

NHS Vale of York CCG
TURNAROUND ACTION PLAN

Ref.	Area	Action	Priority	By When	Progress	Responsible	Status
01.	Underlying Financial Position	The material underlying deficit position highlights the unsustainable trading of the CCG, which must be addressed in both the current plan and future years.	High	January 2016	The CCG has incorporated the recurrent deficit into the financial planning process to ensure it addresses the financial gap. The recurrent deficit is consistent with that identified by PwC and agreed with NHS England	TP	Complete
02.	FY16 FOT	The CCG will consider the additional risks highlighted to the FOT for FY16 and ensure that these risks are managed, mitigated and communicated to the Governing Body.	High	January 2016	The CCG has identified and acknowledged a number of further risks to the delivery of the FOT for FY16 and has incorporated these in full in to the FOT at Month 9. This has been reported to Quality & Finance Committee and will be reported to Governing Body on 4 th February.	TP	Partially Complete
03.	Financial Planning and QIPP	The CCG needs to develop a long term financial plan to support the long term strategy of the organisation. The CCG will identify areas and opportunities for savings in FY17 and beyond, including greater focus on identification and delivery of QIPP targets, alongside considering a sustainable strategy for the future. The CCG will ensure that realistic plans are reported to both the Governing Body and NHSE and that timely action is taken to address financial challenges as they arise.	High	January 2016	5 year financial planning model developed and up to date with published planning assumptions, business rules and allocations. The CCG has identified a large number of areas and opportunities for savings in FY17 and beyond and is in the process of consolidating, prioritising and costing these for inclusion in the operational plan. Savings plans will be reflected in operational plans and be subject to quality assessments.	TP, RP & MC	On-going

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04.	QIPP	The CCG will establish a dedicated, cross-functional QIPP PMO in order to drive the delivery of QIPP schemes. As part of this the CCG has reviewed the potential to accelerate prioritised QIPP scheme delivery and bring forward implementation dates in order to mitigate against the risk of slippage in existing QIPP schemes.	High	January 2016	Work has commenced on reviewing the CCG's existing programme management arrangements, looking at examples of best practice and role outlines and capacity to establish a dedicated PMO.	RP & MC	On-going
05.	QIPP	Existing schemes will be reviewed and strengthened to ensure that they reflect an accurate financial impact with a clear link to milestones, and appropriately consider the potential impact on quality and any associated costs.	High	January 2016	Existing schemes have been reviewed to reflect an accurate financial forecast which has been incorporated into the FOT at month 9. This work has also reviewed the recurrent impact of schemes for inclusion in the Operational Plan. The CCG is in the process of consolidating, prioritising and costing these and as well undertaking quality assessments.	RP & MC	On-going
06.	FY16 Plan	A detailed, operationally focussed and specific short term action plan will be developed and will be executed, with clear timelines and owners. The plan will be clearly linked to the CCG's overall objectives and FY16 plan.	High	January 2016	Finance & Contracting: A number of detailed Finance & Contracting actions have been identified to deliver the FOT FY16 and minimise risk in the position. These are described on a separate detailed action tracker and are being monitored within the Finance & Contracting Team. The CCG is in the process of consolidating, prioritising and costing opportunities for savings in FY17 for inclusion in the operational plan.	TP & RP	Part Complete

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07.	Turnaround Director	Turnaround expertise with suitable NHS experience will be identified and appointed, following which the CCG will ensure there are appropriate arrangements in place to rapidly agree clear roles, responsibilities and reporting lines.	High	January 2016	A Team of 3 independent advisors with considerable NHS experience have been appointed, following which the CCG has ensured and that there is clarity on roles, responsibilities and reporting lines. The CCG met with NHSE and the team on 19 January to discuss the roles etc and work commenced on 21 January with Helen Hirst & Tim Lowe working in the CCG.	MH	Complete
08.	Stakeholder engagement	The CCG will continue to focus time and leadership from within the Governing Body towards GP engagement through the CoR and also with the wider health and social care system.	High	Ongoing	The relationship between the CCG leadership and the COR has improved markedly since October 2015 and the meeting on 21 January was very productive and the next steps are being discussed with the Chair of the COR.	MH	On-going
09.	Culture	The Finance Team members currently have full ownership of the FRP. The SMT will operate in a more collaborative manner with a joint ownership approach to the recovery plan and ensure there is a weekly "Turnaround" meeting of SMT members.	High	Ongoing	The first "Turnaround" meeting was held on 26 January where the initial detail of this action plan was approved. This will now be a weekly meeting and the central focus of the senior management teams work.	MH	On-going
10.	Governing Body Scheduling	Due to the current financial challenge faced by the CCG, the CCG will hold formal meetings of the Governing Body on a monthly basis, though not all will be held in public.	Medium	January 2016	The monthly meetings are now in members diaries with financial recovery a standing agenda item.	KR	Complete

