Greater Nottingham CCGs
Financial Recovery Plan 2017/18

June 2017
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</tr>
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The CCGs understand the challenge and are taking control of 17/18’s financial performance

- The four CCGs successfully met their respective 16/17 control totals
- In 17/18 the overall financial savings requirement is £44.6m – our current planning total exceeds this (£56.7m) but focus now needs to be on managing down risks to delivery and increasing headroom
- The solution to meeting this challenge is to work at scale –
  - Greater resources across Greater Nottingham (GN) to focus on financial recovery
  - Key posts in Finance & Contracting have been aligned across GN
  - A single Programme Management Office (PMO) has been established across GN
- In 16/17 the CCGs began adoption of a different approach using Turnaround, and in 17/18 employed external support to help accelerate further progress
- The financial recovery needs to be sustainable and therefore extend beyond the next 12 months, so the CCGs are using Right Care & Menu of Opportunities to inform their planning, BUT
  - These won’t be enough by themselves in 17/18
  - To meet the in year challenge the CCGs will have to face some difficult short term decisions
- The Accountable Officers as leaders, and the Governing Bodies, are committed to meeting the financial obligations working with patients, the public, staff and stakeholders.
Executive Summary

The CCGs have a joint plan which delivers financial balance in 17/18

The Financial Recovery Plan for Greater Nottingham is made up of four key themes –

• Transactional schemes related to getting best value from contracts
• Improvement schemes related to efficiency and transformation
• Managing the bill related to tight monitoring and control of all invoices
• Balance sheet review related to review of budgets and accruals

<table>
<thead>
<tr>
<th></th>
<th>Blue</th>
<th>Green</th>
<th>Amber</th>
<th>Red</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transactional (Disinvestment)</td>
<td>7,478</td>
<td>-</td>
<td>2,170</td>
<td>10,067</td>
<td>19,715</td>
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<tr>
<td>Improvement (QIPP)</td>
<td>6,740</td>
<td>-</td>
<td>11,439</td>
<td>5,775</td>
<td>23,954</td>
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<tr>
<td>Managing the Bill (Mitigation)</td>
<td>-</td>
<td>217</td>
<td>-</td>
<td>1,000</td>
<td>1,217</td>
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<tr>
<td>Balance Sheet Review (Mitigation)</td>
<td>8,400</td>
<td>3,500</td>
<td>-</td>
<td>-</td>
<td>11,900</td>
</tr>
<tr>
<td>Total</td>
<td>22,618</td>
<td>3,717</td>
<td>13,609</td>
<td>16,842</td>
<td>56,786</td>
</tr>
</tbody>
</table>

Each CCG has its own savings plan which delivers their individual financial control total for 17/18

<table>
<thead>
<tr>
<th></th>
<th>Blue</th>
<th>Green</th>
<th>Amber</th>
<th>Red</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nottingham North and East</td>
<td>6,011</td>
<td>1,487</td>
<td>2,831</td>
<td>2,843</td>
<td>13,172</td>
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<tr>
<td>Nottingham West</td>
<td>3,999</td>
<td>967</td>
<td>1,848</td>
<td>1,877</td>
<td>8,691</td>
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<tr>
<td>Rushcliffe</td>
<td>4,383</td>
<td>1,137</td>
<td>2,313</td>
<td>2,720</td>
<td>10,553</td>
</tr>
<tr>
<td>Nottingham City</td>
<td>8,225</td>
<td>126</td>
<td>6,617</td>
<td>9,403</td>
<td>24,371</td>
</tr>
<tr>
<td>Total</td>
<td>22,618</td>
<td>3,717</td>
<td>13,610</td>
<td>16,842</td>
<td>56,786</td>
</tr>
</tbody>
</table>
Section 1

FINANCIAL CONTEXT
Financial Context

Turnaround timeline

• During 15/16 it became increasingly clear that the achievement of the required financial savings across all CCGs was a significant challenge. Towards the end of 15/16 and into 16/17 Chief Finance Officer/Director of Finance provided regular reports and updates at the Governing Bodies on the challenging financial position. The financial requirements for Nottingham North and East, Rushcliffe and Nottingham West CCGs (South CCGs) in 16/17 had never been so challenging

• In November 2016, Nottingham City, Nottingham North and East, Rushcliffe and Nottingham West CCGs (Greater Nottingham) established the Turnaround Programme Management Office function to support the delivery of 16/17 financial position.

• From January 2017, the four CCGs in Greater Nottingham began planning for 17/18, working to develop the financial recovery plan

• Since April 2017 the CCGs have
  • Created the Greater Nottingham Programme Management Office
  • Employed a Turnaround Director
  • Further developed the approach to financial recovery

• The financial position of the South CCGs means that regular assurance is provided to NHS England. This is provided on a monthly basis to the Regional Director of Finance and Director of Commissioning Operations, North Midlands.
**Nottingham City CCG**


Nottingham City CCG has received a Programme Allocation of £428.6m including a 2% uplift and £47.2m for its Primary Care Co-Commissioning Allocation including 3.25% uplift (total CCG allocation £483.2m). Once the planning assumptions, outturn pressures and developments are factored into the expenditure plans, there is a QIPP target of £17.3m in 2017/18, which equates to £15.3m recurrent savings to be achieved and £2m non recurrent savings.

The additional costs of the outturn pressures, growth, and developments are shown on the bridge graph below, together with how the increase in allocation have part funded these and the resultant QIPP gap:
Financial Context

Nottingham City CCG Financial Waterfall

2017/18 Financial Plan Waterfall - City CCG

- **Inflation:**
  - Includes HRG4+ £1,451

- **Growth:**
  - Acute £3,996
  - Mental Health £964
  - Community £764
  - Continuing Care £5,285
  - Prescribing £2,123
  - Delegated £257

- **Cost Pressures:**
  - Mainly with NUHT

<table>
<thead>
<tr>
<th>Surplus / (Deficit) £k</th>
<th>Rec (Deficit)/Surplus b/fwd</th>
<th>Allocation</th>
<th>Inflation</th>
<th>Growth</th>
<th>Contingency</th>
<th>Mandated Investments</th>
<th>Cost Pressures</th>
<th>17/18 (Deficit)/Surplus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£5,265</td>
<td>£9,885</td>
<td>-£2,065</td>
<td>-£13,389</td>
<td>-£2,145</td>
<td>-£2,411</td>
<td></td>
<td>£4,762</td>
</tr>
</tbody>
</table>

**Mandated Investments, incl.:**
- MH Investment
- Standard £2,598
- BCF £384
- Primary Care £3 per head £500 for 17/18

**QIPP:**
- £1,187

**QIPP (see sep schedule):**
Financial Context

Nottingham North and East

At the July 2016 Governing Body the CCG identified formally the challenge to deliver financial balance in 16/17 and placed themselves into internal turnaround.

NNE CCG has received a Programme Allocation of £186.3m including a 2.3% uplift and £19.2m for its Primary Care Co-Commissioning Allocation including 1.8% uplift (total CCG allocation £209,406). Once the planning assumptions, outturn pressures and developments are factored into the expenditure plans, there is a QIPP target of £12.4m in 2017/18.

