bemrose informed members that he was leaving the organisation in August 2019 and this would be his last meeting as a member of the Rushcliffe Governing Body meeting. Members thanked Jonathan for his hard work, integrity and good nature.

4

5

GB 19 063   **Risks identified during the course of the meeting**
No risks were identified to add to the risk register.

GB 19 064   **Date of next meeting:**
Thursday 4 July 2019 - venue to be confirmed

Confidential Motion

The Governing Body resolved that representatives of the press and other members of the public were excluded from the remainder of this meeting on the basis that, having regard to the confidential nature of the business to be transacted, publicity would be prejudicial to the public interest. (Section 1[2] Public Bodies [Admission to Meetings] Act 1960).

SIGNED   ………………………………………………………… **Chair**

DATE   …………………………………………………………

5

**UNRATIFIED Minutes of the Extraordinary Governing Body meeting held in public
Thursday 23 May 2019 13:30 – 15:00
Room 5.03, Standard Court, Park Row, Nottingham NG1 6GN**

Present with voting rights:

Beverley Brooks (Chair)	Lay Member - Patient and Public Involvement
Dr Nicole Atkinson	Clinical Chair, NHS Nottingham West Clinical Commissioning Group
Jonathan Bemrose	Chief Finance Officer
Janet Champion	Lay Member
Elaine Moss	Chief Nurse and Director of Quality and Governance
Dr Mike O'Neil	GP, Saxon Cross Surgery
Amanda Sullivan	Accountable Officer

In attendance:

Lucy Dadge	Chief Commissioning Officer
Fiona Daws (minutes)	Corporate Governance Officer

Apologies:

Adrian Manhire	Patient Representative
Tim Woods	Lay Member - Financial Management and Audit

Cumulative Record of Members Attendance (2019/20)					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Beverley Brooks	2	2	Dr Mike O'Neil	2	2
Janet Champion	2	2	Dr Jane Youde	1	1
Dr Adrian Manhire	2	1	Elaine Moss	2	2
Dr Nicole Atkinson	2	2	Tim Woods	2	1
Amanda Sullivan	2	2	Jonathan Bemrose	2	2

Item

Introductory Items

GB 19 051 Welcome and apologies for absence
Beverley Brooks welcomed everyone to the meeting of the Governing Body in open session. Apologies were received from Adrian Manhire and Tim Woods.

GB 19 052 Confirmation of quoracy
It was confirmed that the meeting was quorate.

GB 19 053 Declarations of interest for any item on the agenda
No interests were declared in relation to any item on the agenda.

Members were reminded of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.

GB 19 054 Management of any real or perceived conflicts of interest
As no conflicts of interest had been identified, this was not necessary for the meeting.

Page **1** of **4**

Item

GB 19 055   **Questions from the public**
No questions from the public had been received.

GB 19 056   **Minutes of the meeting held on 25 April 2019**
The minutes of the previous meeting held on 25 April 2019 were reviewed and confirmed as an accurate record.

GB 19 057   **Action log and matters arising from the meeting held on 25 April 2019**
There are no outstanding actions on the action log and there were no further matters arising.

Strategy and Leadership

GB 19 058   **Aligned Governance Framework**
Elaine Moss presented this agenda item. The following key points were highlighted:

(a)   The CCG's Constitution and Governance Handbook have been revised to facilitate the implementation of the aligned governance framework, as agreed at the previous meeting.

(b)   The aligned governance framework is an interim measure while the six CCGs explore the option of creating a single, strategic commissioning organisation as part of the Nottingham and Nottinghamshire Integrated Care system (ICS) development.

(c)   There has been a focus on ensuring that the CCGs remain statutorily compliant, while facilitating streamlined and consistent decision-making across the six CCGs.

(d)   The amendment of the CCG's Constitution has also required a move to the new national model Constitution published by NHS England during September 2018, which is a more concise document.

(e)   Non-material amendments to the Constitution (and associated amendments to the Scheme of Reservation and Delegation) can now be agreed by the Governing Body without Member practice approval. This responds to national concerns that the process for making amendments to the constitution can be overly burdensome.

(f)   Due process will continue to be followed for any changes which will have a material impact; where proposed changes relate to the reserved powers of the Members, or when at least 50 percent of the Governing Body members formally required that amendments be put before the Membership for approval.

(g)   The terms of reference for the statutory or mandated committees haven't materially changed since last approved by the Governing Body. The only changes reflect the additional responsibilities added to the Audit and Governance Committee in relation to information governance and corporate policy oversight.

(h)   The relevant revised terms of reference will be presented to each of the inaugural Committee meetings for consideration, particularly in relation to duties, memberships and quorum requirements.

(i)   The scheme of reservation and delegation, included within the Governance Handbook, has been updated to reflect where decisions are made within the new framework.

(j)   The Governance Handbook is now mandated and will be published on the organisations' website.

(k)   Although the terms of reference for the Greater Nottingham Patient and Public Engagement Committee (PPEC) have been omitted from the Governance Handbook, members were assured that they have been drafted, dates for the meeting have been identified and the first meeting is due to take place during July 2019, preceded by an expressions of interest process to identify membership. The terms of reference for the PPEC will be circulated to members as soon as

Page **2** of **4**

Item

available.

(l)   Work is still ongoing to develop the aligned Standing Financial Instructions across the six CCGs. As such, it is proposed that the Governing Body delegate approval of these to the Audit and Governance Committee (to be considered at its meeting on 23 May 2019). This will enable timely agreement of these changes prior to the new arrangements starting.

(m)   The Clinical Chairs are helping to shape the terms of reference for the new Membership Forum*.*

The following items were raised in discussion:

(n)   Clarification was sought regarding how lay member knowledge of specific localities will be ensured in the new appointments and how they will represent localities when they have a larger geographical area to oversee. It was explained that the appointments for the Governing Bodies will cover the six CCGs and the membership has come from the Mid-Nottinghamshire and Greater Nottingham CCGs. In conjunction with organisational and personal development plans, (including Governing Body development sessions) membership knowledge and expertise will be addressed and will evolve.

(o)   A discussion took place regarding the role of deputies and the need for them to be fully briefed prior to attending meetings. Members were assured that during the transition phase, a local deputy would be appropriate. A nominated deputy is common and best practice.

(p)   Members highlighted that the notice period for lay members is three months in writing, rather than one month. This will be progressed outside the meeting, noting the differing arrangements across the CCGs.

The Governing Body:
- **APPROVED** the amendments to the CCG's Constitution.
- **APPROVED** the amendments to the Governance Handbook, subject to further work to develop full terms of reference for the Patient and Public Engagement Committee and Membership Forum.
- **DELEGATED** responsibility to Audit and Governing Committee to sign off the aligned Standing Financial Instructions

> **ACTION:**
> - **Clarification of the notice period for lay members will be progressed outside the meeting by Lucy Branson.**

Information Items

GB 19 059   Audit and Governance Committee Minutes
The minutes from the 28 February 2019 meeting were noted.

Closing Items

GB 19 060   Any other business
There was no further business raised.

GB 19 061   Risks identified during the course of the meeting
- Locality knowledge not being lost through the appointment process of lay member representation.
- Nominated deputies lacking up to date knowledge in order to effectively deputise.

