

The road to recovery

Delivering financial sustainability in the NHS

March 2018





As at March 2017, the NHS employed (full-time equivalent): 106,430 doctors; 285,893 nurses and health visitors; 21,597 midwives; 132,673 scientific, therapeutic and technical staff; 19,772 ambulance staff; 21,139 managers; and 9,974 senior managers.

NHS Confederation

36% of all providers ended FY17 in deficit with 82% of trust finance directors reporting that their FY17 year-end position depended on significant financial support.

A fifth of all CCGs ended FY17 in deficit... with two-thirds of all CCGs reported their year-end position for FY17 relied upon significant financial support. More than half (52%) of all CCGs have delayed or cancelled spending plans.

***Quarterly Monitoring Report 23,
The King's Fund, June 2017***

“My key lessons from our financial improvement programme are to embed a robust cost reduction approach and strong PMO governance. We took a devolved approach to cost control with divisional level ‘trios’ providing challenge on any expenditure, whilst maintaining quality of care. In addition, the PMO will continue as a core governance function where we closely monitor our saving plans.”

***Dr Tracey Batten,
Former Chief Executive Officer,
Imperial College Healthcare
NHS Trust***



Foreword

The NHS provides us all with a great deal of pride and is a globally recognised and respected institution. It recently won the accolade of the ‘number one health system in the world’ by the Commonwealth Fund, a US think tank, recognising in particular its ‘safety, affordability and efficiency’ compared to other systems.

Significant challenges remain however, dominated by the need to continue to provide quality healthcare whilst delivering significant transformation in a period of constrained resource. I have experienced this first hand both working alongside and within NHS organisations, having spent over six months, in the last year, as Sustainability Director as part of an NHS Executive team.

- You will find this report outlines some of the **key themes** we’ve identified through working **closely with the NHS** over recent years and key steps in any NHS organisation’s ‘**Road to Recovery**’.
- By **sharing** them we hope this can help you as our NHS partners **avoid common problems** which can lead or contribute to financial difficulties.

Achieving change is challenging yet attainable but even more difficult is ensuring any change is sustainable. I believe there has been considerable progress in this area however more can be done with greater engagement and support from all stakeholders.

Investing in the right people is key and we see time and time again that the best organisations benefit from having high quality and stable leadership teams. They have a clear plan for both the long term change they are trying to build and to respond to immediate pressures.

- These plans are based on **fully understanding** the way an organisation does and doesn’t function well financially which requires **full transparency** of the true financial position.
- Real benefit can start once there is **confidence in the financial baseline**, a shared understanding of the deficit and clarity on how everyone can contribute to resolving the issues.
- Ensuring everyone clearly understands the **need for financial improvement** and lining up the operational focus behind it, can really drive successful and **long lasting transformation** in any NHS organisation.

Improvements in areas such as communication within the NHS and with its stakeholders are a big step in the right direction. However, as this report suggests, more can still be done with strong financial control being that vital first step and platform upon which long-term transformational change can be built.

I hope this report helps identify useful themes that can help all those in the NHS regardless of whether it is for institutions looking to successfully journey through financial turnaround or those seeking to ensure they are ahead of the game and stay there.



David Morris

Partner and Head of Business Recovery
in Healthcare

Introduction

We launched our first Road to Recovery report in July 2016, based on our experiences of supporting NHS organisations in financial turnaround. Reviewing our thoughts from last year, many of the recommendations still apply, with a common sense approach to carefully managing the finances in a constantly changing NHS. We bring these updated observations and other key findings from the past year into this 2017 edition of the 'Road to Recovery'.

What's new in this edition?

- Focus on cash and working capital with case study from a large London teaching trust.
- Reflections from within the NHS of financial improvement programmes.
- Stakeholder management top tips and turnaround Director's view.
- The six foundations for successful recovery.

The NHS is internationally recognised and managing the balance of quality, finance and performance is essential and are all evidently interlinked. Whilst this report focuses on the financial recovery of an organisation, many of the principles relate to recovery of all three of these areas against which the NHS is measured. This was made clear at Morecambe Bay NHS Trust where they were simultaneously recognised for significant quality and financial turnaround with the 2017 HSJ Value in Healthcare award for 'Improving Value Through Innovative Financial Management or Procurement'.

During the past 12 months, we have worked with two specific NHS Trusts to exit financial special measures. We have also worked with others who have been able to successfully adopt the principles in this publication early enough to prevent going into FSM.

Since our 2016 publication, there has also been an increased need for NHS organisations to borrow cash and, as a consequence, increased focus from the regulators on how boards are ensuring robust cash forecasting and working capital governance. Our case study on page 12 highlights how this can be approached.

The feedback we've received from clients is that there is an increasing requirement to manage the numerous stakeholders in the system, especially during a period of recovery. So in this edition we've added a new section at page 15 specifically on this.

We conclude the document with a summary on our view of what the 'six foundations for a successful recovery' are. These steps start from understanding the size of the problem, through clarity of leadership and communication to good governance to ensure success. We all know fully committing and implementing these steps is not as easy as it seems.

This report should be a helpful aid for anyone seeking to address or avoid a financial challenge. With the average deficit per NHS provider and CCG growing, it should resonate with leaders and front line staff alike. Our recommendations are intuitive enough for any NHS organisation to put in place. We hope you find it useful and welcome your feedback.



