**Appendix 1**

 

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Health Gateway Review

Review 4: Readiness for service

**Version number:** Final

**Date of issue to SRO:** 10th January 2014

**SRO:** Ros Alstead, Director of Nursing and Clinical Standards

**Organisation:** Oxford Health NHS Foundation Trust

**Health Gateway Review dates:** 18/12/2013 to 20/12/2013

**Health Gateway Review Team Leader:**

Paul Nicholls

**Health Gateway Review Team Members:**

Pam Coen

Aileen Moss

**Background**

**The aims of the project:**

The aim of the Buckinghamshire Health and Wellbeing Campus Project (previously referred to as the Manor House Redevelopment) is to enable the reprovision of adult, older adult and some specialist mental health services in Buckinghamshire. These services are currently provided from the Tindal Centre and Cambridge House in Aylesbury, and the John Hampden Unit in Stoke Mandeville.

The Project also encompasses the relocation of other mental health services, which are currently located on the Manor House and Tindal sites, to community provision. The changes will include surplus estate for disposal.

**The driving force for the project:**

Services provided from the Manor House, Tindal Centre and John Hampden Unit sites are provided from accommodation which is increasingly not fit for purpose and / or does not facilitate delivery of the integrated care profile envisaged in the agreed service model.

This Project addresses these issues and its successful implementation will provide a service that will be able to achieve the efficiencies required to deliver the service reconfiguration. Additionally, the Project is to deliver a solution that will ensure that patients receive the levels of safety and privacy and dignity in care that they should expect. Investment will enable services to be provided for patients which are compliant, efficient and, crucially, affordable.

**The procurement/delivery status:**

The provision of the new Campus is being procured through the Department of Health’s ProCure21 Framework Agreement (P21). Construction commenced in April 2012 and formal handover is scheduled for December 2013. It is planned that services will be operational from mid-February 2014.

**Current position regarding Health Gateway Reviews:**

A Gateway 3 Review was undertaken in January 2012.

# Purposes and conduct of the Health Gateway Review

# Purposes of the Health Gateway Review

The primary purposes of a Health Gateway Review 4: Readiness for service, are to confirm that all service arrangements are in place, contractual arrangements are up to date, that necessary testing has been done to the client’s satisfaction and that the client is ready to approve implementation.

Appendix A gives the full purposes statement for a Health Gateway Review 4.

**Conduct of the Health Gateway Review**

This Health Gateway Review was carried out from 18th December, 2013 to the 20th December, 2013 at Oxford Health Trust HQ in Oxford. The team members are listed on the front cover.

The people interviewed are listed in Appendix B.

The Review Team would like to thank the interviewees for their support and openness, which contributed to our understanding of the Project and the outcome of this review. Further thanks are extended to the administrative support we received.

**Delivery Confidence Assessment**

**Green**

In considering the delivery confidence for this Project we have focussed on the likely success of delivering the new Campus to the agreed specification and on the mobilisation plans to ensure that patients and staff are transferred into the new facilities effectively. We have concluded that these essential elements of the Project are highly likely to succeed.

There are significant challenges to address. However, we do not believe that these will materialise into major issues threatening delivery.

Nonetheless, there is an intense period of commissioning to be managed alongside the early implementation of aspects of the new models of care. It is essential that the Trust ensures that all aspects of this phase of the Project are planned effectively and resourced appropriately. There is no room for complacency and a tight grip must be maintained to ensure that the commissioning phase is completed efficiently.

Looking beyond the intense challenges of the next few months we believe there is more to be done to justify fully the substantial investment that has been made in developing the Buckinghamshire Health and Wellbeing Campus. There is a tendency with projects of this nature to see the opening of the new facility as the end of the story. There is a real opportunity to demonstrate that the host of benefits that can be attributed to the new Campus, both directly and indirectly, have been identified; that plans to realise them are in place and that measures to monitor their delivery are being pursued.

The delivery of a Benefits Realisation Plan together with evidence of the cultural changes envisaged in the new clinical leadership model will ultimately determine whether the Project has been successful. The Trust should pursue these areas rigorously.

The delivery confidence assessment status should use the definitions below.

|  |  |
| --- | --- |
| Colour | Criteria Description |
|  | Successful delivery of the project/programme appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly |
|  | Successful delivery appears likely. However attention will be needed to ensure risks do not materialise into major issues threatening delivery |
|  | Successful delivery appears feasible but issues require management attention. The issues appear resolvable at this stage of the programme/project if addressed promptly. |
|  | Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed. |
|  | Successful delivery of the project/programme appears to be unachievable. There are major issues on project/programme definition, schedule, budget, required quality or benefits delivery, which at this stage do not appear to be manageable or resolvable. The project/ programme may need re-baselining and/or overall viability re-assessed |

A summary of recommendations can be found in Appendix C.

