Trust Board Paper V

To:	**Trust Board**
From:	**Chief Executive**
Date:	**27 June 2013**
CQC regulation:	**All Applicable**

Title:	**Improvement and Innovation Framework**

Author/Responsible Director: Suzanne Khalid, Debra Mitchell, Phillip Burns, John Adler/Chief Executive

Purpose of the Report: To describe and seek the Board's approval for the Trust's future approach to improvement and innovation.

The Report is provided to the Board for:

Decision	X	Discussion	
Assurance		Endorsement	

Summary / Key Points:

The report describes the overall philosophy that underpins the new approach and the logic for this. It goes on to describe how existing and new activity will be brought into the framework and notes work outstanding. An appendix describes the detailed operating arrangements for the Framework and the Cost Improvement Programme, and the linkages between the two.

Recommendations:

The Board is recommended to approve the proposed approach.

Previously considered at another corporate UHL Committee? Detailed concept and progress reports have been considered at the March, April and May meetings of the Finance and Performance Committee.

Board Assurance Framework: Risk of failure to transform effectively	**Performance KPIs year to date:**

Resource Implications (eg Financial, HR):

Most resources already in baseline. Separate business case being prepared to additional costs.

Assurance Implications:

Patient and Public Involvement (PPI) Implications: To be considered within each framework programme.
Stakeholder Engagement Implications: Links to Better Care Together.
Equality Impact: significant changes will require equality impact assessment.
Information exempt from Disclosure: No.
Requirement for further review? Progress to be monitored by F&P Committee.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board

DATE: 27th June 2013

REPORT FROM: Chief Executive

SUBJECT: Improvement and Innovation Framework

---

1. Introduction

This paper provides an update to the Trust Board on the development of the Improvement and Innovation Framework (IIF) and requests approval to formally adopt this operating model for UHL's organisational improvement approach. The framework has been developed in response to a critical review of our existing Transformation Programme which was set up two years ago. The review has included seeking evidence of what makes successful service improvement programmes in other organisations (both nationally and internationally). The future vision and purpose of transformational activity within UHL has been defined, along with the high level organisational arrangements through which that vision will be taken forward. This approach has been the subject of progressive reports and discussion at the March, April and May meetings of the Finance and Performance Committee

2. Background

The Trust established a Transformation Programme in June 2011 with the purpose of supporting CIP delivery and improvements in quality. Six projects were progressed in 2011/12, supported by dedicated project managers. These projects were:

- Coding
- Length of Stay
- Outpatients
- Readmissions
- Theatres
- Transcription

During 2012/13, there was a change of personnel with 4 of the 6 project managers leaving the Trust and 4 new people joining. There was also a change in projects with coding, readmissions and the Length of Stay (LOS) project (cardiology based) finishing, Hospital 24/7 starting and ePMA coming under the banner of Transformation.

There is also a great deal of transformational or improvement activity going on in and around the Trust which does not currently sit under the "transformation" banner. This activity includes the Quality Commitment, Better Care Together, Right Care, site reconfiguration planning, IM&T partnership with IBM, LLR Facilities Management contract, EMPATH, Emergency Pathway Programme (Right Place), corporately led CIP workstreams and CQUIN improvement schemes.

Whilst there is much useful transformational-type activity in progress within UHL, it is recognised that:

- Transformation does not have a sufficient profile within the organisation and is not well linked to other key activities
- There is a significant level of frustration at Trust Board level and externally with the pace of progress of transformation as whole
- The content of the transformation programme has not been developed in a systematic way and it does not derive from a clear basis of thinking
- There is a lack of clarity in the way that transformational activity and service improvement is organised within the Trust, with significant gaps and overlaps
- A culture of transformation or service improvement has not been embedded
- Transformation does not operate to a consistent methodology Accountabilities for transformation delivery are unclear
- Although there are significant "transformational" skills within the organisation, they have not necessarily been deployed to best effect and there is some parallel working
- Although transformation projects are linked to the CIP programme, that linkage lacks clarity
- Project management arrangements are inconsistent
- There is insufficient profile for Transformation at Board and Executive Team level

3. Proposed future approach

In order to strengthen the Trust's approach to transformation and ensure we have a continuous quality improvement approach, the improvement and innovation framework has been developed. There is a general consensus that continuing to use the word "transformation" would be unhelpful, given the lack of clarity in its previous use within the Trust. "Improvement" can be linked back to the values of the Trust i.e. we are improving the way we do things in order to move towards delivering "Caring at its Best". "Improvement" also requires things to be changing for the better, whilst "Transformation" only implies this.

The concept of a framework rather than a programme or plan is designed to allow all our key improvement activity to be seen together, whilst not requiring all of it to be managed within the same infrastructure or methodology. Thus it brings the benefit of seeing the connections whilst avoiding an overly "one size fits all" or centralised approach.

It is suggested that the scope of the Improvement Framework should be defined as:

"major projects to improve the way the Trust works, in order to deliver high quality, cost effective care".

It will be noted that this definition gives priority to service improvement and high quality whilst being explicit about cost effectiveness, thus providing the link to the Cost Improvement Programme (see below).

Current projects and programmes have been reviewed and clustered into themes to create seven pillars of improvement within the IIF. The pillars are shown below:

- Enabling Our People (Trust-wide improvements within Listening into Action)
- Quality
- Improving Patient Flow
- Delivering Best Value
- Better Care Together - Reconfiguration
- Better Care Together – Pathway re-design
- Workforce

All of these pillars are supported and enabled by IM&T transformation and this is represented visually as an underpinning programme.

Although all existing projects and the new LiA projects have been incorporated into the Framework, a systematic review of what further activity is required (in part to meet future years' CIP requirements) has not yet been undertaken. This review will be integrated with the multi-year CIP planning which is required as part of the FT application process.

Appendix 1 details the operating model for the Improvement and Innovation Framework. This outlines leadership arrangements, the Improvement and Innovation Framework and processes in more detail along with the associated governance structure and processes.

We are also currently exploring if additional external support is required in order to optimally enable the implementation of the revised approach.

4. Connection to the Cost Improvement Programme

Primary responsibility for the delivery of CIPs will remain with budget holders (i.e. CBUs, Divisions and Corporate Directorates). It is expected that the CIP will derive from two elements:

1. Savings derived from IIF framework projects. Each project will be required to set out its financial deliverables as part of the PID and these should be relatively straightforward to convert to CIPs to be included in Divisional/Directorate plans. This process has already been undertaken for the 2013/14 CIP plan

2. Other savings derived from "business as usual".

All savings will be monitored via a finance-based system as now, and this will provide the financial feed to the wider IIF monitoring system. Monitoring all CIPs in one place (whether derived from the IIF or not) should avoid the risk of double counting. It may be appropriate to set a limit to the proportion of CIP schemes which can be derived from outside the IIF, in order to ensure that the overall CIP is not excessively piecemeal in nature. The analysis of the 2013/14 CIP shows that it is split roughly 50/50 between categories 1 and 2 above.

5. The role of Listening into Action, LEAN and Quality Improvement

The IIF framework will provide a way of organising the programmes and projects contained within it, so as to ensure consistency of delivery and that the right connections are made across the Framework. This will reduce any areas of overlap or gaps in coverage and ensure we fully understand and manage the interdependencies and connections between each of the programmes and projects. The IIF is not, however, a specific technique for delivering improvement. There are two specific techniques that will be particularly relevant in the current UHL context:

Listening into Action (LiA)

LiA is an on-going approach rather than a programme or initiative and will help facilitate the cultural change that is needed in order to achieve a continuous quality improvement culture. It is likely to be used in two principal ways in the context of the IIF:

- To ask staff what the improvement priorities should be (i.e. "if you were in charge, what would you improve first?")
- To work with staff to take forward identified improvement priorities (e.g. "how can we improve theatres?")

LiA has been extensively used in both these ways. There will be projects that solely use LiA approach and equally there will be some projects or programmes where it isn't appropriate to use LiA as the improvement is already determined / mandated. It will be noted that the Enabling our People projects that the LiA process has already identified have been incorporated as a pillar in their own right. This is because they are all significant Trust-wide improvement projects.