“

Solid financial sustainability is a tricky long-term goal in the current economic climate. However, a period of intense work with senior clinicians and managers kick-starts a sustainable recovery and ensures everyone is focused on the key things that need to happen. This recovery period is also critical to setting the right rhythm and approach for future long term financial management. For us this has been about complete transparency, accountability, excellent systems and processes and obsessional attention to detail.”

**Mark Davies,
Chief Executive Officer,
Norfolk and Norwich
University Hospitals NHS FT**

How much time have you got?

If you've got 45 minutes, you can read the whole report which is recommended.

If you only have five minutes, you can get the key messages from the espresso summaries at the end of each section.



We want to hear from you

We hope you find this document useful. We would very much like to hear your thoughts if you have views and experiences to contribute to this issue. Please email us at: newhealth@uk.pwc.com



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The challenges

The NHS continues to face unprecedented financial stress, leading to even greater challenges upon its leadership teams. There are multiple reasons for these, both at national and local levels.

National factors

- Restricted funding. Healthcare spending in the UK was 9.8% of GDP in 2016, higher than OECD member states like Italy (8.9% and Spain (9%). It is however significantly below other member states like USA (17.2%), Germany (11%) and The Netherlands (10.5%).
- Increasing and possible imbalance in the relationship between discretionary spend/ cost of care and quality of care.
- Configuration of the NHS. As it's broken into silos, there's often significant duplication and lost efficiencies of scale, although STPs are now seeking to address this.

Local factors

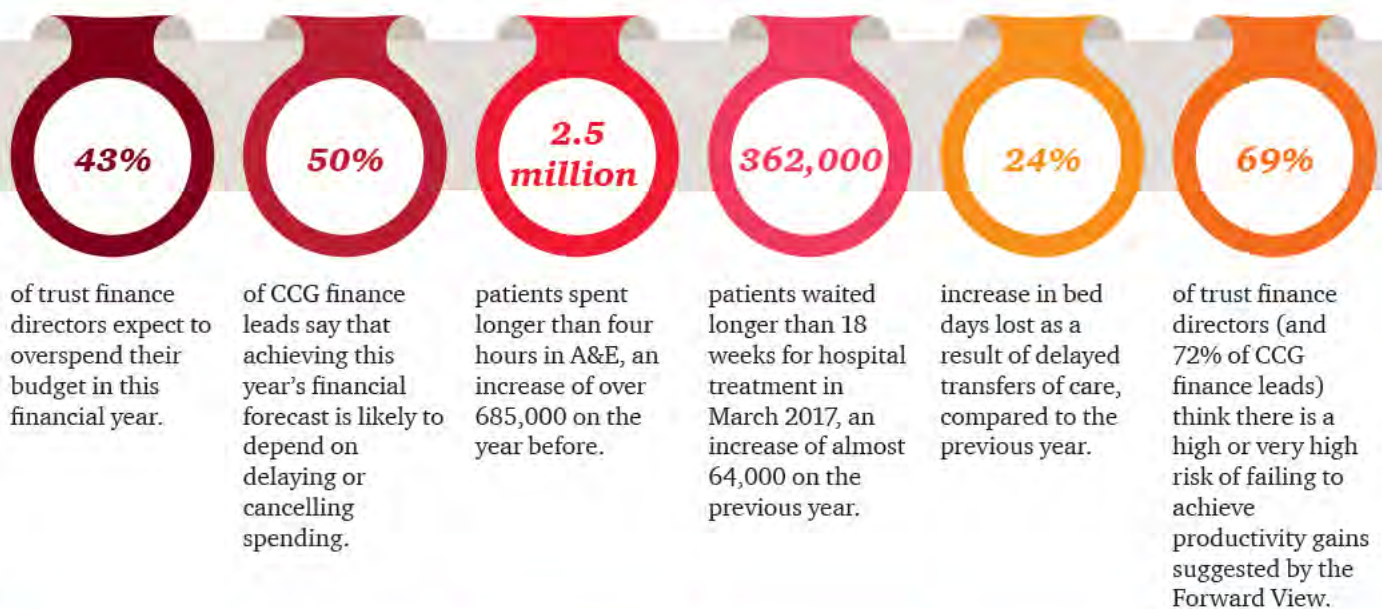
- Leadership capability and capacity. There's a high turnover of senior roles and organisations aren't nurturing their talent pipelines effectively enough.
- Social care provision is also under pressure, impacting on transfers of care.
- A clear regional strategy is yet to emerge.

Source: NHS Confederation

Steps for positive change

We believe the current strategy of healthcare moving towards delivery through systems, including the STP footprints, rather than single institutions to be the right direction of travel¹. On this journey towards new delivery models, and when focussing on addressing short to medium term financial stress and distress, we have noticed a number of things that NHS leadership teams have done to either address or avoid financial challenges. The list is by no means exhaustive but in our view it represents the steps organisations take to enable positive change:

- Getting the right **leadership** in place. Strong organisations recognise they need people with the capability, time and commitment to lead and deliver financial recovery programmes, while also improving operational performance and quality of care.
- Finding the **underlying causes** that support the **financial challenges** they are facing, share these widely and gain buy in to these factors before acting on them.
- Having a clear **purpose** and build a credible and easy **recovery plan**. This should act quickly to stop the situation getting worse and improves things in the short and medium term whilst also understanding what needs to happen to make the change sustainable in the long term.
- **Communicating** clearly to staff about what they need to do to change things.
- Embedding clear lines of accountability for **effective governance**. This should ensure discretionary spending comes under control, gripping the organisation tightly.