GB 19 062   Date of next meeting:

Page **3** of **4**

Item

Thursday 4 July 2019
Rooms 1, 2, 3, Birch House, Ransom Wood Business Park, Southwell Road West, NG21 0HJ

Confidential Motion

The Governing Body resolved that representatives of the press and other members of the public were excluded from the remainder of this meeting on the basis that, having regard to the confidential nature of the business to be transacted, publicity would be prejudicial to the public interest. (Section 1[2] Public Bodies [Admission to Meetings] Act 1960).

SIGNED ……………………………………………………… **Chair**

DATE ……………………………………………………

Page **4** of **4**

UNCONFIRMED Minutes of the meeting in common of the NHS Mansfield and Ashfield Clinical Commissioning Group and Newark and Sherwood Clinical Commissioning Group Governing Bodies Thursday 6 June 2019 Birch House, Ransomwood Business Park

Present representing both CCGs:
Mr Jon Towler, Lay Chair, Primary Care Commissioning Committee (meeting Chair)
Dr Amanda Sullivan, Chief Officer
Mr Michael Cawley, Chief Finance Officer
Mr Stuart Poynor, Director of Turnaround
Ms Julie McIntyre, Lay Member, Chair of Patient and Public Engagement Committee (PPEC)
Mr Shaun Beebe, Lay Member, Chair of Remuneration Committee
Mrs Elaine Moss, Chief Nurse and Director of Quality and Governance

Present representing Mansfield and Ashfield CCG:
Dr Milind Tadpatrikar, Governing Body GP, Mansfield and Ashfield CCG
Dr Gavin Lunn, Clinical Chair, Mansfield and Ashfield CCG
Dr Carter Singh, Governing Body GP
Dr Peter Macdougall, Governing Body GP, Mansfield and Ashfield CCG

Present representing Newark and Sherwood CCG:
Dr Thilan Bartholomeuz, Clinical Chair

In Attendance:
Mrs Lucy Branson, Associate Director of Governance
Mrs Eleri de Gilbert, Lay Chair, Quality, Risk and Safeguarding Committee
Ms Sue Wass, Corporate Governance Officer (minutes)

Apologies:
Mr Peter Clay, Lay Member, Chair, Audit Committee and Meeting Chair
Dr Kerri Sallis, Governing Body GP, Newark and Sherwood CCG
Dr Hilary Lovelock, Governing Body GP, Mansfield and Ashfield CCG
Mr David Ainsworth, Director of Primary Care
Mrs Lucy Dadge, Chief Commissioning Officer

Apologies in Attendance:
Mr Mark McCall, Adult Social Care and Health Interim Service Director, Nottinghamshire County Council
Ms Dawn Jenkin, Designate Director, Nottinghamshire Public Health

GB/19/81	**Welcome, Introductions and Apologies** The Chair welcomed members to the meeting and a round of introductions was undertaken. Apologies were noted as above.
GB/19/82	**Confirmation of quoracy** The meeting was declared quorate.
GB/19/83	**Declarations of interest for any item on the agenda** The Chair reminded Governing Body members and those in attendance participating in the meeting of their obligation to declare any interest they might have on any issues

1

	arising at the meeting which might conflict with the business of the CCG and any items on this agenda. No declarations were made. Dr Lunn and Dr Tadpatrikar reported that they would update their register of interests to include their new roles as Deputy Primary Care Network Director and Primary Care Network Director respectively, which was noted.
GB/19/84	**Management of any real or perceived conflicts of interest** No interests had been declared on any of the agenda items.
GB/19/85	**Questions submitted from members of the public** Mrs Moss reported that a question had been received in connection with knee joint injections, but as it included a question related to an individual's care, the CCG would respond in detail to the patient.
GB/19/86	**Minutes of the Mansfield and Ashfield CCG and Newark and Sherwood CCG Governing Bodies meeting held on Thursday 2 May 2019** The minutes of the meeting of 2 May were taken as an accurate record of discussions held.
GB/19/87	**Matters Arising from previous Minutes and Review of Action Log** Regarding action GB/19/73, Dr Sullivan reported that there was no further progress on the ICS estates plan. Mr Poynor reported that he would shortly be attending a meeting with representatives from the ICS to discuss the CCGs' key priorities, which included the corporate QIPP target relating to estates. It was agreed that this issue would continue to be monitored by the Finance and Turnaround Committee, which would escalate any issues to the Governing Bodies as appropriate. Action closed. GB/19/73 regarding the provision of hoists remained open. All other actions were noted as completed.
GB/19/88	**Patient and Public Engagement Committee** • **Chair's progress report** Further to the report at the last meeting regarding the presentation by Connected Nottinghamshire, Mrs McIntyre had asked the Committee how many members had used the NHS app. Feedback had been that the log in process had been difficult, with questions asked such as the individual's practice ID, with no additional guidance material to accompany it. This would be fed back to Connected Nottinghamshire. Mrs McIntyre reported that Sarah Carter had presented the CCG merger consultation to the Committee. In discussion afterwards, the Committee considered that there was not enough information for the public regarding the changes to the health system. It was hoped that the ICS website, which was currently under development, would help. Members of the self-care workstream had reported positively on the recent workshop regarding social prescribing. Members had raised a number of issues with x-ray reporting, notably delays from x-rays at ED not being flagged as urgent. This issue was discussed, with Dr MacDougall noting that the acute trust seemed to be using off-site reporting, which may be reflective of an internal issue within the trust. It was agreed that Mrs Moss would investigate this issue. • **ACTION:** Mrs Moss to investigate reported delays to x-ray reporting at SFHFT.

GB/19/89	**Moving to an aligned Governance Framework across the Nottingham and Nottinghamshire CCGs**
	Mrs Branson reported that the report built on previous discussions to align the CCGs' governance framework, which would be operational from this month onwards. It detailed changes to the CCGs' Constitutions and Governance Handbooks to reflect these changes. This was a transitional step whilst the CCGs were exploring the option to move towards a single CCG structure and allowed the statutory committees of the six CCGs to meet in common to ensure streamlined and consistent decision-making.
	The Terms of Reference for all committees except the Patient, Public and Engagement Committees, which remained separate mid-Nottinghamshire and south Nottinghamshire committee, had been updated and would be signed off at the inaugural meetings of the new committees.
	Two pieces of work remained work in progress: the exercise to update the CCGs' Standing Financial Instructions would be approved at the Audit and Governance Committee of 11 June. The Membership Forum, which would be a key vehicle to ensure membership engagement, was still to be established.
	The exercise to agree lay membership of the committees had been completed and expressions of interest would be sent to those GPs who had been part of the former committee structure to fill posts on those committees requiring GP clinical input. This would include a request for named deputies to substitute for the Clinical Chairs on the Governing Bodies in order to ensure quoracy.
	It was noted that contrary to the report, the Clinical Chairs would not chair the Governing Body meetings going forward, which was acknowledged.
	The Mansfield and Ashfield and Newark and Sherwood CCG Governing Bodies:
	• APPROVED the proposed amendments to the CCGs' Constitutions, subject to Audit and Governance Committee sign off of the aligned Standing Financial Instructions. • APPROVED the proposed amendments to the CCGs' Governance Handbooks, subject to further work to develop the Terms of Reference for the Membership Forum; and any required changes to memberships and/or duties following the inaugural meetings of the new committees.
GB/19/90	**Integrated Performance Report – May 2019** Mr Cawley highlighted the following areas of the report: • RTT: Several Trusts had contributed to the CCGs' failure to achieve the standard. However, the CCGs' position was mainly impacted upon by the performance of SFHFT. An updated recovery action plan had been received for 2019/20. The confidence level of recovery was noted as moderate. • 52 week waits: There were no breaches in March in line with the agreed trajectory. • Diagnostics Access Standard: SFHFT had failed the standard for the first time in 10 months. Recovery was anticipated in June, with the level of confidence noted as high. • Cancer: No change to the overall position, with a medium level of confidence of recovery. A new recovery action plan was being developed to ensure sustainability of the recovery actions. • A&E Waiting Times: SFHFT fell short of achieving the 95% A&E waiting standard in March with 92.78% of patients waiting 4 hours or less, which fell to 90.97% in April. MC reported that NUH were no longer reporting their performance as they were now part of a new pilot site, which the Finance, Performance and Turnaround Committee raised as a concern to action. • DTOC: Performance improved in March to 3.9%. The Trust was on track to achieve the