LEAN

LEAN is a service improvement technique based on process simplification and removing activities which have no added value (waste). It can be applied to many healthcare processes. It is likely to be a relevant technique to use in many, but not all, of the IIF programmes/projects.

A standardised 5 stage project delivery methodology has been developed as "UHLs way" of doing improvement. LEAN improvement tools and techniques have been blended into the standardised approach. The Improvement and innovation team will help coach and support teams in this methodology and a programme for building capability for improvement across the organisation is in development.

Quality Improvement

The Trust's quality improvement capacity will shortly be increased through the return of Dr Jay Banerjee from a year-long Fellowship with the Institute for Healthcare Improvement in Boston, USA. It is intended that Jay will be co-located with the IISO so as to bring his quality improvement skills to the Framework.

6. Communication

A communication plan been developed working with the UHL communications team. The IIF will be launched at the July Chief Executive Briefing and content included within the special edition of the CEO briefing. A website is in development so resources can be shared and improvement projects and progress updates disseminated. Processes for communication and engagement with patients, carers and external agencies will be a key consideration.

7. Outstanding Issues

There are two main outstanding issues at the time of writing this report. The first relates to the programme management software that will be used by the IIF Support Office and project leads. A number of options are currently being explored. The second issue relates to the type and amount (if any) of external consultancy support that may be required. In order to ensure sustainability, reduce cost and in line with the commitment made though LiA to limit the use of consultancy support across the Trust, the intention is to run the IIF primarily from internal resources. Nevertheless, consideration is currently being given to a coaching/up-skilling model which may help reduce delivery risk.

A verbal report on both these outstanding issues will be provided to the Board meeting.

In addition, the formal business case for the minority of posts in the IIF Support Office that are not already funded has not yet been considered by the Commercial Executive. The detailed structure can of course be adapted in the light of discussions there.

8. Recommendations

The Trust Board is recommended to formally approve the adoption and implementation of the Improvement and Innovation Framework as described in this report.

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

IMPROVEMENT AND INNOVATION FRAMEWORK

Improvement and Innovation Support Office (IISO) Operating Model

One team shared values

Contents

1: OVERVIEW

Scope of the Improvement and Innovation Framework

The scope of the Improvement and Innovation Framework (IIF) is defined below:

"Major Projects to improve the way the Trust works, in order to deliver high quality, cost effective care"

It will be noted that this definition gives priority to service improvement and high quality whilst being explicit about cost effectiveness. This provides the connection to the Cost Improvement Programme (CIP). In other words, much of the activity within the IIF will contribute towards the CIP, but not necessarily all of it. Conversely, some CIP schemes will be outside the scope of the framework. This approach also distinguishes between CIPs derived from genuinely transformational activity and what are sometimes termed "business as usual" CIPs.

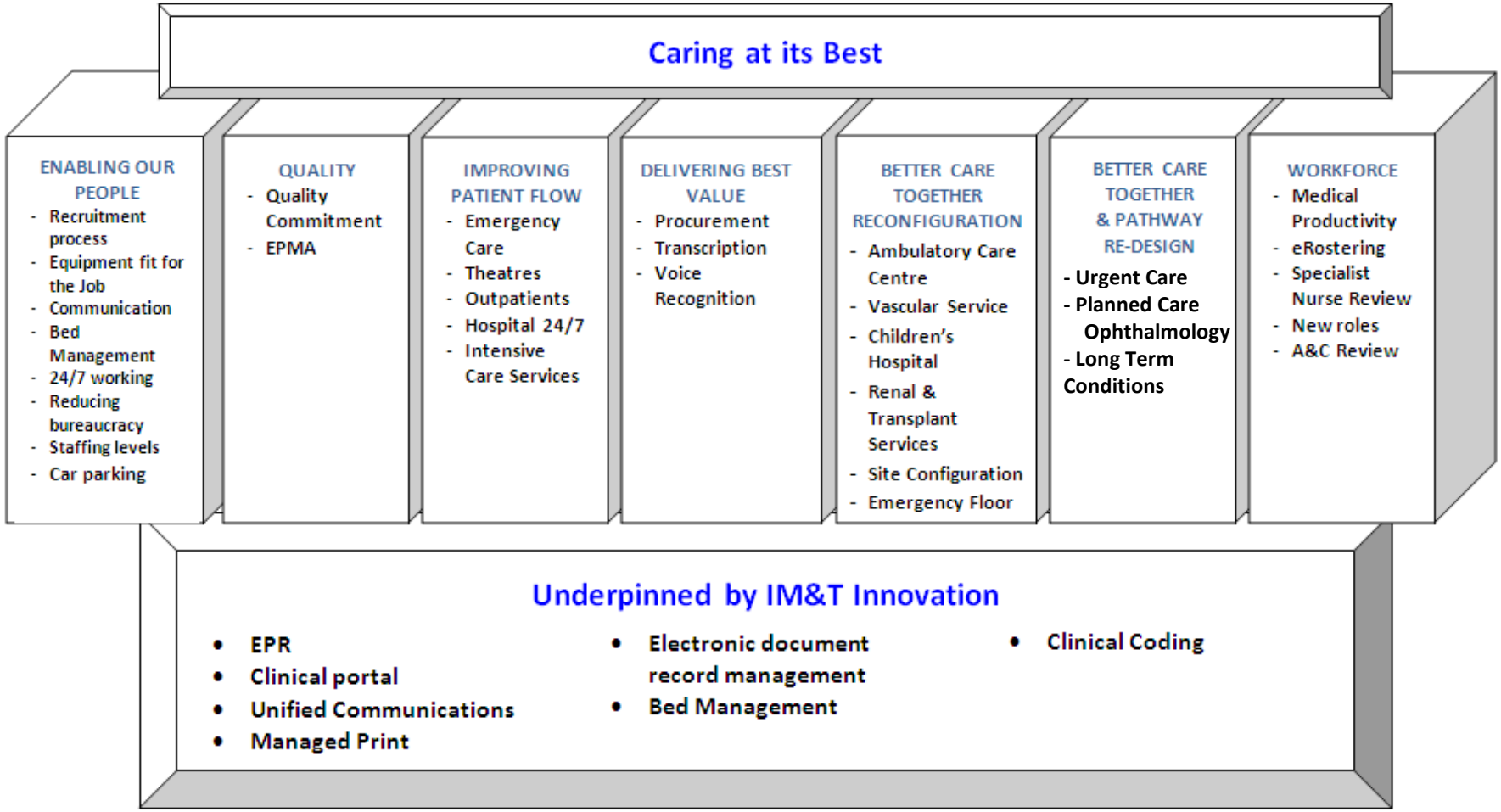
Populating the IIF will require an assessment of its content, given the scope defined above. A thematic approach has been taken with 7 Pillars which are underpinned by IM&T transformation. The Pillars are:

1. Enabling our people (Listening into Action)
2. Quality
3. Improving Patient Flow
4. Delivering Best Value
5. Better Care Together - Reconfiguration
6. Better Care Together – Pathway re-design
7. Workforce

The 7 Pillars of UHL Improvement and Innovation Framework

University Hospitals of Leicester NHS
NHS Trust

Caring at its best



Scope of the Improvement and Innovation Framework (cont.)

Slides 27 - 28 illustrate the projects/programmes that have already been mapped to the framework.

It should be noted that the introduction of the IIF does not mean that all current transformation/ improvement activity will need to be stopped. Rather, existing schemes will need to be assessed to see if they fit within the IIF scope.

All projects within the scope of the IIF will work to a consistent high level project management methodology. As would be expected, this will include:

- Project Initiation Documents,
- project plans with clear milestones and deliverables,
- details of individual responsibilities
- accountabilities and reporting templates.

However, beyond that, there will be considerable discretion/variation as to how individual projects are organised.

