

BDCT TRUST BOARD MEETING

27 October 2016

Paper Title:	Transforming Care Programme Update
Section:	Public
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Agenda Item:	12
Presented For:	Assurance

1. Purpose of this Report

This report sets out the progress for the Change Programme projects since the last update to Board on the 30th October 2014. It summarises the activities, risks and aims to provide assurance regarding the current projects being monitored and managed through the Change Programme Board.

The paper also provides information on the key steps being taken to mitigate any deviation from the in-year project plans and how any significant issues are being managed to ensure realisation of the forecasted benefits and financial savings during 2016-17.

The report summarises the key achievements, risks and issues and describes the achievements of the 8 transformation projects/programmes underway in 16/17 and the 30 transactional Cost Improvement Projects which are being monitored by exception within the change programme board governance arrangements.

2. Summary of Key Points

The Change 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).

The Change Programme Board has needed to manage and respond to a number of scope changes within a number of both transformational and transactional programmes during 16/17. Projects are Rated Red/Amber Green if they are not on track to achieve the forecasted benefits and cost savings. The current position of project status at end September 2016 is set out in the table below:

Change Programme Projects Total = 38	RED Rated	Amber Rated	Green Rated
Transactional (30)	2	3	25
Transformational (8)	1	3	4

3. Board / Committee Consideration

- The Board is asked to consider the report and note the actions underway to mitigate the risks to delivery of the Red and Amber Rated projects.
- Identify any further assurance required

4. Financial Implications

The projects, which are being monitored and governed by the Change Programme Board, have planned financial savings totaling £5.79m in 2016/17. £3.992m is derived from the delivery of the transformational projects and £1.799m from the transactional Cost Improvement Projects. The accrued financial savings at the end of September 2016 has achieved £2,370m.

Revenue Capital

5. Legal Implications

None.

6. 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.

7. 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.

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

Audit Committee	<input type="checkbox"/>	Quality and Safety Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Finance Business and Investment 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"/>

9. Risk & Issues Identified for Discussion

The key risk for the change programme is that the Trust may be unable to successfully deliver the transformation and organisational change required. The outcome would be that the trust would be unable to accurately forecast and fully mitigate 2016/17 cost pressures that are impacting the key business and finance milestones. In turn this would not secure the required sustainability that is linked to delivering the financial surplus which will impact our ability to achieve the financial control total.

The 4 Transformational projects at risk of delivery are set out below and have mitigations and action plans in place/ or substitutions proposed.

5.2.1-Estates rationalisation
1.2-Agile project staffing
5.1-IM&T Strategy CIP (telephony)
5.7 Care Packages and Pathways (CPPP)

The 5 Transactional projects at risk of delivery are set out below and have mitigations in place or substitutions proposed.

5.5.1-Drug pricing target reductions
5.23 Stoney Ridge
5.14-Reduce SBS contract value
5.10-Recharge to Addaction
5.5.2-Procurement savings

10. 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.			

11. Publication Under Freedom of Information Act

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

12. Recommendations:

That the Trust Board is asked to:

- Note the actions underway to mitigate the risks to delivery of the transformation programme, and
- Identify any further assurance required.

Transforming Care Programme Update

1. Programme Scope

In April 2016 the Change Programme Board agreed to monitor the transformation programmes and their milestones /risks and issues and receive monthly highlights reports to consider risks and proposed mitigations. The Board proposed and agreed to report only by exception the transactional Cost Improvement Projects that were not delivering as planned through agreed governance at Change Programme Board.

The projects in 2016 -17 are set out below and build upon the previous transformation and transaction schemes that achieved the whole cost improvement savings scheduled in 2015/16 of £6.475 Million.