3

- target in May.
- EMAS: The Trust continued to improve performance and for Q4 had met trajectories for all six standards. It was noted that the contract had not been signed and that CCG CFOs were seeking a clawback arrangement to be put into the contract that ensured a claw back of funding not spent or that had not been spent in accordance with the investment plan.
- IAPT: Q3 targets had not been met and mobilisation of the new contract from 1 April would initially impact on targets. It was noted there was no real improvement in waiting times, although it was early days and the provider may be still dealing with the backlog from the previous providers. It was agreed that if the situation had not improved by end July, the Quality and Performance Committee should undertake a deep dive report.
- Dementia: Both CCGs had met the standard.
- Early Intervention in Psychosis (EIP): In relation to CBTp training, it was noted that NHT had identified four members of staff, who would be informed in July whether they had been successful in their application to undertake the course. NHT had an in house course and were waiting for HEEM to determine whether it could be accredited.

Noting that the Quality, Risk and Performance Committee already had IAPT on their forward plan, Mrs de Gilbert queried whether mental health reporting could be examined to ascertain whether it could be more clearly presented. Mr Towler reported that he had a meeting on future performance reporting formats scheduled with Andy Hall, Associate Director of Performance and Information, and would feed this into the discussion.

Dr Tadpatrikar reported that accessing EIP continued to be an issue for GPs. Dr Sullivan noted that the development of an action plan with the provider continued to be a focus for the CCG.

Mr Beebe queried whether the drop in A&E performance could be an indicator of increased activity. Dr Sullivan reported that this could be a combination of short term staffing and pathway issues, but the trend would continue to be monitored. Dr Bartholomeuz noted that the issue would be looked at in detail in the first round of winter planning and Mr Cawley noted that an in depth discussion on activity would be held at the next Finance and Turnaround Committee.

Regarding quality indicators, Mrs Moss reported that the latest CQC inspection of Nottingham Healthcare Trust had given a 'requires improvement' rating overall for the Trust and specifically for safe, responsive and well-led domains. The CCGs' assurance processes for the trust would be monitored by the Quality, Safeguarding and Performance Committee.
Nottingham University Hospitals Trust quality indicators had highlighted a number of issues for concern and these have been raised with the Trust and include HSMR, Mrs Moss reported that she would be visiting the Trust again and meeting with the Medical Director to discuss and investigate actions. CQC and NHS Improvement were aware of the quality indicators. These would also be subject to scrutiny by the Quality, Safeguarding and Performance Committee. It was noted there were also many areas of good practice.

Regarding financial performance, Mr Cawley reported that the final accounts had been considered and approved under delegated authority by the Audit Committees at their meeting of 23 May.

Mr Cawley reported that the CCG (along with all CCGs in the Midlands region) had been requested by NHS England and NHS Improvement – Midlands to reflect in their plans an additional savings opportunity that NHSE/NHSI had identified through a regional benchmarking exercise. The savings related to prescribing and a reduction in non-NHS activity, amounting to an additional £270k. Dr Macdougall cautioned against a reliance on

4

	prescribing budgets to make savings, as in year cost adjustments were unpredictable. Dr Sullivan noted that at the national level NHS England considered there were additional savings to be made. The Integrated Performance Report was NOTED.
GB/19/91	Progress reports from CCG committees: **Quality, Risk and Safeguarding Committee** • **Chair's report from meeting held on 2 May** • **Minutes of meeting held on 21 February** Mrs de Gilbert reported that despite actions being undertaken over the past year, there had been no significant progress to reduce rates of smoking at the time of delivery and a further report would be brought to the next meeting of the Governing Bodies. The Committee had received an inspiring patient story regarding the use of Personal Health Budgets, which would also be brought to the next meeting of the Governing Bodies. Mrs McIntyre requested a copy of the Patient Experience report as presented at the Committee, which was agreed. • **ACTION:** Mrs Moss to send Mrs McIntyre a copy of the latest Patient Experience Report. The report and minutes were NOTED **Audit Committee** • **Chairs report from meeting of 23 May** • **Chair's report from meeting of 9 May** • **Minutes of meeting of 9 May** • **Minutes of meeting of 11 April** The report and minutes were NOTED **Clinical Effectiveness Committee** • **Chair's report from meeting held on 16 May** • **Minutes of meeting held on 18 April** • **Minutes of meetings held on 21 March** The report and minutes were NOTED **Primary Care Commissioning Committee** • **Chair's report from meeting held on 23 May** • **Minutes of meeting held on 14 March** The report and minutes were NOTED **Information Governance, Management and Technology Committee** • **Report from meeting held on 11 April** • **Minutes of meeting held on 18 January** Mrs McIntyre reported that there was some confusion around the General Data Protection Regulation (GDPR) among her members and Mrs Branson undertook to send a briefing note. • **ACTION:** Mrs Branson to send a briefing note on GDPR to Mrs McIntyre. The report and minutes were NOTED
GB/19/92	**Risks identified in course of the meeting** No new risks were identified.