The additional costs of the outturn pressures, growth, and developments are shown on the bridge graph below, together with how the increase in allocation have part funded these and the resultant QIPP gap:
Financial Context

Nottingham North and East CCG Financial Waterfall

2017/18 Financial Plan Waterfall - NNE

- Underlying pressures
  - Primarily Acute & CHC
  - Rec (Deficit/Surplus b/fwd) £3,192
  - Allocation £4,554
  - Inflation -£1,741
- Growth
  - Acute £2,570
  - CHC/FNC £1,453
  - Community/MH £80
  - Prescribing £746
  - 0.5% Uncommitted TF £4,849
- Cost Pressures
  - NUHT Local Prices £1,132
  - NUHT FOT/FRP pressure/final contracts resolution £2,195
  - NICE TAGs £151
  - NHT/Bassetlaw rebasing £110
- Mandated Investments
  - Mental Health £320
  - BCF £154
  - Market Rent £150
  - Primary Care £535
- Contingency
  - £1,028
- Cost Pressures incl:
  - £1,038
- £1,159
- QIPP: £3,905
- 17/18 (Deficit/Surplus) £12,358

QIPP: see separate schedule

Inflation: includes HRG4+ pressure £1,223

Surplus / (Deficit) £k
Financial Context

**Nottingham West CCG**
Placed themselves into financial turnaround in November 2017.

Nottingham West CCG has received a Programme Allocation of £119.5m including a 2.0% uplift and £12.4m for its Primary Care Co-Commissioning Allocation including 1.7% uplift (total CCG allocation £134,264). Once the planning assumptions, outturn pressures and developments are factored into the expenditure plans, there is a QIPP target of £7m in 2017/18.

The additional costs of the outturn pressures, growth, and developments are shown on the bridge graph below, together with how the increase in allocation have part funded these and the resultant QIPP gap:
Financial Context

Nottingham West CCG Financial Waterfall

2017/18 Financial Plan Waterfall - NW

Cost Pressures:
- NUHT Local Prices £773
- NUHT FOT/FRP pressure/final contracts resolution £2,108
- NICE TAGs £97
- NH/T/Bassetlaw rebasing £71

Underlying pressures
Primarily Acute & CHC

Growth:
- Acute £1,406
- CHC/FNC £919
- Community/MH £156
- Prescribing £479

Mandated Investments:
- Mental Health £197
- BCF 105
- Market Rent £96
- Primary Care £331
Financial Context

Rushcliffe CCG
Placed themselves into financial turnaround in November 2017.

Rushcliffe CCG has received a Programme Allocation of £139.9m including a 2.4% uplift and £15.7m for its Primary Care Co-Commissioning Allocation including 1.1% uplift (total CCG allocation £158,927). Once the planning assumptions, outturn pressures and developments are factored into the expenditure plans, there is a QIPP target of £8m in 2017/18.

The additional costs of the outturn pressures, growth, and developments are shown on the bridge graph below, together with how the increase in allocation have part funded these and the resultant QIPP gap:
Financial Context

Rushcliffe CCG Financial Waterfall

2017/18 Financial Plan Waterfall - Rushcliffe

Inflation: includes HRG4+ pressure £867

Cost Pressures:
- NUHT Local Prices £841
- NUHT FOT/FRP pressure/final contract resolution £1,154
- NICE TAGs £125
- NHT/Bassetlaw rebasing £83

Rec (Deficit)/Surplus b/fwd £1,747
Allocation £3,424
Inflation £1,297
Growth £3,801
0.5% Uncommitted TF
Contingency £778
Mandated Investments £787
Cost Pressures £781
QIPP £2,203
QIPP (Deficit)/Surplus £7,970

Underlying pressures
Primarily
Acute & CHC

Growth:
- Acute £2130
- CHC/FNC £1059
- Community/MH £62
- Prescribing £550

Mandated Investments:
- Mental Health £231
- BCF £117
- Market Rent £113
- Primary Care £320

QIPP: see sep schedule
Financial Context

Greater Nottingham CCGs Financial Waterfall

2017/18 Financial Plan Waterfall - Greater Notts CCGs

**Underlying Pressures**
Primarily Acute & CHC

**Growth**:
- Acute £10,102
- CHC/FNC £8,716
- Community/MH £2,026
- Prescribing £3,898
- Other £257

**Inflation**:
- Includes HRG4+ Pressure £4,460

**Cost Pressures Incl.**
- NUHT Local Prices and final contracts resolution £9,390
- NICE TAGs £373
- NHT/Bassetlaw rebasing £264

**Mandated Investments, Incl:**
- Mental Health £3,346
- BCF £760
- Market Rent £359
- Primary Care £1,686

**Contingency**
- £4,902

**Uncommitted TF**
- £7,186

**17/18 (Deficit)/Surplus**
- £42,602

**QIPP**
- £10,344

**QIPP**
- £4,762

**Surplus / (Deficit) £k**
- £50,000
- £40,000
- £30,000
- £20,000
- £10,000
- £0
- £10,000
- £20,000
- £30,000
- £40,000
- £50,000

**Rec (Deficit)/Surplus b/hd**
- £175
- £20,418
- £6,391
- £24,999

**Allocation**

**Growth**

**Cost Pressures**
- £4,611
- £4,902
- £7,186
- £10,344
- £42,602

**QIPP**
- £4,762
Section 2

APPROACH TO FINANCIAL RECOVERY
Turnaround actions

There is a robust approach to meeting the financial targets

To meet the financial challenge the CCGs are taking difficult decisions and managing at greater pace. Key actions underway include:

- Employed external Turnaround support
- Strengthened governance, monitoring and reporting, including the development of the Programme Management Office
- Installed tighter controls and scrutiny of existing plans and assumptions
- Strengthened deliverability of existing plans
- Developed Programme Area Control Totals
- Continuous exploration and challenge of all areas of spend to identify additional savings
  - Line by line review of contracts
  - Clinically led review of all elective procedures
- Development and delivery of the Financial Recovery Plan
  - To be approved by all Governing Bodies in June
- Ensured a consistent focus on delivery of savings and spend reduction across our teams
- As part of the National QIPP Support Programme, a team from Price Waterhouse Cooper (PwC) provided support to South Notts CCGs in March to further forward financial recovery development and implementation
- Reviewing schemes against NHSE’s Menu of Opportunities Guide
- Participating and developing schemes as part of the NHS RightCare Programme
- Review and implementation of National Clinical Commissioner work on high impact interventions.
The CCGs have strengthened their control of savings and established weekly review