Introducing the Improvement and Innovation Support Office

The Improvement and Innovation Support office (IISO) will be managed by the Head of Improvement and Innovation and will have two principal functions:

1.The provision of a Programme Management Office function (PMO)
2.The provision of project management and improvement skills to IIF projects as required.

Slide 12 shows how the structure of the IISO fits within the organisational structure. There will be the requirement for a modest increase to the current manpower to fulfil the functions of the framework. A formal business case will be prepared and presented to the Commercial Executive for this purpose.

The improvement and innovation teams will be aligned to the divisions / directorates in order to develop an improvement business partner approach similar to the model developed successfully for Human Resources (HR) and finance. This will deliver the benefit of embedding improvement resource within the divisions / directorates and start to develop an approach which can transfer skills to core staff within the services and build capacity and capability within the organisation. The improvement teams although line managed by Debra Mitchell (Head of Improvement and Innovation) will be accountable to the Senior Responsible Owner (SRO) of the project / programme to which they are currently working. This will allow continuity of line management provision for HR governance but ensure that the appropriate lines of accountability within the specific projects are clear.

Introducing the Improvement and Innovation Support Office (cont.)

The PMO function will vary the depth of its intervention across the framework from full intervention, targeted intervention through to light touch and will fully integrate with the Project Management Tracking Tool (PMTT) which tracks CIP delivery. The level of intervention will vary according to complexity of the project and associated risk.

The projects on the Framework will be split into 2 broad categories:
1.IISO enabled projects
2.PMO governed projects

The first category are those which are directly supported by the IISO team and will be subject to the weekly PMO review.

The second are those projects that have their own support infrastructure but will report into the Improvement and Innovation Framework Board.

Slide 25 provides a summary of the projects and illustrates those which are IISO enabled and those which are only PMO governed.

2: IIS0 STRUCTURE AND TEAM

IISO Delivery Support

Leadership Arrangements

Ownership and accountability for leading the IIF will sit with the Chief Executive. This is on an interim basis prior to the appointment of the Director of Strategy, who will then assume this responsibility.

Responsibility for the leadership of the IIF will sit with Suzanne Khalid and Debra Mitchell who will hold the joint title of Head of Improvement and Innovation. Although both full time they will act as a job share but have distinct responsibilities within the framework. Suzanne's role will be to lead the organisational capability and Debra will be responsible for programme delivery within the framework. They will also have a portfolio of projects/programmes that they will lead as well as having oversight and co-ordination responsibilities for the entire content of the Framework. The diagram overleaf illustrates the split.

IISO Delivery Support

Leadership Arrangements (cont.)

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

SUZANNE KHALID

ORGANISATIONAL CAPABILITY

- Building Capability
- Lead the development of continuous improvement culture and process (LEAN)
- Communications & Engagement
- Linkage with LiA and Organisational Development Teams
- SRO for defined programmes

DEBRA MITCHELL

PROGRAMME DELIVERY

- Improvement Innovation Support Office (IISO)
- IIF Governance
- Programme Development
- Linkage with CIP Programme
- Line management of project / improvement team
- SRO for defined programmes

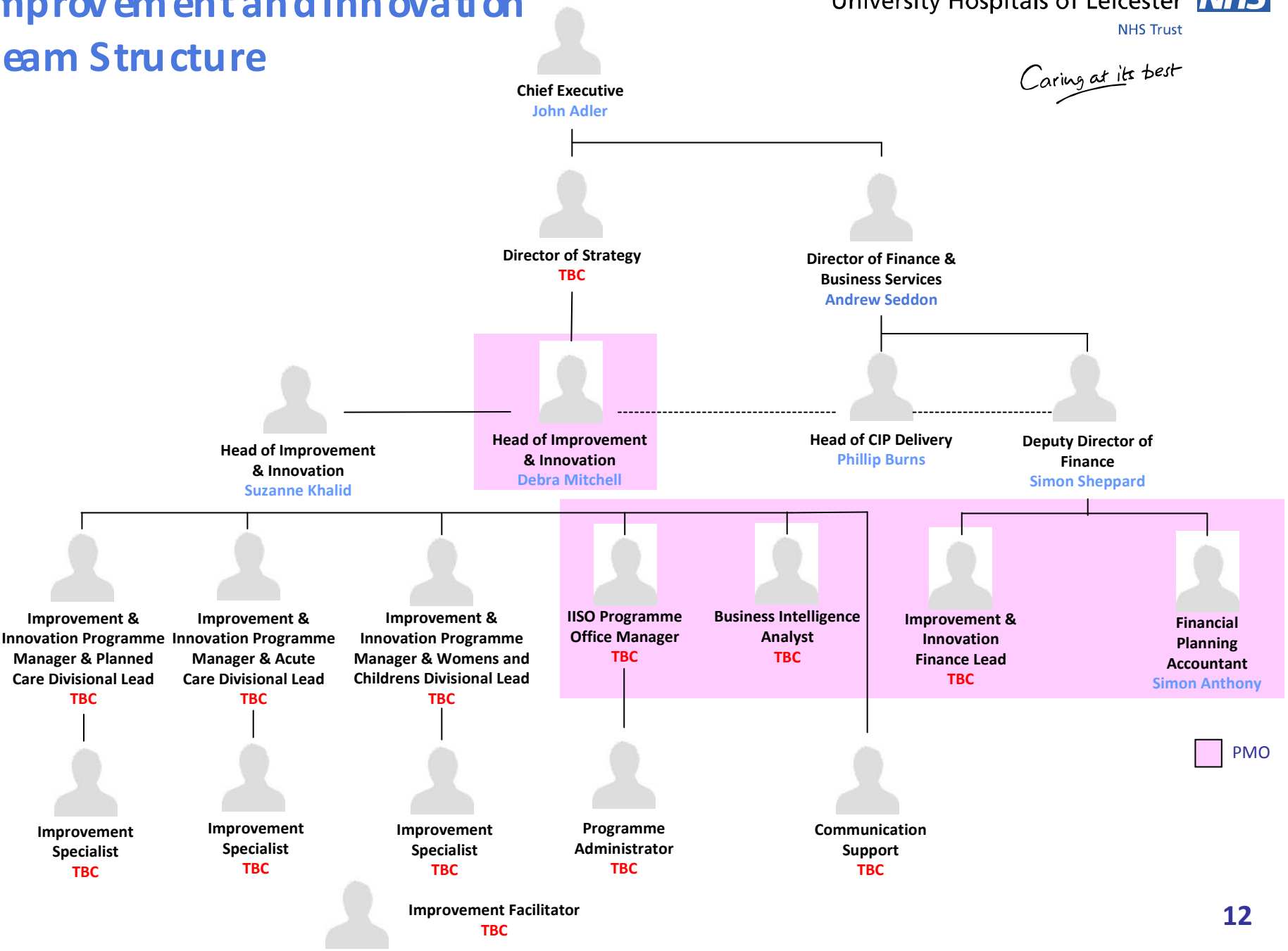
The other IISO staff will be split into 2 areas:

1.The PMO will be led by Debra and consist of a programme office manager, business intelligence specialist and a finance/benefits realisation manager.
2.Project management and improvement skills will be provided by a team of improvement managers, specialists and facilitators linked to the divisions.

Improvement and Innovation Team Structure

University Hospitals of Leicester NHS
NHS Trust

Caring at its best



3: IMPROVEMENT AND INNOVATION FRAMEWORK BOARD

Improvement and Innovation Framework Board (IIFB)

The IIFB comprises of the key stakeholders of those parts of the Trust that are significantly involved in or affected by the improvement and innovation programme. The IIFB collectively makes high-level decisions on the programme and provides guidance to assist the progression of this. The Board will provide the Finance and Performance Committee (FPC) with clean visibility and assurance over the programme delivery. It will be held on a monthly basis and will be chaired by the chief executive.

The Board will be attended by:

- Chief Executive Officer
- Divisional Directors
- Chief Operating Officer (COO)
- Chief Nurse
- Medical Director
- Director of Human Resources
- Chief Information Officer
- Assistant Medical Director
- Heads of Innovation and Improvement
- Director of Finance and Business Services
- Trust Head of CIP.