**Findings and recommendations**

**1: Business case and stakeholders**

A Full Business Case (FBC) for the Reprovision of Adult, Older Adult and Specialist Mental Health Services in Buckinghamshire was finalised in December 2011. Since the FBC was completed there have been some significant changes to the proposed model for delivery of adult mental health services. In recent months a new model of care for adult inpatient services has also been developed. These new models of care will provide the foundations for how services are delivered in the new Buckinghamshire Health & Wellbeing Campus (i.e. known as the Whiteleaf Centre). We understand that a revised model of care for older adult mental health is currently at the consultation stage though we were less sighted on this.

The new inpatient model of care increases the workforce requirements for the adult mental health wards. However we understand that these costs are offset by staff savings elsewhere so do not have a material impact on the revenue assumptions made in the FBC. The only significant change impacting on the revenue assumptions in the FBC is an increase in the estimated costs of facilities management which appear to have been underestimated at the FBC stage. The Adult Mental Health Division and the Property, Strategy and Services Directorate are currently considering measures to meet these additional costs.

On the capital side, the project has been managed within the Guaranteed Minimum Price ceiling agreed between the Trust and Keir Health; with the possibility of a small saving to be shared by the two parties. In addition a further £0.7 million of savings have been made on the overall cost of the scheme. The current forecast cost is circa £42 million.

The original capital funding plan assumed that £6.25 million would be available from the sale of surplus land on the Tindal and Manor House sites. Given the current market situation more recent valuations have reduced substantially. The Trust has also decided to retain some land and buildings on part of the Manor House site. The Trust is now looking to gain planning permission on the surplus land and to dispose of it at a time when its value can be maximised. The current estimate is circa £4 million.

The remodelling of the capital programme as a consequence of the new wider model of care for adult mental health services has provided an alternative funding source for the Whiteleaf Centre.

Key milestones set out in the FBC included the handover of the building on 24 October 2013, completion of commissioning by the 31 December 2013 and the decommissioning of the current facilities by the 31 January 2014. Current plans show each of these dates slipping by about two months. This does not appear to have provided any real difficulties for the Trust as there seems to be sufficient room for manoeuvre with regard to the transfer of services.

In summary, there have been changes to service models, revenue costs, funding sources and timescales from those envisaged in the FBC. All, however, appear to have been managed effectively by the Trust and within reasonable tolerances of the original assumptions.

There is evidence of considerable stakeholder involvement during the development and design phases of the new campus involving users, carers and staff as well as engagement with other bodies. During the latter stages of the construction phase the emphasis has understandably been on internal stakeholder involvement and we heard examples from those interviewed of various initiatives to engage staff.

There has also been an extensive programme of informal internal and external stakeholder engagement over the last six months to support the implementation of the new service model for adult mental health care. A formal consultation exercise with staff was undertaken in September and October 2013 and feedback has been used to develop the final model. The inpatient model of care has been through several iterations with staff involvement and is almost complete.

Some staff events have been held and many others are planned as part of the commissioning process for the Whiteleaf Centre. The Trust should ensure that effective internal stakeholder involvement continues and should also consider further engagement with external stakeholders in the run up to the opening of the building.

Most of our comments on stakeholder engagement and indeed the wider issues in this report relate to adult mental health services. We have been less sighted on older adult and specialist mental health services.

**2: Risk management**

We understand that risk management has been effective throughout the construction phase of the project and there is now a risk register for the commissioning phase.

We have reviewed the risk register for the commissioning phase of the project and the key commissioning and equipping risks appear to have been identified. There are however risks associated with service mobilisation which need to be captured. It will be important to ensure that there is effective risk management processes throughout the commissioning phase and into the initial operational stage.

At this point there are no red risks highlighted for the commissioning phase and our interviews have not identified any high risk areas. However, a rigorous approach to capturing any emerging risks and ensuring early mitigation will be an essential feature of what will be an intensive period of activity over the next few months.

**3: Review of current phase**

The project is now preparing for the formal handover of the building. The planned date has slipped due to the volume of outstanding snagging issues. Although we heard that handover is now imminent a definitive date is, as yet, unconfirmed. The Trust’s team is working with Kier Health to ensure the completion of works and if necessary agree a list, with timeframes, of outstanding works. Arrangements are in place for the Director of Property, Strategy & Services and the Divisional Director for Adult Mental Health Services to confirm acceptance of the building.