<table>
<thead>
<tr>
<th>Greater Nottingham Financial Recovery Group</th>
<th>Greater Nottingham Financial Delivery Group</th>
<th>Greater Nottingham Programme Management Office</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chaired by:</strong></td>
<td><strong>Chaired by:</strong></td>
<td><strong>Chaired by:</strong></td>
</tr>
<tr>
<td>• Sam Walters</td>
<td>• Sam Walters</td>
<td>• Fiona Callaghan (GN QIPP lead)</td>
</tr>
<tr>
<td><strong>Membership:</strong></td>
<td><strong>Membership:</strong></td>
<td><strong>Membership:</strong></td>
</tr>
<tr>
<td>• Accountable Officers</td>
<td>• Accountable Officers</td>
<td>• GN QIPP Lead</td>
</tr>
<tr>
<td>• Chief Finance Officers</td>
<td>• Senior Finance Officer QIPP</td>
<td>• Turnaround Director</td>
</tr>
<tr>
<td>• Director of Transformation</td>
<td>• Turnaround Director</td>
<td>• Senior Finance Officer QIPP</td>
</tr>
<tr>
<td>• Turnaround Director</td>
<td>• GN QIPP Lead</td>
<td>• City CCG Finance Lead</td>
</tr>
<tr>
<td>• GN QIPP Lead</td>
<td>• Programme Area Senior Responsible Officers</td>
<td>• Comms Lead</td>
</tr>
<tr>
<td></td>
<td>• Programme Area Clinical Leads</td>
<td>• Governance Lead</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clinical Oversight</td>
</tr>
<tr>
<td><strong>Purpose:</strong></td>
<td><strong>Purpose:</strong></td>
<td><strong>Purpose:</strong></td>
</tr>
<tr>
<td>• Overarching governing group to oversee the development, and ongoing update of the financial recovery programme</td>
<td>• To oversee and coordinate the activities of the Programme Areas</td>
<td>• To coordinate the overall programme</td>
</tr>
<tr>
<td>• To provide collective leadership to maintain focus on delivery and address escalated issues</td>
<td>• To ensure that scope, interfaces and dependencies are actively managed</td>
<td>• To provide assurance that the programme is on track</td>
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</tbody>
</table>

**Weekly meetings @ Tues Corporate Day**
The Financial Recovery Plan is managed through nine Programme Areas. Each Area has a Senior Responsible Officer (SRO) working across Greater Nottingham. The Programme Areas are also supported with Clinical Leadership working across Greater Nottingham and also aligned to the Greater Nottingham Transformation work.

<table>
<thead>
<tr>
<th>Programme Area</th>
<th>Senior Responsible Officer</th>
<th>CCG Role</th>
<th>Organisation</th>
<th>Clinical Lead</th>
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<tbody>
<tr>
<td>Elective and Cancer</td>
<td>Andy Hall</td>
<td>Director of Outcomes and Information</td>
<td>South Notts CCGs</td>
<td>Hugh Porter</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Sharon Pickett</td>
<td>Deputy Chief Officer</td>
<td>NHS Nottingham North and East CCG</td>
<td>Nicole Atkinson</td>
</tr>
<tr>
<td>Community Care</td>
<td>Maria Principe</td>
<td>Director of Contracting and Transformation</td>
<td>NHS Nottingham City</td>
<td>Nicole Atkinson, Stephen Shortt (ACS General Practice Business Model)</td>
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<tr>
<td>Urgent Care</td>
<td>Nikki Pownall</td>
<td>Programme Director – Urgent Care</td>
<td>Greater Nottingham</td>
<td>Nicole Atkinson</td>
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<tr>
<td>Mental Health</td>
<td>Maria Principe</td>
<td>Director of Contracting and Transformation</td>
<td>NHS Nottingham City</td>
<td>James Hopkinson</td>
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<tr>
<td>Estates</td>
<td>Jonathan Bemrose</td>
<td>Chief Finance Officer</td>
<td>South Notts CCGs</td>
<td>Nick Page, Safiy Karim</td>
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<tr>
<td>Continuing Health Care/Integrated Personalised Commissioning</td>
<td>Nichola Bramhall</td>
<td>Director of Nursing and Quality</td>
<td>South Notts CCGs</td>
<td>Mike O’Neil</td>
</tr>
<tr>
<td>Internal Efficiencies</td>
<td>Hazel Buchanan</td>
<td>Director of Operations</td>
<td>Nottingham North and East CCG</td>
<td>Richard Stratton, James Reid, Esther Gladman</td>
</tr>
</tbody>
</table>

Prescribing - Interim support for the prescribing programme area is provided by Tracey Madge.
Scheme development

The SROs are working to mobilise and further develop schemes, and identify additional schemes that achieve stretch

This involves the completion of project initiation documents (PID) to outline the QIPP/Transformation opportunity of additional schemes to gain approval.

A Project Overview Document is required for each scheme and shared with the FRG for review and sign-off. This sets out:

• The rationale for the scheme (proof of concept)
• Savings identified for the scheme
• Key milestones of the project
• How the project will be organised
• Impact assessments (equality and quality)

Each SRO provides a fortnightly highlight report to the FR Delivery Group on progress across the Programme Area, this includes:

• Overall status of the programme area towards delivering identified savings and difference from the minimum and stretch QIPP targets
• Overview of scheme status
• Tracking delivery of finance and key performance indicators
• Assessment and mitigation of Programme Area risks

SROs also provide a monthly highlight report for each scheme to the PMO, this includes:

• Overall status of the project and progress towards delivering identified savings
• Progress towards key milestones
• Tracking delivery of finance and key performance indicators
• Assessment and mitigation of scheme risks

A QIPP dashboard brings together a summary position for each approved scheme, tracks financial delivery to date and projects expected future financial benefits.
FRP Monitoring & Control

Monitoring savings delivery

- The PMO has created dashboard to scrutinise the schemes and attempt to monitor their progress over the course of the year (example dashboard below)
- The data available is housed in our data warehouse and we are working with other providers to source the additional data
- The report is updated a month after the end of the activity month
- The dashboard is available around 2nd/3rd of the month for data up to the end of the previous month
- A percentage method based on activity is used to attribute the savings/costs across the schemes
- This information will populate the Programme Areas highlight reports
- Governing Bodies will receive a monthly update on progress including the QIPP dashboard and progress on the most significant schemes, highlighting areas that require additional action to ensure delivery.