Source: Quarterly Monitoring Report 23, The King's Fund, June 2017

¹. This is an area we explored in some detail in our report 'Redrawing the Health and Social Care Architecture: Exploring the role of national bodies in enabling and supporting the delivery of local health and care services' which was authored by David Morris, Andrew Statham and Josh Walker in November 2016. <http://www.pwc.co.uk/industries/government-public-sector/healthcare/insights/redrawing-health-and-social-care.html>



Getting the right leadership in place for change

The leadership challenge

Strong, visible leadership underpins the success of high performing organisations across all industries. The NHS is no different although some of the factors are unique to the sector.

The statistics speak for themselves. The King's Fund reports a high turnover of CEOs and accountable officers. The challenges boards and leadership teams face are so significant that CEO and FD posts are becoming increasingly difficult to fill:

- Nearly all NHS organisations have at least one executive level vacancy or interim executive board member.
- The average tenure for a chief executive is 2 and a half years, FDs are one of toughest positions to fill.

Addressing financial challenges is a real test for NHS leaders. Despite these challenges, and possibly because of them, we have seen some excellent leadership stories. On the next page, set out are some of the lessons we have learnt.

Spotting and addressing leadership gaps

Whether a leader is new to the organisation or facing up to a new challenge, the first thing they should look at is leadership capability and capacity. Their diagnosis doesn't need to be based on complex analysis. But objectivity is important, and often a fresh pair of eyes will help bring missed or hidden challenges to the surface.

Important questions to consider:

Do leaders feel qualified to do what they are being asked to do?

Do they fully understand what's expected of them?

Do they have enough time alongside existing roles to focus on cost reduction efforts?

Do they have the teams around them with the right capability and capacity to deliver what is expected of them?

It's crucial to then communicate these findings and put together an action plan on the back of them. Leaders can (as often seen) do this appraisal at any time. If they are tackling a significant financial challenge, this is even more important.

Making the most of NEDs in change programmes

In our experience, organisations often don't understand the role of NEDs well enough, or the benefit they can have in periods of difficulty. They typically bring a diverse set of skills and experience and peer review ability, which organisations don't always make the most of.

We have, however, seen some excellent examples of NEDs supporting financial improvement programmes and, in our view, it's important to use the skills of the NEDs in change programmes. In recovery programmes, NEDs can give leaders extra support and help challenge their thinking, which makes the programme more likely to succeed.

To make the most of their NEDs, the following things might be considered:

- Regular capacity planning for NED time. This will make sure they are sharing their responsibilities appropriately and that they have enough time to get involved in improving finances.
- Nominating a NED to each large cost improvement scheme to oversee, support and challenge exec leads.
- Having a NED at weekly change or programme boards to provide scrutiny to programme progress.

Getting a consistent message around financial recovery

Clear leadership is critical at times of change. Leaders must agree on what they want to achieve, and what they do and say. If they don't, it's almost impossible for the wider organisation to get the message, especially when cost reduction is the main aim of change.

We have seen some great examples of strong, honest messaging from NHS leadership teams. The following represent lessons learnt:

- Take time out as a team (including senior and non-executives, clinical, operational and financial leaders) to agree a clear set of intentions around financial improvement, what the organisation needs to do, and who's going to do it.
- Agree a set of priorities and objectives that strike the correct balance between importance and urgency.
- Meet regularly, both formally (programme boards, governance committees, etc.) and informally (CEO forums, exec teams, board away days, etc.), to overcome challenges as they come up and build trust.
- Evaluate success regularly and act on the findings so they can change their approach if they need to.

The NED development programme

PwC run a targeted NED programme to develop skills and knowledge. Some of the thoughts from NEDs that attended these events have been provided below.

Find out more about these NHS NED exclusive events at <http://bit.ly/healthneds> or healthneds@uk.pwc.com

“Very valuable for a relatively new NED to gain insights into system wide issues and compare insights and experiences with other NEDs.”

NED, Surrey

“Excellent programme – really helpful in changing mind-sets.”

NED, Devon

Strengthening your support functions

Support functions can be engine rooms of change. But in NHS providers and CCGs, finance, IT and HR teams suffer from high staff turnover, with vacancies often left unfilled. This makes it difficult for these teams to support the change programme alongside their day-to-day responsibilities.

It's important to assess each of these functions to spot gaps and strengthen teams. We've seen excellent examples of support functions being turned around in this way. Therefore, evaluating performance regularly and, more importantly, acting on findings can be very beneficial in directing the change in approach that is needed.



As a CEO you are only as good as your senior team and therefore understanding the environment you are working within, which ultimately determines your team leadership requirements, is essential. Taking time to understand the team you are inheriting and the team dynamics is critical to identify any gaps in capacity and skill sets. It is being clear with the team your objectives, vision and expectations as often individuals self-select whether they wish to contribute to be part of your leadership team going forward. However, it is important to support staff during this decision making process. In attracting senior leaders to the organisation, you have to create a competing, inspirational and exciting vision to attract the leadership you want, in order to create the culture that facilitates success.

