



NHS TRANSFORMATION UNIT

2021/22

# ANNUAL REPORT

A YEAR IN  
TRANSFORMATION

# Director's Overview

I am delighted to introduce our 2021/22 annual report, which celebrates a phenomenal year for the NHS Transformation Unit (TU).

During the year, we not only achieved all our strategic objectives, we also saw continued growth and development of our team and our service offerings in response to a rapidly evolving health and care system.

At the TU, our people are our priority. We have welcomed a cohort of new Graduate Trainees and new Transformation Consultants during the year, expanding our team to 35 talented individuals, and helping us to maintain excellent delivery across new and existing clients. Our ethos is to empower our team to go further for our clients, and we have continued to invest in our amazing team through bespoke training and development plans.

The health and wellbeing of our people is vital. During the year we have continued with weekly team check-ins to promote a happy, healthy and supported team. Alongside this, our monthly face-to-face whole team days support development and shared learning and provide an opportunity for colleagues to meet after remote working has become the new normal. These whole team days have become an integral part of the TU's approach to development and growth.

On 1st April 2021, our whole team joined the NHS Midlands and Lancashire Commissioning Support Unit (MLCSU). This new hosting arrangement has been hugely beneficial for us, providing opportunities to work with a growing client base, and alongside other NHS consultancy teams including the Strategy Unit, the Improvement Unit and the Health Economics Unit.

We are renowned for our expertise in clinical service redesign and business case development and have enhanced this through our client work this year. We have also invested in developing skills and experience in workforce, finance and digital transformation in response to the needs of our clients – helping us to maximise the potential of our holistic service offer.

As digital transformation becomes ever more crucial to success in healthcare, we have forged strong relationships with innovative digital partners and are starting to see this bear fruit through our clinical transformation programmes. Our aim is to embed digital transformation to help our clients to stay ahead of the curve. We are currently working alongside the NHS Transformation Directorate (formerly NHS X) and the MLCSU's Digital Innovation Unit and IT Services on several high-profile digital transformation programmes.

In this annual report we showcase the fantastic year the TU has had in 2021/22, focusing on case studies from our clients and demonstrating the positive impact our work has had for those who access and deliver health and care.

**Janet Budd - Director, NHS Transformation Unit**





# Our Year in Review

## We started 2021/22 with four organisational objectives:

- To have a happy, healthy and supported team.
- To deliver benefit for patients, staff, organisations and systems by working with clients as partners, responding to their needs.
- To ensure our income exceeds our expenditure.
- To land well in our new MLCSU hosting arrangement, develop a mutually beneficial partnership and maximise the new opportunities this relationship brings.

Despite the ongoing challenges that the pandemic continued to provide, we are proud to have achieved all four of our 2021/22 objectives.

The highlights of our year are set out in this annual report.





# Objective 1: Have a happy, healthy and supported team

During 2021/22:

- We have grown our team during 2021/2022, welcoming ten new starters including four new Graduate Trainees.
- In addition to a comprehensive programme of internal learning and development, 80% of our team accessed funded external training opportunities.
- We have formed a new Equality, Diversity, and Inclusivity (EDI) group.
- We continued our Corporate Social Responsibility (CSR) work, and 76% of our team used some of their allocated 'volunteer hours' for good causes.

## Growing our Team

During the year we have successfully welcomed ten new starters to the team, as well as two people returning from maternity leave. In addition, we are delighted to have welcomed back two previous TU employees following a period of employment elsewhere – we see staff rejoining us as real testament to the excellence of the TU as an employer.

We have updated our induction processes since joining the CSU and have had excellent feedback from our new recruits.

As a new starter joining any team, it can be daunting, and even more so with lots of organisations working remotely. Everyone at the TU made me feel welcomed and very much part of the team from the beginning, with each team member taking time to meet on a 1:1 basis as an introduction which was welcomed, I had regular meetings with my line manager who checked I was happy and felt supported.