<table>
<thead>
<tr>
<th>Area/Scheme</th>
<th>Main Indicator</th>
<th>QIPP Planned</th>
<th>QIPP Saved</th>
<th>% of QIPP Saving</th>
<th>YTD/Performance</th>
<th>YTD QIPP Planned</th>
<th>YTD QIPP Saved</th>
<th>% of QIPP Saving</th>
<th>Scheme Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Streaming in ED</td>
<td>A&amp;E</td>
<td>£17,510</td>
<td>£12,830</td>
<td>73%</td>
<td>£140,080</td>
<td>£17,474</td>
<td>12%</td>
<td>June 2017</td>
<td></td>
</tr>
<tr>
<td>AF upskilling and proactive screening of patients for AF</td>
<td>A&amp;E</td>
<td>£171</td>
<td>£111</td>
<td>66%</td>
<td>£1,193</td>
<td>£153</td>
<td>13%</td>
<td>July 2017</td>
<td></td>
</tr>
<tr>
<td>Direct access pathway for fibroscans</td>
<td>Hepatology</td>
<td>£1,387</td>
<td>£1,849</td>
<td>-</td>
<td>-113,867</td>
<td>-5,547</td>
<td>-</td>
<td>February 2017</td>
<td></td>
</tr>
<tr>
<td>Apply PLCV policy to referrals.</td>
<td>Multiple</td>
<td>£10,223</td>
<td>£25,842</td>
<td>0%</td>
<td>£102,225</td>
<td>-209,876</td>
<td>0%</td>
<td>October 2016</td>
<td></td>
</tr>
<tr>
<td>Apply Cosmetic policy to referrals. Consider implementation of prior approval in primary</td>
<td>Multiple</td>
<td>£1,312</td>
<td>£199,030</td>
<td>0%</td>
<td>£23,128</td>
<td>-247,814</td>
<td>0%</td>
<td>October 2016</td>
<td></td>
</tr>
<tr>
<td>Direct access pathway for fibroscans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in clinical variation through mandated primary care triage/external review of</td>
<td>All</td>
<td>£28,800</td>
<td>£22,590</td>
<td>78%</td>
<td>£98,000</td>
<td>£13,699</td>
<td>0%</td>
<td>November 2016</td>
<td></td>
</tr>
<tr>
<td>Establishment of integrated care coordination teams (CDG model) including care coord</td>
<td>General Medicine</td>
<td>£10,000</td>
<td>£3,662</td>
<td>37%</td>
<td>£100,000</td>
<td>£41,408</td>
<td>0%</td>
<td>March 2017</td>
<td></td>
</tr>
<tr>
<td>Direct access pathway for fibroscans</td>
<td>Hepatology</td>
<td>£247</td>
<td>-£185</td>
<td>0%</td>
<td>£2,465</td>
<td>-£2,034</td>
<td>0%</td>
<td>February 2017</td>
<td></td>
</tr>
<tr>
<td>Reduction in clinical variation through mandated primary care triage/external review of</td>
<td>All</td>
<td>£17,125</td>
<td>£51,153</td>
<td>310%</td>
<td>£171,250</td>
<td>£90,697</td>
<td>53%</td>
<td>November 2016</td>
<td></td>
</tr>
<tr>
<td>Cap of outpatient first to follow up ratio for specified specialties</td>
<td>Multiple</td>
<td>£70,555</td>
<td>£34,378</td>
<td>49%</td>
<td>£705,550</td>
<td>£98,818</td>
<td>14%</td>
<td>February 2017</td>
<td></td>
</tr>
<tr>
<td>Direct access pathway for fibroscans</td>
<td>Pain Management</td>
<td>£2,063</td>
<td>£2,793</td>
<td>135%</td>
<td>£20,628</td>
<td>£6,344</td>
<td>31%</td>
<td>February 2017</td>
<td></td>
</tr>
</tbody>
</table>
FRP: Management and Governance Arrangements

**Governing Bodies**
- NHS Nottingham City CCG Governing Body
- NHS Nottingham North and East CCG Governing Body
- NHS Nottingham West CCG Governing Body
- NHS Rushcliffe CCG Governing Body

**Greater Nottingham Financial Recovery Group**
- Approval of Financial Recovery Plan
- Assurance and escalation of high risk issues
- Scheme approval
- Monitoring
- Escalation
- Monitoring programme area
- Scheme progress and support
- Scheme identification and development
- Implementation, monitoring and reporting

**Working Groups**
- Greater Nottingham Financial Recovery Delivery Group
- Greater Nottingham Financial Recovery PMO

**Senior Responsible Officers**
- Elective Care: Andy Hall
- Primary Care: Sharon Pickett
- Community Care: Maria Principe
- Urgent Care: Nikki Pownall
- Mental Health: Maria Principe
- Estates: Jonathan Bemrose
- Continuing Healthcare: Nichola Bramhall
- Internal Efficiencies: Hazel Buchanan
- Prescribing: Tracey Madge (interim support)
Section 3

DETAIL OF RECOVERY ACTIONS
Components of the plan

This plan summarises the actions and underpinning processes to support the delivery of the FRP in year and on a recurrent basis.

The key objectives of the Financial Recovery Plan are to deliver the Control Total, improve the organisation’s underlying recurrent position (UDL), mitigate potential risks in the CCGs savings plan, and outline the enhanced financial management and controls the CCGs have put in place.

The plan also describes the process of exploring and challenging all budgets and areas of spend. The CCG is reviewing and tightening discretionary spend and where appropriate has stopped or deferred expenditure.

The Financial Recovery Plan is also an essential foundation for delivering the Nottinghamshire STP.

The key themes of our plan are:

1. Transactional/Contractual schemes (disinvestment)
2. Improvement (QIPP) schemes
3. Mitigation - bill control and balance sheet

Schemes are rag-rated as per the definition shared by NHSE:

<table>
<thead>
<tr>
<th>Schemes</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BLUE</strong></td>
<td>‘In place’ – These schemes are in place and are reflected in provider activity contracts (where appropriate)</td>
</tr>
<tr>
<td><strong>GREEN</strong></td>
<td>‘Good to go’ – These schemes are fully worked and approaching implementation, and there is provider and stakeholder support (where necessary)</td>
</tr>
<tr>
<td><strong>AMBER</strong></td>
<td>‘Work in progress’ – These schemes are under development, but are properly scoped and their delivery plan is resourced. Impact on provider activity plans is understood but not necessarily agreed with system partners/and or implementation plan not yet finalised</td>
</tr>
<tr>
<td><strong>RED</strong></td>
<td>‘Opportunity to investigate’ – These schemes are still being scoped and an action plan is not yet in place (or is in outline form). The scheme may require extensive consultation and engagement to proceed</td>
</tr>
</tbody>
</table>
Overview of our Financial Recovery Plan

The headline value of our savings plan is £56.7m vs target £44.6m

Summary by saving theme –

The Financial Recovery Plan for Greater Nottingham is made up of four key themes –

- Transactional schemes related to getting best value from contracts
- Improvement schemes related to efficiency and transformation
- Managing the bill related to tight monitoring and control of all invoices
- Balance sheet review related to review of budgets and accruals

<table>
<thead>
<tr>
<th></th>
<th>Blue</th>
<th>Green</th>
<th>Amber</th>
<th>Red</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transactional (Disinvestment)</td>
<td>7,478</td>
<td>-</td>
<td>2,170</td>
<td>10,067</td>
<td>19,715</td>
</tr>
<tr>
<td>Improvement (QIPP)</td>
<td>6,740</td>
<td>-</td>
<td>11,439</td>
<td>5,775</td>
<td>23,954</td>
</tr>
<tr>
<td>Managing the Bill (Mitigation)</td>
<td>-</td>
<td>217</td>
<td>-</td>
<td>1,000</td>
<td>1,217</td>
</tr>
<tr>
<td>Balance Sheet Review (Mitigation)</td>
<td>8,400</td>
<td>3,500</td>
<td>-</td>
<td>-</td>
<td>11,900</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22,618</strong></td>
<td><strong>3,717</strong></td>
<td><strong>13,609</strong></td>
<td><strong>16,842</strong></td>
<td><strong>56,786</strong></td>
</tr>
</tbody>
</table>