In order to address the future sustainability of the trust, a “burning platform” created an opportunity for a new vision for the future (an Integrated Care Model) which could be endorsed by local stakeholders and the trusts and then Monitor. Strong system leadership during this phase was essential as there was considerable uncertainty, and from a historical perspective a lack of trust between the organisation and the health economy. Demonstrating a united approach and keeping to the principles of collaboration ensured the work came to a positive conclusion which all stakeholders could endorse. System leadership is much more difficult than being a system leader within your own organisation.”

**Karen James, Chief Executive,
Tameside Hospital NHS Foundation Trust**



In my experience, it is vital for finance to work closely with operational teams to develop a detailed understanding of the financial challenges facing the organisation. With growing pressures on service budgets, establishing a clear narrative on the size of the financial challenge and establishing the main causes whether structural, operational, quality-driven or related to inefficiency, is of the utmost importance.”

**Jane Payling,
Chief Financial Officer,
Ipswich and East Suffolk
and West Suffolk CCGs
(formerly Head of Health &
Integration, CIPFA)**

Nurturing future leadership talent

Tackling financial challenges calls for decisive action from today's leaders. But to sustain that change for years to come, organisations need continuity of leadership. In the absence of regional high potential and leadership development training, which have all but vanished, it's important for individual NHS organisations to spot and support their talent.

Financial improvement programmes are a great opportunity to spot and nurture talent

The good news is that, even though financial improvement programmes can be intense, it does bring out the best in high performers and future leaders – and make them easier to spot.

“

I would sum up our experience of financial recovery with three top tips; 1) invest in capacity to do the stuff you know you need to do, 2) ensure there is focus in the organisation on the priority with sound governance and 3) ensure there is good engagement across all staff groups and with your external stakeholders. We went from a deficit to surplus position. A year on its still sticking with disciplines in place our teams say they would not want to be without.

**Peter Lewis,
Chief Executive Officer,
Taunton & Somerset
NHS FT**

Espresso summary



1

Spot leadership capacity, capability and commitment gaps and address them quickly.

2

Get NEDs involved in financial recovery: their scrutiny, peer review, rigour and expertise are important.

3

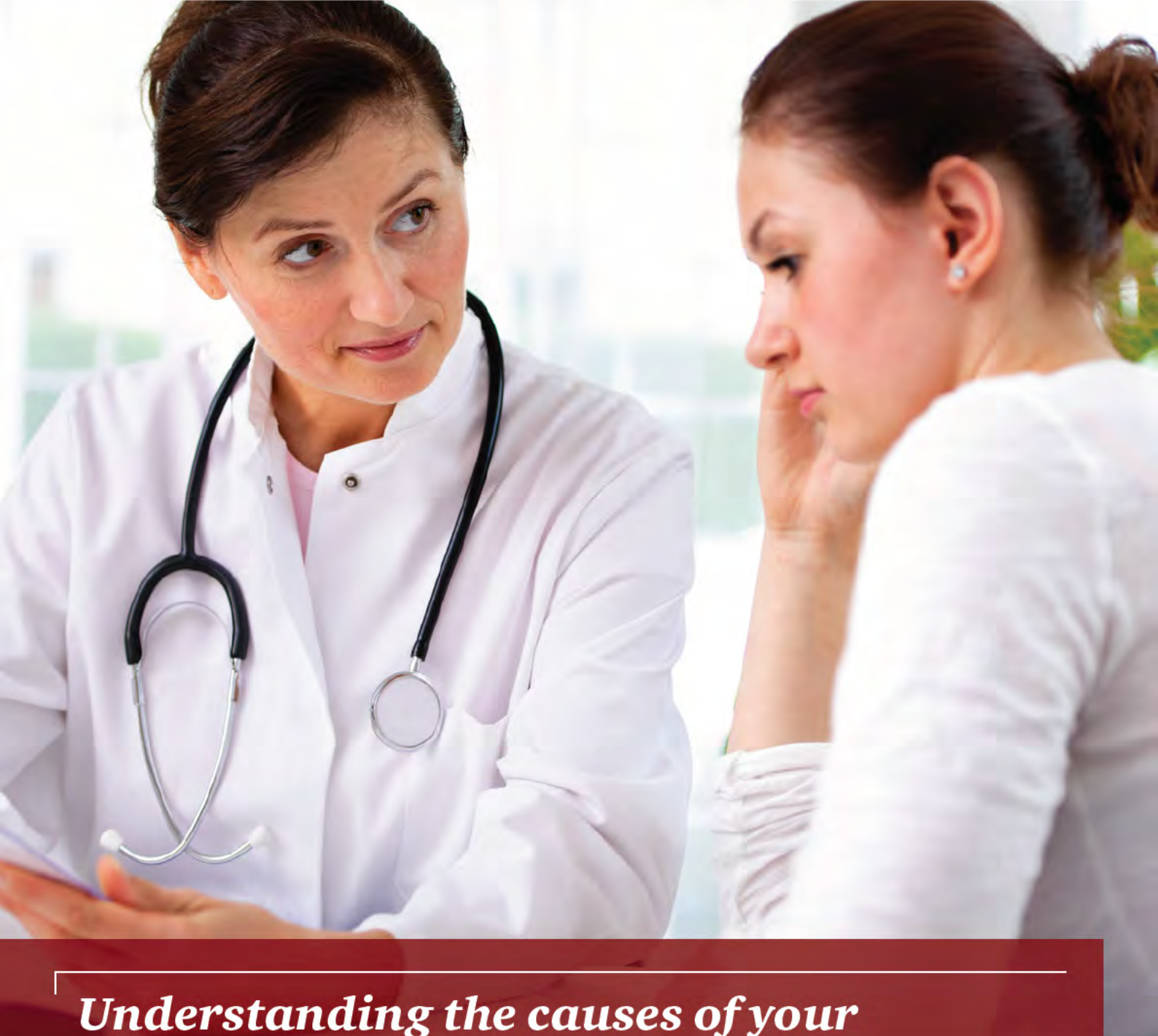
Make sure leadership teams have a consistent message around financial recovery and communicate it clearly.