**Sarah Tranter – New starter in 2022**

I'm so glad I made the move to the TU! I'm working on interesting and challenging projects with support from a great team. I have a young family so the flexibility the TU offers has been great and allows me to strike a balance between my work and home life. I've enjoyed having the opportunity to work alongside a group of talented and fun people and in a culture where learning and development is embedded into everything.

**Michelle Atkinson – New starter in 2021**

In January, I made the move from 14 years working for a local authority to the position of Managing Consultant in the TU. It's been a very positive move where I have felt welcomed, supported and have already learned so much through working with clients on projects as well as formal training such as Better Business Cases. The TU is a unique organisation within the NHS – people from a wide variety of backgrounds, and with an impressive skill mix. I've already set my objectives for the year to come and feel that I will be supported to achieve in what is a very trusting and nurturing culture.

**Jo Gibson – New starter in 2022**



## TU Graduate Programme

Our graduate programme is now on its fifth cohort, and our four current graduates - Elliot, Kathryn, Naomi and Ben - joined us in September 2021. Our graduates are supported through a structured programme comprising a blend of formal training and on the job experience to build their skills and knowledge.



*I feel empowered and supported by my colleagues to make contributions to our projects and I have the opportunity to continuously improve through tailored training and development and working within a great team with a broad range of knowledge and experience. I would recommend the scheme to anyone who is passionate about healthcare and making a difference, regardless of their academic or work background.*

**Elliot Royle**



*Since joining the TU I have gained a breadth of experience and knowledge in different areas of the NHS. I have had the opportunity to work on both primary and secondary care projects which has allowed me to engage with a variety of stakeholders and develop my skills in project management. I have also had the opportunity to work on the TU's social media, and the redesign of our website which has helped me find my feet within the team.*

**Kathryn Hoyle**



*I have worked on a number of projects, including developing an Integrated Care Record across three ICSs. I have benefitted from a supportive team environment with colleagues who share a common aim to transform the NHS for the benefit of both patients and staff.*

**Naomi Forster**



*The TU Graduate Programme has been a welcome challenge, with lots of learning along the way. I have worked on interesting and important pieces of work with various NHS organisations, and with great people from the TU and elsewhere.*

**Benjamin Speakman**



## Developing and Supporting our Team

We were delighted to be able to promote ten staff during the year, and to support the development of skills and capabilities across the whole team through our comprehensive training and development offering.

As well as four whole team development days and 12 internal training sessions (TU techniques), 80% of the team have accessed funded external training opportunities in 2021/22.

By the end of 2021/22, 29 members of the TU had been funded to complete their Better Business Case accreditation.



*The TU are currently supporting me through the Nye Bevan programme, run by the NHS Leadership Academy. This stretching year-long programme is helping me grow my skills as a compassionate, inclusive and connected leader, by enabling me to employ reflective and reflexive practices to better engage with and lead our diverse and values-driven team.*

**Jessica Boothroyd**



*It is a real treat to get the opportunity to personally develop and learn on training courses. The courses provide the official accreditation and knowledge to support project and programme delivery. After completing the Green Book Business Case training last year, I was able to support on a number of business case developments, understanding the key requirements, processes and information needed. It is important for my professional and personal development to complete training and I'm so thankful the TU supports this.*

**Charlotte Griffiths**

## Equality, Diversity and Inclusion

A new development in-year has been the formation of our Equality, Diversity and Inclusion (EDI) group, recognising the importance of EDI to our team and as an organisation. The group have been focusing on developing a programme of activity to raise awareness and increase staff education about EDI related issues and topics through internal communication channels.

During the year the EDI group have:

- Refreshed and updated our website – both from an accessibility perspective, and to enable visitors to the website to build an understanding about our commitment to EDI.
- Established an EDI training programme to increase staff knowledge and understanding, as well as improving the service we offer to our clients and other key stakeholders.
- Worked alongside colleagues to enhance other internal processes, including our approach to recruitment, to ensure we continue to embed best practice across the board.