Improvement and Innovation Board (IIB) (cont.)

The IIB will:

- Ensure that projects are meeting the intended objectives from a functional and strategic point of view.
- Approving strategies, implementation plan, project scope and milestones.
- Take responsibility for the programme's feasibility, business plan and achievement of outcomes.
- Help the programme to make key business decisions.
- Ensure the programme's scope aligns with the Trust's strategy
- Assist in the evaluation of programme risks, and the risk management approaches
- Help the programme to secure resources
- Make timely decisions

Based on the information presented at board meetings, clear actions will be decided to deliver improved project and programme performance.

Actions will be distributed and monitored by the IISO.

SRO's and project management will be invited to the Board to provide assurance as and when required.

4: TEMPLATES & TOOLS

Project and Programme Reporting

All projects within the scope of the IIF will work to a consistent high level project management methodology. As would be expected, this will include Project Initiation Documents, project plans with clear milestones and deliverables, details of individual responsibilities and accountabilities and reporting templates.

We will be procuring a programme management tracking software for the IIF to enable consistent and up to date reporting of all aspects of the projects within the framework.

Some examples of the templates and tools follow. These will be updated once the software is in place.

Standardised Reporting Format

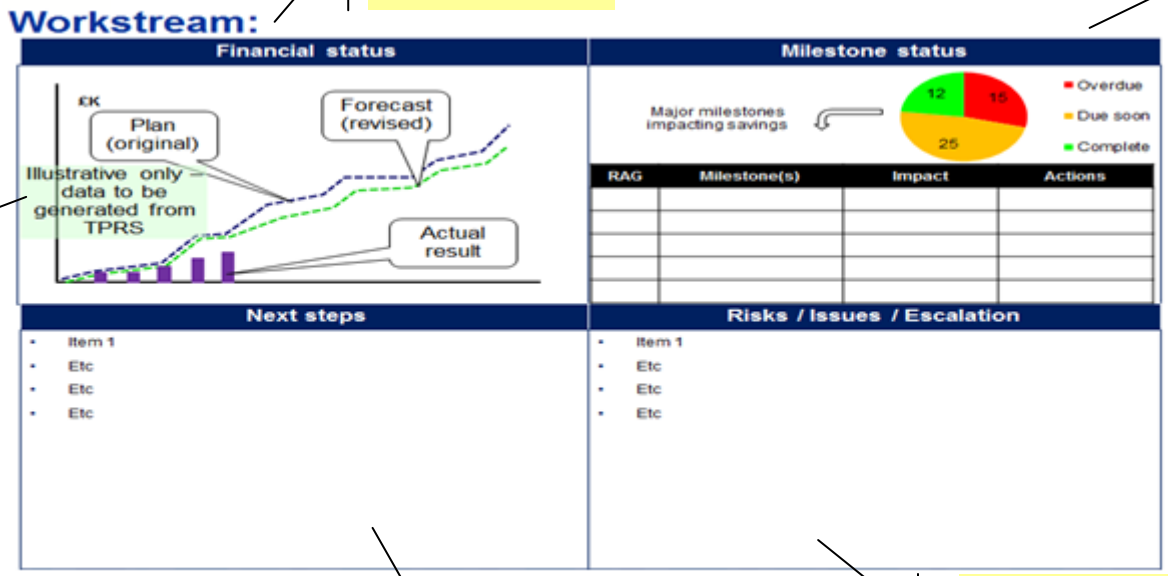
University Hospitals of Leicester NHS
NHS Trust

Caring at its best

All workstreams report against a standard template to ensure appropriate actions are being taken.

1: Workstream title

2: Status against the savings plan. This data will be generated by IISO and sent to workstream leads. Updated monthly.



3. Status against the delivery milestones, that are impacting financial delivery. Milestones with significant impact (+ve or –ve) should be included into table. Updated each meeting.

5. Based on status from above boxes, next steps should be listed (catch back plans, substitution plans, delivery preplanning, resource changes, etc). Updated each meeting.

6. Specific information that needs sharing with, or decisions from, the Steering Group. Should include quality, safety, financial and project delivery. Updated each meeting.

KPI Development - Hierarchy

Project Boards

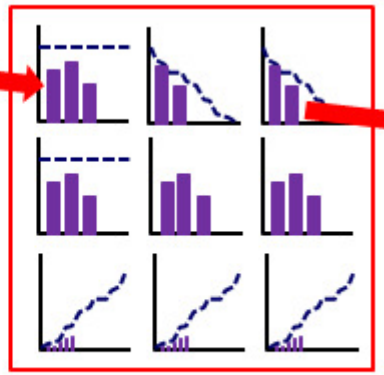
Weekly Friday IISO Reporting meeting

IIF Board

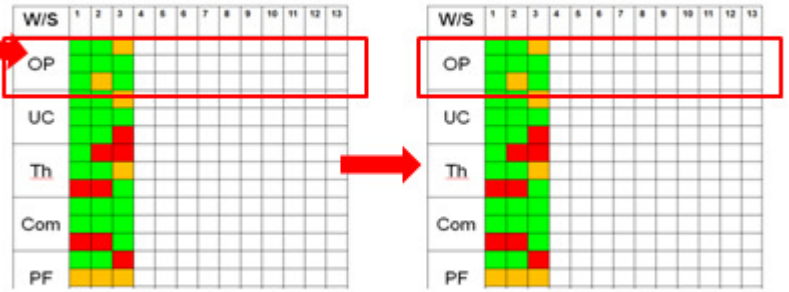
FPC

Full KPI suite covering all aspects of projects

Primary workstream KPIs



IIF scorecards



Project Methodology

Defined 5 stage project delivery methodology

University Hospitals of Leicester NHS
NHS Trust
Caring at its best

- ✓ Define the opportunity and understand the voice of the customer
- ✓ Define the project objectives
- ✓ Identify project sponsor & project lead
- ✓ Identify and analyse key stakeholders
- ✓ Develop benefit and cost estimates
- ✓ Assess project risks (quality, safety, financial, operational impact)
- ✓ Sign off/confirm

- ✓ Establish project team & assign roles and responsibilities
- ✓ Confirm project reporting structure
- ✓ Develop detailed work plans
- ✓ Determine time and resource requirements
- ✓ Create a benefits dependency map & benefits tracker
- ✓ Develop stakeholder map and management plan
- ✓ Develop Communication Plan

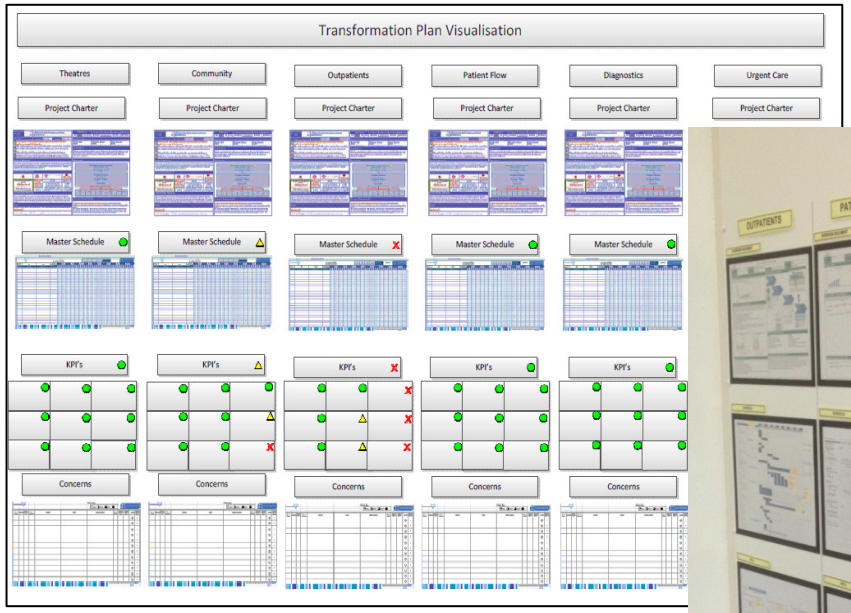
- ✓ Measure the current process and performance, collect relevant data
- ✓ Map current process with key stakeholders
- ✓ Design future process
- ✓ Agreed deliverables & develop milestone plan
- ✓ Develop Key Performance Indicators (KPIs)
- ✓ Share/communicate agreed future process

- ✓ Pilot new way of working
- ✓ Track and measure improvements
- ✓ Review pilot against success criteria
- ✓ Develop roll-out plan
- ✓ Roll-out and monitor – tracking benefits captured

- ✓ Perform post-implementation review
- ✓ Incorporate KPIs into performance reporting structure
- ✓ Assess & document lessons learned
- ✓ Identify & share best practice
- ✓ Confirm benefits realisation
- ✓ Close project

Visual management of programme performance set up, to provide pro-active controls of activities and team.