4

Invest in and value support functions to ensure the workforce feel confident in relying on them.

5

Use financial recovery as an opportunity to nurture future talent.







Understanding the causes of your financial challenge

In our experience, the acute providers in the strongest position to effect change are those who not only know how big their deficit is, but also well aware of what drives it. They can build a credible financial recovery plan that combines short-and longer-term improvements, and they have a clearer idea of who should own it.

Understanding the causes of your deficit

How to understand the causes of your deficit in four steps:

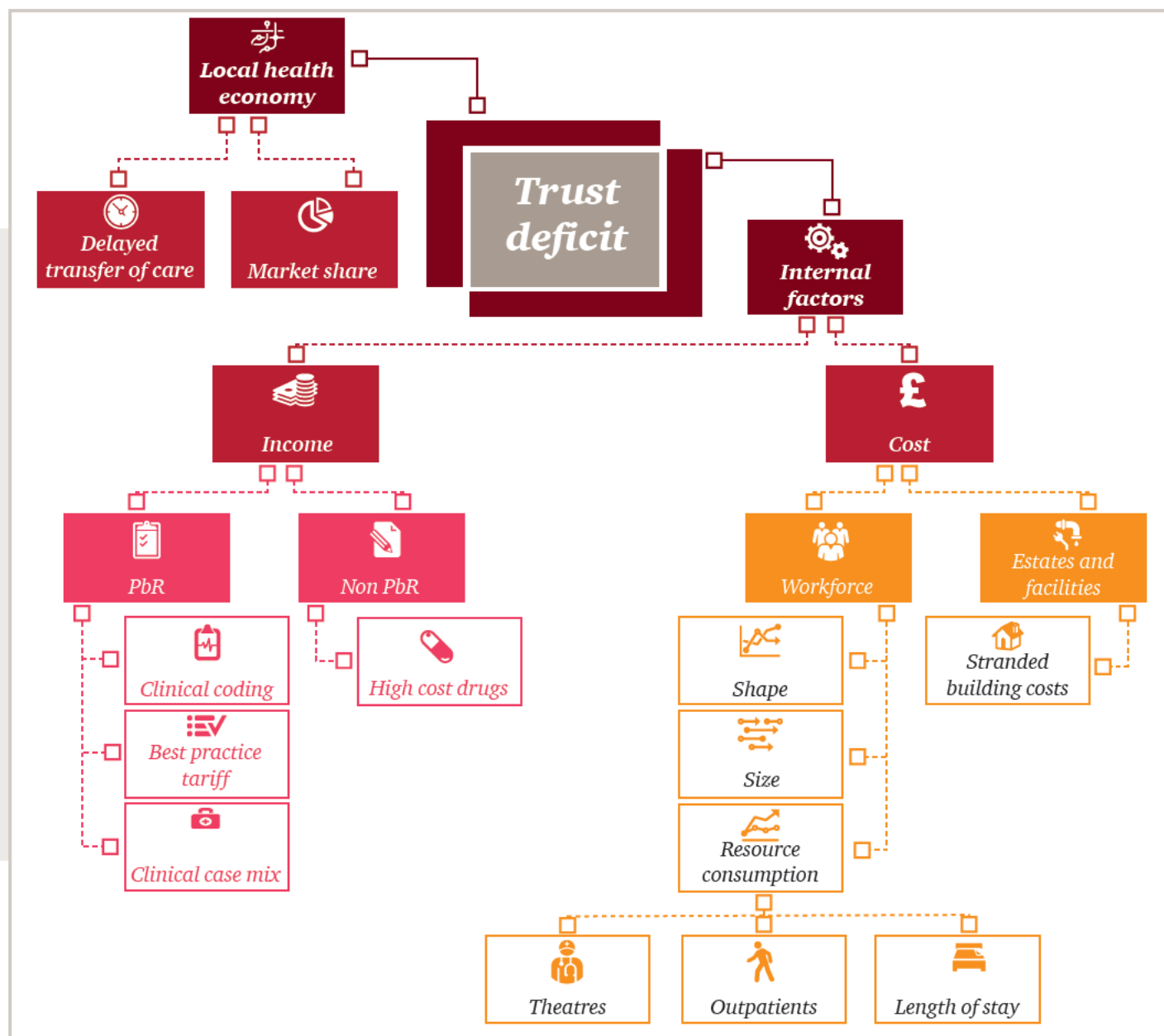
-  **Step 1** *Understand your current financial position*
Agree on the size of the (forecast) deficit and make sure everyone understands the forecast challenges.
-  **Step 2** *Develop an initial view on the likely causes of your deficit*
Assess all the causes (quantitative and qualitative) of the deficit, engaging a wide cross-section of staff to make sure you're taking everyone's views into account.
-  **Step 3** *Assess the value of each cause*
Do a detailed assessment to work out the financial value of each of the causes. Application for authorisation.
-  **Step 4** *Decide who's responsible for addressing each cause*
Decide whether the solution is within or outside of the trust's immediate control. Build the findings from this review into organisational and system-wide recovery plans.