## Supporting Team Health and Wellbeing

The TU is an inclusive employer, and we support the holistic health and wellbeing of our staff, including a variety of flexible and part time working patterns across the team. Every member of our team is empowered and equipped to work either from home or from our office space, and to flex their workspace over time as suits their needs. Everyone has a complete and up to date home working assessment, and we have purchased IT and office equipment during the year to enable our team to work safely and comfortably from home.

Our health and wellbeing champions have continued their excellent work to support our team. We have challenged each other and ourselves in multiple TU-athlons, where colleagues across the TU set themselves weekly challenges and competed in teams. Nearly 20 colleagues took on various pursuits; beginning Couch to 5ks, embracing the chill of outdoor swimming, channelling their inner Bradley Wiggins, and soaking up the fresh air to rack up their step count.

In addition to these internal challenges, we enjoyed some healthy competition as a team via a rounders league, which saw us, bat, field and blunder on a weekly basis. No real success was enjoyed by the TU; however, our legs were thoroughly stretched, and much fun was had by all.



## Corporate Social Responsibility

At the TU we strive to be a good 'corporate citizen', focusing on how we can create positive social economic and environmental impacts.

Part of our purpose is to reduce NHS reliance on external management consultancies. By creating capability within the system, we increase public value by keeping services within the public sector, realising greater overall social value.

As part of our arrangements with the MLCSU, our staff can access a cycle-to-work scheme to both support health and wellbeing and minimize carbon emissions.



The cycle to work scheme made it accessible for me to buy a new bike and key accessories (e.g. pannier bags). Having a good bike has made cycling that much more attractive, so I can continue lowering my carbon footprint and enjoying the beautiful sights of Manchester.

**Kieren Gera**

We have continued to support our staff to volunteer their time and skills to support good causes. Over the course of the year 76% of TU staff (26 people) spent a total of 349 hours giving back to our communities.

### *Case Study: Sow the City Volunteering*

A small team volunteered over the course of two days alongside Sow the City, a Manchester based social enterprise whose mission is to empower communities to grow and live sustainably.

Away from their usual desk duties, the team helped to rebuild several growing beds to get them ready for planting season at Riverbank Community Garden (a non-profit community project) in Chorlton, South Manchester.

The volunteers also helped create raised beds at the Boiler House, a community workshop space dedicated to making and mending in the heart of Moss Side, in partnership with Sow the City and Manchester City Council.





## Objective 2: Deliver benefit for patients, staff, organisations and systems by working with clients as partners and responding to their needs

### During 2021/22:

- We have worked on 65 separate engagements with 32 different clients across multiple Integrated Care Systems (ICSs).
- Engaged patients, carers and service-users to co-produce solutions which respond to their needs.
- We worked in partnership with our clients - sharing our knowledge, skills and methodologies to support sustainable change.
- We delivered work across our range of service offerings, supporting our clients in delivering end-to-end transformation.

2021/22 has been a hugely successful year for the TU. We have worked with organisations, systems and nationally to improve health and care provision for the population.

Our mission is to work in partnership with our clients to transform care and improve health outcomes for people and communities, empowering change from within.

The featured case studies are examples of the kind of work we have been doing during 2021/22 illustrating how we have made a positive impact for our clients and for patients, carers and service users.

Our case studies give just a flavour of the work we have done, and the feedback received from our clients, in-year. Time and again our clients have told us how delighted they have been with the quality of our work.

*“The standard of work of this team is second to none. We had not worked with the Transformation Unit team previously, and it is the most impressive support organization that we have come across. The high calibre individuals and team, alongside their incredibly high standard of work is why I would highly recommend them”*

**Trust Deputy Chief Executive**

*“Amazing insight, inclusive, considered, clear and delivery on time”*

**Geospatial mapping analysis for NHS England and NHS Improvement  
North East & Yorkshire Regional Scaling Remote Monitoring Project**



## Case Study: Cheshire and Merseyside Gynaecological Cancer Review

In 2021/22 we have continued to draw on our clinical service redesign and cancer expertise to support our clients to improve services.

