

Trust Board Paper Y

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| To: | Trust Board | | | | | | | | | | |
| From: | Kate Shields | | | | | | | | | | |
| Date: | 24 April 2014 | | | | | | | | | | |
| CQC regulation: | As applicable | | | | | | | | | | |
| Title: | Delivering Care at its Best | | | | | | | | | | |
| Author/Responsible Director: John Adler, Chief Executive / Kate Shields, Director of Strategy | | | | | | | | | | | |
| Purpose of the Report: To provide the Trust Board with an update on Delivering Care at its Best | | | | | | | | | | | |
| The Report is provided to the Board for: | | | | | | | | | | | |
| <table border="1"> <tr> <td>Decision</td> <td>X</td> </tr> <tr> <td>Assurance</td> <td></td> </tr> </table> | | Decision | X | Assurance | | <table border="1"> <tr> <td>Discussion</td> <td>X</td> </tr> <tr> <td>Endorsement</td> <td></td> </tr> </table> | | Discussion | X | Endorsement | |
| Decision | X | | | | | | | | | | |
| Assurance | | | | | | | | | | | |
| Discussion | X | | | | | | | | | | |
| Endorsement | | | | | | | | | | | |
| Summary / Key Points: The paper sets out how the programme of work required to deliver Caring at its Best will be governed, including the principles and approaches that will be adopted, timescales and next steps. | | | | | | | | | | | |
| Recommendations: The Trust Board is asked to endorse the paper | | | | | | | | | | | |
| Previously considered at another corporate UHL Committee? Leicester University Hospitals Executive Management Team meeting 15 April 2014 | | | | | | | | | | | |
| Board Assurance Framework: N/A | | Performance KPIs year to date: N/A | | | | | | | | | |
| Resource Implications (eg Financial, HR): yes | | | | | | | | | | | |
| Assurance Implications: yes | | | | | | | | | | | |
| Patient and Public Involvement (PPI) Implications: yes | | | | | | | | | | | |
| Stakeholder Engagement Implications: yes | | | | | | | | | | | |
| Equality Impact: N/A | | | | | | | | | | | |
| Information exempt from Disclosure: No | | | | | | | | | | | |
| Requirement for further review? Yes | | | | | | | | | | | |

Delivering Care at its Best- update

Background

1. Delivering Caring at its Best is a significant commitment for all staff at University Hospitals Leicester and the governance structure for delivery has now been agreed.
2. Executive Director Leads have now been identified and programmes have been aggregated through the current Executive Board Structures. The diagram below shows the material pieces of work and the Executive Director accountability.

Delivering Caring at its Best Content & governance structure



3. This paper sets out how the programme of work required to deliver Caring at its Best will be governed, including the principles and approaches that will be adopted, timescales and next steps.

The governance structure

4. The Executive lead for each Executive Board, (the Executive Quality Board, Executive Performance Board, Executive Strategy Board and Executive Workforce

Board) is responsible for ensuring the appropriate level of rigour and standardisation in terms of delivering the Caring at its Best delivery work streams.

5. Each programme of work will have the following in place:
 - A detailed description of each scheme – accountability for delivery and key milestones for performance management. This is described at a high level in the chart on page 1 of appendix A.
 - The programme manager for each scheme will be responsible for pulling together a programme team and for ensuring that robust governance and programme delivery arrangements are in place.
 - The Executive Director who has functional responsibility for each of the Executive Boards will have responsibility for all the schemes reporting to that Board. They must ensure that robust programme management is in place and each Executive Board should have its own Project Management Office (PMO) function responsible for overseeing the delivery of the each Caring at its Best programmes. It is expected that Executive Directors will draw upon existing resources and expertise from within their own directorates.

Principles and approach

6. Each Project Management Office will be responsible for:
 1. Ensuring that a Project Initiation Document (PID) is completed for each Caring at its Best programme (as described in the chart on page 1). The template PID attached as Appendix A is currently in use for the Trust's Cost Improvement Schemes.
 2. Pulling these Project Initiation Documents together in the form of a delivery programme, to include key actions with measureable outcomes, clear timescales and responsible leads Executive Board Project Management Office function.
 3. Agreeing the necessary assurance and approval checkpoints with the respective Caring at its Best programme manager.
 4. Agreeing the frequency and method of reporting with the programme manager for each Caring at its Best delivery initiative.
 5. Tracking their respective Caring at its Best delivery initiatives, this will include:
 - Developing a dashboard of Key Performance (KPIs) and delivery metrics
 6. Developing a calendar of business for their respective Executive Board.
 7. Ensuring that the calendar of business for their Executive Board is aligned to:
 - the Trust Board calendar of business
 - the Trust Board Development Programme
 - the calendar of business for their respective sub-committee(s) of the Trust Board

8. Servicing their respective Executive Board meeting, to include

- Reviewing and if necessary updating the calendar of business for their respective Executive Board
- Agreeing the agenda for each Executive Board meeting with the respective Executive Board lead
- Issuing a draft agenda in a timely fashion, with clear instructions in relation to papers required
- Quality assuring papers prior to circulation, ensuring that they are relevant, consistent and succinct
- Producing an updated delivery programme for each meeting
- Producing an updated dashboard of KPIs and delivery metrics across all Caring at its Best Delivery initiatives
- Taking and producing written notes of the meeting
- Producing meeting action logs, sourcing updates and reporting by exception to subsequent meetings