Summary by CCG –

<table>
<thead>
<tr>
<th></th>
<th>Blue</th>
<th>Green</th>
<th>Amber</th>
<th>Red</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nottingham North and East</td>
<td>6,011</td>
<td>1,487</td>
<td>2,831</td>
<td>2,843</td>
<td>13,172</td>
</tr>
<tr>
<td>Nottingham West</td>
<td>3,999</td>
<td>967</td>
<td>1,848</td>
<td>1,877</td>
<td>8,691</td>
</tr>
<tr>
<td>Rushcliffe</td>
<td>4,383</td>
<td>1,137</td>
<td>2,313</td>
<td>2,720</td>
<td>10,553</td>
</tr>
<tr>
<td>Nottingham City</td>
<td>8,225</td>
<td>126</td>
<td>6,617</td>
<td>9,403</td>
<td>24,371</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22,618</strong></td>
<td><strong>3,717</strong></td>
<td><strong>13,610</strong></td>
<td><strong>16,842</strong></td>
<td><strong>56,786</strong></td>
</tr>
</tbody>
</table>
### Blue, red, green, amber (BRAG) rating of themes by CCG

#### Nottingham City FRP

<table>
<thead>
<tr>
<th>Theme</th>
<th>Blue</th>
<th>Green</th>
<th>Amber</th>
<th>Red</th>
<th>Total</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transactional</td>
<td>2,681</td>
<td>-</td>
<td>894</td>
<td>5,146</td>
<td>8,721</td>
<td>36%</td>
</tr>
<tr>
<td>Improvement</td>
<td>1,144</td>
<td>-</td>
<td>5,723</td>
<td>3,766</td>
<td>10,633</td>
<td>44%</td>
</tr>
<tr>
<td>Managing the Bill</td>
<td>126</td>
<td>-</td>
<td>490</td>
<td>616</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Balance Sheet Review</td>
<td>4,400</td>
<td>-</td>
<td>-</td>
<td>4,400</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>8,225</td>
<td>126</td>
<td>6,617</td>
<td>9,403</td>
<td>24,371</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### Nottingham North and East FRP

<table>
<thead>
<tr>
<th>Theme</th>
<th>Blue</th>
<th>Green</th>
<th>Amber</th>
<th>Red</th>
<th>Total</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transactional</td>
<td>2,030</td>
<td>-</td>
<td>416</td>
<td>1,734</td>
<td>4,180</td>
<td>32%</td>
</tr>
<tr>
<td>Improvement</td>
<td>2,312</td>
<td>-</td>
<td>2,416</td>
<td>896</td>
<td>5,623</td>
<td>43%</td>
</tr>
<tr>
<td>Managing the Bill</td>
<td>-</td>
<td>26</td>
<td>-</td>
<td>213</td>
<td>239</td>
<td>2%</td>
</tr>
<tr>
<td>Balance Sheet Review</td>
<td>1,670</td>
<td>1,461</td>
<td>-</td>
<td>-</td>
<td>3,131</td>
<td>24%</td>
</tr>
<tr>
<td>Total</td>
<td>6,011</td>
<td>1,487</td>
<td>2,831</td>
<td>2,843</td>
<td>13,172</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### Nottingham West FRP

<table>
<thead>
<tr>
<th>Theme</th>
<th>Blue</th>
<th>Green</th>
<th>Amber</th>
<th>Red</th>
<th>Total</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transactional</td>
<td>1,361</td>
<td>-</td>
<td>389</td>
<td>1,259</td>
<td>3,008</td>
<td>35%</td>
</tr>
<tr>
<td>Improvement</td>
<td>1,564</td>
<td>-</td>
<td>1,460</td>
<td>481</td>
<td>3,504</td>
<td>40%</td>
</tr>
<tr>
<td>Managing the Bill</td>
<td>-</td>
<td>26</td>
<td>-</td>
<td>137</td>
<td>163</td>
<td>2%</td>
</tr>
<tr>
<td>Balance Sheet Review</td>
<td>1,075</td>
<td>941</td>
<td>-</td>
<td>-</td>
<td>2,015</td>
<td>23%</td>
</tr>
<tr>
<td>Total</td>
<td>3,999</td>
<td>967</td>
<td>1,848</td>
<td>1,877</td>
<td>8,691</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### Rushcliffe FRP

<table>
<thead>
<tr>
<th>Theme</th>
<th>Blue</th>
<th>Green</th>
<th>Amber</th>
<th>Red</th>
<th>Total</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transactional</td>
<td>1,406</td>
<td>-</td>
<td>472</td>
<td>1,928</td>
<td>3,806</td>
<td>36%</td>
</tr>
<tr>
<td>Improvement</td>
<td>1,721</td>
<td>-</td>
<td>1,841</td>
<td>632</td>
<td>4,194</td>
<td>40%</td>
</tr>
<tr>
<td>Managing the Bill</td>
<td>-</td>
<td>39</td>
<td>-</td>
<td>160</td>
<td>199</td>
<td>2%</td>
</tr>
<tr>
<td>Balance Sheet Review</td>
<td>1,255</td>
<td>1,098</td>
<td>-</td>
<td>-</td>
<td>2,354</td>
<td>22%</td>
</tr>
<tr>
<td>Total</td>
<td>4,383</td>
<td>1,137</td>
<td>2,313</td>
<td>2,720</td>
<td>10,553</td>
<td>100%</td>
</tr>
</tbody>
</table>
Identifying additional opportunities – NHS RightCare

Review of RightCare

The RightCare opportunity:

1. **MSK** – largest opportunity driven by osteoarthritis and fragility fractures, high volume Dexa scans, rate of knee replacements and hip replacements (higher than peer group)

2. **Cancers & tumours** – high growth area, large increases in in activity and unit price for bowel, breast and lung cancer

3. **Respiratory** – impact on non-elective admissions mainly in City CCG

4. **Neurological problems** – largest opportunity in NNE and NW, related to non-elective admissions (‘tendency to fall’, ‘syncopy and collapse’)

The CCGs have made good progress in exploring the emerging opportunities and linking these to the FRP. Emerging opportunities of £13.7 million from a total of £16.5 million are being reviewed – 84% of total. The RightCare plans are being developed as part of the FRP process. The CCGs are moving forward into deep dive and redesign planning.

The Right Care Value Opportunity alone will not enable the CCGs to meet the required QIPP target in 17/18.

<table>
<thead>
<tr>
<th>RightCare Domain</th>
<th>Rushcliffe</th>
<th>NNE</th>
<th>West</th>
<th>City</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>£1,080</td>
<td>£481</td>
<td>£847</td>
<td>£690</td>
<td>£3,098</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>£71</td>
<td>£182</td>
<td>£483</td>
<td>£1,087</td>
<td>£1,823</td>
</tr>
<tr>
<td>Mental Health</td>
<td>£0</td>
<td>£0</td>
<td>£211</td>
<td>£128</td>
<td>£339</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>£1,219</td>
<td>£1,334</td>
<td>£886</td>
<td>£0</td>
<td>£3,439</td>
</tr>
<tr>
<td>Neurological</td>
<td>£206</td>
<td>£856</td>
<td>£507</td>
<td>£784</td>
<td>£2,353</td>
</tr>
<tr>
<td>Respiratory</td>
<td>£0</td>
<td>£67</td>
<td>£567</td>
<td>£2,034</td>
<td>£2,668</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£2,576</strong></td>
<td><strong>£2,920</strong></td>
<td><strong>£3,501</strong></td>
<td><strong>£4,723</strong></td>
<td><strong>£13,720</strong></td>
</tr>
</tbody>
</table>
The opportunity from NHS Right Care

Areas being progressed include:

MSK
• Reducing elective and day-case procedure rates through clinical review and prior approval
• Roll out of fracture liaison service based on successful pilot in Rushcliffe.
• Embedded local quality indicator to drive more patients through the improved pathway.