“My learnings from our ambitious and challenging programme to drive financial improvement, in a safe and sustainable way, started with understanding the size of the problem. We then applied short- and long-term plans to address it. Don't be afraid to apply learning and best practice from elsewhere in the NHS and internationally on areas for further efficiency improvements to achieve a step change in CIP delivery.

We had to invest in establishing the programme structure for three years to really deliver. The first year included implementing ways to tighten our belts with good cost controls. We also focused on OD to help reset our relationship with money so everyone in the organisation is more cost-conscious, as you would be at home with your own money.”

**Jackie Daniel, Chief Executive,
University Hospitals of Morecambe Bay NHS Foundation Trust**

The diagram below shows potential areas of expenditure that might contribute to deficits



Creating a targeted financial recovery plan

Understanding the causes of your deficit means you can create a targeted recovery plan both within your organisation and across the wider health system. Whilst underlying causes of financial challenge will vary by organisation, above we've shown how a number of possible causes. They are divided up, between those that are within the control of the trust and those that either sit outside their control or are controlled by other stakeholders.

In our experience, targeted financial recovery plans are far more likely to succeed if they are aimed at reducing the individual elements of a deficit rather than the whole thing.

Communicating the true deficit position

It's crucial to communicate how much financial risk there is in your organisation and what the opportunities are to address it. This will allow people to get behind the need to change.

It's important to communicate in a way people can understand, as this case study shows.

“Having established the facts into a narrative summary, communication of the messages clearly and simply is key. In my experience, clinicians, operational teams and external stakeholders welcome increased exposure to the financial realities and the debate that such information generates is crucial to ensuring real changes will be made.”

Jane Payling,
Chief Financial Officer, Ipswich
and East Suffolk and West Suffolk
CCGs (formerly Head of Health &
Integration, CIPFA)

Espresso summary



1

Understand the true size of the financial challenge.

2

Understand the underlying causes of the financial challenge and communicate them effectively.

3

Build a recovery plan that addresses the individual, root causes of the deficit, rather than the deficit as a whole.



Getting discretionary spend under control and focussing on cash

We've seen some very credible NHS leadership teams build strong cost improvement plans but still fail to keep other spending areas under control. This can lead to poor year-end performance even though cost improvement plans have been delivered.

Areas of spend to focus on

Bank and agency staff

A lot of organisations are still seeing an increase in the use of bank and agency staff. This is happening even though considerable management time is spent on assessing spend, new targets are being set and regulators are sharing best practice.

1

Centrally held contracts

Most large acute providers will have over 500 contract lines which are often scarcely managed, reviewed or re-tendered. Similarly, CCG organisations tend to focus on patient activity contracts and not on the commercial viability of contracts in other areas of spend.

2

Patient activity contracts

Few provider organisations scrutinise things like activity recording, or billing accuracy.

3

Here's what successful organisations do to get discretionary spend under control:

1

Set up a tight, centrally managed grip and control process, with a review panel that meets regularly and is chaired by exec members, senior clinical staff, etc.

2

Set out clearly what staff below executive level need to do, in terms of their behaviour and their area's financial performance, to earn autonomy over discretionary spend.

3

Put reporting mechanisms in place that allow the robust tracking of key areas of discretionary spend.

4

Restate the organisations Standing Financial Instructions, defining the limits around discretionary spend, and communicate them across the organisation.

Cash

Leadership teams tell us that cash has become an area of increased scrutiny by regulators. They need to identify numerous internal opportunities to improve their own cash position through both improved cash forecasting/management and working capital.

Case study

A large London teaching hospital identified that they needed to implement a new 18-week cash forecast model which involved amalgamating new departmental forecasting methodologies into a central view that provided finance with complete visibility over cash. The model enabled the Trust to easily identify short-term and long-term cash pressures, and make informed tactical management decisions to overcome them. As a result, the trust were able to postpone drawdowns from their working capital facility for five months, saving the Trust £900k in interest charges.

In parallel, they sought support to conduct end-to-end process reviews of accounts receivables and accounts payable. We identified 35 working capital initiatives with a value of up to £85m cash. During the three-month review, £12m of this was realised and a further £29m was fully implemented.

Cash is expected to continue to be an area of focus for financial recovery in NHS organisations, with areas such as effective management of inventory and end to end supply chain increasingly coming into focus. Our experience has shown how these areas can sometimes be overlooked but often deliver both cash and operational benefits.

Espresso summary



1

Focus on reducing discretionary spend alongside your standard cost reduction programmes.

