



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Receiving the NLIAH Functions into Public Health Wales Project Initiation Document (PID)	
Author: Felicity Barclay, Quality Improvement and Programme Delivery Manager	
Date: 29 January 2013	Version: Final 2
Publication/ Distribution: <ul style="list-style-type: none">• NHS Wales (Intranet)• Public Health Wales (Intranet)	
Review Date: TBC	
Purpose and Summary of Document: <p>This document details the project arrangements for receiving and integrating current NLIAH functions into Public Health Wales. It outlines the timeframe and key deliverables alongside the benefits and challenges.</p>	
Work Plan reference:	

Revision History

<i>Version</i>	<i>Date</i>	<i>Comments</i>	<i>By</i>	<i>Approved</i>
2	29.01.13	"Service Improvement function" redefined as "Improvement function" and the scope of the Planning and Performance workstream redefined.	FB	MD

1. Purpose of Project

Following the completion of a formal consultation process, it has been agreed that a number of functions will transfer from the National Leadership and Innovation Agency for Healthcare (NLIAH) to Public Health Wales with effect from 1 April 2013. This includes:

- the service improvement directorate
- the NLIAH element of 1000 Lives Plus
- the Centre for Equality & Human Rights (CEHR)
- mental health service improvement
- specialist support functions; including events management, communication, web development and the learning laboratory.

The purpose of this project is to manage the successful transfer of these functions into Public Health Wales. As part of this process, the receiving project will work closely with the wider Transition Project, which is responsible for overseeing the separation of functions between the Welsh Government, Shared Services and Public Health Wales.

2. Project Background

Following the NHS Wales Reform Programme (2009), it has been recognised that the multiple functions which make up NLIAH/ Delivery and Support Unit (DSU), and which have grown up over time, needed to be reviewed.

A case for change was made in 2011 and revised project management arrangements established in March 2012, which provided a new impetus for concluding this work. The review aimed to simplify, align and streamline functions and accountabilities and proposed that functions were split between Welsh Government and NHS Wales (see below). A Project

Board - comprising Welsh Government (WG), NLIAH, DSU and NHS stakeholders - was established to take forward the review, including determining the process for agreeing and implementing the recommendations.

• Public Health Wales	for the improvement function
• Public Health Wales	for the equality & human rights
• Public Health Wales	for partnership / integration
• NHS Wales Shared Services Partnership	for workforce functions
• ABMU Health Board	for intervention and turnaround
• Welsh Government	for leadership development and offender health

Following agreement over the recommendations, the Project Board took over overall responsibility for the transition, with a Transition Director and team tasked with taking forward the proposals. The Transition Board (formerly Project Board) proposed the establishment of receiving projects in each organisation and this PID outlines the process for Public Health Wales.

The Transition has established a series of specific workstreams, which are tasked with taking forward key areas of the project. These include: staffing, finance, IMT, Work plans, Legacy, Shaping the Future / ROI (interim title) and Communications. It is proposed that Public Health Wales' receiving project identifies leads for each of these areas.

It has been agreed that the formal transfer of functions will be completed on 31 March 2013. Residual closedown activities, such as the closure of accounts, will need to be completed within agreed timescales after April 2013. All activities will be completed by September 2013.

It is anticipated that 2013/14 will become a transition year for Public Health Wales, as a receiving host, to ensure continuity of priority business and enable scope to change.

3. Project Definition

Aim

To facilitate the smooth transfer of the following functions from NLIAH to Public Health Wales:

- improvement
- corporate support functions

- CEHR
- Staff currently managing the transition process

Prior to setting out the Project Plan, agreement was sought on where the functions would sit on 1 April 2013. The Executive Team in Public Health Wales considered a series of options for each of the service areas and agreed a destination for each as follows:

- **Improvement** (including 1000 Lives Plus, Programme Support, Mental health, Organisational Development, Learning Laboratory, Partnerships and the 1000 Lives Plus team within Public Health Wales) will create a separate division reporting to the Chief Executive or Executive Director of Planning and Performance as an interim arrangement.
- **Corporate support functions** will transfer to the relevant corporate areas (finance, HR etc).
- **Centre for Equality and Human Rights** will create a separate division reporting to the Chief Executive or Executive Director of Planning and Performance as an interim arrangement.
- The destination for **staff currently managing the transition process** will require further discussion.

