

To: The Board

For meeting on: 28 April 2016

Agenda item: 5

Report by: John Wilderspin, Integration Director

Report on: Integration Programme Stocktake – Key Achievements

1. This paper provides a summary to the Board of the changes and key achievements delivered to support the set up of NHS Improvement by 1 April 2016, through the Integration Programme. This paper and accompanying annex summarise the achievements delivered from November 2015 (the point at which the Integration Programme was fully established) up to 1 April 2016. This is an unusual integration in that NHS Improvement is not a new statutory organisation and the NHS Trust Development Authority (NHS TDA) and Monitor remain as the statutory bodies and employers.
2. The highlight summary, detailed in Annex A, outlines the key changes which have impacted on support for staff, current infrastructure (including IT), external stakeholder relations, governance structures, operating model and introducing new ways of working.
3. The key achievements summarised were delivered with an established programme budget for 2015/16 (based on an agreed business case with the Department of Health) and agreed spending control. Initial work on the 2016/17 Integration budget has been completed and work undertaken with workstream leads to identify committed spend and estimates where costs are unknown.
4. The Programme Management Office (PMO) has supported delivery of the initial phase of the Integration Programme. The PMO supported the establishment of appropriate governance structures within the programme, which included the Joint Working Group, Integration Programme Board, and associated reporting mechanisms. The PMO facilitated the drafting of initial scoping documents which identified the scope, objectives, interdependencies and constraints for each individual workstream, and provided delivery support to the workstreams where required. The PMO has maintained focus on the scope of the programme, ensuring everything within scope is covered and activities prioritised accordingly. The coordination of regular workshops between workstreams has facilitated

working and the set-up of a 'Day 1 Readiness Group' with staff has enabled the testing of key messaging and communications products prior to publication.

5. As a result of an external procurement process, KPMG were appointed to support the development of NHS Improvement, with a particular focus on the Organisation Design (Operating Model and organisational structures) and Culture and Values workstreams. KPMG worked closely with a team of internal secondees to deliver this work. The PMO has worked very closely with KPMG and the internal secondees, with the Joint Working Group, and a wide range of staff from NHS TDA, Monitor and NHS England, to deliver the achievements set out in annex A of this paper.
6. The Board is asked to note the progress in the establishment of NHS Improvement.

Public Sector Equality Duty:

NHS Improvement has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. The Act protects against discrimination on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation. We have thought about how the issues dealt with in this paper might affect protected groups.

We believe the paper will not have any adverse impact upon these groups and that NHS Improvement has fulfilled its duty under the Act.

Exempt information:

None of this report is exempt from publication under the Freedom of Information Act 2000.

Annex A

Key achievements delivered to support the set up of NHS Improvement by 1 April 2016 include:

Transfer of teams to NHS Improvement

1. A key integration task was the transfer of more than 90 staff from NHS England and Imperial College Healthcare NHS Trust to NHS TDA contracts, as NHS Improvement is not a statutory employer. These were Patient Safety from NHS England, the Advancing Change Team from NHS Improving Quality and the Intensive Support Teams from Interim Management and Support. Part way through the transfer of the Patient Safety Team it was also decided to transfer the National Reporting and Learning System (NRLS) Team, hosted by Imperial College Healthcare NHS Trust. This required a Business Transfer Agreement with NHS England, assets and liabilities were transferred on 1 April successfully. All the financial and legal requirements needed to be satisfied prior to transfer, including staff consultation and a Statutory Instrument as the statutory responsibility was passing from NHS England to NHS Improvement, via the NHS TDA. As staff were transferring to a new organisation there were a wide range of practical arrangements required to ensure staff were ready to work on Day 1, these were all completed to time. An enhanced IT system with improved security was also procured for the NRLS team.

Executive Structure and Board Arrangements

Executive structure agreed and appointments made

2. The Executive structure was finalised in January 2016 and an internal recruitment process successfully completed, with nine out of eleven Executive posts appointed to. Open competition commenced for the two unfilled posts during February and interim leadership arrangements were put in place for the London and South Executive Regional Managing Directors (ERMDs). A briefing document for staff was compiled and sent to all staff on 11 February 2016 to inform them of the appointments to the new Executive structure. Briefings were also held to inform staff of the structure, broad responsibilities and appointments made. The new Executive Directors took up their roles formally on 1 April 2016. Interviews for the remaining two posts are taking place on the 27 of April 2016.

Governance arrangements

3. High-level governance arrangements and structure for NHS Improvement (both Board and Executive) have been agreed. The planning process for the non executive appointments/re-appointments has been completed and appointments made. The NHS Improvement Board architecture was designed and agreed in January 2015. Draft terms of reference are in place to support the Board and executive committee structure; however further clarity on the Operating Model and risk assurance framework is required. The NHS Improvement Rules of Procedure have also been finalised and approved.

4. An Information Governance framework has been drafted for NHS Improvement and an audit of all data sharing agreements has been completed. An audit of access permissions to all data received under licence is also complete. The listed users within the Data Analytics Request Process have been updated.