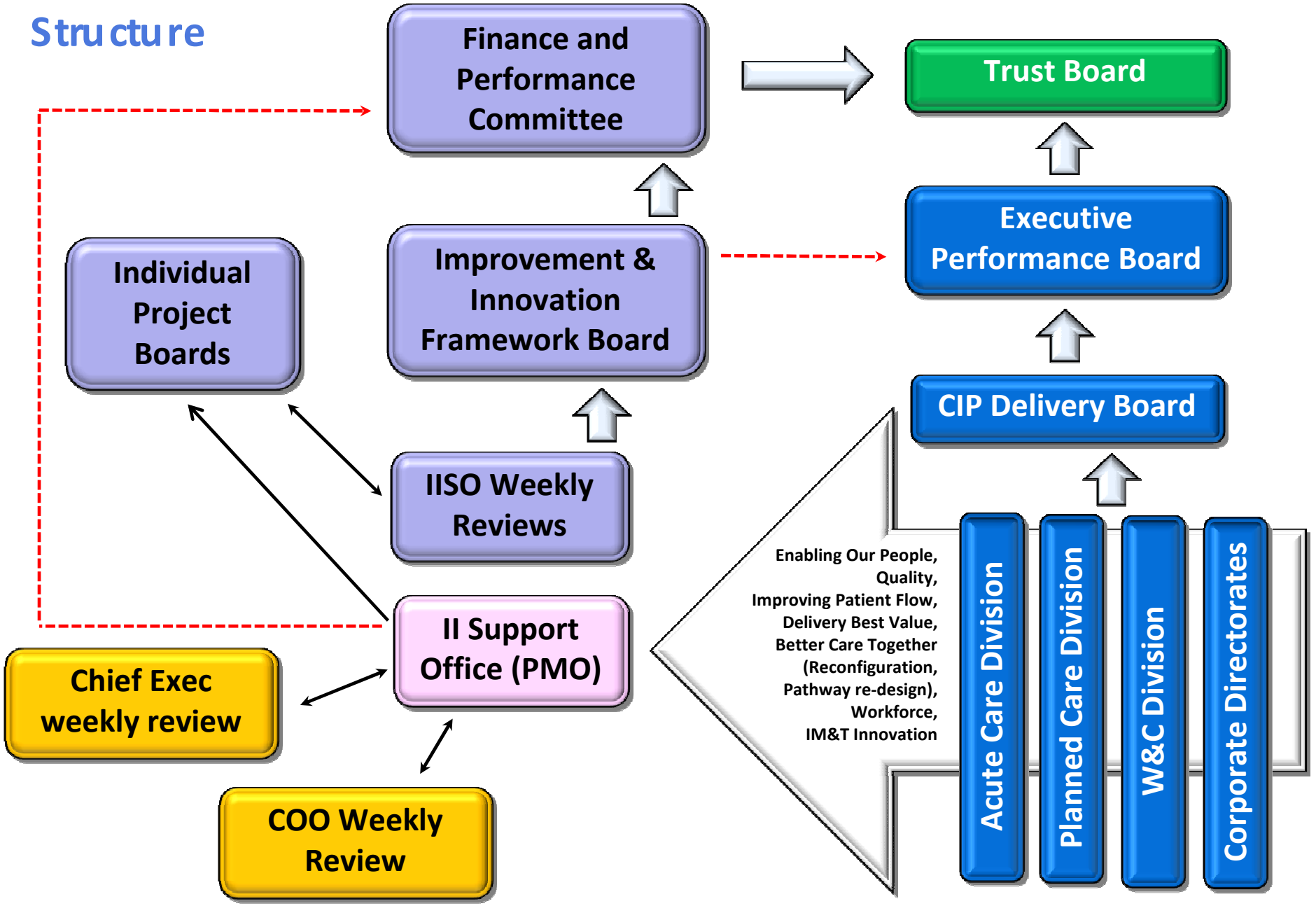
Reviews held with all IISO managers and COO each Friday



5: REVIEW PROCESS

IISO Governance Structure

University Hospitals of Leicester NHS
NHS Trust



Objectives and outcomes for each governance group in relation to the IIF

University Hospitals of Leicester NHS
NHS Trust

	Divisional Management Team	Individual Project Boards	Improvement and Innovation Framework Board	Finance and Performance Committee
Objective	• Discuss performance of transformation and Cost Improvement Plans • Ensure projects & IISO have strong relationship • Track local risks and mitigating actions of workstreams/projects • To ensure the right resources are available and committed within their Divisions	• To develop cross cutting initiatives and work up to sufficient detail to be included into Divisional plans for delivery • To ensure alignment and coordinate for cross cutting initiatives across Divisions • To coordinate interdependencies across Divisions	• Holistic review of improvement and innovation programmes • Critically challenge cash/benefits realisation approach to ensure tangible outcomes and patient safety • Review progress of benefits in line with benefits realisation plans • Provide support, remove barriers and enable faster progress • To ensure alignment and coordination for cross-cutting initiatives • Ensure clear ownership to drive and deliver the projects • To adjust targets based on changing internal and external dynamics	• To provide guidance (vision) and endorsement of recommendations • Track value for money of the entire programme • Ensure programme supports the Trust's strategy and plans.
Agenda	(Supplementary to standing agenda) •Assessment of all divisional projects to plan •Risks/issues and actions •Status of benefits tracking	• Review of existing initiatives and escalation of issues to I&I Board • Discuss new ideas and impact	• Project portfolio review • Internal and external workstream/project progress • Update on benefits realisation (financial and other) • Update on cross-cutting projects • "Major issues escalated and progress on previous issues • Major risks and action plan • Sign off on benefit opportunities	• Verification that all programmes are fulfilling their objectives • High level status against plan • Update on budget and benefits • Major project risks and contingencies
Attendees	• Divisional Management Team attendees (Divisional Director, Divisional Manager, Clinical Leads + specialty management), Divisional I& lead	• Workstream Clinical Lead • Divisional representation • I&I Project Lead	• Chief Executive (Chair) • Executive Directors • Divisional Directors • Heads of Improvement and Innovation	• Appointed Non-Executive Directors • Chief Executive • Finance and Business Services Director • Other attendees by invitation
Schedule	• Monthly	• Monthly	• Monthly	• Monthly
Duration	• 1 hour	• 1 hour	• Not more than 2 hours	• 2+ hours
Desired outcomes	• Shared view of performance of workstream /project • Updated risk log with latest mitigation activity & new risks • Refined benefits tracking and realisation log	• Development of roadmap of initiatives and understanding of requirements to deliver benefits • Understanding of the impact on individual Divisions	• Shared view of project benefits performance • Agreed actions for risk mitigation • Joined up view of all activity • Sharing best practice • Approval of overall Improvement and Innovation Framework Plans /progress	• Assurance that programmes are providing value for money • Assurance that of benefits remain on track

IISO Delivery Support

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

Clear definition, in terms of governance support and delivery support across the workstreams

IISO Enabled

- Theatres
- Outpatients
- Hospital 24/7
- Discharge
- Intensive Care Services
- Transcription
- Voice Recognition
- Medical Productivity