The final hosting arrangements will be agreed within the 2013/14 financial year.

Objectives

The following objectives are proposed to fulfil the aims of the project:

- **Finance:** To ensure that business as usual processes are maintained to provide financial governance of current budgets, to contribute to recommendations to enable resources to be divided between Welsh Government and NHS Wales, to ensure that the resource envelope is in place for transferred services, and that new budgets and control procedures are in place for 2013/14.
- **Communications:** To ensure that key messages regarding the transfer arrangements are effectively communicated to internal and external stakeholders, and to link to any activities being undertaken by receiving organisations to ensure synergy of messages.
- **Information and Technology:** To support the seamless transfer of information management and technology and to propose pragmatic solutions to ongoing operational support to staff who may be co-located in one building.
- **Workforce:** To work with ABMU (as current employer) to plan, develop and implement all the workforce and organisational change functions in support of the transfer of staff and functions by 31 March 2013. Specifically, to ensure adherence to TUPE regulations

and to provide any specific advice to staff that relates to individual transfers.

- **Planning and Performance:** To undertake preparatory work to support business continuity and ensure governance and accountability from 1 April 2013.
 - This will include an Improvement Stakeholder Group to undertake preparatory work to support the development of a new improvement function that reflects NHS national and local priorities and is responsive to the needs of the service (as set out in the Quality Delivery Plan).

Scope

In scope

The transfer of the following functions:

- Service Improvement
- 1000 Lives Plus
- Programme Support
- Centre for Equality & Human Rights (CEHR)
- Corporate support functions – Compliance, HR, Finance
- Partnerships/integration
- Organisational Development
- Mental Health
- Staff currently managing the transition process

Out of scope

The transfer arrangements for functions into ABMU Health Board (DSU), Welsh Government and NHS Wales Shared Services Partnership are outside the scope of this project.

Project Approach

- Review of functions to be transferred, including advising in respect of all financial and staff resources currently deployed.
- Identification of issues / risks associated with each element to be transferred.
- Communication and consultation within Public Health Wales and with the Transition Board on identified issues/risks as appropriate.
- Communication and engagement with affected staff.
- Development of planned transfer process.
- Development of recommendations for the Transition Board.

4. Roles and Responsibilities

Project Executive

Mark Dickinson - Executive Lead

The Project Executive is ultimately responsible for the overarching project to receive all agreed functions from NLIAH into Public Health Wales. The Executive's role is to ensure that the project is focused throughout its lifecycle on achieving its objectives and delivering a product that will achieve the projected benefits. The Executive is responsible for reporting to the executive team in Public Health Wales and the Transition Board.

Project Manager

Felicity Barclay – Project Manager

The Project Manager will provide direct support to the Project Executive for the day to day running of the project. The Project Management function will be responsible for introducing and maintaining the project records management function, including production and filing of all project management documentation appropriate to the project and to include change management recording.

Project Team

The Receiving Project team in Public Health Wales will include leads for workstreams mirroring those set up in the Transition Team.

- Mark Dickinson – Director of Planning and Performance (Executive lead for the overarching project)
- Nathan Jones – Assistant Director of Planning and Performance (Planning and Performance)
- Felicity Barclay – Quality Improvement and Programme Delivery Manager (Project Manager/Planning and Performance – specifically for Improvement*)
- Jo Black – Communications Officer (Communications)
- Keith Cox – Board Secretary (Governance / Legacy)
- Ray Henry – Head of Informatics (IM&T)
- Huw George – Executive Director of Finance (Finance)
- Peta Beynon – Assistant Director of Workforce and OD (Workforce)

The Project Team is ultimately responsible for receiving and integrating the transferred functions from NLIAH to Public Health Wales.