Cancers & tumours
• More work to understand the potential opportunities which our Delivery Partner is supporting us with.
• Clinical review and prior approval processes to increase the proportion of skin cancer procedures to be carried out as an outpatient procedure (vs day-case).

Neurological problems
• Reducing elective spend through commissioning of a new pain service.

Prescribing opportunities
• Driving the reduction in prescribing of OTC medicines using standardised performance management and follow up.
• Meds Management team are targeting medicines optimisation for patients currently prescribed bisphosphonates and medicines related to falls.

Gastro
• Targeted medicines optimisation for patients on gastro-protection.
• Mobilising new scheme to reduce admissions related to alcohol through targeted work on managing frequent attenders outside of acute hospital.

Respiratory
• Focusing on improving identification of COPD and appropriate prescribing of inhaled corticosteroids and switches to cost effective inhalers.
The CCGs have made good progress in incorporating opportunities into the FRP

The CCGs are undertaking a comprehensive review of the menu of opportunities and there are already a large number of QIPP schemes that have been identified as part of the CCGs Financial Recovery Programme. This review was also corroborated through support provided by PWC in March 2017. These opportunities alone will not enable the CCGs to meet the required QIPP target in 17/18.

Examples of the Menu of Opportunities (M.O.O.) already delivered

- Gluten Free/ Over the Counter (OTC) prescribing
- Continuing Healthcare (CHC) - Roll out of 5Q tool, review of high cost packages and improvements to fast-track
- Primary Care in Emergency Department (ED)
- Street Triage
- Risk stratification and Multi-Disciplinary Teams (MDTs)
- Clinical navigation
- Referral support
- Enhanced support to care homes including Primary Care Pharmacist

CCG leaders attended the NHSE event hosted in Leicester in May and are following up to ensure maximum potential is included in 17/18 and 18/19 savings plans

All SROs are reviewing QIPP Opportunity Guides to understand the value of the opportunity locally.
Approach to recovery – High impact interventions

**Elective Care Commissioning**

NHSE have commenced a national programme on elective care transformation which is reviewing how the GP referral and outpatient process can be modernised to make better use of resources and give a better experience for patients and clinicians.

The programme will test radical changes to the referral process in a range of high volume specialties. Significant additional funding is being given to regional teams in 2017/18 to rollout and spread interventions and schemes that will help CCGs to deliver their ambitious plans to manage with a slower growth of referrals and activity.

**High impact interventions** to manage the increasing demand for elective care services:

<table>
<thead>
<tr>
<th>High Impact Interventions</th>
<th>Greater Nottingham position</th>
</tr>
</thead>
</table>
| 1. CCGs should identify the highest referring practices and implement a system of weekly external, prospective clinical peer review to ensure that only appropriate referrals are sent for a face - to - face appointment with a secondary care consultant | Work is underway and additional plans are in place as part of the Primary Care Programme Area including:  
- Practice visit programmes  
- Multi-disciplinary team meetings  
- Pathway redesign/new pathways  
- Referral management utilisation within pathways  
- Use of standardised referral templates. |
| 2. A common pathway for musculoskeletal referrals within which no MSK referral is sent to a secondary care consultant unless a clinical review indicates this is necessary | All CCGs have MSK triage in place for some, but not all conditions.  
NHSE have published a specification for musculoskeletal triage and the overall objective of the service is for all musculoskeletal conditions which are referred from GPs (except red flags) are triaged, ensuring all patients are directed to the right place for further treatment and/or diagnosis. Greater Nottingham CCGs are part of wave 2 for implementation by 31.12.17. |
| 3. To ensure referrals are directed away from providers struggling to meet RTT standards. | The CCGs meet with major acute Trusts on a monthly basis to discuss Referral to Treatment (RTT) performance and forthcoming capacity constraints.  
A limited number of specialties have an increasing backlog but this remains relatively low compared to neighbouring Trusts.  
Discussions on patient choice include length of wait for first outpatient and likely waits for first definitive treatment. |
Section 4

IMPACT ASSESSMENTS, AND PATIENT AND PUBLIC ENGAGEMENT
Summary of Approach

The financial recovery plan includes a wide range of schemes that cover different services and it is recognised that these may affect different people to differing degrees across the Greater Nottingham population. As such, impact assessments and patient and public engagement activities will need to be managed on a scheme-by-scheme basis, using a consistent, pre-defined approach.

An initial screening process will be undertaken for each individual scheme. This will determine whether an impact assessment and engagement activities are required. The process will consider:

- The scale of any potential change to commissioned services
- Whether any potential changes are likely to have an impact on patients (i.e. changes to the manner in which services are delivered or to the range of health services available)
- How likely it is that any potential changes would be considered to be controversial.

Whilst the initial screening process will be considered on an individual scheme basis, the collective impact of schemes affecting the same people/services will also be considered.

In line with the outcome of the initial screening process, individual impact assessments and engagement plans will be developed for each relevant scheme. These will take account of the specific populations/people affected by the changes being considered.

Impact assessments will address equality and quality considerations in the form of an EQIA (Equality and Quality Impact Assessment).

Engagement plans will broadly fall into one of the following three approaches:

- **Informing** – Communicating changes to affected people and the wider public
- **Engaging** – Undertaking targeted engagement with affected people and/or their representatives
- **Consulting** – Formal consultation with affected people and the wider public

Impact assessments and engagement plans are inter-dependent, and as such, will be developed at the same time.

Decisions on whether schemes will be implemented, amended or stopped will be taken in line with impact assessment, engagement and consultation outcomes.

The above-detailed approach to impact assessment and patient and public engagement is embedded within the Financial Recovery Gateway Approvals Process.
**EQuality Impact Assessments**

A process has been introduced that brings together equality and quality impact considerations into a single EQuality Impact Assessment (EQIA). This provides a streamlined process and prevents equality and quality risks from being considered in isolation.

The EQIA is an assessment of whether proposed changes could have a positive, negative or neutral impact on people’s different protected characteristics, as defined by the Equality Act 2010. It also considers the impacts on people from relevant inclusion health groups (e.g. carers, homeless people, people experiencing economic or social deprivation).

The EQIA also assesses impacts in line with the CCGs’ duty to maintain and improve the three elements of quality (patient safety, patient experience and clinical effectiveness) and considers the following:

- Access to services (including patient choice)
- Transfers between services (whether between specialities, care settings, or during a person’s life course)
- Safeguarding adults
- Safeguarding children
- Dignity and respect (including privacy)
- Person-centred care
- NICE requirements
- Shared decision-making
- Health inequalities

EQIAs will be treated as ‘live’ documents and will be revisited at key stages of scheme development and implementation, particularly following the conclusion of any engagement and consultation activities to inform decision-making.

An EQIA Panel is being established to support the development and quality assurance of EQIAs for all relevant schemes within the Financial Recovery Plan. The Panel will be comprised of senior managers from across the Greater Nottingham CCGs with equality and quality expertise and knowledge of the different CCG populations.
Framework for Informing, Engaging and Consulting

Engagement plans will be developed in line with the following framework. It is important to note that these different approaches to engagement are not mutually exclusive, and depending on the scale and complexity of proposals, engagement plans may include all three approaches. Engagement plans will be proportionate to the scale, complexity and potential impact of proposals.