### The Challenge

Cheshire & Merseyside Cancer Alliance (CMCA) commissioned the TU to undertake a review of gynaecological cancer services across the Alliance footprint in October 2021. The purpose of the work was to support delivery of the NHS Long-Term Plan, including delivery of Rapid Diagnostic Services (RDS) by 2024 (now the Faster Diagnostic Framework). The last full review of gynaecology cancer services in Cheshire and Merseyside was more than 20 years ago.

### Our Approach

We used a mixed methods approach to review data, guidance, service configuration, workforce, current practice, and transformational opportunities for symptomatic cervical, ovarian, vulval and endometrial cancers (both suspected and diagnosed) from patient presentation in primary care through to diagnosis and First Definitive Treatment. We engaged 93 stakeholders in the review process.

We developed a proposed model of care, mission, vision and 40 recommendations to inform short, medium and long term aims of the service, to be delivered through a Gynaecology Cancer Programme by the CMCA across a range of themes.

### The Outcome

To engage stakeholders with our conclusions and gain support for delivery, we presented the outputs of our work at a regional event with over 130 people attending.

Our work has been shared with wider stakeholders including Macmillan, Cancer Research UK and Ovarian Cancer UK. Ovarian Cancer UK have been particularly supportive of our approach and presented on our work at their national transformation meeting.

*“This clear and comprehensive review of gynaecology cancer services is a decisive step forward in improving the lives of women across Cheshire and Merseyside from presentation in primary care through to treatment.”*

**Liz Bishop, Senior Responsible Officer - CMCA**

*“[The review] gives an honest, clear, unvarnished insight into the strengths and weaknesses in cancer care and treatment and presents achievable recommendations for service change. The review will start us on a journey to achieve these aims for our population, to eliminate variation across communities and to improve earlier diagnosis, care, and treatment outcomes – whilst also giving patients a voice in how the recommendations are implemented”*

**Jon Hayes (Managing Director) and Dr Chris Warburton (Clinical Director) - CMCA**



## Case study: Digital Programme Business Case

The Digital PODAC programme was established to digitally level-up community Pharmacy, Optometry, Dentistry, Ambulance and Community health services.

### The Challenge

We were asked to support NHSX (a joint unit of NHS England and the Department of Health and Social Care, now NHS England Transformation Directorate) to produce a HM Treasury Green Book compliant programme business case to enable implementation of a 3-year strategy for Digital PODAC programme.

### Our Approach

We were engaged to support the programme to produce the business case between June and October 2021. We worked alongside the NHSX and NHS Digital PODAC teams and wider stakeholders from across NHS England to produce the inputs to the business case. In summary our approach included:

- Overall coordination and authorship of five case model business case.
- Facilitation of programme to agree spending objectives and critical success factors.
- Design and facilitation of a robust options development approach – enabling options long-listing and short-listing with the programme. Five short-listed options were subject to economic appraisal.
- Production of economic appraisal including inputs i.e. benefits mapping and quantification, programme design and costings.
- Facilitation of agreement of the preferred option.
- Socialisation of key inputs with stakeholders.
- Engagement with NHSX, NHS Digital, DHSC Assurance SMEs to ensure business case was fit for purpose and sufficiently robust for formal assurance processes.
- Finalisation of business case in response to formal assurance and review comments and feedback.

### The outcome

NHSX's Delivery Oversight & Assurance Board and NHS England Investment Committee approved an investment of £30.3m to enable implementation of the preferred option. The programme has now progressed to Year 1 implementation.

*“It is with great pleasure that I write to you to say that our collective Programme Business Case for 21/22 to 23/24 has been approved today at the Digital Oversight & Advisory Board. This is a huge milestone and endorsement of the amazing work you have all been involved with and in helping shape a robust case that will continue to provide positive benefits for the services”*

*“There were several compliments given and it was reported that the case was one of the best received by the board. This is directly due to your input and you have my personal thanks and it is a pleasure to be able to give you that positive feedback”,*

**Programme Senior Responsible Officer**



## Case study: Integrated Workforce Planning in Dudley

2021/22 has seen an increasing need for specialist workforce input into our clinical transformation programmes.

