The Improvement Programme Year 2


Lessons from Year 1

What worked Well

- Initial Engagement and understanding of LEAN.
- 5 PMs trained/accredited in GE methodologies.
- 90% of team trained in at least one GE process.
- 10% of Trust staff attended awareness training.
- Process rigour reduces variance and provides governance in delivering change.
- Measureable benefits from some RCPs.
- Teams running their own programmes.

Where can we improve

- Organisational Structure was not 100% effective.
- Retention of key (and trained) staff an issue.
- GE methodology is very labour intensive.
- Initial projects were small isolated pilots.
- Benefits not tracked or rolled out across the trust.
- LEAN alone will not provide the significant changes required to meet CIP targets.
- Internal paperwork governance overwhelming.

Proposed Year 2 Organisational Structure
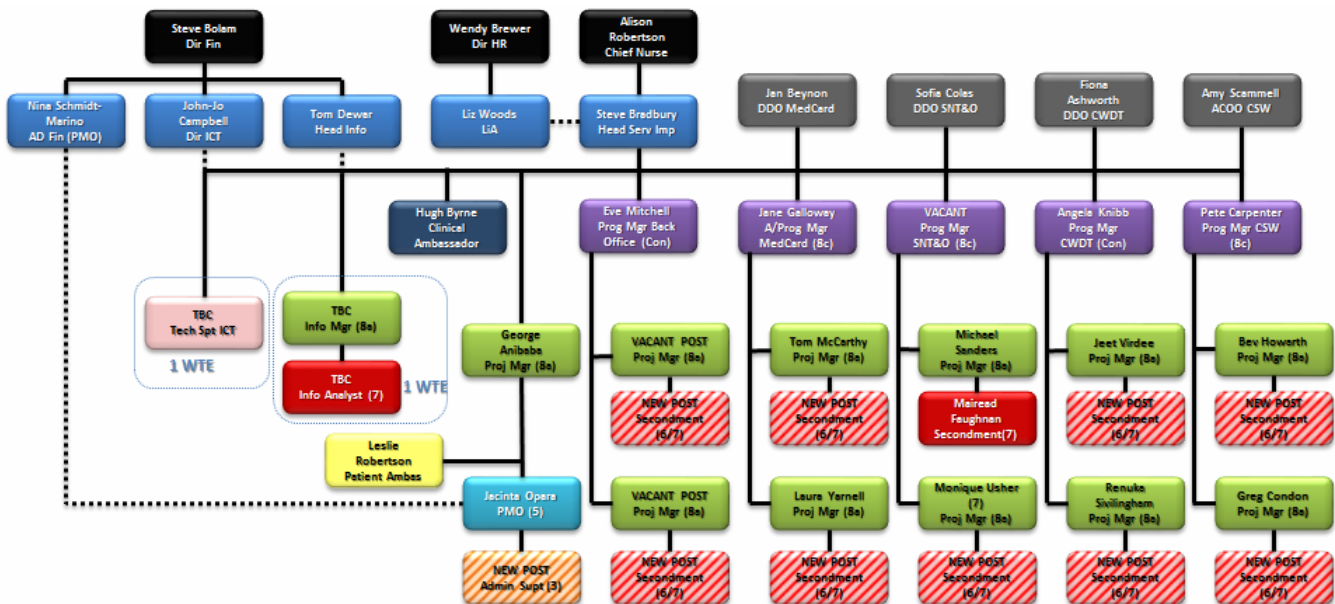
Recommended Approach

Cost Analysis

	Proposed	Budget	GE support
Staff Costs:	£1.72M	(↑ £385K)	(↑ £385K)
Training Costs:	£75K	(↑ £75K)	(↑ £75K)
Pump Priming:	£250K	(=)	(=)
GE Healthcare:	£145K	(↑ £145K)	(↓ £935K)
TOTAL:	**£2.19M**	**(↑ £605K)**	**(↓ £474K)**

Methodologies

- GE Kaizan, VSM, WorkOut^{TM}, RCP & ICP 'lite'.
- Lean Six Sigma, Service Re-design and OD.
- IT Infrastructure Library & Service Management.
- PRINCE2 & Managing Successful Programmes.
- Listening into Action (generate ideas & promote engagement).