A commissioning plan has been produced which captures the main activities and sequencing of service moves over an eight week period. We understand that the mobilisation of services from the three sites to the new Campus is being managed by Trust’s Property Services Directorate with a dedicated external project manager. We heard from interviewees that work is underway with staff affected by the change to prepare for the imminent moves.

It will be essential as services transfer that logistics are carefully managed and effectively aligned with the safe transfer of patients and staff in a way that reduces any risk. This will be a challenging and demanding period of activity for staff. It was unclear to the Review Team whether there is sufficient assurance that the actions to mobilise the service are comprehensively planned and appropriately resourced.

It is important that those involved in managing the commissioning and service mobilisation have the appropriate skills, capacity and capabilities.

**Recommendation 1:**

**The SRO should review the resources allocated to commissioning and service mobilisation to ensure the safe transfer of services.**

The Review Team was impressed by the quality of work undertaken to develop the adult inpatient model of care. We understand that this is a distillation from the wider service remodelling of adult mental health pathways. Although some interviewees felt that this could have started earlier, it is clear that this work has been inclusive and supported across all staff disciplines**.** We understand that work on Older Adult Mental Health Services is currently subject to a staff consultation process. We are unclear about planned changes in Specialist services.

Work has commenced on introducing the new model of care for adult inpatient services. Specifically we heard about plans to recruit additional staff; identify lead Consultants dedicated to each ward and a wider leadership and cultural change programme to develop effective multi-disciplinary ward teams. We were told that there have been ‘away days’ to map and identify issues across the pathway of care.

The Review Team received an implementation plan which captured some of the activities required to move towards the new model of care at the Whiteleaf Centre. Although not comprehensive this is a good start to capture the elements of change in

a single document. More work is needed to ensure that all the main changes, identified above, are fully described, with clear ownership and timescales. This discipline will help improve pace and accountability and provide more certainty on delivery. Specific attention should be given to the interface issues between the inpatient and out of hospital changes. We heard that some ward staff regard the Whiteleaf Centre as a solution in itself rather than enabling change. By a continued focus on implementing the model of care post-transfer momentum will be maintained.

The Review Team did not see a corporate communications plan aligned to the commissioning plan for the Project. We understand that, in the main, members of staff have been kept informed through the Divisional communication structures. It is acknowledged that this mechanism has not been totally effective. This has been partly addressed by the appointment of a communications officer for one day per week.It will be important to ensure that sufficient resource is allocated to this critical commissioning phase.

**4: Readiness for next phase – Operations review and benefits realisation**

The Project is preparing for the imminent handover of the building and service mobilisation. However, since originally conceived, a wider programme of change in the way the Trust delivers its services is in the process of being developed and implemented. This now forms the context and framework within which services will operate from the Whiteleaf Centre.

It is clear that for adult inpatient services considerable work has been undertaken with stakeholders to consult, inform and design the new Model of Care including operational policies. This needs to be finalised and issued as soon as possible so that staff are enabled to be supported and appropriately trained in operating new patterns of service delivery as the Campus “ goes live”.

The Review Team was made aware that a similar process was being undertaken in relation to services for older age adults and consultation is currently underway. It is important to bring this work to a similar state of readiness so that as services move in to purpose-designed accommodation, new ways of working are the norm for service delivery.

The previous Gateway Review acknowledged that benefits realisation formed part of the FBC, albeit at a high level and requiring more detailed quantification and measurement mechanisms.

It was clear from our interviews and from documentation that was made available to the Review Team (e.g. Service Remodelling of Adult Mental Health Services) that considerable work has been undertaken to understand and quantify, in outcome terms, what the Trust is seeking to achieve against nationally recognised benchmarked performance measures and standards. The Trust has also identified

other benefits, including improvements in patient and carer experience, greater staff satisfaction, finance and resource gains and process efficiencies.

Building on this work, it is now appropriate to specifically capture what benefits will result from investment in the Whiteleaf Project. This is not only important to substantiate and validate the investment but also to be able to differentiate between other wider service and organisational change processes that the Trust is undertaking. This will enable the Trust to understand what aspects of the Project have worked effectively and to support a more transparent process of learning and accountability. We therefore believe it would be helpful to revisit and update the original benefits realisation work to ensure relevance and alignment to this Project. Good practice includes being specific about the benefits to be realised, attributing responsibilities for delivery, determining how achievement is to be measured, timescales and processes for monitoring.

