Annex B – PwC Recommendations

Ref	Area	Action
1	Leadership	A. The Governing Body must take responsibility for the leadership and governance issues identified and urgently put in place plans to address them. These plans should include, but not be limited to, the actions set out below. B. A clearly articulated leadership strategy and structure for the CCG is needed.
2	Executive team	The Executive team must be stabilised urgently, with experienced permanent appointments made wherever possible, or long term fixed appointments where substantive appointments cannot be made in the short term. *In our draft report, we set out that this should be completed by 31 March 2018. We note that this has not been achieved due to a delay in confirming the AO's role.
3	Executive team	The Executive team needs additional capability and capacity in order to address the challenges the CCG is facing: A. The CCG AO should consider whether she has capacity in the short term to continue to be the STP lead. B. A Chief Operating Officer is needed to take overall responsibility for the delivery of commissioning activities and to eliminate the current silo working. C. A Financial Recovery / Improvement Director is required to focus on the development and delivery of a multi-year financial recovery plan to return the CCG to normal business rules. The Financial Recovery / Improvement Director should be supported by appropriate delivery resource, experienced in financial recovery and improvement. D. Clinical leadership is needed within the Executive team: This should come from the appointment of a substantive Director of Nursing and the creation of a Clinical Director role. E. OD experience is needed within the Executive team, at least in the short-medium term, to develop and deliver an OD plan to enable financial recovery.
4	Improvement Plan and Financial Recovery Plan	A. A clearly defined Improvement Plan should be urgently developed to allow the CCG to map out how it will improve and by when; B. Set out a clearly defined multi-year Financial Recovery Plan, showing when the CCG will recover and return to NHS England business rules.
5	Org. recovery plan	A. A medium term organisational recovery plan should be developed, incorporating the detailed FRP, setting out the organisational development required to achieve financial recovery, including governance, leadership, structural change, culture and behaviours, training, communication and engagement. B. This should also include the consolidation of the CCG staff onto a smaller number of sites to enable the necessary increase in grip across all teams.
6	Governing Body	A. The CCG should review the effectiveness of the Governing Body and its processes for seeking and receiving assurance over the robustness of plans and ongoing monitoring of implementation. B. The effectiveness of Lay Members and Clinical Leaders should be considered on the Governing Body and its sub-committees, including clinical leadership at Clinical Executive Committee. C. Action should be taken to strengthen the financial capability of Governing Body members through additional training and the recruitment of Lay Members with NHS finance experience.
7	System support	The recovery of the CCG is necessary in order for the Cambridgeshire and Peterborough system as a whole to progress its integration agenda: In the short term the support of the system is required in order to prioritise the urgent need to stabilise the CCG, without which the system as a whole will be adversely affected.

8	SDU	A. The role and remit and leadership arrangements for the SDU should be clarified: Clear objectives, outcomes and accountabilities should be defined. B. Taking into account the level of resources available within the SDU, system stakeholders should ensure that the SDU role is defined to have maximum impact on recovering the overall financial position of the health system. C. The current overlap / duplication between SDU and CCG activities must cease.
9	CHC	A. The CCG should deliver its plan to process the backlog of CHC claims in a rapid but robust way to minimise appeals. B. The CCG should re-run its model with updated assumptions prior to submission of the final plan in April 2018 to ensure the estimate included for FY18/19 reflects the most up to date information. C. There should be an investigation into the circumstances surrounding the current CHC situation to identify the lessons learned.
10	Contract management	Robust contract management must be reinstated for FY18/19 to ensure that emerging risks to the financial position are contained and mitigated throughout the year. This should include: A. Clear ownership of each contract; B. Clear timetabling of the contract management and challenge process
11	Rapid FY18/19 QIPP development	A. The FY18/19 QIPP plan development process should be further accelerated to fill the gap with fully worked up schemes. B. Further focussed development meetings should be held to shore up the QIPP list with PIDs completed by end of March 2018. C. The timetable for this should be factored into the overall CCG improvement plan. D. Test the cost pressures, line by line, with a turnaround mindset. E. Set out lead indicators on QIPP delivery – With milestones reported regularly. F. Increase the frequency of the finance sub-committee, to scrutinise the recovery. G. Instigate a joint NHSI / NHSE steering committee, which has sight of monthly financial reports. H. Assess any additional funding options. I. Re-run unpalatable options generation and assessment process. J. Consider the need to re-run the CEP / Challenged Health Economy process.
12	PMO	A. The CCG should redefine the PMO's purpose, focussing it on the FY18/19 QIPP programme, and identify an Executive with responsibility for the PMO. B. A CCG Head of PMO should be appointed to provide day to day leadership. C. The PMO team should be appropriately retrained where necessary.
13	Monitoring financial recovery	The CCG should implement Director led weekly financial recovery meetings, with PMO support. Detailed discussions of QIPP progress and implementation should be discussed at these meetings and action taken to address any emerging risks and issues.
14	GP leadership and monitoring	The CCG should ensure that a dashboard driven system to compare GP practices is in place and is regularly discussed and monitored with GPs and practice managers. Introduction of this approach should be supported by OD focussed on GPs in delivery of the CCG's recovery. Each GP federation should have a nominated improvement lead
15	Focussed analysis of financial opportunity	The CCG should drill further into the benchmarking findings to assist with the pathway redesign process and to aid FY19/20 QIPP plan development.
16	FY19/20 QIPP planning and development	A. The planning cycle for the next financial year should be brought forward. B. The CCG should look to hold a FY19/20 kick off meeting in summer/early autumn 2018 to identify a long list of QIPP ideas. C. Further meetings should be held to identify a confirmed short list and PIDs drafted by November 2018.

		D. The timetable for this should be factored into the overall CCG improvement plan.
17	Revisit reserves and upside opportunity regularly	A. The reserves and upside areas identified in this review should be regularly reviewed and released where appropriate and possible.
18	Finance function restructure	A. The CCG should review the finance, contracts and BI teams to ensure that accountability is clearly defined and that the structure and roles within these functions is appropriate, taking into account the role of the SDU and the resources within it. B. Duplication of effort between the SDU and CCG functions should be avoided. C. Vacancies within the finance function should be recruited to in order to increase capacity to support the financial information needs of the CCG.

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