2

You can relax these criteria over time through a process of earned autonomy, rewarding budget performance.

3

Monitor discretionary spend and review SFIs from time to time.

4

Improve cash forecasting/management and working capital.



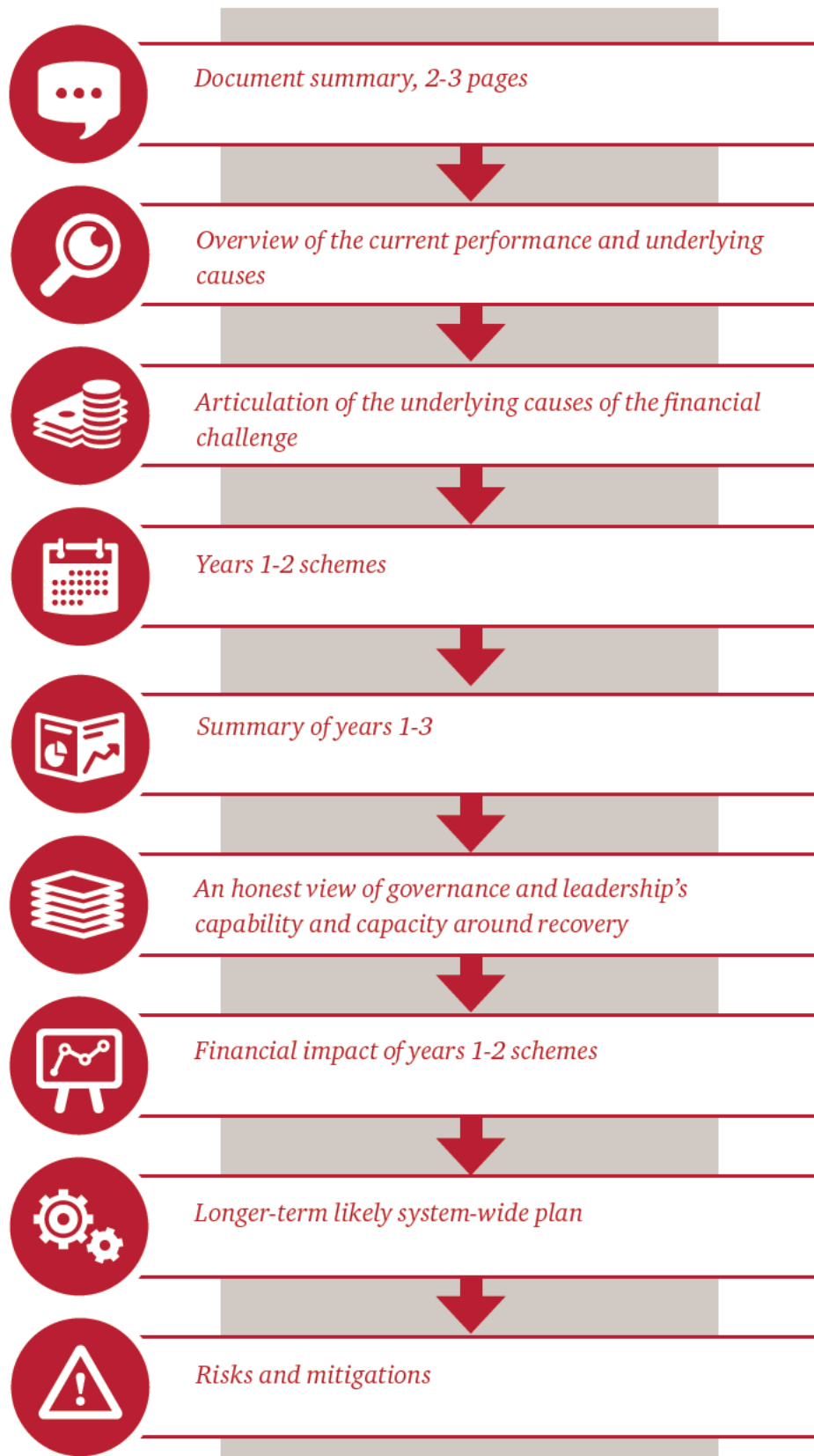
Planning for recovery and communicating change

Organisations facing significant financial challenges often start putting together recovery or turnaround plans because a regulator tells them they have to. It's often the first time they've had to formally commit to taking action on their finances.

Putting together a good plan takes time and commitment, and should really be the story of improvement in the short, medium and longer-term.

In our experience, the best recovery plans have:

- A logical structure. The structure will vary depending on the issues the organisation is facing, and the audience for the plan. But generally speaking, a short, easy-to-read plan with a logical structure will have the most impact and credibility.
- System-wide engagement. The most successful recovery plans we see combine the efforts required of the organisation alongside those agreed of wider system players. With STP this will hopefully become common place, a welcome addition.
- Radical thinking on longer-term redesign. Unlike any other time in the history of the NHS, there's an appetite for radical long-term solutions. Whether that's through vanguard, STPs or just good, constructive, system-wide working, organisations need to challenge their own thinking. The best financial recovery plans we see combine a focus on short term turnaround with longer term sustainable recovery.





Stakeholder management

During times of financial challenge, managing the various stakeholders in the system is even more essential and yet demanding, given the time constraints and periods of high stress or intensity.