Delivery support

IISO Governed

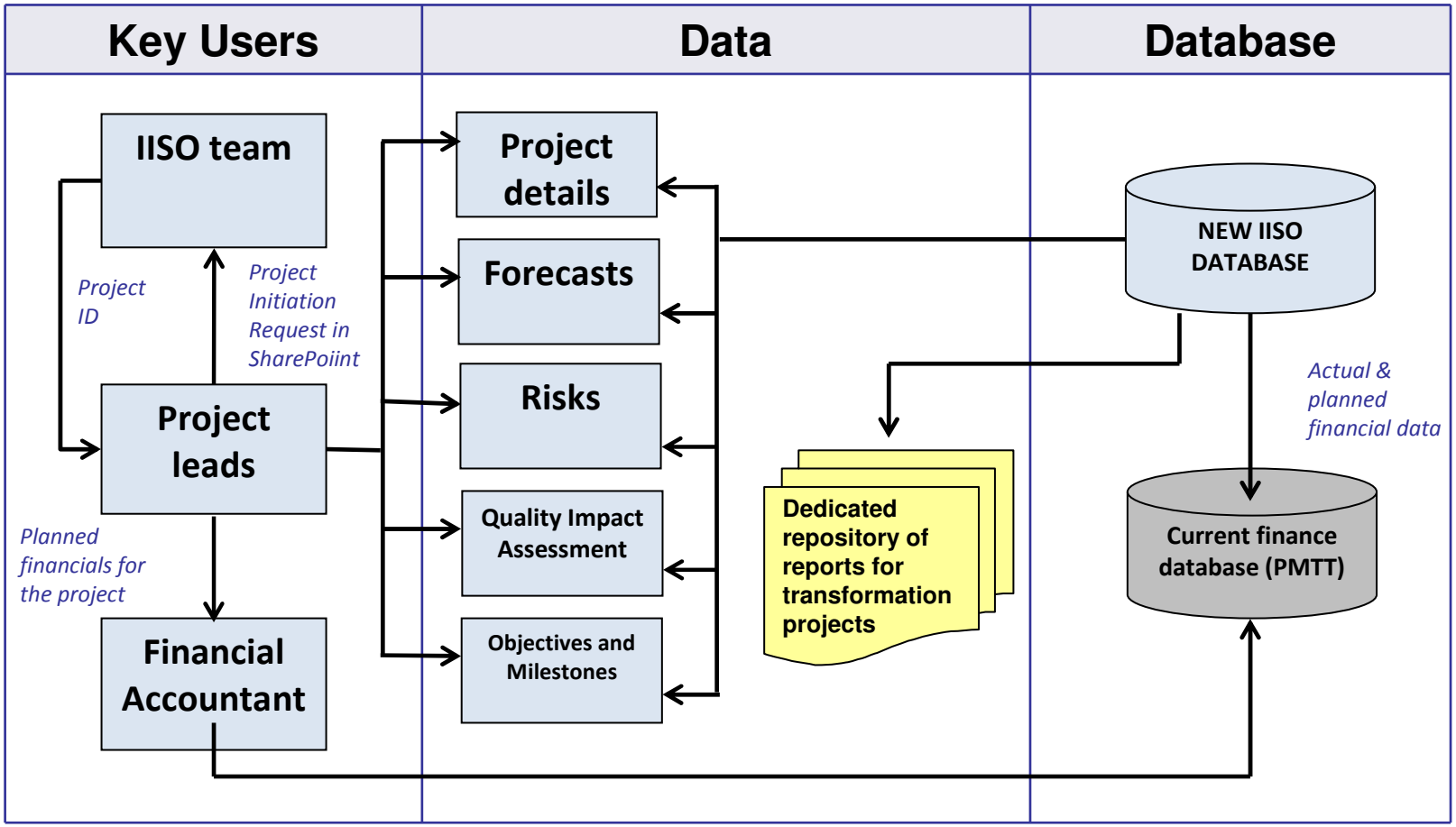
- Listening into Action
- Quality Commitment
- Emergency Care Pathway
- Procurement
- Outpatient / day case hub
- Vascular Service / One site take
- Theatres TAA/Recovery
- Renal / Transplantation Services
- Emergency Floor
- Intensive Care Services
- Move of OP 1 to 4 to Brandon
- Ophthalmology
- E-Rostering
- Specialist Nurse Review
- Electronic Document Record Management
- Bed Management
- Electronic Patient Record (EPR)
- Unified Comms
- Managed Print
- Clinical Portal
- Clinical Coding

Governance / Reporting Support

IISO Reporting System

Designed and deployed to serve the specific need of the UHL improvement and innovation framework plans

Data flow of TPRS



Summary of IIF Projects & Programmes

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

IIF Pillar	Project/Programme	Senior Responsible Officer	Project/Programme Lead	IIF Lead Link	Project Resource	Project Board	Project End Date	CIP Savings
Enabling Our People	Listening into Action	John Adler	Michelle Cloney	Suzanne Khalid	2 WTE	Yes	May-14	No
Quality	Quality Commitment	Kevin Harris	Sharron Hotson	Suzanne Khalid	Short term support from BCG	Yes	tbc	No
Quality	EPMA	Beverley Collet	Gavin Maton	Suzanne Khalid	9 WTE (6 nurses and 3 pharmacists)	Yes	Mar-14	yes
Improving Patient flow	Emergency Care Pathway	John Adler	Richard Mitchell	Suzanne Khalid	External resource supplemented with internal resource	Yes	Jul-13	No
Improving Patient flow	Theatres	Andrew Furlong Suzanne Khalid	Suzanne Khalid	Suzanne Khalid	2 WTE with 6 months external support from KM and T	Yes	Apr-15	Yes
Improving Patient flow	Outpatients	Pete Rabey Debra Mitchell	Obrad Sudar	Debra Mitchell	4.2 WTE	Yes	Sep-14	Yes
Improving Patient flow	Hospital 24/7	Kevin Harris	Caroline Barclay	Debra Mitchell	1.2 WTE	Yes	Sep-13	No
Improving Patient flow	Discharge	Richard Mitchell	Ann	Debra Mitchell	1 WYE	No	Mar-14	No
Improving Patient flow	Intensive Care Services	TBC	TBC	Debra Mitchell	TBC	TBC	TBC	TBC
Delivering Best Value	Procurement	Andrew Seddon	Andrea Smith	Debra Mitchell	No	No	ongoing range of	Yes
Delivering Best Value	Transcription	Debra Mitchell	Sarah Morley	Debra Mitchell	1 WTE	Yes	Oct-13	yes
Delivering Best Value	Voice Recognition	Debra Mitchell	Sarah Morley	Debra Mitchell	1 WTE	No	tbc	tbc
BCT Reconfiguration	Out patient / day case hub	Andrew Seddon Andrew Furlong	Rachel Griffiths	Suzanne Khalid	1 WTE	Yes	Sep-15	tbc
BCT Reconfiguration	Vascular Service/ One site take	Andrew Seddon Andrew Furlong	Rachel Griffiths	Debra Mitchell	1 WTE	Yes	01/012/2014	tbc
BCT Reconfiguration	Theatres TAA/Recovery	Andrew Seddon Andrew Furlong	Nicky Topham	Suzanne Khalid	1 WTE	Yes	Dec-13/Sept-14	tbc
BCT Reconfiguration	Renal Transplantation Services	Andrew Seddon Andrew Furlong	Nicky Topham	Debra Mitchell	No	Yes	Mar-17	tbc
BCT Reconfiguration	Emergency Floor	Andrew Seddon Andrew Furlong	Nicky Topham	Suzanne Khalid	Management via Interserve / Capita	Yes	Phase 1- Autumn 2014	tbc
BCT Reconfiguration	Intensive Care Services	Andrew Seddon Andrew Furlong	Nicky Topham	Debra Mitchell	Management via Interserve / Capita	Yes	Sep-15	TBC
BCT Reconfiguration	Move of OP 1 to 4 to Brandon	Andrew Seddon Andrew Furlong	Rachel Griffiths	Suzanne Khalid	Part of OP/DC project	Yes	Dec-14	tbc