5

	Any key messages to cascade to staff, the member practices and other stakeholders To note the updating of the constitutions and governance framework of the CCGs and work to ensure clinical engagement in the new governance structures.	
GB/19/93	**Any Other Business** Dr Sullivan noted that this was the last meeting of the Mansfield and Ashfield and Newark and Sherwood Governing Bodies and reflected on a number of achievements over the past years, including the securing of Vanguard status and seeing a number of CCG initiatives reflected in the national Long Term Plan. There had been some difficult times with SFHFT; however the CCG had supported their improvement. The introduction of Primary Care Co-Commissioning had allowed the CCGs to resolve a number of long-standing issues. There had been challenges, notably the financial position, but this had also afforded opportunities to change services at a faster pace. Dr Sullivan thanked Mrs McIntyre for her leadership and the PPEC Committee for their contribution to the CCG.	
	Date and Time of Next Meeting held in Public Thursday 4 July 2019 at 9.00am Meeting rooms 2 and 3, Birch House, Ransomwood Business Park, Rainworth, Mansfield, NG21 OHJ	

6

Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Governing Bodies (Open Session)	**Date:**	04 July 2019

Paper Title:	Ratified Minutes of Governing Bodies' Sub-Committee's	**Paper Reference:**	**GB 19 021**

Sponsor: **Presenter:**	Lucy Branson, Associate Director of Governance	**Attachments/ Appendices:**	-
	Lucy Branson		

Summary Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Executive Summary

Due to the significant amount of minutes from the previous committees that existed within the separate governance frameworks for Greater Nottingham and Mid Nottinghamshire CCGs, an approach has been taken to have the minutes virtually ratified by the members of the individual committees. The minutes are then being reported to the new committees along with a consolidated action log. As the minutes are presented to the new committees they will be added to a Governing Body Reading Room on Diligent Board. The minutes therefore will not be included with the papers.

Committees	M&A	N&S	NNE	NW	NC	RCCG
Audit and Governance Committees						
9 May 2019			✓	✓	✓	✓
23 May 2019	✓	✓				
Primary Care Commissioning Committees						
14 February 2019					✓	
21 February 2019						✓
7 March 2019			✓			
28 March 2019				✓		
16 April 2019			✓			
18 April 2019					✓	
23 May 2019	✓	✓				
31 May 2019			✓	✓		✓
Quality and Performance Committee 2 May 2019			✓	✓	✓	✓
Quality, Safeguarding and Risk Committees 2 May 2019	✓	✓				
Information Governance Management and Technology Committee 11 May 2019	✓	✓	✓	✓	✓	✓
Finance Committee 16 May 2019			✓	✓	✓	✓

Page 1 of 2

Clinical Effectiveness Committees 16 May 2019	✓	✓					
Finance, Performance and Turnaround Committees 30 May 2019	✓	✓					

Relevant CCG priorities/objectives: *(please tick which priorities/objectives your paper relates to)*

Compliance with Statutory Duties	☒	Establishment of a Strategic Commissioner	☐
Financial Management	☒	Wider system architecture development (e.g. ICP, PCN development)	☐
Performance Management	☐	Cultural and/or Organisational Development	☐
Strategic Planning	☐	Procurement and/or Contract Management	☐

Conflicts of Interest: *(please indicate whether there are any conflicts of interest considerations in relation to the paper)*

☒   No conflict identified

Completion of Impact Assessments: *(please indicate whether the following impact assessments have been completed)*

Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	

Risk(s): *(please highlight any risks identified within the paper)*

No risks identified

Confidentiality: *(please indicate whether the information contained within the paper is confidential)*

☒No

Recommendation(s):

1.   **NOTE** for assurance and information

Page 2 of 2

Greater Nottingham Joint Commissioning Committee

Quarterly Assurance Report

June 2019

Contents

Foreword

In May and June 2019 the Governing Bodies of the six Nottingham and Nottinghamshire CCGs approved the establishment of an aligned governance framework as a transitional step while the six CCGs explore the option of creating a single, strategic commissioning organisation as part of the Nottingham and Nottinghamshire Integrated Care System (ICS) development.

One of the key changes was the disestablishment of Greater Nottingham Joint Commissioning Committee (GNJCC) and its sub-committees. The last meeting of the GNJCC took place on 29 May 2019. The GNJCC has met twice since the last quarterly update, on 24 April 2019 and 29 May 2019.   This will be the final Assurance Report to the Governing Bodies.

The current membership of the GNJCC is set out at **Appendix A**, along with each member's attendance at meetings to date.

Links to GNJCC papers were 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/.

If you have any questions in relation to the work of the GNJCC or the content of this report, please contact the Corporate Governance Team via the following email address: ncccg.notts-committees@nhs.net.

Jenny Myers

Independent Chair, Greater Nottingham Joint Commissioning Committee

1

1. Introduction

The 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 report has been developed in line with the GNJCC's terms of reference, and describes the work of the GNJCC during the months of April 2019 and May 2019. The report includes standing assurances in relation to quality, performance, finance and risk, along with assurances on strategy development and delivery of 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 April and May 2019 meetings.

Appendix B 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 in April 2019 which is summarised at 2.1.1 below.

2

2.1.1   Personalised Care and Personal Health Budgets:

Highlights from the review:
- The Nottingham and Nottinghamshire Sustainability and Transformation Partnership (now known as the Integrated Care System (ICS)signed a Memorandum of Understanding (MOU) with NHS England (NHSE) to be a demonstrator site for the Comprehensive Model to Personalised Care.
- There is an ICS overarching portfolio of work entitled 'Prevention, Person and Community Centred Approaches', which is responsible for the coordinated delivery of the Model.
- In the NHS Long Term Plan (2018) there is a commitment to build on progress already made in personalised care.
- NHS England has set a target nationally of 300,000 personalised care experiences across the demonstrator sites, including Personalised Care and Support Planning (PCSP). This personalised care can be provided in a number of ways: commissioned services, social prescribing, shared decision making and in some cases Personal Health Budgets (PHBs). The national ambition in the government's mandate is to reach 50,000-100,000 PHBs by 2021.

Successes, Issues, Risks and Mitigations:
- The CCGs have to achieve a 'green' rating for their progress towards personal health budget trajectories. The following progress has been made:
  - Offers of PHBs have expanded into wheelchairs, and people with ongoing social care needs as well as for people receiving Section 117 care.
  - PHBs are the default offer for Continuing Health Care (CHC) home based packages of care and additionally PHBs are being used for some fast track packages within CHC.
  - The target of 2,060 PHBs (two in every 1,000 of the ICS population) has been achieved as a system and although some CCGs did not achieve the two in 1,000, all achieved the minimum one in 1,000.
- The ICS Board has been requested to agree a further one-year MOU with NHSE as an advanced Personalised Care Demonstrator site.

2.2   Adverse Childhood Experiences

At its meeting in May 2019, an update was given on work taking place across Nottinghamshire in relation to Adverse Childhood Experiences (ACEs). The work has been led by Nottinghamshire County Council by the Public Health Division and in Nottingham City Council by Children's Integrated Services.

A portfolio of work is taking places across the ICS foot print to look at how trauma informed care and practice can be operationalised to mitigate the effect of ACEs. This is supported by local policy and strategy.

It was noted by members that the impact of adverse childhood experiences on children is difficult to measure however joint working with Social Care and Education was imperative to ensure a cohesive and inclusive commissioned service.

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

3

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 April 2019 to May 2019 to ensure the quality of CCG commissioned services.