<table>
<thead>
<tr>
<th>Engagement approach</th>
<th>Definition</th>
<th>Key elements</th>
</tr>
</thead>
</table>
| Inform              | To communicate with relevant stakeholders to raise awareness and/or provide information on scheme proposals. | • A stakeholder analysis will be completed to identify people/groups with an interest.  
• Clear, simple messaging will be used that is tailored to the needs of the relevant audiences.  
• A range of communication mechanisms will be used. |
| Engage              | To engage relevant stakeholders in a two-way dialogue to obtain a better understanding of need and/or to gather views and opinions. These are then taken into account when completing EQIAs and developing scheme proposals. | • An ‘issue paper’ will be produced to identify the purpose of engagement – i.e. a description of the problem we are seeking to resolve (the clinical case for change). In some instances this may also describe possible courses of action. The engagement activities will explore these possibilities and potential impacts in support of further scheme development.  
• A stakeholder analysis will be completed to identify people/groups with an interest. Engagement activities will then be designed to ensure that they reach the right people and meet their specific needs (also taking account of the EQIA).  
• Engagement will start as soon as possible to enable people to have the greatest opportunity to shape the development of proposals.  
• The output from engagement activities will be carefully analysed and considered in scheme/EQIA development, with clear feedback provided to participants. |
# Framework for Informing, Engaging and Consulting

<table>
<thead>
<tr>
<th>Engagement approach</th>
<th>Definition</th>
<th>Key elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consult</td>
<td>A formal, structured process to seek stakeholder feedback on possible options under consideration and about which a decision needs to be made. This approach is adopted when: • There is a statutory requirement to consult – i.e. when a proposed change is ‘significant’ (whether it is likely to have a substantial impact on access to services or service delivery) • Where there is a legitimate expectation that stakeholders should be consulted (e.g. when a ‘promise’ has been made to do so, or where a legal precedent has been set).</td>
<td>• Pre-consultation engagement will take place, in line with the approach described above, to scope and develop options on which consultation will take place. • A stakeholder analysis will be completed to identify people/groups that may be affected. This will take account of any pre-consultation engagement work and the EQIA outcome. Those most affected will be actively targeted for consultation. • Consultation exercises will: a) Be undertaken at a time when proposals are at a formative stage. b) Provide sufficient information to satisfy the needs of consultees. c) Allow sufficient time to enable a considered response (proportionate to the scale, complexity and potential impact of the proposal). d) Ensure careful consideration of consultation outcomes prior to any decisions being taken, with clear feedback provided to consultees.</td>
</tr>
</tbody>
</table>
Section 5

RISKS & MITIGATIONS
Managing Financial Risk – net risk

Actions in the last 6 weeks have reduced the net risk in our savings plan

- In the March submission of the plans to NHSE the four CCGs showed a net risk of c £17.3m on £44.6m plan which has increased to c £18.5m on a £56.7m plan which gives £12.1m of headroom
- This leaves £6.4m as the current net risk, against which there are planned actions to eliminate by the end of June 2017

### Plan Submission March 2017

<table>
<thead>
<tr>
<th></th>
<th>Blue</th>
<th>Green</th>
<th>Amber</th>
<th>Red</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nottingham North and East</td>
<td>0</td>
<td>48</td>
<td>845</td>
<td>3,641</td>
<td>4,534</td>
</tr>
<tr>
<td>Nottingham West</td>
<td>0</td>
<td>33</td>
<td>524</td>
<td>1,995</td>
<td>2,552</td>
</tr>
<tr>
<td>Rushcliffe</td>
<td>0</td>
<td>18</td>
<td>741</td>
<td>2,009</td>
<td>2,768</td>
</tr>
<tr>
<td>Nottingham City</td>
<td>0</td>
<td>47</td>
<td>1,226</td>
<td>6,199</td>
<td>7,472</td>
</tr>
<tr>
<td><strong>Total Greater Nottingham</strong></td>
<td>0</td>
<td>146</td>
<td>3,337</td>
<td>13,845</td>
<td>17,327</td>
</tr>
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</table>

### Plan at 25 May 2017

<table>
<thead>
<tr>
<th></th>
<th>Blue</th>
<th>Green</th>
<th>Amber</th>
<th>Red</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nottingham North and East</td>
<td>0</td>
<td>74</td>
<td>849</td>
<td>2,416</td>
<td>3,340</td>
</tr>
<tr>
<td>Nottingham West</td>
<td>0</td>
<td>48</td>
<td>555</td>
<td>1,595</td>
<td>2,198</td>
</tr>
<tr>
<td>Rushcliffe</td>
<td>0</td>
<td>57</td>
<td>694</td>
<td>2,312</td>
<td>3,063</td>
</tr>
<tr>
<td>Nottingham City</td>
<td>0</td>
<td>6</td>
<td>1,985</td>
<td>7,992</td>
<td>9,984</td>
</tr>
<tr>
<td><strong>Total Greater Nottingham</strong></td>
<td>0</td>
<td>186</td>
<td>4,083</td>
<td>14,316</td>
<td>18,584</td>
</tr>
</tbody>
</table>
## Managing Financial Risk – net risk

### Actions being progressed to de-risk the savings plan

<table>
<thead>
<tr>
<th>Action</th>
<th>Progress</th>
<th>Lead/ date</th>
</tr>
</thead>
</table>
| **Strengthen existing QIPP schemes**             | • Project overview documents in place for all schemes  
• Weekly update to Programme Management Office (PMO)  
• Review with Senior Responsible Officers (SRO) and Accountable Officers  
• Process of formal challenge, review and approval for all schemes  
• All approved schemes to have signed off project plans | • PMO – completed April  
• PMO – in place  
• PMO – in place  
• PMO – end June  
• PMO – end June |
| **Build an additional pipeline of schemes into 18/19** | • Stretch targets issued to all Programme Area SROs  
• Schedule of PMO scoping support to Programme Area SROs – focus on Primary Care, Community, Elective & Prescribing  
• Further interrogation of RightCare & Menu of Opportunities for additional scope and incorporation into 17/18 – 18/19 | • Finance/ PMO – completed April  
• PMO / SRO – mid June  
• SROs – mid June |
| **Tighten monitoring and control of savings at scale** | • QIPP dashboard to report out on project performance across Greater Nottingham  
• Consistent monthly QIPP update to each CCG Governing Body  
• Greater Nottingham Financial Recovery Group to receive weekly update on planning, delivery and risk | • PMO – early June  
• Director of Finance/ Turnaround Director – in place  
• PMO – in place |
# Managing Financial Risk – mitigation