Working closely in the sector with both NHSI and turnaround directors we've collated some top tips:



Be transparent

You need to be honest about the financial challenge you have and the consequences. Nobody likes surprises so be on the front foot sharing your own or an independent view of the financial status.



Do what you say you'll do

Regaining credibility in times of crisis is key so setting clear steps for your recovery and meeting those milestones to gain confidence will give more pace to your financial improvement.

Managing stakeholders during a financial recovery is as important as ever. When I worked at Cambridge, the relationships that I had forged with the Trust Board, the regulators and PwC as our advisers, was a key factor for success.

Working relationships with NHSI as the main regulatory contact was positive, born out not only by delivery of financial improvement but also by the investment on all sides to ensure the tactics and approach to financial recovery were aligned.

You can't talk or engage enough with stakeholders to generate engagement and pace at all levels. I support the top tips shared in this refresh of the Road to Recovery."

**Mark Friedman,
Turnaround Director**



Simple communications plan

Invest the time in a clear stakeholder communications plan; who are your stakeholders, both internal and external, and what do you want them to think, feel and do to support your recovery.



Executive links

Ensure you have clear senior links with all of your stakeholders within the trust and external from CCGs, STP leads to regional and national NHSI or regulatory bodies.



Release valve

Ensure as an executive or senior team you have time set aside for peer challenge and an opportunity to let off steam a little, so you can maintain a united front with your stakeholders.



Gatekeeper

Make sure you have one person in the organisation who manages and signs out information and data relating to your financial position, especially to the regulators or public. Consistency of timely and accurate messages when you're in a period of recovery is essential.



Closing summary – Six foundations for a successful recovery

The lessons shared in this document are important for a successful financial recovery. The efforts to improve the financial performance of organisations are often hindered by over complicating and failing to grasp the basic pillars of change.

We believe there are six steps to avoid further decline and for consciously planning for improvement.

The financial challenge and causes

1

- Robust and shared understanding of the financial baseline and underlying deficit.
- Understanding the causes and drivers of the deficit.

Clarity of purpose

2

- Stakeholders accepting and understanding the imperative for change and galvanising operational focus behind it.
- Financial improvement being prioritised on the trust's agenda from ward to board.

Effective and cohesive leadership

3

- Effective leadership to span from the executive team and reflected across all clinical divisions/directorates.
- Involve NEDs in financial recovery: their scrutiny, peer review, rigour and expertise can be invaluable.

Clear plan of action for turnaround

4

- Building a recovery plan that addresses the individual root causes of the deficit rather than the deficit as a whole.
- Stabilising in-year position and showing progress to gain credibility with the regulator.

Clear communication

5

- Clear communication to all levels across the organisation to engage, explain and update on key matters.
- Celebrating successes and building this into the organisation's culture.
- Including regulators and other stakeholders.

Effective governance

6

- Clear line of accountability to the board from operational project leads through subcommittees.
- Clear divisional leadership accountability for delivery.
- Strengthening grip, understanding and monitoring of run-rate.
- Well-resourced and functioning PMO to support divisions in delivery.



My top tip is to engage staff at all levels to focus and develop CIPs. Together we made significant progress in a short period of time and we now have the momentum, skills and tools we need to move into delivery."

**Nick Carver, Chief Executive Officer,
East & North Hertfordshire NHS Trust**



Contacts



David Morris

Partner, Head of Business Recovery
in Healthcare

T: +44 (0) 7841 784180
E: david.x.morris@uk.pwc.com



Quentin Cole

Partner, Business Recovery Services and UK
Health Industries Lead

T: +44 (0) 2072 126784
E: quentin.r.cole@uk.pwc.com



Iain Alexander

Partner, Business Recovery Services

T: +44 (0) 2078 042936
E: iain.a.alexander@uk.pwc.com



Damien Ashford

Partner, Business Recovery Services

T: +44 (0) 7787 120228
E: damien.j.ashford@uk.pwc.com

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Health Industries

Tomorrow's healthcare today

Healthcare matters to us and it matters to our clients. We all want better healthcare, sooner and the potential is there to make it happen. New technology, new breakthroughs, new ideas. But while there are opportunities, there are challenges too: constrained budgets, an ageing population and an increase in chronic conditions. At PwC we're working with clients to steer a course to success in this new health economy so we help improve healthcare for all.

We're working with the NHS, nationally and locally, as well as the private sector and the pharmaceutical and life sciences sector to deliver real, workable solutions to today's challenges.

We're delivering transformation and integration projects with patient outcomes at their heart. And we're supporting organisations through testing financial times, often developing bespoke operational and digital systems. We give strategic support to organisations across healthcare and pride ourselves on convening different parts of the system to solve problems.

We also bring insight and expertise to healthcare as well as engaging in the public policy debate. For more information, sign up for our Health Matters blog at:

www.pwc.blogs.com/health_matters



Quentin Cole

Partner, Business Recovery Services and UK Health Industries Lead

T: +44 (0) 2072 126784



Lucy Stapleton

Partner, Pharmaceuticals and Life Sciences Sector Lead

T: +44 (0) 2078 042629



Andrew McKechnie

Partner, Private Health Sector and Deals Lead

T: +44 (0) 2072 126327



Rt Hon Alan Milburn

Health Industries Oversight Board Chair

T: +44 (0) 2072 126784



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