3.1.1   Quarterly 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:

- **A&E 4hr Standard:** performance continues to be significantly under both national standard and local trajectory with performance of 74.1% against trajectory of 78% in April more than 600 patients breached the local trajectory. Workforce, in particular medical staffing are accepted to be the main contributor. It has been identified that the funded establishment, even if recruited to, will not provide sufficient cover for minimum staffing levels, work continues with the provider to address this. Nottingham University Hospitals Trust (NUH) are one of a number of sites trialling the new national pilot standards.
- **Cancer RTT:** 62-day performance remains below the 85% standard largely due to the complexity of patients on key pathways (Lung, LGI and Urology) linked to the increases in demand seen during 18/19. Whilst this was expected as a result of clearing the backlog disappointingly the backlog has continued to grow.
- **Improving Access to Psychological Therapies (IAPT):** deteriorating performance was noted. This is attributed to in part to an expected decrease in uptake over the Christmas and New Year period however can also be attributed to issues with one of the providers' capacity. An interim pathway has been implemented and is having significant impact. Recovery is expected by end June 2019.
- **Out of Area Placements:** there has been a 40% reduction however the trajectory is still not being met. Discussions are under way with NHS England (NHSE) and NHS Improvement (NHSI) to reset the trajectory to meet the recovery action plan. Additional beds have been implemented ahead of plan.
- **Hospital Standardised Mortality Ratio (HSMR)**: remains above expected levels although Summary Hospital Mortality Indicator (SHMI) and crude mortality are within expected limits.

4

3.1.2   Equality Quality Impact Assessments (EQIAs):

There has been a continued focus on the EQIA process. The business case register now includes details of EQIAs to provide a clearer illustration of informed decision making. Community Gynaecology was highlighted as an example where an identified negative impact was considered resulting in a specification change following an EQIA.

3.1.3   Reports and Updates:

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

- Equality Diversity System 2 (DS2) report: the report was presented in two parts; the Annual Performance Self-assessment 2018/19 and Annual Equality Report. The report describes the work undertaken during 2018/19 to ensure that the CCGs of the Greater Nottingham Clinical Commissioning Partnership (GNCCP) meet the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010.
- Research Annual Report: the report was received to provide assurance that the CCGs are meeting their responsibilities in relation to research.

3.2   Performance

Appendix C 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 three areas of performance that remain in formal escalation with NHSE.

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

3.2.1   Accident and Emergency (A&E) 4-hour wait:

Actions being taken to improve performance:

- Daily Chief Executive Officer level calls are in place with system trusts, CCG, NHSE/ICS and urgent care director in attendance to directly address and resolve operation issues quickly and ensure appropriate high level oversight of the system.
- Daily operational calls have also been put back into the diary including weekends - with additional senior executive calls on bank holiday weekends to ensure sufficient escalation and resolution of on-the-day issues.
- NHSI have approved lifting the CAP on temporary staff (bank, locum, agency, etc.) to allow NUH to compete with surrounding trusts who have been paying above CAP and attracting staff away from the Nottinghamshire system

Timeline for recovery:

- The A&E performance trajectory aims to deliver 81% by May 2019, with the trajectory increasing to 84% in June 2019 and 90% by September 2019.
- The latest data shows that the trajectory is not being met.

5

3.2.2 Cancer 62-day GP urgent referral to treatment:

Actions being taken to improve performance:

Lower Gastrointestinal
- The backlog has increased to 25, largely comprised of low risk patients from FIT pathway. The delays for the 6 cancers in the backlog relate to complexity and patient choice. Surgical waits are also an issue at 6-8 weeks
- 2 new surgical posts have been approved with a 3 month lead time to recruit. Therefore, it will be September 2019 before these post are filled
- Plans are being devised to move to same day CT/Endoscopy
- Additional theatre capacity secured to reduce surgery waits but will not impact fully until Quarter 3 2019/20

Endoscopy
- Between 2014/15 and 2017/18 there was a 42% rise in referral rates
- Plans are in place to refurbish the clinic room at QMC to increase capacity by up to 15%. There is also a £125k Transformational funds bid in place for equipment
- Service asked to explore options of utilising alternative providers to reduce waits in the short term

Urology
- Patients have been identified to be transferred to local private providers to undertake routine non-cancer treatments to release capacity at NUH. The impact of this will start to be seen from June 2019
- Urology backlog was 27 as of 7th May 2019 with 13 confirmed cancers
- A case of need has been approved to appoint an additional consultant surgeon. Recruitment has been delayed due to a lack of theatre capacity. A plan is now in place and recruitment has started. Candidates have been identified and there is a high level of confidence of an appointment to start in October 2019

Upper Gastrointestinal
- An upper gastrointestinal one stop shop is to start in June 2019. This is expected to be rolled out to 80% of patients

East Midlands Cancer Alliance Funding
- STP allocation for 2019/20 of £1.2 million. Funding levels are currently slightly lower than previously expected as EMCA are holding back funds for generic projects. Quarter 1 2019/20 funding will be available to EMCA in June 2019

Timeline for recovery:

Performance will initially fall as backlog numbers are reduced. Performance will then start to recover with the impact of the reduced backlog and transformational work. Prediction for recovery of target is Q3 2019/20

3.2.3 Transforming Care Partnership (TCP) - Reliance on inpatient care for people with learning disabilities or autism:

Actions being taken to improve performance:
- 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
- The TCP 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.

6

- 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 2018/19 year

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

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:

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 D**.

7

Key Financial Duties	Nottm City	NNE	NW	Rushcliffe	G Notts
Remain within the Revenue Resource Limit (£1.05 Bn)					
Achieve the 'Control Total' (in year breakeven)	b/even	b/even	b/even	b/even	b/even
Remain within Running Cost Allowance (£15.0 M)					
Remain within the Cash Balance Limit	£22k	£44k	£40k	£19k	£125k
Better Payments Practice Code	>95%	>95%	>95%	>95%	>95%

Other indicators					
Cumulative Surplus >1%	£9.5m, 2%	£4.1m 2.1%	£2.6m, 2.2%	£3.1m, 2.1%	£19.3m, 2.1%
Achieve Underlying Surplus	£1m deficit	£4m deficit	b/even	£4m deficit	£9m deficit

NHSE - CCG Improvement & Assessment Framework	Nottm City	NNE	NW	Rushcliffe	G Notts
Outturn v plan for the year: Red - below plan					
Outturn 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 CCGs within Greater Nottingham have met their key financial duties for the 2018/19 financial year.

b) Acute spend was the key pressure for the year, in particular overspend on the NUH contract and non-delivery of the acute Quality, Innovation, Productivity and Prevention (QIPP) targets.

c) The acute positon has been offset by underspends on mental health, continuing healthcare, prescribing, primary care, contingency and risk reserves.

d) The marginal running cost overspend across the Greater Nottingham CCGs still delivers spend below the £15.3 million running cost allowance.

e) The CCGs exit the 2018/19 financial year with an underlying deficit of £9 million.

f) The QIPP target for 2019/20 has increased from £48 million to £53 million.

4.2   Financial Recovery Plan

a) The GNCCP has identified risk adjusted savings of £40.3 million against a target of £53 million. The main focus remains how to improve the risk rating of the amber and red schemes.

b) The focus is currently on working with Senior Responsible Officer's to confirm there are delivery plans for all schemes, and to identify progress on full year effects and against key milestones.

c) The GNCCP continues to deliver against the 19/20 QIPP Programme Eleven Point Action Plan with existing actions being completed and new actions identified for incorporation.

d) A workshop took place on Thursday 18 April 2019 with the relevant Associate Directors and Locality Directors to strengthen the confidence in delivering the £3.6m savings associated with pro-active schemes.

e) A further workshop took place on 29 April 2019 to initiate the development of the Project Implementation Documents (PIDS). The GNCCP will work with Deloitte to enhance the

8

draft PIDS documentation with final PIDs completed by the end of May ready for a confirm and challenge session on the 12 June 2019.

f)   A task and finish group has been established to review the current community bed provision across Greater Nottingham.

g)   A scoping exercise is taking place of non-Payment by Results (PbR) items in the NUH contract to identify service lines for review.

h)   A system wide transformation opportunity of £18 million has been identified; this will be delivered in conjunction with NUH and will be overseen by the Transformation Steering Group.