### The Challenge

In 2021/22 we were asked to generate a comprehensive plan for maximising the roll-out of the Additional Roles Reimbursement Scheme across the six local Primary Care Networks (PCNs) in Dudley to help to meet the needs of the local population.

### Our Approach

Our multiskilled team of workforce, engagement and analytical experts adopted a robust population and place based approach to workforce planning to ensure the clinical model had the right numbers, skills, values and behaviours to deliver high quality care closer to the Dudley population.

Through stakeholder engagement, application of intelligence regarding the PCN, place, population and workforce we triangulated service, finance and workforce priorities to develop future workforce design principles which informed the development of an Integrated Workforce Plan.

### The Outcome

We developed an Integrated Workforce Plan that reflects the ethos of the client, supports the sustainability of primary care, reflects emerging career pathways and new clinical models and places a real emphasis on the need to develop new ways of working and new roles to meet the needs of the population now and in the future.

*“This is an absolutely excellent piece of work”*

**Trust Director of Operations, Strategy & Partnerships**



## Case study: Transformational Finance Support in the Midlands

Finance is changing in the NHS. The focus is shifting from organisational financial sustainability to system sustainability. Organisations are working ever closer together to provide better population focused health care.

This creates potential financial benefits for organisations, for example, leveraging economies of scale. It also requires a paradigm shift.

System change programmes will have different financial implications for affected partners.

### The Challenge

Northamptonshire ICS required support to:

- Develop a financial framework to support system transformation programmes.
- Ensure progress and momentum across system transformation programmes.

### Our Approach

Our first step was to work the system Directors of Finance to develop a financial framework. We then supported the appointment of finance leads for each of its transformation programmes. A key focus of our support was to enable the finance leads to implement the framework.

One flagship programme, focussing on integration, needed business case approval. We helped articulate both the benefits and the financial implications of the programme. This involved working through difficult conversations, which require significant maturity of system working.

### The Outcome

The co-produced financial framework helps ensure a consistent approach across all transformation programmes. The system also approved the business case of the flagship integration programme. This programme is now in implementation and is helping reduce avoidable admissions.

*"You're doing a great job!"*

**Senior Responsible Officer**



## Case study: Lancashire and South Cumbria ICS System Wide Clinical Transformation

At the beginning of 2020, all Lancashire and South Cumbria (L&SC) Trusts agreed to new arrangements for collaboration and collective decision making between organisations, through the creation of the Provider Collaboration Board (PCB).

### The Challenge

We were asked to support the PCB priority workstreams of Dermatology, Ophthalmology, and Clinical Haematology as well as providing senior resource to the Stroke Programme. Our support was then extended to include Project Management support to Trauma and Orthopaedics (T&O) and the Musculoskeletal (MSK) Network.

### Our Approach

We have been working in partnership with clinical and managerial colleagues across the system to transform health and care outcomes through cross system pathway transformation. Our work has included supporting L&SC in:

- Developing a regional clinical strategy for T&O – developed in conjunction with stakeholders across specialties.
- Creating a L&SC wide eyecare service to deliver high quality, sustainable and accessible care underpinned by the principles of Community Urgent Eyecare Service.
- Forming a Clinical Haematology network – bringing services together to strengthen working relationships and agree a collaborative work programme.
- Improving integration and standardisation of dermatology services across the region – through developing a L&SC Dermatology Directory of Services, and by agreeing common criteria to support appropriate referrals of dermatology patients into the right clinical setting.

### The Outcome

Clinical collaborations (networks) for priority services (T&O, MSK, Clinical Haematology and Ophthalmology), to support equitable access, minimise unnecessary travel, and ensure patients are seen by the right healthcare professional, at the right time, in the right setting. This is enabled by digital transformation at a system level.

An ICS level blueprint for integrated working which has inspired collaborative working across a number of other specialities.

Improved integration and standardisation of dermatology provision across the system, including integration between primary and secondary care.