Summary of IIF Projects & Programmes

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

IIF Pillar	Project/Programme	Senior Responsible Officer	Project/Programme Lead	IIF Lead Link	Project Resource	Project Board	Project End Date	CIP Savings
BCT Pathway Redesign	Ophthalmology	Andrew Seddon/Andrew Furlong	Rachel Griffiths	Debra Mitchell	1 WTE	yes	Mar-15	TBC
Workforce	e Rostering	Carole Ribbins	Sam Mitchelson	Debra Mitchell	6 WTE	Yes	Apr-16	Yes
Workforce	Specialist Nurse review	Carole Ribbins	Divisional Nurses	Debra Mitchell	No	No	Oct-13	yes
Workforce	Medical Productivity	Kevin Harris	Suzanne Khalid	Suzanne Khalid	No	No	Oct-13	yes
IM&T	Electronic document record management	Andrew Seddon	Heath Hopewell	Suzanne Khalid	IBM team + 5 wte	Yes - TBC	Due to start Jul 13 - Mar 14	yes
IM&T	Bed Management	Andrew Seddon	Iestyn Davies-Jones	Suzanne Khalid	TBC	Yes - TBC	Not started	tbc
IM&T	EPR	Andrew Seddon	Liz Simons	Suzanne Khalid	IBM team + 3 wte (procurement phase only)	Yes - TBC	Due to start Jul/Aug (3yrs+)	yes
IM&T	Unified Comms	Andrew Seddon	Iestyn Davies-Jones	Debra Mitchell	TBC	Yes - TBC	Due to start Oct (2.5 yrs)	tbc
IM&T	Managed Print	Andrew Seddon	Izhar Kler	Debra Mitchell	IBM team + 3 wte	Yes - TBC	Due to start Aug (12mths)	yes
IM&T	Clinical Portal	Andrew Seddon	N/A	Suzanne Khalid	N/A	No	onhold	no
IM&T	Clinical Coding	Andrew Seddon	John Roberts	Debra Mitchell	No	No	Oct-13	yes

6: ROLES AND RESPONSIBILITIES

Senior Responsible Officer (SRO)

Role and Responsibilities

The role of the SRO is crucial and fundamental to the successful delivery of the projects/programme and as such the principle functions of this role are as follows:

- To champion the project/programme
- To be accountable for the delivery of the projects and the benefits associated with the project
- To ensure that the project charter is robust, legitimate and appropriately ambitious
- To sign off the project on behalf of the Executive Team
- To state and own the project's objectives
- To champion the project – promote and support it
- To own the project's business case
- To select, or at least approve, the project leads and programme managers
- To empower the project lead and programme managers to manage the project
- To resolve issues which the project lead can't
- To performance manage their respective teams on the delivery of the projects
- To report progress against the Project Charter in terms of milestones, primary and secondary measures and financial savings.
- Where necessary to acquire funding for the project from the Trust's Board.
- To be accountable for realising benefits once the project is delivered.
- The SRO's workload should be 1-2 days a month, as they are accountable for the project but the day to day activities are delegated to the project manager.

Project Boards

Role and Responsibilities

The project boards are required for each of the core framework projects.

They will comprise of the key stakeholders of those parts of the Trust that are significantly involved or affected by the redesign of services in these operational areas. The Boards collectively make high level decisions on the relevant cross cutting project and provides guidance to assist the progression of these projects. The Project Boards should:

- Ensure that projects are meeting the intended objectives from a functional and strategic point of view.
- Take responsibility for the projects feasibility, business plan and achievement of outcomes
- Help the project to make key business decisions
- Ensure the project scope aligns with the requirements of the stakeholder groups, and to represent stakeholder interests.
- Ensure that any changes are assessed for safety and quality.
- Assistant in the evaluation of project risks and help to develop mitigating actions.
- Help the project to secure resources
- Make timely decisions

Clinical Sponsor

Role and Responsibilities

To ensure the required level of staff and clinical engagement, each project will have an appropriate clinical champion. The role has the following key functions:

- To clinically lead on the projects and to ensure clinical participation in delivery
- Responsibility for championing the programme and the good practice that is associated with schemes, to clinical colleagues.
- Responsible for ensuring that proposed improvements do not compromise patient care and / or safety
- To advocate the project for the benefit of improvement for patients.
- To participate in the delivery of the projects, working alongside the SRO, IISP programme managers and project leads.
- To receive and act on monitoring data that describes how the project is progressing, making changes as necessary
- To be accountable for clinical delivery on the programme.
- To facilitate cross Trust sharing of best practice.

Head of Improvement and Innovation

Role and Responsibilities

Each of the projects within the framework will link to a head of improvement and innovation. They will play a key role in the successful delivery of the projects by:

- Champion of the improvement projects within their assigned business area
- Ensures resolution of issues escalated by the project lead / divisions.
- Have a detailed oversight of all the projects assigned to them.
- Ensure any interdependencies relating to the project are managed
- Provide coaching and support to the project teams
- Ensuring strong adherence to the project governance model
- Ensure timescales and deadlines are maintained
- Escalate risks and issues as appropriate
- Liaise with the SRO around progress
- Feedback progress to divisional stakeholders
- Support project teams in tracking the benefits
- Support project teams to obtain information
- Lead and support the analysis and diagnostic work
- Share best practice and learning with the project teams
- Ensuring that a deputy is appointed to cover any responsibilities during periods of absence.

Project Lead

Role and Responsibilities

The project lead is responsible for the day to day management of the project and is accountable to the SRO. The principle functions of this role are as follows:

- To ensure a clear project charter and PID exists for the project.
- To secure resources and "build" a team
- To ensure all team members are aware of their roles and responsibilities
- Responsible for managing delivery of identified project and adhering to project scope, governance framework and reporting deadlines
- To ensure a project plan is developed and updated.
- Responsible for delivery of project actions and milestones
- To manage and report progress in accordance with the performance framework, which will include:
- Progress and activities
- Milestones
- Benefits and tracking
- To inform the IISO of progress, risks and issues
- To be accountable for quality.
- Responsible for engaging and communicating with clinical and management colleagues on their project, ensuring buy in and support.
- Focus on delivery, at a project level, and ensure that project risks and issues are escalated and resolved in a timely and appropriate manner.
- Responsible for ensuring a robust project handover to business as usual.
- A central point for receiving and assessing process change proposals. To investigate the potential impact of changes on dependent processes. To gain sign off of changes with the process owner

Project Lead

Role and Responsibilities

- To facilitate effective communication of the proposed changes to key stakeholders to ensure process adherence during the implementation of the revisions
- Conduct scheduled, periodic meetings with the project team and SRO

Clinical Management Team

Role and Responsibilities

(includes: Divisional Directors, Divisional Managers, Head of Nursing and Matrons)

As the clinical and management leaders in the organisation, the above have crucial responsibilities in managing delivery of identified projects at divisional and service line level.

They must ensure that relative connectivity between projects across their division and service lines are understood, optimised and managed. They are jointly responsible for the delivery of projects within their divisions and service lines and are directly responsible for delivering the savings identified and realisation and other benefits.

Divisional directors are also responsible for engaging and communication with clinical colleagues on their projects, ensuring buy in and support. They will report to the board members through existing performance structures and ensure that all the necessary reporting requirements are complied with.

It is expected that they will be aware of all projects, SROs and project leads. They should work with project leads to ensure that their focus on delivery, at divisional level, is in accordance with the overall project across the organisation. This role has the following key functions:

- Ensure that the programme is meeting it's intended objectives from a functional and strategic point of view.
- Approving strategies, implementation plan, project scope and milestones
- Resolving strategic issues
- Driving and managing change through the organisation
- Prioritising project goals with other on-going projects.

Clinical Management Team

Role and Responsibilities

University Hospitals of Leicester NHS
NHS Trust
Caring at its best

- Delivery of the project benefits both financial and non-financial.
- Communicating with other key organisational representatives
- Assist in the evaluation of programme risks and risk management approaches
- Weekly escalation route of project and programme issues
- Responsible for ensuring process discipline around programme governance for the relevant divisions. This includes submission of reports, provision of agreed project requisites, monitoring & acting on the on-going sustainment of changes.