Appendix E summarises the current Financial Recovery Plan (FRP) delivery forecast.

5. Risks

The GNJCC has been 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 of 22 May 2019, there are five major risks on the Corporate Risk Register, which is an increase of one since the previous meeting of the GNJCC (April 2019). The five major risks are:

- GN 053 - Non-delivery of financial plan for 2019/20
- GN 082 - Continued non-achievement of the four hour A&E performance target, due to Trust workforce staffing shortages and patient flow challenges.
- GN 087 - 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
- GN 108 - Failure to deliver the Financial Recovery Plan (FRP) and recurrent saving schemes, due to unidentified QIPP, non-delivery of anticipated savings and/or workforce capacity within the Project Management Office (PMO)
- GN 113 - Failure to deliver the Financial Recovery Plan (FRP) and QIPP saving schemes for 2019/20, specifically the need to reduce in-year secondary care activity

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9

Appendix A: Membership, meeting dates and attendance

Member	Name	Attendance		
		Possible	*Actual*	*Comment*
Accountable Officer, Nottingham and Nottinghamshire CCGs	Dr Amanda Sullivan	2	1	
Chief Finance Officer, Greater Nottingham CCGs	Jonathan Bemrose	2	2	
Chief Nurse, Director of Quality and Governance/ICS Nurse, Nottingham and Nottinghamshire CCGs	Elaine Moss	2	0	
Chief Commissioning Officer, Nottingham and Nottinghamshire CCGs	Lucy Dadge	2	1	
Director of Special Projects, Nottingham and Nottinghamshire CCGs	Gary Thompson	2	0	
Independent Chair	Jenny Myers	2	2	
Clinical Chair, NHS Nottingham North and East CCG	Dr James Hopkinson	2	1	
Clinical Chair, NHS Nottingham West CCG	Dr Nicole Atkinson	2	1	
Clinical Chair, NHS Nottingham City CCG	Dr Hugh Porter	2	2	
Clinical Chair, NHS Rushcliffe CCG	Dr Stephen Shortt	2	1	
Lay Member	Janet Champion	2	2	
Lay Member, Patient and Public Involvement	Sue Clague	2	2	
Lay Member, Financial Management and Audit	Terry Allen	2	9	
GP Advisor	Dr Sonali Kinra	2	2	
Secondary Care Doctor	Dr Adedeji Okubadejo	2	2	

Date	Time	Venue	Date	Time	Venue
24 April 2018	09:00-12:00	Wollaton Meeting Room, Easthorpe House	29 May 2019	10:00-13:00	Clumber Meeting Room, Easthorpe House

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

Appendix B: 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 meetings from April 2019 to May 2019. Action was taken at each meeting to ensure that any identified conflicts of interest were appropriately managed.

Short Terms Breaks Service – Suspension and Alternative Provision

At the meeting on 24 April 2019, the Group were informed that the service in Nottingham City which provides short breaks for families of disabled children will temporarily close for a period of eight months. The service is provided primarily at the Villas by hosted by Nottinghamshire Healthcare NHS Foundation Trust (NHT), there are currently seventeen children and young people accessing the service. There are two services delivered by Nottingham City Council which also provide overnight short breaks, Crocus Fields and The Bungalow. An alternative placement has been identified for ten children at Caudwell House, a Nottinghamshire County Council unit, arrangements for the remainder of this cohort of patients are being considered. There is scope within the NHS Standard contract to recoup some, if not all of the costs of the alternative provision from NHT. The Group supported the proposal to award a twelve month contract to Caudwell House, an update on the review with Nottingham City Council of short breaks in Nottingham City is being undertaken and will be presented to the Group in quarter two 2019/20.

Cardiology Guidelines

At the meeting on 24 April 2019, the Group received a proposal to approve using the Cardiology Guidelines across Greater Nottingham for twelve months, whilst governance and assurance processes are formalised across both the Greater Nottingham and Mid Nottinghamshire CCG In 2018 NUH, in collaboration with primary care, produced four new guidelines to aid primary colleagues in their clinical decision making and referral practices.

The new guidelines have been shared with Mid-Nottinghamshire CCG and Sherwood Forest Hospital Trust to ensure they align across organisations, however, the timeframe for this work to progress has flexed.

Of the four new guidelines, palpitations were approved by the Group on 5 September 2018. The Group supported the proposal to use the remaining three guidelines in Greater Nottingham, for a twelve month period.

Increased Capacity in Community Fracture Liaison Service

At its meeting on the 23 January 2019, the Group approved a direct award to the existing provider of the Community Fracture Liaison service in South Nottinghamshire for a period of twelve months whilst a procurement exercise is carried out. The provider has identified that there will be a growth in activity during 2019/20 due to ongoing increases in referrals to the service, patients who require re-infusion with IV zoledronate and a backlog due to a shortage of IV zoledronate in 2018/19. The provider has requested additional funding to support this increase in activity. The Group approved funding to maintain the current levels of access to the Community Fracture Liaison Service in 2019/20.

11

Enhanced Support for Care Homes in Nottingham North and East

The Group received a business case to secure recurrent investment for the service delivering enhanced support to care homes in Nottingham North and East. The current service is non-recurrently funded and provided to twelve care homes and includes:

- Triaging of calls from care homes to determine whether a community nurse or GP visit is required;

- Undertaking proactive ward rounds and supporting GP ward rounds in care homes, incorporating clinical reviews and assessments of residents whose health is deteriorating; those who have recently been discharged from hospital; or new residents

- Supporting care home staff to implement Advance Care Planning

The proposal ensures that the current level of service is maintained whilst Primary Care Networks are established.

A review will need to take place of the enhanced support services commissioned from Local Partnerships and the GP Local Enhanced Service for care homes once the service specification for "Enhanced Health in Care Homes" (within the GP Contract Network Contract DES) has been released. The Group supported funding the service until April 2020 to allow time to undertake the review.

Non – Emergency Patient Transport

At the meeting on 24 April 2019, the Group received a report outlining changes to the Non-Emergency Patient Transport Service (NEPTS) specification for information and discussion. The current NEPTS contract with Arriva Transport Solutions Limited (ATSL) is in place across GNCCP, Mid Nottinghamshire Clinical Commissioning Groups (MNCCG) and Bassetlaw CCG (BCCG) until 30 November 2019. The service is out to tender to award a new contract to commence 1 December 2019. As part of the procurement process, Key Performance Indicators (KPIs) have been revised to bring them in line with those considered as standard across the country. The current service specification has been updated to reflect the need to consider the NHS Long Term Plan and a new requirement for a Transport Liaison Officer to be based in each of the acute trusts to coordinate and manage the daily allocation of resources. The Group noted the changes to the NEPTS specification.