Governance & Communication

- Clear objectives & roles cascaded to Prog Mgrs; at least 80% time on Service Improvement.
- SLA with incentives/consequences on benefits apportioned based on use of PM's time, agreed with DDOs and performance managed.
- New Steering Group & Governance structure.
- Reduce reporting, approval & documentation set.
- Greater emphasis on milestone, risk and benefits

Professional Development & Retention

- Training Budget to develop core team of experts.
- External training opportunities including Lean Six Sigma, APM accredited proj man and informatics.
- Secondment or rotation opportunities for all trust staff at Bands 6,7 & 8 in order to seed experience within care groups.
- Development of the improvement academy, with potential accreditation from NHS IQ.
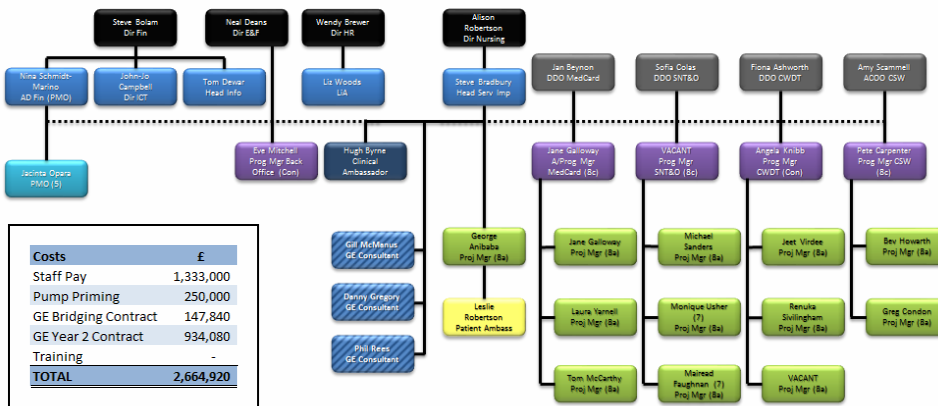
- tracking through internal PMO governance.
- Setting up of a comms hub; re-launch website; regular showcase, case studies & articles.

- Staff progression opportunities within the team.
- Adequate and shared office facilities.
- Abstract, posters, papers and presentations.

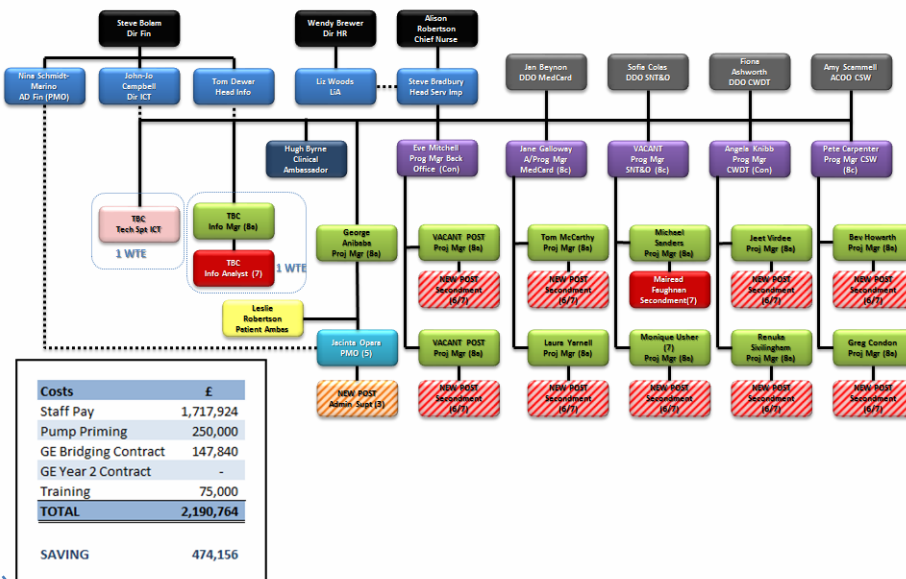# Options Analysis

GE Supported Service Improvement Organisation

Costs	£
Staff Pay	1,333,000
Pump Priming	250,000
GE Bridging Contract	147,840
GE Year 2 Contract	934,080
Training	-
TOTAL	**2,664,920**

Benefits:
- External support from GE.
- Training and Skills Transfer opportunities in GE methodology.

Risks:
- GE approach may not deliver full-scale benefit, Δ low or no RoI.
- PM Resources spread thinly, Δ potential further retention issues.
- No wider professional development opportunities.
- No direct support from Info & ICT.
- No additional Resources for Back Office (including Workforce) or Administrative Support.
- No direct accountability to Head of Service Improvement.

Internal Option 1 – Divisional Service Improvement Organisation

Costs	£
Staff Pay	1,717,924
Pump Priming	250,000
GE Bridging Contract	147,840
GE Year 2 Contract	-
Training	75,000
TOTAL	**2,190,764**
SAVING	474,156

Benefits:
- Larger team able to deliver full-scale pan-Trust programmes and Divisional programmes.
- Greater ability to meet CIP targets, Δ high RoI ~ 9:1.
- Wider training and skills mix opportunities.
- Professional development opportunities for all staff.
- Focussed and coherent support from PMO, Informatics & ICT.
- Additional admin & training coordination resource.
- Dual accountability of DDO & Hd Service Improvement (via SLA).
- Clear objectives will ensure Trust & Divisional priorities are aligned.