The 16/17 Transformational Projects list of projects is set out below with Red Amber Green highlighting the current project status:

Business Unit & Scheme	CIP
1.2 Agile	8 Business Unit CIP schemes
3.3 Substance Misuse % reductions	1 CIP scheme
1.1 Childrens Directorate Schemes	7 CIP schemes
5.2.1 Estates Rationalisation/Document Storage	1 CIP scheme
5.2 Bank & Agency	5 Business Unit CIP schemes
2.1.3 Out of area placements reduction	1 CIP scheme
5.7 CPPP	No CIP scheme
5.1 IM&T Strategy CIP (telephony)	1 CIP scheme

2. The Scoped Projects in 2016/17

To date 4 of the transformational projects have achieved or are forecasted to achieve agreed transformational change and financial savings. 25 of the transactional projects are achieving or exceeding projections.

Financial forecasts at October 2016 demonstrate a shortfall of £268K on transformational and £161K on transactional schemes for 16/17. Substitutions of VAT recovery were confirmed at Change Programme Board in October. A High Risk Reserve is covering the balance while other substitutions are continuing to be brought forward.

Outlined below are the 4 projects aimed at delivering sustained cultural, process and transformation that are currently amber or red rated that require action to bring performance back on track.

3. Transformation Projects with Red/Amber RAG status at end September 2016

5.2.1 Estates – Document Storage

In October 2016 The Change Programme Board agreed to defer the document storage project for 2016-17 due to the confirmation that this project will not achieve the planned savings within this financial year. It was agreed to be deferred to 17/18 to enable the completion of the Trust's records strategy and outcome of the national inquiry.

The planned saving from reducing records space within community properties was at risk of non-delivery due to the national inquiry into child abuse which has resulted in instructions not to destroy records and potential new requirements on the length of time records have to be retained. Implications and actions are:

- In September 2016, there was a predicted non delivery and delivery shortfall against this CIP.
- Mitigations are currently being progressed and the closure report /future strategy are to be considered at the next Change Programme Board

1.2 Agile Working

There are now 1800 staff within the trust delivering patient care in an agile way. The Agile project benefits and cost savings in 16/17 are continuing to increase patient facing time, release savings in activities that are no longer required thus releasing more time and reducing mileage. Work continues to set up the environments that support and enable agile working and embed the skills and knowledge of our agile staff.

The leadership team undertook a time out during May to review the strategy and next phase of moving towards the whole Trust approach to agile working, to fully embed it in the organisation and developing digital infrastructure to deliver and maximise efficiencies.

- Project is rated amber due to substitution of the high risk reserve to cover the £187K staffing saving which is part of the Adult Community Nursing savings.
- The efficiencies are being achieved as forecasted or better in the original business case for all other staffing savings, in addition to estates and travel savings.
- Benefits realisation is being tracked against agreed KPIs.

Actions in the next 6 months to mitigate risk to delivery

- Transition from old site set ups to transformed environments adopting agreed reduced desk ratios and non-territorial working.
- Training on better use of technology including roll out of Smartphones and Lync/Skype
- Smartphone deployment and consolidating existing Wi-Fi and telephony solutions
- Continue telephony communications and good practice for telephony usage

5.1 Informatics Telephony Strategy

There are 18 work streams to achieve the Telephony CIP, 8 are complete, 8 are in progress and expected to achieve before the end of October however there is a predicted shortfall.

Smartphone deployment has now commenced but is behind the forecasted plan due to resource availability; the project staff are to be fully in place in October and full roll out is expected to be complete by March 2017. Full pilot evaluation has yet to be completed and this is being captured and evaluated.

An agreed asset process is now in place for new starter telephony equipment however work is still being undertaken to consolidate the existing inventory

The forecasted year on year revenue savings have increased due to further rationalisation of telephony provision.

- Project is rated amber overall because of the high risk to delivery of the CIP in 2016/2017
- There is an established Telephony Operational Group
- Budgets are now centralised for telephony.

