



Integration Joint Board
Performance and Finance Committee

21st October 2019

This Report relates to
Item 11 on the Agenda

Sustainability and Modernisation Programme Update

(Paper presented by Nicole Hamlet)

For Discussion and Noting

Approved for Submission by	Julie White, Chief Officer
Author	Nicole Hamlet, Deputy Chief Operating Officer
List of Background Papers	Not Required
Appendices	Not Required

SECTION 1: REPORT CONTENT

Title/Subject:	Sustainability and Modernisation Programme Update
Meeting:	IJB Performance and Finance Committee
Date:	21 st October 2019
Submitted By:	Nicole Hamlet
Action:	For Discussion and Noting

1. Introduction

- 1.1 The Sustainability and Modernisation Programme was established in response to the significant financial challenges facing the Partnership locally, and from learning what is happening in other NHS Boards/Health and Social Care Partnerships across the country.
- 1.2 It was determined that the way Dumfries and Galloway would like to approach a financial improvement programme was to focus on innovation and transformation, ensuring team engagement across the Partnership by harnessing the principles of 'compassionate leadership'.
- 1.3 Regular updates on progress are to be provided to this Committee.
- 1.4 Dumfries and Galloway Health and Social Care Partnership (DGHSCP) currently have 12 Programme Boards which were established during early 2019 under the leadership of the Health and Social Care Senior Management Team. Their primary purpose is to achieve the successful integration of delegated health and social care functions across the Partnership.
- 1.5 Given Dumfries and Galloway's current approach to financial improvement, where the focus is not on short-term financial savings but on quality and modernisation with the establishment of the Sustainability and Modernisation (SAM) Programme Board agenda, it has become apparent that there is a potential lack of clarity between this and the remaining 11 Programme Boards, details of which are shown below:
 - Best Start
 - Carers
 - Digital Health and Care
 - Healthy Ageing
 - Learning Disability
 - Mental Health Strategy Steering Group

- Primary Care Transformation
- Recruitment and Workforce Sustainability
- Scheduled Care
- Transforming Wigtownshire
- Unscheduled Care

1.6 Additionally as we establish our governance and structures around SAM we need to adapt the approaches of other Health Boards to fit the vision of our senior management team and organisational structure.

1.7 Further to the Directors tour and level of positive engagement we have continued to review approaches to ensure we are true to our culture and value and, we have capacity in our system to deliver the sustainability and modernisation agenda at pace. Regardless of the savings that we need to achieve in the short to medium term, there is a need to transform the services that we currently deliver to ensure sustainability for the future, thereby meeting the needs of our local population. We need to review our current approaches and ensure that we are adding best value and maximising our likelihood of success. This includes maintaining a landscape where there is not duplication and responding to feedback received concerned with number of meetings within the system.

2. Recommendations

2.1 **The Performance and Finance Committee is asked to:**

- **Discuss and Note the progress to date on the development of the Sustainability and Modernisation Programme**

3. Background

3.1 The Sustainability and Modernisation Programme has been launched and received significant engagement from staff and partners across the system. Considerable work has been undertaken to ensure a robust process and governance structure is in place to respond and action those ideas along with others generated. This will ensure that there is a strong foundation to ensure that a Programme can deliver across the next 3 years and beyond.

3.2 Themes of ideas generated so far are detailed in this update along with some estimated financial savings. Next steps are also noted, where there will be a strong focus on communication and key messages and feedback.

4. Main Body of the Report

4.1 Dumfries and Galloway Health and Social Care Partnership (DGHSCP) currently have 12 Programme Boards which were established during early 2019 under the leadership of the Health and Social Care Senior Management Team. Their primary purpose is to achieve the successful integration of delegated health and social care functions across the Partnership.

4.2 Given Dumfries and Galloway's current approach to financial improvement, where the focus is not on short-term financial savings but on quality and modernisation with the establishment of the Sustainability and Modernisation (SAM) Programme Board agenda, it has become apparent that there is a potential lack of clarity between this and the remaining 11 Programme Boards, details of which are shown below:

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4.3 Additionally as we establish our governance and structures around SAM we need to adapt the approaches of other Health Boards to fit the vision of our senior management team and organisational structure.