## Case study: Surrey Heartlands Operating Model

Surrey Heartlands and Care Partnership is a mature ICS covering a population of over 1 million people with a combined health revenue allocation of over £1.5bn and combined social care and public health budget of £317m. The ICS encompasses four place-based partnerships/alliances, 24 primary care networks (PCNs), 4 acute hospital sites, 2 community service providers, 1 mental health provider and 1 upper tier local authority and 9 borough councils.

### The Challenge

In anticipation of transition to a statutory Integrated Care Board, Surrey Heartlands Executive Team asked for support to co-produce a target operating model for Surrey Heartlands Integrated Care Board (ICB). With no ICS having yet transitioned or having finalised their operating model there was no precedent to follow.

The system leadership had made progress in working collaboratively but recognised the need to further mature their collective decision-making and to mature their thinking around how they best apply the principle of subsidiarity so that they can empower their four places to design and deliver care that best meets the needs of their population. This work to develop a new operating model was set against a backdrop of a significant staff restructure, surge of the omicron covid variant as well as emerging legislation, policy and guidance.

### Our Approach

Working with Prospect we developed an approach that aligned the co-design of the operating model with a programme of leadership and staff organisational development. Recognising that we were working within an innovation space, our approach sought to employ tried and tested methods for developing an operating model from the worlds of manufacturing and business. The approach was tailored in accordance with the ICS design guidance.

### The Outcome

We facilitated the Surrey Heartlands Executive Team to tailor and agree scope, approach and design principles to steer co-production of the operating model.

We developed a toolkit to support workstreams to develop the operating model ensuring each workstream was appropriately equipped and so that a standardised approach was followed.

We supported 15 workstreams to work collaboratively with stakeholders from across the system to produce operating models for 15 functions across the ICB.

A holistic operating model encompassing the 15 functions has been pulled together, enabling critical interdependencies to be identified and for an implementation plan to be produced.

As planned, the operating model was subsequently finalised in 2022.



# Objective 3: Ensure our income exceeds our expenditure

## During 2021/22:

- We exceeded our 2021/22 income target through delivering £3.135m of work with 32 clients and working across multiple Integrated Care Systems
- We further diversified our revenue streams during the year, with nearly a third of our work (32%) being either national or outside of our core geographies
- We managed our 2021/22 pay and non-pay costs within budget, meaning that overall, we generated a small surplus for reinvestment in our team.