**Recommendation 2:**

**The SRO should ensure that a revised Benefits Realisation Plan for this Project is produced.**

As originally planned the Whiteleaf Project reflected specific proposals and assumptions relating to receipts from land sales and the decommissioning and disposal of surplus land. Although these activities are no longer critical to the funding of the new Centre they currently still form part of the Project. It would be useful now to determine whether this is still appropriate or whether these activities can be more effectively managed as part of normal Trust business.

It was also clear from interviews that there are different views about when the Project specifically completes and what activities remain to be delivered as an integral part of the Project. Given the stage the Project has now reached we believe it would be helpful and give greater clarity to the staff involved, to clarify the scope of the Project and reassess what activities should be included.

In our view, there are two key areas which may form part of the Project going forward. These include the development of the Benefits Realisation Plan and the implementation of the early stages of the new Models of Care. Once the revised scope has been finalised it will be necessary to confirm the leadership, governance arrangements, prioritised activities and resource requirements to support delivery and review. Once agreed this needs to be communicated effectively to staff.

**Recommendation 3:**

**The SRO should review and redefine the scope of the Project.**

The next Review is expected in Autumn 2014 and should be a Gate 5. **APPENDIX A**

# Purposes of Health Gateway Review 4: Readiness for service

* Check that the current phase of the contract is properly completed and documentation completed.
* Ensure that the contractual arrangements are up-to-date.
* Check that the business case is still valid and unaffected by internal and external events or changes.
* Check that the original projected business benefit is likely to be achieved.
* Ensure that there are processes and procedures to ensure long-term success of the project.
* Confirm that all necessary testing is done (e.g. commissioning of buildings, business integration and user acceptance testing) to the client’s satisfaction and that the client is ready to approve implementation.
* Check that there are feasible and tested business contingency, continuity and/or reversion arrangements.
* Ensure that all ongoing risks and issues are being managed effectively and do not threaten implementation.
* Evaluate the risk of proceeding with the implementation where there are any unresolved issues.
* Confirm the business has the necessary resources and that it is ready to implement the services and the business change.
* Confirm that the client and supplier implementation plans are still achievable.
* Confirm that there are management and organisational controls to manage the project through implementation and operation.
* Confirm that contract management arrangements are in place to manage the operational phase of the contract.
* Confirm arrangements for handover of the project from the SRO to the operational business owner
* Confirm that all parties have agreed plans for training, communication, roll-out, production release and support as required.
* Confirm that all parties have agreed plans for managing risk.
* Confirm that there are client-side plans for managing the working relationship, with reporting arrangements at appropriate levels in the organisation, reciprocated on the supplier side.
* Confirm information assurance accreditation/certification.
* Confirm that defects or incomplete works are identified and recorded.
* Check that lessons for future projects are identified and recorded.
* Evaluation of actions taken to implement recommendations made in any earlier assessment of delivery.

**APPENDIX B**

##### Interviewees

|  |  |
| --- | --- |
| **Name** | **Role** |
| Ros Alstead | Director of Nursing and Clinical Standards, Oxford Health |
| Chris Turner | Director, Capita Health |
| Mark Bateman | Capital Development Manager, Oxford Health |
| Jane Taptiklis | Assistant Director Joint Commissioning, NHS Buckinghamshire |
| Lyn Williams | Non-Executive Director, Oxford Health |
| Mike McEnaney | Director of Finance, Oxford Health |
| Yvonne Taylor | Chief Operating Officer, Oxford Health |
| Justinian Habner | Trust Secretary, Oxford Health |
| Rob Bale | Clinical Director (Medical Manager) |
| Jeff Parker | Modern Matron |
| Eddie McLaughlin | Divisional Director Mental Health, Oxford Health |
| Stuart Bell | Chief Executive, Oxford Health |
| Claire Dalley | Director of Property, Strategy & Services, Oxford Health |
| Michelle Harding | Head of Adult Acute Services |

**APPENDIX C**

# Summary of recommendations

The suggested timing for implementation of recommendations is as follows:-

**Do Now** – **To increase the likelihood of a successful outcome it is of the greatest importance that the programme/project should take action immediately.**

**Do By – To increase the likelihood of a successful outcome the programme/project should take action by the date defined.**

|  |  |  |
| --- | --- | --- |
| **Ref. No.** | Recommendation | **Timing** |
|  | The SRO should review the resources allocated to commissioning and service mobilisation to ensure the safe transfer of services. | Do Now |
|  | The SRO should ensure that a revised Benefits Realisation Plan for this Project is produced. | By end of February 2014 |
|  | The SRO should review and redefine the scope of the Project. | Do Now |