

BDCFT TRUST BOARD MEETING

25 May 2017

Paper Title:	Transforming Care Programme Update
Section:	Public
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Paper Author:	Joanne Gott, Head of PMO, Business Support and Improvement
Agenda Item:	12
Presented For:	Assurance

1. Purpose of this Report

This report sets out the progress for the Board since the last update to Trust Board in October 2016. It summarises the activities, risks and aims to provide assurance regarding the projects being monitored during 2017/18 through the Directors Business & Transformation Board.

The report summarises the key challenges, deliverables and risks and issues ahead for the transformation projects/programmes in 2017/18 and the transactional Cost Improvement Projects required to make sustainable savings.

The appendix is a revised monthly template to update at a high level on progress and issues arising to the Trust Board, this sets out an overview of the projects that are to be monitored by the Directors Business & Transformation Board in 2017/18.

The paper also provides detailed information on the projects delivered and completed at financial year end 2016/17.

2. Summary of Key Points

- The Directors Business & Transformation Programme is established to provide oversight and enable the implementation of change and transformation programmes set out in the Trust's 5 year integrated business plan (IBP)/5 year forward view.
- The Trust and wider health care systems face increasing pressure in meeting the demands of a growing population in the face of public sector funding constraints.
- This is recognised nationally in the 'triple aims' that the NHS has been tasked to achieve.
- The Directors Business & Transformation Board has needed to manage and respond to a number of challenges in 2016/17 to achieve the £5.54m reductions and has needed to manage a number of scope changes.
- In 2017/18 at the end of month 1 £3.069M of the required £7.94m savings required are still to be Quality Impact Assessed and scoped/planned for. All Quality Impact assessments are due to be completed in June.

- Projects are rated Red/Amber where they exceed 10% tolerance within the delivery forecast and are not on track to achieve the forecasted benefits and cost savings.

3. Financial Implications

The projects, monitored and governed by the Board achieved £5.546m against a target of £5.79m in 2016/17.

The transformational and transactional projects and savings for 2017/18 total £7.9m and with agreed financial and transformational plans within each business unit and cross organizational project plans.

Revenue Capital

4. Legal Implications

None.

5. Assurance

	Assurance provided
Board Assurance Framework	Yes
CQC Themes (see below)	Yes – All
Monitor Risk Assessment Framework	Yes
Other (please specify):	

This paper provides assurance in relation to the following CQC Themes:

Safe:	People who use our services are protected from abuse and avoidable harm
Caring:	Staff involve people who use our services and treat them with compassion, kindness, dignity and respect
Responsive:	Services are organised to meet the needs of people who use our services
Effective:	Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.
Well led:	The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.

6. Equality Impact Assessment

This occurs at approval stage through the board governance and quality impact assessment. The Project Initiation Document reflects any known equality impacts and is assessed on each project risk assessment

7. Previous Meetings/Committees Where the Report Has Been Considered:

Audit Committee	<input type="checkbox"/>	Service Governance Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Resources Committee	<input type="checkbox"/>
Executive Management team	<input checked="" type="checkbox"/>	Directors Meeting	<input type="checkbox"/>	Chair of Committee's Meeting	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

8. Risk & Issues Identified for Discussion

The key risk for the Directors Business & Transformation Board programme is that the Trust may be unable to successfully deliver the sustained transformation and organisational change required.

9. Links to Strategic Drivers

Patient Experience	Quality	Value for Money	Relationships
The Transforming Care Programme aims to deliver a range of projects which underpin the Trust's service development plans, strategic objectives and overall service strategy as described in the Trust's Integrated Business Plan.			

10. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act

11. Recommendations:

That the Trust Board is asked to:

- Consider the report and note the CIPs delivered and shortfall including the non-delivery of the Red and Amber Rated projects in 2016/17.
- Note the outline CIP plan for 2017/18 and the work being undertake to achieve this
- Note the yet to be scoped projects with no delivery plan /quality impact assessment
- Endorse the revised reporting format template with the addition of a detailed 6 monthly report to inform on progress scheduled at each November /May Trust Board.
- Identify any further assurance required

Transforming Care Programme Update

1. Programme Scope

In April 2017 the Directors Business & Transformation Board agreed the plans and projects to monitor the transformation programme and receive monthly highlights exception reports to consider and agree any plans and proposed mitigations.

The Board proposed and agreed to report only by exception the Transactional Cost Improvement Projects that are not delivering as scheduled.

A high level summary of the projects at red/amber as end of 2016/17 are set out below.

2. 2016/17 Transformation Projects closed and/ or performance monitoring transferred to business as usual

The 4 outstanding projects from 2016/17 rated as either red or amber have all gone through a process of closure or checkpoint to identify the steps to transition them to either business as usual or to highlight the lessons learned, plus any ongoing governance or monitoring arrangements required. These are as follows:

Agile Working and Agile Staffing Reductions

The project supported 1800 staff within the trust to deliver patient care in an agile way. The Agile project benefits and cost savings were reported in a deep dive report in March 2017 to Financial Business and Investment Committee along with factors impacting on full CIP delivery over the years of the business. It was agreed to transfer the monitoring of agile working as part of the usual business performance including the management of performance metrics.