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Programme Governance Structure

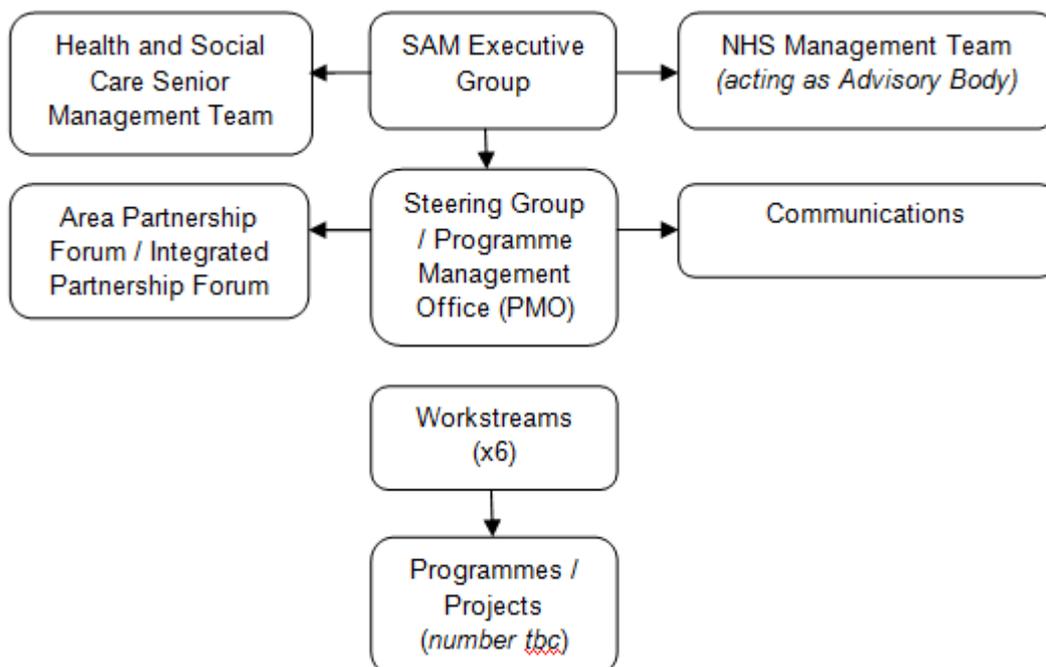
4.5 Looking at the scale of the agenda, a portfolio management approach is being utilised in the coordination, prioritisation and control of our HSCP/NHS projects and programmes in line with our strategic objectives and capacity to deliver. The goal is to balance change initiatives and business-as-usual whilst optimising return on investment. As a result, we will adopt the approach where portfolio management will integrate the disciplines of operational delivery, strategic planning, change management, project and programme management.

4.6 It has been agreed that our current landscape of Programme Boards are to be structured under a new Sustainability and Modernisation portfolio, incorporating the remaining 11 Programme Boards and the 7 proposed SAM workstreams into new workstreams.

- 4.7 The details and leadership of these new SAM Workstreams are in the process of being finalised. It is planned that improvement leads will be aligned to support each Workstream. The leadership of the existing Programme Boards will also require to be reviewed along with their corresponding sub-groups, to determine whether further reduction in meetings could be achieved. Also, in the spirit of SAM, thought will need to be given to whether the “business” of meetings could be undertaken in a more ‘virtual’ and therefore more efficient way or through intensive ‘kaizen’ type approaches.
- 4.8 Our next steps are to finalise and confirm workstreams and their objectives by assigning a minimum specification to each of the Workstreams / Programme Boards / Projects for delivery. A workshop to agree same will take place with the Board Management Team on the 4th November 2019.

Programmes structure within SAM

- 4.9 SAM will come under the direct leadership of the SAM Executive Group, comprising the Chief Executive Officer (CEO), IJB Chief Officer/Chief Operating Officer (COO), Director of Finance and Executive Nurse Director.
- 4.10 This Group will use the existing NHS Management Team as an advisory body, this may include clinical matters and wider consultation sought if required. The Health and Social Care Senior Management Team will work in a similar way.
- 4.11 The above is supported by SAM Steering Group and its Programme Management Office (PMO), working within a new governance structure. See diagram below:

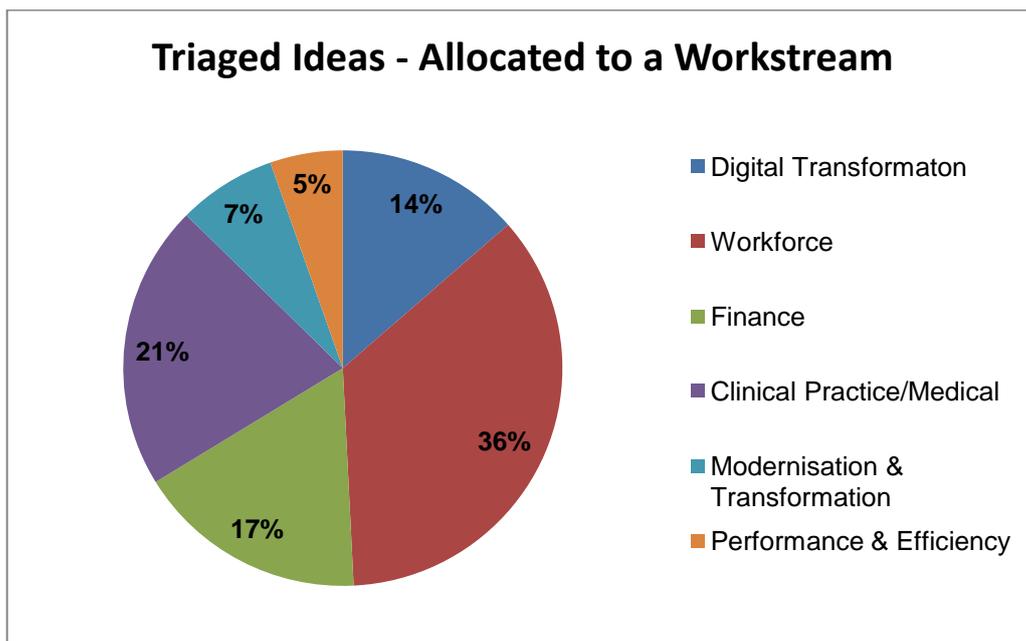


Progress to date

- 4.12 A number of actions are currently being progressed by the Steering Group/PMO staff. Some of these are summarised below.

Ideas Submitted by Staff

- 4.13 Following tours of the region during August by the NHS Chief Executive Officer and IJB Chief Officer / Chief Operating Officer to create awareness of the SAM agenda, staff were asked to send any ideas they might have to the PMO who would investigate these and work up into a feasible solution.
- 4.14 There are two routes for ideas submission; the Ideas Pool hosted on Beacon and the dg.asksam email address. To date we have received 566 ideas, all of which are being reviewed (triaged) by the PMO staff and forwarded to the appropriate workstreams / managers for action. Once the idea has been worked through and delivered, a response/update is provided to the sender. The ideas received so far cover a wide range of subjects, however we have managed to segregate them into themes e.g. digital, communication, financial efficiency, energy management, procurement, clinical practice and redesign.
- 4.15 We have been undertaking a 'crude' approach to estimate saving potential of the ideas generated. This is estimated, currently, between £1.5 and £3 million; being influenced by how boldly we apply some of the suggestions made. Further detail and accuracy will be produced once these ideas have been considered under a workstream.
- 4.16 The following illustrates the allocation to workstreams to date and accounts for 317 of the 547 ideas.



Communication

- 4.17 A Communication Plan is currently being drafted for the SAM Programme. This will include development of a SAM brand, recognisable by our staff. We are also putting arrangements in place for a further tour of the region by the CEO and COO before the end of this year.
- 4.18 Other actions include development of banners and posters for display in health premises across the region as well as making more use of our electronic media. A number of posters generated from staff ideas containing actions that can be taken now will be launched over the next few weeks.
- 4.19 Going forward we will include SAM updates in the #Ontheground and CORE Briefing.
- 4.20 An invitation to participate on a SAM communication focus group is going to be issued in the coming weeks to seek engagement from individuals within our Partnership who have skills in marketing and branding. This will facilitate the production of materials and act as a sense check for feedback.

Other

- 4.21 Other actions include the development of:
- Governance paper for the programme
 - Risk register
 - Mandate process
 - Staffing support within the PMO

5. Conclusions

- 5.1 Based on the information provided, the IJB Performance and Finance Committee are asked to discuss the ongoing progress of the Sustainability and Modernisation Programme.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6. Resource Implications

6.1. There are no financial or staff implications within this Paper.

7. Impact on Integration Joint Board Outcomes, Priorities and Policy

7.1. The SAM Programme has been developed to address the requirements of the national Financial Improvement Programme.

7.2. It is anticipated that work arising from the SAM Programme will meet the National Health and Wellbeing Outcomes for Health and Social Care.

8. Legal & Risk Implications

8.1. A Risk Register has been developed for the Programme and ongoing monitoring arrangements are being agreed.

8.2. The nature of the SAM Programme will require a degree of measured risk taking. A risk assessment will be required for all mandated ideas, the progress of which will be tracked and monitored by the SAM Programme Management Office.

9. Consultation

9.1. This Paper has been discussed with the SAM Programme Management Office and with the Chief Officer.

10. Equality and Human Rights Impact Assessment

10.1. An Equality Impact Assessment will be undertaken as SAM ideas/projects are progressed individually.

11. Glossary

CEO	Chief Executive Officer
COO	Chief Operating Officer
DGHSCP	Dumfries and Galloway Health and Social Care Partnership
PMO	Programme Management Office
SAM	Sustainability and Modernisation Programme