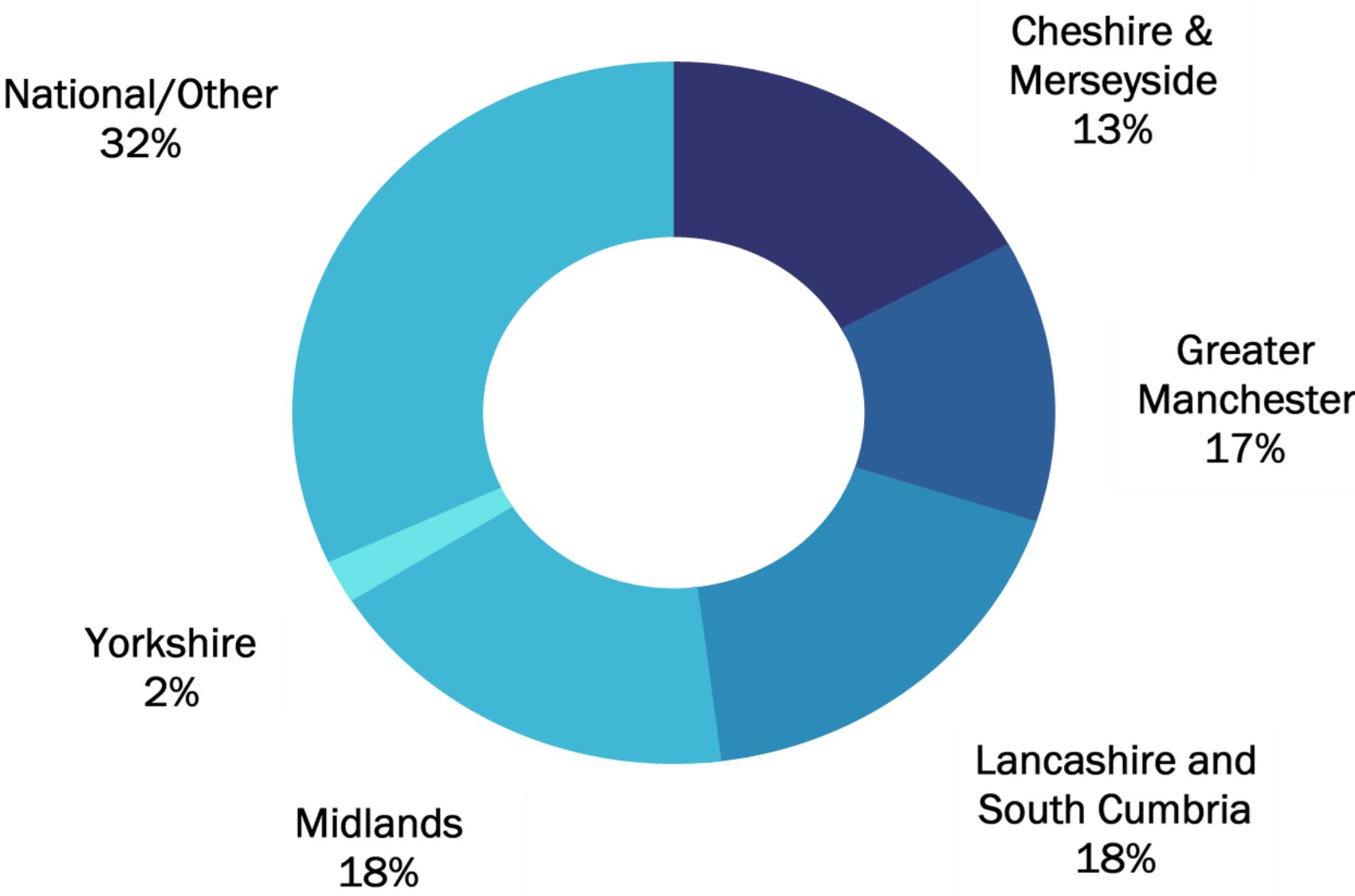
## Income

Over the last five years at the TU we have seen increasing diversity in our income streams.

Whilst nearly half of our work remains with clients in the North West (which is local to many members of our team), we have continued to grow our presence in the Midlands and in other geographies, as well as undertaking several pieces of work over a national footprint.

We worked with 32 clients in 2021/22, with 62% of our income coming from repeat business - testament to our clients' satisfaction with the high quality of our work.

Our income split by geography is shown below.



We continue to use a customised off the shelf software package to track our income, resourcing and utilisation, as well as managing our future pipeline of work.

We always agree our fees upfront and adopt a ‘no surprises’ approach to our engagements, meaning that we can plan effectively and invest in our team, along with the development of our services and offers.



## Expenditure

We have clear budget setting and monitoring arrangements in line with MLCSU procedures. This has enabled us to monitor our pay and non-pay expenditure and commitments effectively throughout the year, working closely with our finance business partner.

In 2021/22 we have embraced appropriate and cost-efficient agile working arrangements:

- We have secured medium term and value-for-money office space within an NHS office in Sale, South Manchester.
- We have established a desk rental policy for team members wishing to work in other locations.
- We have invested in home working kit including desks, office chairs, laptop risers and monitors, in line with individuals' needs.
- We have invested in data dongles to ensure that all staff are suitably equipped to work effectively from any suitable location.

We have made planned investments in our team and in the development of our service offers during 2021/22. These include in particular:

- Investment in team development activities and external training courses, to improve the skills and knowledge of our team.
- Equipping our analysts with laptops that have higher processing technology to improve their efficiency and purchasing a range of analytics software licenses to enhance the quality of our client service offerings.
- Updating our website, working with colleagues from MLCSU.

Although we have grown our team during 2021/22, we have remained slightly under our full establishment in year, meaning our pay expenditure is within our planned budget. Our overall combined expenditure (pay and non-pay costs) for the year was within our budgeted allocation.