Actions in the next 6 months to mitigate risk of delivery

- Baseline and monitoring of full telephony costs
- Report and make recommendation on the pilot of 100 users for Smartphone roll out and removal of laptop sim cards
- Re- planned the laptop data sim removal project for the remaining staff estimated to be fully actioned for all 1800 by March 2017.
- Trainers assessing feedback from staff re connectivity, ease and effect on battery life

5.7 –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 is 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 3 ½ years significant progress has been achieved and activity has been undertaken in embedding clustering as business as usual across the organization.

- Project is rated amber due to non-achievement of 95% clustering target, currently achieving 81.7% as at end of September

Actions in the next 6 months to mitigate risk to delivery

- Publish and cascade the revised training packages.
- Create and publish clinician support materials.
- Support any clinicians learning who are struggling or not completing clustering.
- Embed sustainable clustering support within teams.
- Shortfalls in clustering performance are being addressed with 1-2-1 support and performance discussions with clinicians with ambition to sustained monthly performance monitoring and accountability.

4. Financial Highlights

The financial and transformational targets are becoming ever challenging whilst the schemes are delivering cultural and sustainable transformational change. In 2016/17 the programme is forecasting to have a shortfall of financial savings expected as below.

The transformation programme 16/17 at end of month 6 has achieved £1,691 M and is forecasting a shortfall of £268k against the £3,723 M full year saving.

Transformational Planned Savings	Total CIP Achieved @ M06 including Mitigations £	Variance from Plan @ end Sept 16 £	Total Forecast CIP Achieved FYE £	Forecast Variance from Plan FYE £
Total	(1,691,797)	(113,508)	(3,723,236)	(268,870)

The transactional projects 16/17 at the end of month 6 have achieved £639k and are forecasting a shortfall of £161k against the full year saving plan of £ £1,634 M.

Transactional Planned Savings	Total CIP Achieved @ M06 including Mitigations £	Variance from Plan @ M06 £	Total Forecast CIP Achieved FYE £	Forecast Variance from Plan FYE £
Total	(678,883)	(109,481)	(1,634,253)	(161,000)

There is currently work ongoing to scope, plan and produce business cases for the 17/18 transformation programme.

In October the Change Programme Board approved a VAT recovery substitution of £161K to mitigate some of the shortfall.

5. Assurance in Place

The Change Programme Board review, monitor and track the Project Initiation Documents and associated risks and mitigations of each of the projects underway in year. Every 6 months all of the projects in scope are quality Impact assessed for assurance and appropriate Key Performance Indicators are monitored each month

6. Financial Monitoring of the Cost Improvement Projects

The forecasted financial progress against target to end September highlights the shortfall in delivery of the savings in 2016/17. Substitutions schemes to fulfil the shortfall forecast are to be ratified in October and November 2016 by the Change Programme Board and Quality Impact Assessed.

7. Risk Implications

Risk	Likelihood High/Medium/Low	Implication	Mitigation
If Trust is unable to successfully deliver transformation and organisational change programme	Medium	The trust may be unable to accurately forecast and fully mitigate 2016/17 pressures to deliver key business and finance milestones.	Highlights report and financial management plan to be considered monthly and reported/mitigations agreed with quality impact assessment undertaken.

8. Recommendations

That the Trust Board is asked to:

- Note progress and the actions and monitoring underway by the Change Programme Board to mitigate the risk to delivery of the transformation programme, and
- Identify any further assurance required.