The group will meet bi-weekly in the alternative week to the Transition Team meetings, where possible. Additional communication and decision-making processes will be undertaken virtually.

*A workstream team will be established with representation across Improvement in NLIAH, Welsh Government and Public Health Wales to support the preparatory work associated with the improvement function.

5. Outline Project Plan

The timeframe outlined below is dependent upon the outcomes from the Transition Team.

The project will be taken forward in the following phases:

Stage 1: Information Gathering (December 2012 – January 2013)

- Agree Project remit, process and reporting mechanisms.
- Collate detailed analysis for transfer:
 - Staffing
 - Funding
 - Assets (including IT)
 - PLA / SLA agreements and legacy documents
- Identify the required processes consistent with the transfer process and Public Health Wales policies.
- First meeting of the Project Team to establish key pieces of work.
- Develop a short update paper for the Transition Board outlining progress so far, anticipated outcomes and challenges identified.
- Arrange briefing meeting for NLIAH staff

Stage 2: Sign Off (January – early February 2013)

- Hold briefing meeting for NLIAH staff to provide an update on progress and the approach going forward.
- Work with Welsh Government and NHS Wales to map out appropriate workplans for 2013/14.
- Work with the Transition Team to confirm future plans and finances to be transferred.
- Develop the appropriate process for the active transfer of staff through the TUPE process.
- Gain approval by the Project Board on the proposed service model.
- Agree reporting arrangements to bring the new NLIAH functions into Public Health Wales.

Stage 3: Implementation stage (February - March 2013)

- Active transfer of staff – notify individuals of their role and any impact on their working arrangements.
- Internal and external communication outlining the transfer process.

- Finalise 2013/2014 work plans.
- Finalise Budget lines and reporting.
- Develop a Project closure report for the Transition Board in April.

The Project team will comply with any further reporting requirements set out by the Transition Board.

6. Communications Plan

- Identify all relevant stakeholders and individuals directly affected by the project.
- Ensure that those identified are kept informed of the progress and outcomes of the project, including through formal project communications following each meeting of the Project Team.

7. Potential Benefits

- The transfer of resources will reduce duplication and waste, and maximise the effectiveness and responsiveness functions within Public Health Wales.
- The results of the project will reflect the structures particular to Wales, the relationship with Welsh Government and a balance between policy priorities and local issues.
- The opportunity now exists for NHS Wales Chief Executives to determine priority national and local needs for improvement and to consider appropriate service models which ensure responsiveness and best value.

8. Potential Risks

A number of risks have been identified in taking the project forward. These include:

- Discontinuity in the delivery of key programmes which could reduce their effectiveness in supporting organisations;
- Discontinuity in the delivery of key programmes which could cause reputational damage to Public Health Wales;
- Unwillingness of key representatives to work in Public Health Wales;
- Loss of expertise if the transfer is not managed appropriately;
- Impact on Public Health Wales staff and structures;
- Challenge by partners or alternative providers that they could provide greater value for money in delivering any transferred functions;
- Delays in transfer due to legal or procedural requirements.

The risks will be recorded in a Risk Log, to be updated and presented (together with appropriate remedial action where necessary) to the Project Team and Transition Board if appropriate.

9. Estimate of Outline Costs

The functions will be transferred to Public Health Wales with their associated funding.

All resources to be transferred will need to be explicitly identified by the Finance Workstream lead.

10. Success Criteria

The project will be a success if the following criteria are achieved:

- A seamless transfer of the responsibilities from NLIAH to Public Health Wales which enables programmes and services to operate efficiently and effectively during the transfer period and for years to come.
- Minimal impact upon staff affected by the transfer of functions.
- The engagement of CEOs from health boards and trusts and the inclusion of their views in the design of the new improvement model.

11. Implementation

The implementation will be monitored and quality assured by the Public Health Wales Board.