It was noted that the agile project has had a significant number of scope changes and there was a risk of non-achievement of future forecasted savings however the project has exceeded savings and financial /qualitative benefits set out in the original business case to date. The break-even point was achieved in 2016 providing a return on investment earlier than expected.

Any shortfall in future 2017-19 forecasted savings has /should be re profiled in future business units Cost Improvement Programmes. The resourced support for future agile developments was agreed to be undertaken by corporate support resources including the management of estates reductions and developments that are required, the organisational development and informatics /digital developments. It was noted that the planned WorkSmart Strategy Implementation Group would prioritise and manage the future digital, place and people projects to enable further transformation.

Telephony Strategy

In 2016/17 there were 14 telephony elements to achieve the Telephony CIP and significant work was undertaken to establish a telephony strategy and consolidate the existing infrastructure. Some of the projects delivered to plan but many did not and the project

has been financially challenging. In March the FBIC Deep dive reported that the project had established good practice processes and established baseline costs and would transition to *business as usual* at the end March 2017.

The shortfall in CIP savings for 2016/17 was £282k however projected savings year on year of £430,000, a £100k positive additional cost saving. The provision of the new smartphone tethering solution has changed the way the agile workers access data connection for the laptops and to date has enabled 1,258 laptop sim cards to be cancelled with BT for the 1,960 the Trust had on their BT billing contract. There is now a full inventory of smartphones and usage management approach which is tracking usage/spend/behaviours.

Care Pathways Packages & Payment by results (CPPP)

The Project Brief for the Clustering Pathways and Packages Project (CPPP) was established in December 2012. The project focus was to ensure that all working age and older people in-scope had an in date cluster, with an evidence-based care package aligned to that cluster. The third element was to develop cluster tariffs for Payment by Results (PbR) in line with national requirements.

Over the last 4 years significant progress has been achieved and activity has been undertaken in embedding clustering as business as usual across the organisation. Project was continually rated amber due to non-achievement of 95% clustering target, however progress is being made and clustering currently stands at 85.3% at end of March 2017. The plan for 2017/18 is to incorporate the 2 year work plan agreed with commissioners within the Mental Health Acute and Community Pathway transformation and will include delivery of 3 care pathways per quarter and to champion the revised CPPP training packages. This will include embedding sustainable clustering support within Case Manager leadership. Any shortfalls in clustering performance are being addressed within Business Unit Performance meetings and 1-2-1 support and performance discussions with clinicians with ambition to sustained monthly performance monitoring and accountability.

Bank & Agency Reductions

During 2016/2017 the focus was facilitating the required savings in Bank and Agency spend as a result of the agency price capping and bringing the staff bank back to in house provision. The project alongside the delivery a new e-rostering solution supported the reduced need for bank and agency staff by ensuring efficient and effective rostering across the Trusts inpatient wards. The project delivered: E-Rostering system effectively rolled out across wards and staff bank increasing the number of staff shifts now being managed through in house staff bank. This has enabled a significant reduction, in agency spend, as a year on year comparison with 2015/2016 spends set out below:

Bank & Agency Spend - Year on Year Comparison		
	2016 / 2017	2015 / 2016
Bank Spend	£4,497	£3,000
Agency Spend	£5,419	£11,192
Total	£9,916	£14,192

4. 2017/18 Projects

Work continues to finalise the scope, plan and Quality Impact assess the 2017/18 transformation programme, including large scale activity planned to redesign Mental Health Acute and Community Services. The next phase of embedding and digital development required to enhance agile working are being planned through the WorkSmart Strategy Implementation Group, with work taking place to prioritise the schemes that enable the Trust to realise its digital ambitions.

The transformational projects for 2017/18 are set out below. All of these have a Project Initiation document in place or drafted to be approved by the lead Deputy Director and are planned to have been assessed through the Quality Impact process before end June 2017. Given the scale of transformation and thorough planning and engagement with stakeholders the Business cases and Project Initiation Plans have required some remodelling, hence the rigour in going through this process.

In addition further detailed projects and plans are being developed. The detailed CIP targets are being monitored and managed through the Directors Business & Transformation Board.

Ref	Project	CIP Target	Sponsor
5.3	Transactional /Corporate Services	£1700k	
1.5	Adult Physical Health Schemes 17-18	£662k	Phil Hubbard
1.6	Children's CIP Schemes 17-18	£655k	Cathy Woffendin
5.28	Estates and Facilities CIP Schemes 17-18	£1132k	Andrew Morris
5.29	Trust Procurement CIP Savings 17-18	£440k	Andrew Morris
3.7	Inpatients, Dental and Admin CIP Schemes 17-18	£1056k	Alison Bingham
2.3	Mental Health and CIP Schemes 17-18	£1646k	Simon Long
	To be scoped and quality impact assessed - Corporate benchmarking To be scoped and quality impact assessed - 2 shift system	£290K £319K	C Risdon & D Gilderdale
	TOTAL	£7975k	

5. Recommendations

The Trust Board is asked to:

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Appendix A



IPR - Change
Programme Slides - 1