Improving Access to Physiological Therapies (IAPT) Options for Trainee Recruitment

The IAPT trainee programme is essential to develop the workforce to deliver the IAPT programme and applicable targets, outlined in the Mental Health Five Year Forward View (MHFYFV). As this is a MHFYFV priority objective it is considered a national "must do" for all CCG's. Mid Nottinghamshire have recently re-procured IAPT and included responsibility for funding trainees in the tender and subsequent contract with the provider. The Group supported the CCGs funding the trainees for 2019/20.

Revised Timeframe of a Direct Award to Carers Federation LTD

The Group approved at its January meeting a three month direct award to Carers Federation Ltd to continue to provide the Carers Support Worker service to the three south Notts CCGs. Since the approval for the direct award, Nottinghamshire County Council has received further legal advice which

12

has added a delay to the procurement process. The Group supported a revised timeframe for the Direct Award, whilst a live procurement is concluded to ensure there is no gap in service.

Adult Clinical Immunology and Allergy Service (NUH) - Request to restrict referrals from out of area CCGs

At the meeting on 15 May 2019, the Group received an update on the latest position in relation to NUH's Adults Clinical Immunology and Allergy Service. NUH had requested that referrals are restricted to the Service for a period of time to alleviate current service pressures. The Group noted the current position, the short and longer term actions being taken to manage the position; and the agreement in principle with NUH to restrict referrals from some CCGs for a defined period of time.

Stratification of Liver Disease Pathway

The Nottinghamshire Adult Liver Stratification Pathway has been in place for three years. The pathway was launched prior to NICE guidance and quality standards being published. The local pathway includes the requirement to calculate the fatty liver index (FLI) which is excluded from NICE. The Group received a proposal to align the pathway more closely with NICE requirements which reflects the latest clinical evidence. The modified risk stratification pathway is aimed at identifying people with liver disease that have relevant risk factors. The Group approved the Liver Disease Stratification Pathway for use across the GN CCP, for at least twelve months, whilst governance and assurance processes are formalised across Nottingham and Nottinghamshire CCGs organisations.

Self Help UK Service Benefit Review

At its meeting on 15 May 2019, a report was presented in relation to a service benefit review that had been undertaken on the contract with Self Help UK which provides infrastructure support, and practical advice, to help new self-help groups set up, and become sustainable, in Nottingham City. These Groups specifically support the Black and Minority Ethnic (BME) community and marginalised groups for people with Long Term Conditions.

A six-month direct award for the service was approved as part of the Phase 1 contracts review, which was received by the Group at its' November 2018 meeting. This has allowed time to meet with Self Help UK and discuss the impact of disinvestment on the core function of their organisation.

The benefits the service brings to patients were outlined and it was recognised that the contribution made by Self Help UK to the outcomes achieved by self-help groups is difficult to measure. The Group supported the principles of the self help service model however agreed to disinvest the contract and complete wider commissioning work to ensure the infrastructure function to support self-care and self-help groups is sufficient moving forward.

Greater Nottingham Community Gynaecology - Approval for Award of Contract

Non-conflicted members of the Group virtually approved a contract award recommendation for the Greater Nottingham Community Gynaecology Services on 7 May 2019.

The approval was formally ratified at the meeting on 15 May 2019.

13

End of Life Care, GP Facilitator Review

The contract for the Macmillan GP Facilitator post with Nottingham CityCare Partnership Community Palliative Care Team is due to expire on 30 June 2019. The post has been in effect from 1 September 2003. The post is non-recurrently funded and is currently a contract variation to the main Nottingham CityCare Partnership Out of Hospital contract.

The Service is required to enable delivery of the Integrated Care System (ICS) End of Life (EOL) Strategy, as well as the implementation of key workstreams within Greater Nottingham.

The outcomes of the service are anticipated to include improved patient, carer and clinician experience of EOL pathways, significant Quality, Innovation, Productivity and Prevention (QIPP) savings, and improved emergency care pathways supporting improved Emergency Department (ED) Performance. The post is hosted by Nottingham CityCare Partnership, however, the facilitator currently performs a greater role for Greater Nottingham as part of the ICS EOL Programme Board. This includes:

- Working with Nottingham Healthcare NHS Foundation Trust (NHFT) on a number of pathways that Nottingham CityCare Partnership has implemented.

- The implementation of the Recommended Summary Plan for Emergency Care and Treatment (RESPECT) and EOL workflows across Greater Nottingham, and providing guidelines for all providers across the system.

The Group approved a contract variation to the core Nottingham CityCare Partnership Out of Hospital contract to include this post.

Greater Nottingham Referral Scheduling and Support (RSS) – Business Case

At its meeting on 29 May 2019, the Group received a business case for the procurement of a single model of RSS services to Greater Nottingham. Currently there are two RSS services in Nottingham City and Rushcliffe. Nottingham City Clinical Assessment Service (CAS) is a commissioned service which is provided by NEMS Community Benefit service; an annual fee is received for hosting the service and submitting monthly invoices for time and materials. The contract for hosting this service has expired and continues to function on a month to month basis. The Rushcliffe CAS was established when Choose and Book was first introduced to support practices to offer choice. Over the years, this model has been further developed to help support and manage the clinical triage of referrals for a number of key specialities such as musculoskeletal services (MSK), ophthalmology, gastroenterology and dermatology.

The benefits of the RSS model in reducing clinical variation were discussed. It was recognised that there was potential scope to include mental health, social care and procedures with limited clinical value. RSS was highlighted from the report commissioned by Centene as a critical component of the Accountable Care System (ACS).

It was proposed by the Group that, as the contract has expired with NEMS, the service continues to function internally within the CCGs, retaining the existing substantial staff.