Risks:
- Funding not agreed.
- May not recruit staff to fill vacant posts with appropriate skill mix.
- Less cross-sharing of ideas.

Appendix B: CEO Report

Internal Option 2 – Central Service Improvement Organisation

Costs	£
Staff Pay	1,550,212
Pump Priming	250,000
GE Bridging Contract	147,840
GE Year 2 Contract	-
Training	75,000
TOTAL	**2,023,052**
SAVING	**641,868**
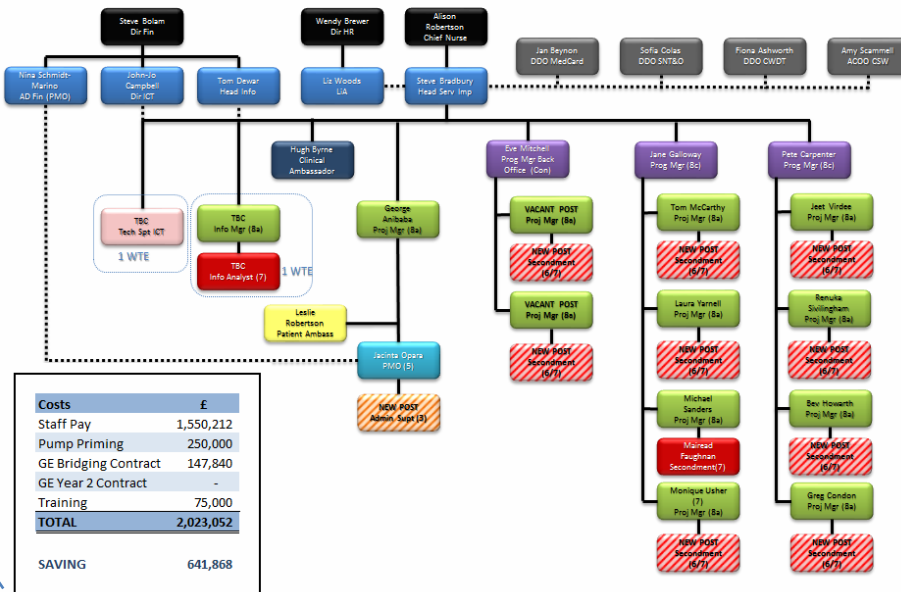
Benefits:

- Centrally-led team able to deliver full-scale pan-Trust programmes.
- Lower costs, Δ higher RoI ~ 10:1.
- Wider training and skills mix opportunities.
- Professional development opportunities for all staff.
- Focussed and coherent support from PMO, Informatics & ICT.
- Additional admin & training coordination resource.
- Accountable to one person.
- More opportunity to share ideas.

Risks:

- Trust & Divisional priorities may not be aligned, Δ no Divisional or Clinical buy-in.
- Funding not agreed.
- May not recruit staff to fill vacant posts with appropriate skill mix.
- Less opportunity for Divisional programmes, Δ less culture shift.

Improvement Programme Governance

TRUST BOARD

FINANCE & PERFORMANCE COMMITTEE

QUALITY AND RISK COMMITTEE
Exceptional risks emerging

IMPROVEMENT PROGRAMME BOARD
(QUARTERLY, Chair – CEO)

Review of overall programme – pipeline, financial progress, organisational development

IMPROVEMENT PROGRAMME STEERING GROUP
(MONTHLY, Chair – Chief Nurse and Director of Operations)

Approval of Project Initiation Documents (PIDs), Review and Approval of Benefits Cases, Review of Highlight Report and exceptions on project delivery, Approval of Project Close Document, review of risks and issues associated with Service Improvement Projects, Review financial progress against target and development of pipeline for future years.

CLINICAL GOVERNANCE GROUP
(MONTHLY, Chair - Medical Director with Chief Nurse & Director of Operations, Director of Corporate Affairs)

Review and Approve clinical risks to projects.
Updatse on changes to risks emerging from the projects.

WORKSTREAM REPORT OUTS
(MONTHLY, Chair – Head of Service Improvement)

Presentation by all project, clinical and workstream leads to showcase, review progress against milestones and benefits, and sharing of lessons learned from live programmes.

SERVICE IMPROVEMENT COLLABORATIVE
(WEEKLY, Chair – Head of Service Improvement)

Programme planning, Training, Sharing of lessons learned, identification of cross-fertilization of projects.