Appendix A - Transformational Projects in 2016/2017

Business Unit & Scheme	Project Lead
Adult Physical Health Community Services	
1.2-Agile project staffing - (No plans for CIP)	Phillipa Hubbard
1.2-Agile project staffing - RED rated	Phillipa Hubbard
1.2-Agile project staffing	Phillipa Hubbard
1.2b-Agile project staffing (phasing for OD)	Phillipa Hubbard
3.3-Substance Misuse % reductions	Phillipa Hubbard
Childrens	
1.11-Childrens - New models for FNP	Cathy Woffendin
1.11-Childrens - Secondments & career breaks	Cathy Woffendin
1.11-Childrens Management overhead reduction	Cathy Woffendin
1.11-Childrens Non pay procurement savings	Cathy Woffendin
1.11-Childrens -Reduction in staff hours	Cathy Woffendin
1.11-Childrens Skill mix efficiencies	Cathy Woffendin
1.11-Childrens Use of technology to free clinical time	Cathy Woffendin
Estates & Facilities	
1.2-Agile - Estates Project	Andrew Morris
5.2.1-Estates rationalisation	Andrew Morris
IM&T	
5.1-IM&T Strategy CIP (telephony)	Margaret Waugh
Mental Health Acute & Community Services	
1.2-Agile project staffing	Simon Long
1.2b-Agile NR reserve (phasing for OD)	Simon Long
2.1.3-Out of area placements reduction	Simon Long
Trust wide	
1.2-Agile - Travel cost reductions	Phillipa Hubbard & Simon Long
IM&T	
5.20-IM&T Agency savings	Margaret Waugh
Medical Director	
5.20-Agency price cap reduction	Andy McElligott
Mental Health Acute & Community Services	
5.20-Reduction in clinical agency	Simon Long
Specialist Inpatients	
5.20-Reduction in nurse agency	Allison Bingham
Trust wide	
5.20-Agency price cap reduction	All DDs
5.20-Agency price cap reduction	Andy McElligott
Mental Health Acute & Community Services	
5.20-Reduction in clinical agency	Simon Long
Specialist Inpatients	
5.20-Reduction in nurse agency	Allison Bingham
Trust wide	
5.20-Agency price cap reduction	All DDs

Transactional Projects in 2016/2017

Business Unit & Scheme	Project Lead
Adult Physical Health Community Services 1.1.3-SLT Income generation contribution	Phillipa Hubbard
Corporate	
2.1.2-CAMHS Eating disorders contribution (contract income) 5.21-Executive director savings 5.4.1-Salary sacrifice increased income from new and existing schemes 5.4.2-Corporate overheads - Executive Pas 5.5.1-Drug pricing target reductions 5.5.3-Reduction in SLA costs for pharmacy SLA with BTHFT 5.22-Trust Board efficiencies	Simon Long Claire Risdon Claire Risdon Rachel Priestly Alistair Tinto Claire Risdon Paul Hogg
Estates & Facilities	
5.23-Mitigate Stoney Ridge cost pressure by CIP	Andrew Morris
Finance	
5.13-Salary sacrifice increased income from new and existing schemes 5.14-Reduce SBS contract value 5.15-Reduce computer maintenance & support 5.16-Reduce trust wide finance budget 5.17-Reduce finance training budget 5.18-Restructure finance team	Claire Risdon Claire Risdon Claire Risdon Claire Risdon Claire Risdon Claire Risdon
Human Resources	
5.11-HR Childcare cost reduction- 5.11-HR Contribution from CCG's HR/OD Contract 5.11-HR non pay efficiencies 5.11-Salary sacrifice increased income from new and existing schemes	Fiona Sherburn Fiona Sherburn Fiona Sherburn Claire Risdon
IM&T	
5.6-CHIS cost reduction from CSU contract	Margaret Waugh
Medical Director	
2.1.1-Locum budget reserve reduction 5.8.1-Research & Development recurrent reduction 5.8.1-Research & Development non recurrent vacancy reduction 5.8.1-Research & Development reduce BDCT provision	Andy Mc Elligott Andy Mc Elligott Andy Mc Elligott Andy Mc Elligott
Mental Health Acute & Community Services	
2.1.4-IAPT post reductions	Simon Long
Specialist Inpatients	

Business Unit & Scheme	Project Lead
3.6-Dental savings	Allison Bingham
Trust wide	
5.10-Recharge to Addaction	Claire Risdon
5.4.2-Reduction in operational management costs	Fiona Sherburn
5.5.2-Procurement savings	Claire Risdon
5.9-Release of NHS property services overhead costs	Andrew Morris