## Outturn

We generated a small surplus for 2021/22 overall, which we have ringfenced for our future planned investments in our team.

## Objective 4: Land well in our new MLCSU hosting arrangement, develop a mutually beneficial partnership and maximise the new opportunities this relationship brings

### During 2021/22:

- The TU became part of MLCSU on 1st April 2021. There was a smooth and well managed transition from our previous hosting arrangement.
- During 2021/22 we have become established within the CSU and have grown a mutually beneficial relationship, working with colleagues across the CSU's corporate functions as well as the other CSU consultancy teams.
- During this year we worked on ten opportunities which were sourced via the CSU, and we have delivered work during 2021/22 alongside colleagues from other CSU teams including the Strategy Unit, the Health Economics Unit, and the Improvement Unit.

### Landing well in our new hosting arrangement

We used a joint Project Management approach with MLCSU to plan for the TUPE transfer of the TU into the CSU. This approach helped build strong foundations for positive working relationships between the TU team and CSU colleagues across a variety of functions. Reporting to their respective Executive/Leadership Teams, the TU and MLCSU teams worked together during the months before and after the transfer date to ensure any issues were satisfactorily and speedily resolved.



## Midlands and Lancashire Commissioning Support Unit

The most significant workstreams were HR and IT, which were allocated MLCSU leads to ensure there was sufficient capacity to deliver the necessary detailed planning and actions. In addition, members of the TU management team linked in with MLCSU departments to progress topic specific relationship building.

All TU staff have been provided with new laptops following transfer. During April 2021 TU staff also attended an MLCSU corporate induction event, as well as completing training mandated by MLCSU.



## Developing a mutually beneficial partnership

During the year, members of the TU management team have continued to work closely with functional leads at the CSU to embed appropriate processes in key areas including budget setting, financial monitoring, and HR processes including job matching and recruitment. Our mandatory compliance metrics have been higher than CSU averages.

A major success of 2021/22 was the development and launch of our new website. We received excellent support from the MLCSU Digital Development team, working closely together to ensure our new requirements and content were carefully considered, agreed and implemented. This work was supported by two of our graduates, Kathryn and Naomi, who were trained in the use of Write Maps. We have engaged the MLCSU digital team to continue to run our search engine optimisation and overall website performance improvements for the next 12 months.

Since joining the CSU, individual members of the TU Team have benefited from the CSU benefits scheme. For instance, two team members have gone on to hire electric cars, enabled by CSU membership of NHS Fleet Solutions.

## Maximising the opportunities of being hosted by MLCSU

We have also worked collaboratively to maximise the opportunities associated with our new hosting arrangements. This has included joint working across engagements and referral of opportunities to and from other CSU teams, as well as utilising the CSU affiliate pool to help meet specific TU capacity or capability needs.

We benefit from the CSU's inclusion on key procurement frameworks, which makes it easier for us to respond to tender opportunities.

During the year we worked on ten opportunities which were sourced via the CSU, and we have delivered work during 2021/22 alongside colleagues from other CSU teams including the Strategy Unit, the Health Economics Unit, and the Improvement Unit. We also referred several opportunities to other CSU teams during the year.

Throughout the year, the TU's Director Janet Budd has taken a seat on the CSU Board, as Director of Strategy, overseeing the Strategy and Planning portfolio on behalf of the whole CSU. This development supports ongoing collaborative and mutually beneficial decision making for the benefit of both the TU and the CSU overall.





# 2021/22 by Numbers



Volunteer hours worked

**EMPOWERING CHANGE FROM WITHIN**  
Strategic transformation, by the NHS for the NHS



We worked with 9 new clients



62% of our income was from repeat business



Proportion of the team who accessed funded external training opportunities



Hours of training and development undertaken by TU staff



29 members of our team have been funded to complete Better Business Case accreditation



New team members



We delivered work across all 8 of our core service offerings





# EMPOWERING CHANGE FROM WITHIN

We are [#ByTheNHSForTheNHS](#)



[@TU\\_NHS](#)



[@NHSTransformationUnit](#)