Support to NHS Improvement Staff

Regular communications

5. An early priority for the Integration Programme was to ensure that the 1100 staff from three different organisations were regularly informed on progress within the Integration Programme. NHS Improvement Integration Updates (all staff newsletter) were sent out to staff each week from 11 November 2015, with an average take up estimate of circa 70%. A new weekly NHS Improvement staff newsletter, *Inside Improvement*, was launched in early March 2016 and draws content from across all NHS Improvement teams. This has a feedback mechanism and readership measurement capability in place. *Inside Improvement* was used to promote NHS Improvement's new leadership via video interviews and promote NHS Improvement's vision and purpose and content from the 11 February provider launch event. Direct emails were also sent from Jim Mackey and John Wilderspin to keep staff up to date on key developments, including Frequently Asked Questions (FAQs) on issues which were of most concern to staff.

All staff aligned to NHS Improvement directorates

6. It was important to ensure that staff were informed about where they would be working in the new organisation from 1 April 2016. To facilitate this, a directorate mapping exercise was carried out for all staff. Each member of staff received an individual email explaining which NHS Improvement directorate they would be aligned to from 1 April.

Day one pack and welcome messages

7. All staff were provided with a detailed 'essentials' pack on 29 March 2016, which included a range of practical information for the launch of NHS Improvement and to support staff working post Day 1. This included a summary of the NHS Improvement draft Operating Model, the new Board committees and Executive decision-making structures, location and contact details of all NHS Improvement offices, signposting to new policies and aligned interim processes for Freedom of Information (FOI) requests, complaints and whistleblowing, and signposting to relevant guidance. Videos of the Chief Executive and Chair were produced and shared, to welcome staff to NHS Improvement.

Intranet

8. The NHS Improvement intranet launched on 1 April 2016. Significant work was required to ensure it was accessible by staff on different IT networks. The intranet provides staff with essential information required to support delivery of Business as Usual activities. The site includes signposting to new NHS Improvement

policies, contact details, guidance and a central point for key restructuring and integration news.

NHSmail and supporting IT

9. **NHSmail:** All staff on Monitor's email system were moved to an NHSmail account, to ensure that NHS Improvement staff were using a common, NHS email address. The NHSmail 'tag' now identifies all staff as "NHS Improvement". Staff can all be located through one NHS Improvement address book. Some transferring staff were also migrated to the NHSmail platform.
10. **Remote working and mobile access:** An interactive communication tool has been established, tested and rolled out to support remote working. New IT equipment has been purchased to enable more flexible working and support future requirements including 'smart' working.
11. **Provision of interim file sharing capabilities:** A file sharing tool has been rolled out to all NHS Improvement staff to support working across IT networks and different organisations, including trusts and other Arms Length Bodies (ALBs).

Alignment of social groups and organisational policies

12. NHS Improvement social groups have been established through the alignment and expansion of existing NHS TDA and Monitor social groups.
13. Interim processes for FOI requests, enquiries, complaints and whistleblowing have been established until a single NHS Improvement process can be developed, to ensure stakeholders and staff are clear on who to contact about what. A number of new key NHS Improvement policies have been developed and published on the NHS Improvement intranet, where aligned NHS Improvement policies are yet to be developed existing NHS TDA and Monitor policies will continue to apply to staff.

Stakeholders, external communications and branding

Website

14. The NHS Improvement corporate website went live on 1 April, it is expected that this will be further updated to reflect stakeholder feedback and developed as the organisation develops. The site currently includes key information on NHS Improvement and signposts to existing Monitor and NHS TDA websites where appropriate.

Provider Roadmap

15. The provider 'roadmap' document was launched at the national provider event on 11 February. This includes a statement of vision and purpose for NHS Improvement, sets out clear expectations of what providers need to deliver and further explains how NHS Improvement will work with providers and support them to achieve these expectations by 2020.

External engagement events and communications channels

16. **External engagement:** A programme of external stakeholder engagement and consultation was completed to ensure that the development of NHS Improvement was strongly influenced by stakeholders. Stakeholders were briefed on NHS Improvement's role, and feedback through a series of roundtables informed development of the operating model.
17. A programme of stakeholder launch communications was successfully completed, including a national provider event on 11 February (attended by around 550 delegates), follow-up roadshows of regional and audience-specific events, and Parliamentary engagement. Proactive external communications were also shared on the new NHS Improvement Board.
18. **Communication channels:** A NHS Improvement provider bulletin has been established and is circulated to providers on a fortnightly basis. New digital communication channels have also been established, for example a NHS Improvement Twitter account.

Branding

19. An interim NHS Improvement brand has been developed, with templates, guidance and new writing style guide shared with all staff. Interim branding is now in place across our offices, channels and products.

Operating Model and Culture and Values

20. A substantial focus of the Integration Programme has been on developing a new Operating Model for NHS Improvement. A separate briefing has been prepared for the Board on this. A detailed pack has been developed and provided to Executive Directors setting out in draft approaches to the key areas of work for NHS Improvement. These include support for improvement, understanding the issues at trust level and working with trust boards, shaping the environment for providers, and continuous learning and improvement. Work has commenced with the Executive team to develop new staff structures to support the Operating Model.
21. 'Cultural assessment' field work and research, including a staff survey, focus groups and interviews, was completed to inform development of NHS Improvement's culture and values, with positive feedback received on the style of engagement. A proposal to take forward the work to date on the Operating Model and Culture and Values is the subject of a separate briefing which has been prepared for the Board.