DIVISIONAL IMPROVEMENT BOARDS
Divisional meetings to review project development, local approval of PODs, PIDs, Risks, Close, ensure progress against milestones
Review workstream projects and "draw down" on actions & benefits
Ensure progress against financial targets through a mix of Improvement Programme projects & divisional projects or schemes

★ **Alternative Option:** A Quarterly Programmes Board, chaired by the CEO, provides a forum to bring together all programmes, such as Capital, IT, CIP, Listening into Action and the Improvement Programme. This will provide a review of each programme; their interdependencies; milestone, benefits and financial progress; identifying pipeline programmes and managing risks and issues.

Roles and Responsibilities

Programme Manager (Band 8c)

The Programme Manager is responsible for the oversight of all improvement projects within their Division and ensuring that all programmes, whether divisional or pan-trust are managed effectively with clear objectives, deliverables and milestones. They are to liaise with Clinical Leaders and Senior Managers to ensure full engagement and participation is maintained, whilst planning pipeline programmes. They are responsible for the leadership and direction of their divisional team and ensuring that all reporting is maintained. The Programme Manager has dual accountability to Head of Service Improvement and their DDO, through a clear SLA and mutually agreed objectives and timeshare on both divisional and pan-trust programmes.

Project Manager (Band 8a)

The Project Manager is responsible for the day-to-day management of improvement projects within their Division. They will see a project through from start until the 30-day handover period (although will continue to monitor and support sustainability through to 180 days). They will engage with clinicians and managers to facilitate working groups; ensure milestones and benefits are delivered on time; generate new ideas and projects; ensure benefits are tracked and analysed; documentation and reporting requirements met. The Project Manager reports directly to the Programme Manager but also to the appropriate GM through a SLA with agreed project benefit deliverables and a commitment to project handover.

Change Agent (Band 6/7)

The Change Agent supports the Project Manager in the day-to-day delivery of their projects. They are responsible for facilitating change within their directorates, engaging with clinicians and administrative staff to generate new ideas, drive sustainable changes in working practice, support workshops through general administration, gathering feedback and information, and writing up the key notes from those workshops. The roles are predominately a 6-month secondment for a Band 6 or 7 who have an interest in learning more and becoming involved in the improvement programme. The Change Agent will report directly to the Project Manager.

Project Management Office Co-ordinator (Band 5)

The Programme Management Office Co-ordinator is responsible for the oversight of all improvement projects, ensuring that all documentation, milestone and benefit delivery is reported and tracked; risks and issues registers are maintained and the risks managed; ensuring highlight reports are kept up to date; the administration of the Project In A Box information management tool; organising and taking minutes for the Steering Group and Service Improvement Board. The PMO Co-ordinator will report to the Central Project Manager and with 'dotted line' reporting to the Assistant Director Finance (PMO).

Administrator (Band 3)

The Administrator will support the Service Improvement team through arranging room bookings for workshops and key meetings, organising training rotas, following-up on potential trainees post induction, providing content for communications (e-mail, intranet, website, posters, case studies) and assist the PMO in administering the Project in a Box information management tool. The Administrator will report to the Central Project Manager through the PMO Co-ordinator.

Flexible Methodology, Standardised Documentation

Project Initiation Document | Highlight Report | Highlight Report | Highlight Report | Highlight Report | Highlight Report | Highlight Report | Highlight Report | Project Close Report

Scope → Plan & Prioritise → Listen & Engage → Benchmark & Baseline → Map Pathway or Process → Redefine Pathway or Process → Change Planning → Rapid Change Event → Measure & Sustain

Benefits Case | Risks & Issues Register | Milestone Plan | Comms Plan | Stakeholder Map | Baseline Data & Benefits Tracker | Value Stream Analysis | Detailed Change Plan | Benefits Tracking & Analysis | Case Study, Lessons Learned, Articles, etc.

Flexible Methodology

- Set of key change principles that can adapt GE ICP, RCP & WorkOut™ as well as other methodologies, such as Lean Six Sigma, Organisational Development & Service Re-Design.
- Allows for innovation as well as LEAN productivity management.
- Process rigour reduces variance and provides governance in delivering change, but is not time or labour dependent; projects could be run in a day or over several months.
- Benefit and outcome measurement oriented.
- Utilising Listening into Action principles to gather ideas and promote engagement.

Standardised Documentation

- One-page PID for all projects/programmes replacing current PIDs, PODs and Charters.
- Common and agreed Highlight Report with balanced scorecard.
- Standard template for Benefits Case, Risk Register, Milestone & Communications Plans, Stakeholder Mapping, VSMs, Case Studies, Posters & Articles.
- Agreed metrics to measure baseline and track & analyse target benefits with common report formats.
- Electronic Document Management and version control embedded within Project in a Box.

Appendix B: CEO Report