14

Appendix C: Performance against key national indicators

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		Apr-19							G			
Cancer	2 Week Wait	=>	93%	Mar-19	Mar-19			G	G	G	G	G	G		
	2 Week Wait - Breast Symptoms	=>	93%	Mar-19	Mar-19			G	G	R	R	G			8
	31 Day Decision to Treat to First Treatment	=>	96%	Mar-19	Mar-19			R	R	R	R	G	G		7
18 Weeks RTT	Incomplete %	=>	92%	Mar-19	Mar-19			G	G	G	G	G	G		
	Incomplete number of 52 week waiters	=	0	Mar-19	Mar-19			R	R	R	R	R	G		9
Diagnostics	Patients waiting longer than 6 weeks	<=	1%	Mar-19	Mar-19			G	G	G	G	G			
Cancelled Operations	Rebooked within 28 Days	=	0		Mar-19							R	R		10
	Urgent Operation Cancelled for a Second Time	=	0		Mar-19							G	G		
Wheelchairs	Children waiting less than 18 weeks for a wheelchair	=>	92%	Q4 2018-19	Q4 2018-19			G	G	G	G				
DToC	As a % of occupied beds (Greater Nottingham)	<=	3.5%		Mar-19	R									
	Beds Occupied by Long Stay Patients (7+ days)	<=	565		Mar-19	R									
	Beds Occupied by Long Stay Patients (21+ days)	<=	200		Mar-19	R									
Ambulance	Category 1 – Life-threatening illnesses or injuries - Average	<=	00:07:00		Apr-19			G	R	G	R			G	11 & 12
	Category 2 – Emergency calls - Average	<=	00:18:00		Apr-19			G	G	R	R			R	11 & 12
	Category 1 – Life-threatening illnesses or injuries - 90th centile	<=	00:15:00		Apr-19			G	G	G	G			G	11 & 12
	Category 2 – Emergency calls - 90th centile	<=	00:40:00		Apr-19			G	G	G	R			R	11 & 12
	Category 3 – Urgent calls - 90th centile	<=	02:00:00		Apr-19			G	G	R	R			G	11 & 12
	Category 4 – Less urgent calls - 90th centile	<=	03:00:00		Apr-19			G	G					G	11 & 12
Activity Variance to Plan (YTD)	GP Referrals (G&A)	<=	2%	Mar-19		G		G	G	G					
	Other Referrals (G&A)	<=	2%	Mar-19		G		G	G	R	R				13
	Total Referrals (G&A)	<=	2%	Mar-19		G		G	G	G					
	All 1st OP - Consultant led	<=	2%	Mar-19		G		G	G	G					
	Follow-up OP - consultant led	<=	2%	Mar-19		G		G	G	G					
	Total Elective spells - Day Cases	<=	2%	Mar-19		G		G	G	G					
	Total Elective spells - Ordinary	<=	2%	Mar-19		G		G	G	G					
	Total Elective spells	<=	2%	Mar-19		G		G	G	G					
	Non-elective spells complete - 0 Length of Stay	<=	2%	Mar-19		R		R	R	R	R				13
	Non-elective spells complete - 1+ Length of Stay	<=	2%	Mar-19		R		R	R	R	R				13
	Non-elective spells complete	<=	2%	Mar-19		R		R	R	R	R				13
	A&E Attendances excluding follow ups	<=	2%	Mar-19		R		G	R	G					13
	Number of Completed Admitted RTT Pathways	<=	2%	Mar-19		G		G	G	G	R				13
	Number of Completed Non-Admitted RTT Pathways	<=	2%	Mar-19		G		G	G	R	G				13
	Number of New RTT Pathways (Clockstarts)	<=	2%	Mar-19		G		G	R	R	G				13
Improving Access to Psychological Therapies	Entering Treatment - Month	=>	1.6%	Feb-19											14
	Entering Treatment - Rolling Three Months	=>	4.8%	Feb-19				R	R	R					14
	Recovery Rate	=>	50%	Feb-19				G	G	G	G				
	Waiting Times - First Treatment within 6 Weeks	=>	75%	Feb-19				G	G	G	G				
	Waiting Times - First Treatment within 18 Weeks	=>	95%	Feb-19				G	G	G	G				
Dementia	Diagnosis Rate	=>	67%	Mar-19				G	G	G	G				
EIP	Treated within two weeks % - Rolling Three Months	=>	53%	Mar-19				G	R	R	R				15
CYP Eating Disorders	Routine Cases <4 Weeks - Complete Pathways	=>	95%	Q4 2018-19				G	G	G	G				16
	Urgent Case <1 Week - Complete Pathways	=>	95%	Q4 2018-19				G		G					
Continuing Health Care	Full NHS CHC assessments taking place in acute hospital setting	<=	15%	Q4 2018-19				G	G	G	G				
	NHS CHC eligibility decisions made by CCG within 28 days	=>	80%	Q4 2018-19				G	G	G	G				
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	<=	5	Dec-18		G									
	NHSE Commissioned	<=	20	Dec-18		G									
	Total	<=	25	Dec-18		G									
Out of Area Placements	Inappropriate Out of Area Placement Bed Days (NHCT)	<=	2852	Q3 2018-19		R									18

Appendix D: Revenue expenditure position – Greater Nottingham CCGs

Greater Nottingham CCP	Annual Budget £000	Budget to Date £000	Actual to Date £000	Variance under/ (overspend) £000	Movement from Previous Month £000
Commissioned Services					
Acute Care	471,687	471,687	498,175	(26,489)	(3,390)
Mental Health Care	105,932	105,932	103,233	2,699	230
Community Care	90,884	90,884	91,847	(962)	(969)
Continuing Care	72,824	72,824	71,107	1,716	1,664
Primary Care	22,800	22,800	21,464	1,336	(54)
Prescribing	95,684	95,684	92,343	3,341	694
Delegated Co-Commissioning	96,260	96,260	91,435	4,825	3,097
Other Programme Services	43,405	43,405	44,815	(1,410)	816
Contingency, Reserves and Developments	14,968	14,968	0	14,968	2,422
Total Programme Costs	**1,014,444**	**1,014,444**	**1,014,419**	**25**	**4,511**
CCG Running Costs	15,097	15,097	15,114	(16)	35
Total Expenditure	**1,029,541**	**1,029,541**	**1,029,533**	**9**	**4,545**
Planned Historic Surplus	19,349	19,349	0	19,349	1,612
Total Revenue Position	**1,048,890**	**1,048,890**	**1,029,533**	**19,358**	**6,158**

Appendix E: G Financial Recovery Plan – 2019/20

QIPP Target £53m

- Identified £50.46m

- Risk-assed £40.36m

Programme Areas	No Risk		Low Risk		Medium Risk		High Risk		Totals
	Existing	New	Existing	New	Existing	New	Existing	New	
Community Care	£0.48m	£0.23m	£0.03m	£0.08m	£0.55m	£3.42m	£0.00m	£0.00m	£4.79m
Continuing Health Care	£0.03m	£0.00m	£0.00m	£4.60m	£0.00m	£0.40m	£0.00m	£0.00m	£5.04m
Estates	£0.05m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.05m
Internal Efficiencies	£0.00m	£0.00m	£0.00m	£1.09m	£0.00m	£0.00m	£0.00m	£0.00m	£1.09m
Mental Health	£0.01m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.01m
Planned Care	£1.83m	£14.05m	£0.58m	£0.54m	£0.00m	£0.00m	£0.00m	£0.10m	£17.10m
Prescribing	£0.64m	£0.00m	£5.16m	£1.82m	£0.00m	£0.00m	£0.00m	£0.00m	£7.62m
Primary Care	£1.68m	£0.00m	£0.00m	£0.00m	£1.12m	£0.00m	£0.00m	£0.00m	£2.80m
Urgent Care	£0.00m	£1.08m	£0.02m	£0.00m	£0.00m	£0.12m	£0.00m	£0.00m	£1.23m
Total Schemes	£4.72m	£15.36m	£5.79m	£8.14m	£1.67m	£3.94m	£0.00m	£0.10m	£39.72m
Pipeline Schemes		£2.00m				£3.00m		£5.74m	£10.74m
Sub Totals	£4.72m	£17.36m	£5.79m	£8.14m	£1.67m	£6.94m	£0.00m	£5.84m	£50.46m
NHSE Risk Adjusted Sub Totals	£4.72m	£17.36m	£5.21m	£7.32m	£1.00m	£4.16m	£0.00m	£0.58m	£40.36m

17