

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	30 March 2017
Board Sponsor:	Oliver Phillips, Director of Strategy
Paper Author:	Oliver Phillips, Director of Strategy
Subject:	Integrated Recovery Plan Progress Report

Executive summary

In September 2016, the Board approved the Trust’s Integrated Recovery Plan. The plan was required by NHS Improvement as a result of the Trust being put into Special Measures for both Quality and, subsequently, Finance. The recovery plan was aimed at addressing issues across the Trust related to quality and safety, financial, clinical services, workforce and leadership, governance, communications, performance management, information and technology, and strategy and transformation.

This paper provides the Board with an update on the implementation of the Plan, six months on from its instigation.

Action required by the Board

1. Note the progress against the Integrated Recovery Plan made by the Trust over the period September 2016 to March 2017

Links to corporate objectives	The report aims to support the Trust’s corporate objectives: <i>excellent outcomes; empowered skilled staff; and high productivity</i>
Identified risks and risk management actions	The Integrated Recovery Plan highlights and seeks to address a range of quality and financial risks. Each of the key programmes of work has risks and risk management actions identified.
Resource implications	Resources required to deliver the recovery plan have been identified and are being managed
Legal implications	None
Report history	Trust Integrated Recovery Plan approved by the Board on 29 September 2016
Appendices	None

Report to the Board of Directors, 30 March 2017

Integrated Recovery Plan Progress Report

1. Introduction

In September 2016, the Board approved the Trust's Integrated Recovery Plan. The plan was required by NHS Improvement as a result of the Trust being put into Special Measures for Quality, and subsequently for Finance. The recovery plan was aimed at addressing issues across the Trust related to quality and safety, financial, clinical services, workforce and leadership, governance, communications, performance management, information and technology, and strategy and transformation.

This paper provides the Board with an update on the implementation of the Plan, six months on from its instigation.

2. Background

In August 2016, NHS Improvement placed Brighton & Sussex University Hospitals NHS Trust (BSUH) into Special Measures for Quality. This followed the report published by the Care Quality Commission (CQC) in August 2016 which gave the Trust an 'inadequate' rating following an inspection in April 2016. The Board approved the recovery plan in September 2016. Although the Trust was not placed into financial special measures until October 2016, the scale of the Trust's financial position was already known, and the recovery plan also sought to address the Trust's financial position.

The recovery plan has been built upon four transformation programmes with a range of enabling programmes. The four transformation programmes are:

- Quality and Safety
- Financial Improvement
- Clinical Services Transformation
- Workforce and Leadership

The Trust also established a Programme Management Office (PMO) to support the delivery of these programmes.

The Trust has introduced new Trust governance and committee structures and processes with a number of changes to executive and non-executive personnel. The Executive Director roles were also reviewed to ensure clear accountability. In order to provide clarity to the Board, a new Trust Programme Board was introduced, chaired by a non-executive Director. The Programme Board has met monthly to review progress against each of the four transformation programmes, supported by the PMO.

3. Progress to date

The Trust has made significant progress against these programmes since their inception in September. The Board has received regular reports from the Programme Board, the Quality and Performance Committee and the Finance, Business and Investment Committee highlighting progress, which this paper will not seek to replicate. It will rather highlight the key issues which the Trust has sought to address under each of the programmes.

a) Quality and Safety

The Quality and Safety improvement programme (QSIP) has focused on the following key areas:

- Develop and deliver an action plan in response to the CQC findings – both to the warning notice issued in April 2016 and the wider report;
- As part of these ensure that there is robust follow-up to the CQC must do's and should do's;
- Develop a wider quality and safety improvement plan, working closely with the Directorates to improve the quality of care.

The Trust has made significant improvements across the range of issues initiated by the CQC report, which have been closely monitored and managed through the Programme Board and the Quality and Performance Committee, putting the Trust in a much stronger position for the forthcoming CQC visit in April 2017.

b) Financial Improvement

The Financial Improvement Programme was initiated in advance of the Trust being placed into financial special measures; the Trust participated in the national Financial Improvement Programme in Quarter 1 of 2016/17. This was further developed and managed through the PMO and the engagement of FTI Consulting. The key aims of the programme were:

- Rapidly identify in year savings to minimise the 16/17 deficit position;
- Develop further future financial improvements to improve productivity and increase efficiency;
- Implementation of changes needed to sustain the improvement in the Trust's financial improvement.

Given the criticality of achieving an agreed year-end financial position with NHS Improvement, the focus of the programme has been on ensuring that shorter term financial grip is established and maintained. This has been done through both the Trust Programme Board and the Finance, Business and Investment Committee.

c) Clinical Service Transformation

Established under both the Chief Operating Officer and the Director of Strategy, the Clinical Service Transformation programme was established with the following aims:

- Create a programme aimed at improving patient flow through the system;
- Develop and deliver site clinical reconfiguration projects;
- Work with partners through the Sustainability and Transformation Plan to develop a more comprehensive strategy for the Trust;
- Work with NHS England to review the Trust against the national standards for Major Trauma Centres.

Through both NHS Improvement and the STP, the Trust was asked to ensure, through its patient flow programme, that the Trust had sufficient capacity to ensure that services would be safe and manageable through the winter period. A detailed 'winter planning' programme was developed and agreed with NHS Improvement. The Trust successfully introduced a range of measures to increase capacity, including Newhaven Community beds, Hospital at Home, and increased bed capacity at Princess Royal Hospitals. The programme has been successfully managed through the Clinical Services Programme Board and subgroups, and through the Trust Programme Board.

d) Workforce and Leadership

The Workforce and Leadership programme was established to achieve the following key objectives:

- Improve Statutory and Mandatory training across the Trust and increase the appraisal rate;
- Accelerate the Health and Well Being strategy;
- Develop a programme to address the CQC findings around the culture at the Trust;
- Develop a Trust-wide leadership programme.

These programmes of work have been closely monitored through the Workforce and Leadership Programme Board and the Trust Programme Board.

e) Enabling programmes

To support these main programmes a number of enabling programmes have been established. These have included:

- The BSUH Improvement Academy, which has seen a wide number of senior managers and clinicians trained in and applying improvement techniques in their working environment;
- The introduction of a new, more streamlined, Governance structure which gives greater visibility and control to the Board;

- The establishment of a PMO to manage the programmes of work and ensure progress is monitored and managed through the Trust;
- Revising the Trust's Performance Management framework to ensure clear accountability and to ensure that the Board has visibility across a balanced range of performance indicators.

4. Summary and Conclusion

Following the CQC inspection in April 2016 and the placing of the Trust in 'Special Measures' from August 2016, the Trust developed and approved an Integrated Recovery Plan in September 2016. This plan, with its four key transformational programmes, has been managed and monitored through the Board and Committees, and directly by the Trust Programme Board.

Progress has been most apparent in areas which have dealt with immediate quality, finance and performance measures. These have included addressing the concerns in the CQC warning notice and the must and should dos in the CQC report, significantly expanding our winter capacity to enable flow, improving our statutory and mandatory training and stabilising our financial figures.

Progress has been less rapid in addressing the longer term improvements in quality and safety, efficiency and productivity and producing a revised clinical and workforce strategy. These will need to be addressed by the new leadership team at BSUH.

Oliver Phillips
Director of Strategy
March 2017