The high level risks have mitigations in place

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigations</th>
<th>Next steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Under delivery of savings</td>
<td>• Development of a joint Financial Recovery Plan across Greater Nottingham</td>
<td>• All SROs to respond to higher control totals</td>
</tr>
<tr>
<td></td>
<td>• Adoption of Turnaround plus support</td>
<td>• PMO to support SROs with additional scoping &amp; strengthening of schemes</td>
</tr>
<tr>
<td></td>
<td>• Joint Programme Management Office (PMO) across Greater Nottingham</td>
<td>• Ongoing confirm &amp; challenge at weekly Greater Nottingham Financial Recovery and Delivery Groups</td>
</tr>
<tr>
<td></td>
<td>• Corporate day established to focus on financial recovery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Weekly monitoring and grip</td>
<td></td>
</tr>
<tr>
<td>2. Acute contract over performance</td>
<td>• Monthly invoice challenge</td>
<td>• Work with nominated NUH team to develop standardised pathways of care</td>
</tr>
<tr>
<td></td>
<td>• Managing clinical variation</td>
<td>• GPs clinicians working NUH consultants</td>
</tr>
<tr>
<td></td>
<td>• Collaboration with Nottingham University Hospitals Trust (NUH) and other providers to identify efficiency opportunities</td>
<td></td>
</tr>
<tr>
<td>3. Continuing Health Care (CHC)</td>
<td>• Dedicated workstream across Greater Nottingham and Mid-Nottinghamshire</td>
<td>• Follow up case studies from other CCGs for potential further ideas</td>
</tr>
<tr>
<td></td>
<td>• Director lead across Greater Nottingham</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Greater operational scrutiny and control by SRO</td>
<td></td>
</tr>
</tbody>
</table>
Section 6

NEXT STEPS AND LONGER TERM FINANCIAL PLANNING
Next steps

Greater pace to ensure that 17/18’s finances are robustly managed and risk to delivery is continuously managed down month on month

<table>
<thead>
<tr>
<th>This month</th>
<th>Next 3 months</th>
<th>Next 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Financial Recovery Plan signed off and approved by Governing Bodies</td>
<td>• Engagement/ relevant consultation underway</td>
<td>• 18/19 business planning round to set budgets</td>
</tr>
<tr>
<td>• Communication &amp; engagement plan approved</td>
<td>• Governing Body approval of proposals following discussion with patients and the public</td>
<td>• 18/19 schemes scoped and appropriate communication and engagement plans in place</td>
</tr>
<tr>
<td>• Continue work up of additional pipeline schemes</td>
<td>• Additional schemes tested and included within the plan</td>
<td></td>
</tr>
<tr>
<td>• De-risk key schemes from red to amber</td>
<td>• All approved schemes to have detailed delivery plans in place</td>
<td></td>
</tr>
<tr>
<td>• QIPP dashboard in place</td>
<td>• Monthly dashboard release shared with SROs and GBs</td>
<td>• Review performance of all schemes and cease schemes with low confidence of delivery</td>
</tr>
<tr>
<td>• Monthly programme area/ scheme monitoring in place</td>
<td>• Monthly dashboard release shared with SROs and GBs</td>
<td>• Half year evaluation of Programme Management Office approach</td>
</tr>
<tr>
<td>• Additional Programme Management Office capacity in place</td>
<td>• Monthly dashboard release shared with SROs and GBs</td>
<td></td>
</tr>
<tr>
<td>• Monthly CCG Finance, QIPP and Activity Assurance meetings with NHSE</td>
<td>• Monthly dashboard release shared with SROs and GBs</td>
<td></td>
</tr>
<tr>
<td>• Delivery Plan shared with RightCare</td>
<td>• Further optimal design events held for RightCare areas</td>
<td>• Review of RightCare approach and work with RightCare partner</td>
</tr>
<tr>
<td>• Logic models in development</td>
<td>• Additional RightCare schemes fully embedded in the Financial Recovery Plan.</td>
<td></td>
</tr>
<tr>
<td>• Optimal design held for at one RightCare programme area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• High impact/ quick win ideas prioritised through decision criteria and cases for change in production.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Review of RightCare approach and work with RightCare partner</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Longer term financial planning

Delivering a balanced financial plan in 2018-19

• We need to understand what it would take for all CCGs to deliver a financially balanced plan in 2018-19 and what it would take for all CCGs to maintain/generate a recurrent underlying position in line with NHSE requirements.

• **Budgets (control limits) set for each area**
  - Finance teams to revise 2018-19 budgets by contract line
  - Budgets to be set at CCG level, but in a consistent format to allow consolidation to a Greater Nottingham level
  - Agreement of consistent assumptions around 17-18 outturn and 18-19 growth and investment requirements.
  - Savings targets to be set for each area and budgets (control limits) issued net of these savings

• **Proposals developed** to understand consequences of working within set budget

• **Commissioning leads** with the support of finance and performance staff, working at a Greater Nottingham level to work through what it would take to be able to ‘live within’ the allocated net budget.

• **Agreement and sign off of proposals** - Each Programme Area to present back to GN FRG their proposals for agreement/sign off for GB approval.

Timeline for development

<table>
<thead>
<tr>
<th>Action</th>
<th>Who</th>
<th>Completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication to Senior Responsible Officers/CCG staff of process and timescales</td>
<td>Greater Nottingham Deliver Group/CCG Staff communications</td>
<td>21st June 2017</td>
</tr>
<tr>
<td>Budgets (control limits) set for each area</td>
<td>Finance leads</td>
<td>14th July 2017</td>
</tr>
<tr>
<td>Presentation and agreement of assumptions and net budgets to Greater Nottingham Financial Recovery Group</td>
<td>Director of Finance/Chief Finance Officer</td>
<td>18th July 2017</td>
</tr>
<tr>
<td>Issue budgets and assumptions once agreed issue to Senior Responsible Officers</td>
<td></td>
<td>18th July 2017</td>
</tr>
<tr>
<td>Presentation of initial proposals and feedback</td>
<td>Extended GN DG</td>
<td>1st August 2017</td>
</tr>
<tr>
<td>2nd presentation of revised proposals</td>
<td>Extended GN DG</td>
<td>29th August 2017</td>
</tr>
<tr>
<td>Presentation of final Programme Area plan for sign off</td>
<td>GN FRG</td>
<td>5th September 2017</td>
</tr>
<tr>
<td>Presentation for approval</td>
<td>Governing Bodies</td>
<td>September Governing Bodies</td>
</tr>
</tbody>
</table>
Section 7

SUMMARY
Summary

Key messages
The Governing Bodies of Greater Nottingham are firmly committed to delivering their financial obligations collectively and within their own means.

Every opportunity within the CCGs gift is being fully explored. The CCG leadership is committed to setting the communication and engagement process that will enable difficult decisions to be taken.

Efforts are being made to ensure that the CCGs have the right resources and capabilities in place, and that the whole team is fully focused on delivering the savings and securing a strong financial position in-year.

Planning is also being undertaken strategically to ensure that financial savings are maximised over the longer term and are aligned to the wider changes across the system including for example the Sustainability and Transformation Plan (STP).

Further development
Efforts are being stepped up to identify additional savings and mitigations, whilst ensuring that existing plans are delivered on time and in full.

The Financial Recovery Plan will continue to be strengthened with detailed plans which underpin the key assumptions. The plan itself will be reviewed and signed off by each CCGs Governing Body.

The plan will be reviewed on a regular basis and ensure that the controls and mechanisms to assure its delivery are robust and effective.

CCGs will continue to work closely with all stakeholders to signal the changes arising from the plans we have made and to keep partners updated.