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11.	Development and Training	The CCG will consider the content and timing of the Governing Body workshops and consider also utilising this time for the development of members. In order to effectively perform this, the Governing Body will hold a workshop to assess what training Governing Body members require to enable them to effectively fulfil their duties and develop a programme to address this. In particular, financial training will be provided to those who require it in order to equip them to better understand and challenge the financial information provided to them.	Medium	February 2016	The CCG is identifying a suitable individual with Organisational Development expertise to lead this programme. Helen Hirst is helping to pull together an outline OD plan.	RP	On-going
12.	Primary Care Co-Commissioning Committee	The Primary Care Co-Commissioning Committee ("PCCC") will be separately established and operate under revised Terms of Reference ("ToR").	Medium	February 2016	The Primary Care Co-Commissioning Committee ("PCCC") has had its Terms of Reference ("ToR") revised and is now a separate committee. These TORs were agreed on 21 st January at the Quality and Finance Committee.	RP	Complete
13.	Committee Structure	The CCG will ensure more focus on finance occurs through its sub-committees.	Medium	March 2016	Having considered separating the Quality and Finance elements of the Q&F committee the CCG has decided to continue with the current arrangement. Careful planning of the agenda will ensure more time is given to allow greater and clearer scrutiny over financial performance and is in line with good practice for CCGs. The meeting on 21 January followed a more finance focussed agenda but the structure in the future will reflect this even more through the agenda planning.	RP	On-going

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14.	Governing Body Membership	The Governing Body will ensure lay members have appropriate opportunity to provide scrutiny and challenge to the Governing Body on the turnaround plan financial recovery plans. Consideration may be given to increasing the lay membership.	Medium	March 2016	The CCG has had an independent review of its lay members and their roles and it has implemented the recommendations to increase the level of independent scrutiny and challenge already provided by the current lay members. The hours worked by the three lay members have been increased to recognise the complexity of the work that they do and their roles are being redefined. The CCG does not consider an additional lay member is required at this point.	KR	Complete
15.	Succession Planning	The CCG has started succession planning for some key posts being cogniscent of the turnover in very senior posts although there are no imminent departures planned.	Medium	April 2016	Meetings have been held with senior GP leads with a view to identifying their development needs and aspirations for the future.	MH	On-going
16.	Roles and Responsibilities	In order for the Governing Body to carry out its function and for members to effectively fulfil their duties, the CCG will clearly re-define roles and responsibilities of the members and ensure that these are understood by Governing Body members.	Medium	April 2016	The governance team has started this work and will report back to the GB in due course	RP	On-going
17.	Agendas	Financial turnaround will be included as a top priority in the agendas of the Governing Body, its sub-committees and the SMT. Agendas will be reviewed for realistic content and consideration should be given to the addition of timings to ensure that key items are allocated sufficient time for discussion and debate.	Low	January 2016	Agendas currently reflect this change in position.	RP	On-going

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18.	Meeting Papers	Support will be provided to authors of Governing Body and sub-committee reports and accompanying cover sheets to establish an understanding of what information should be included in the cover sheets. All Governing Body and committee cover papers will set out clearly and succinctly what the purpose of the report is and what the key issues, risks and recommendations are so it is clear to the Governing Body/Committee what is being asked of them and why.	Low	January 2016	Work is ongoing as part of the Governance Team's work programme.	RP	Ongoing
19.	Communication Strategy	Although not specifically mentioned by PWC, the CCG believes that great communication of the Turnaround and Transformation plans is fundamental to their success.	High	January 2016	A Communications Plan has been developed by the CCG and discussed with NHSE. This includes key messages and timelines for communication with the public, staff, Governing Body, Council of Representatives, Stakeholder Partners, local MPs and the media.	RP	Ongoing