Timescales

| Action | | Who | By when |
|--------|--|--|-------------------------------|
| 1. | Establish the Executive Board PMOs | Respective Executive Board lead: EQB – Rachel Overfield EPB – Richard Mitchell ESB – Kate Shields EWB – Kate Bradley | End of April 2014 |
| 2. | Completion of PIDs | Caring at its Best programme manager | End of April 2014 |
| 3. | First draft Executive Board delivery programme | Respective Executive Board PMO | End of first week in May 2014 |
| 4. | Assurance and approval checkpoints agreed | Respective Executive Board PMO | End of first week in May 2014 |
| 5. | Frequency and method of reporting for each Caring at its Best delivery initiative agreed | Respective Executive Board PMO | End of first week in May 2014 |
| 6. | Dashboard of key performance indicators (KPIs) and delivery metrics | Respective Executive Board PMO | End of May 2014 |
| 7. | Executive Board calendars of business | Respective Executive Board PMO | End of May 2014 |
| 8. | PMOs commence servicing respective Executive Board meetings | Respective Executive Board PMO | May 2014 |

9. A further development is required in scoping how all of the programmes delivered through the Executive Board Project Management Office will aggregate into a Trust-wide overview of progress against our stated intentions. The Trust Board will need this for assurance of delivery and corporately this will be required to support the Trust-wide integrated planning process. Further discussions will take place to determine how this will be delivered across the programmes of care and an update will come back to the Executive Strategy Board
10. The University Hospitals of Leicester Executive Team held on 15 April 2014 supported the governance proposals as described above and confirmed that project management boards will be established for quality, performance, strategy and workforce by the end of April 2014.
11. Discussions are to be held between the Director of Strategy and the Director of Corporate and Legal about the establishment of an overarching project management office for the Trust Board

Recommendations

10. The Trust Board is asked to endorse the paper

**Cost Improvement Programme (CIP)
Project Initiation Document (PID)
2014 - 15**

Scheme Details:

| | |
|-----------------------------------|---|
| Scheme Title: | Name of New Schemes |
| Scheme No: | This will be provided by the PMO |
| Author: | Who wrote this PID? |
| Reported to: | Who is overseeing this scheme? |
| CMG: | Your CMG |
| Specialty / Ward | Your Specialty / Ward |
| Date: | Date this was completed |
| Document Version No: | What version is this? |
| Scheme Start Date: | Start date of the scheme |
| Scheme End Date: | The proposed end date for the scheme |
| Highest Risk Score: | What is the highest risk score on the risk assessment? |
| Financial Value: | What is the financial value associated to this scheme |
| Cost of Delivering Scheme: | What is the total of the costs which are associated to the delivery of this scheme? |

Executive Summary

Background

Please provide a brief summary of what this scheme is all about.

Project Objectives

1. List the actual project objectives associated to this scheme. As many as you think are appropriate.
2. <<Text >>
3. <<Text >>

Project Scope / Exclusions

Provide some detail on the scope of this project, and where relevant – what isn't.

Project Deliverables / desired outcomes

List content which illustrates what the outcomes will be and what the deliverables will look like when this scheme has reached the end of it's lifecycle – as many as you think appropriate.

<< Text >>

<< Text >>

Interfaces / Interdependencies

What are the interfaces and interdependencies linked to this scheme and how are there related?

Alternative Business Options

What alternative business options were taken into consideration before determining to take this scheme forward.

Assumptions

What assumptions have been made for this scheme?

<< Text >>

<< Text >>

Investment Appraisal

Has there been an investment appraisal completed? If so please provide a summary.

Specific project issues / challenges

What specific issues and challenges have been identified which will need to be overcome and do you have plans in place to mitigate?

<< Text >>

<< Text >>

Scheme Team Structure

| | |
|---------------------------------------|----------------------|
| Project Sponsor: | Please complete..... |
| Project Manager: | |
| Procurement Manager: | |
| Medical / Clinical Governance: | |
| Quality Control and Assurance: | |
| Evaluation Support: | |
| Support Staff: | |

Initial Project Plan Milestones

| No | Description | Start Date | End Date |
|----|-----------------|------------|----------|
| 1 | Please complete | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Scheme Success

How will you know if this scheme will be successful in its delivery?

<< Text >>

Quality Impact & Review Schedule

For each of these schemes you will need to identify how you will monitor the impact on quality and safety across the life of the scheme. The template for monitoring is listed below

| KPI | Monitoring Lead | Frequency | Reporting To | Escalation Process |
|-----|-----------------|-----------|--------------|--------------------|
| | | | | |

Stakeholders & Interested Parties

| Who? | How will they be involved? |
|------|----------------------------|
| | |

Reports

Which reports will be used to monitor progress for this specific scheme?

| | Report | Frequency |
|---|--------|-----------|
| 1 | | |
| 2 | | |

Staff Escalation – Issues and Concerns

List the meetings and forums where it is formally minuted that staff have been made aware that if they have any issues or concerns where this PID could negatively impact the quality of patient care or safety they can escalate their concerns via their line management structure or the Whistleblowing Policy in the NHS.

| | Report | Date of Minutes Recorded |
|---|--------|--------------------------|
| 1 | | |
| 2 | | |