7: RELATIONSHIP WITH CIP PROCESS AND GOVERNANCE

Relationship with CIP Process / Governance

The Trust CIP Performance is managed by the Head of CIP Delivery and governed via the fortnightly CIP Delivery Board, which reports into the Executive Performance Board.

Primary responsibility for the delivery of CIPs remain with budget holders i.e. CBUs, Divisions and Corporate Director. The CIP will be derived from two elements:

1.Savings derived from IIF Framework projects
2.Savings derived from business as usual.

All savings will be monitored by the existing Programme Management Tracking Tool, and there will be a direct feed in from the Improvement Framework projects. The Head of Improvement and Innovation (Programme Delivery), works alongside the Head of CIP Delivery, to ensure savings are appropriately captured and that there is no risk of double count.

Appendix A describes the process for CIP Delivery and Governance.

Appendix A: Cost Improvement Programme

Appendix A: Cost Improvement Programme

The key aims of the CIP process:

- Manage the delivery of sustainable financial balance through the CIP.
- Provide assurance to the Chief Executive, Finance Director and executive board that work is being undertaken to deliver the key financial sustainability targets.
- Provide a robust challenge to the planning and performance of the programme ensuring that all projects have clear performance measures, savings targets (including phasing), timescales and accountabilities.
- Provide summary reports and exception reports that highlight delivery, non-delivery and areas of concern.
- Support the development of contingency plans to mitigate the risks associated with the non-delivery of planned savings.
- Receive:
    1. An updated financial plan and status report every two weeks from respective areas;
    2. Summary reports showing the overall progress of the savings programme using the CIP Tracking Tool;
    3. Exception reports from divisions on divisional performance; providing commentary for each project that is RAG rated either amber or red.

- As required ensure attendance from divisional directors and managers at the Delivery Board and hold managers accountable for delivery.
- Recommend that additional projects are added to the programme of work so that risks to the delivery of financial break-even are minimised.
- Assess the need for extra resource to be provided to projects that are underperforming but which are key to success.

Appendix A: Cost Improvement Programme (cont.)

Remit of the Executive Performance Board

- Monitor delivery against the plan.
- Hold Divisional and Corporate Directors to account for the delivery of their elements of the programme.

Remit of the Delivery Board

- Manage the key elements of the CIP Programme, monitoring conformance to the plan and reporting progress to the Executive Performance Board.
- Produce updated financial status reports on each scheme.
- Maintain the CIP tracking tool.
- Maintain the PID process.
- Define the RAG status of each scheme and report any variances to the Programme Board.
- Authorise that additional projects are added to the programme so that risks to the delivery of financial break-even are minimised.
- Assess the need for extra resources to be provided to projects that are underperforming but which are key to success.
- Receive:
    1. Exception reports from divisions on divisional performance; providing commentary for each project that is RAG rated either amber or red;
    2. As required provide progress reports on schemes that cross divisional boundaries i.e. procurement.

Appendix A: Cost Improvement Programme (cont.)

University Hospitals of Leicester NHS
NHS Trust
Caring at its best

CIP Project Initiation Document (PID) Process

The CIP is underpinned by the development of robust schemes to deliver savings. Each scheme must be approved via the agreed Trust CIP assurance process.

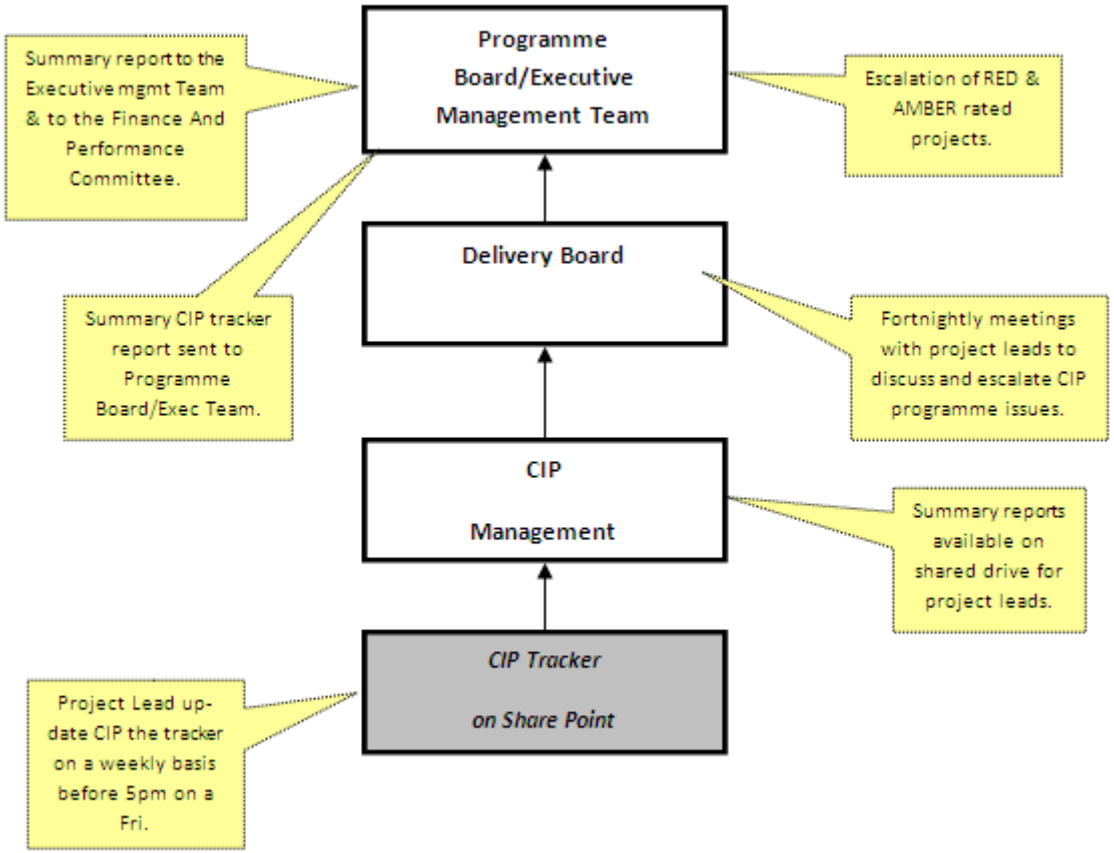
- PIDs will be compiled by the owner of the scheme and agreed within the division prior to circulation.
- The DD, DGM, DFM and Divisional HON must agree the PID prior to circulation, including the sign-off of the scheme's Clinical Risk assessment.
- The PID will describe the primary objectives and benefits of the scheme.
- All costing and savings need to be calculated prior to submission.
- All PIDs will be circulated to CIP Board members and Delivery Board Members for voting.
- A scheme must be agreed by 80% of the voting membership prior to implementation. *(Executive Board members will have the right to veto schemes if they are significantly concerned about the impact on the quality of care to patients or if they believe that the scheme will adversely impact on the effective running of the trust)*.

This process will ensure that schemes are validated prior to implementation and will enable operational managers to critique schemes which may have an adverse effect on the delivery of services.

Appendix A: Cost Improvement Programme (cont.)

University Hospitals of Leicester NHS
NHS Trust
Caring at its best

Programme Delivery Model



Appendix A: Cost Improvement Programme (cont.)

CIP Tracker

The CIP Tracker will be managed by the Finance Team and will contain the detailed financial information regarding each scheme including:

1.Overall divisional, CBU and department target and forecast figures;
2.Scheme start date and date funding is retracted;
3.Key milestones;
4.Scheme ownership,
5.RAG rating.

CIP tracker reports will be used as the basis for project/scheme progress discussions; through which programme updates will be reported to the CIP Board/Executive team and the programme Delivery Board. Project Leads and DFPMs will update their own CIP tracker worksheet including milestones on a weekly basis; the worksheet being closed and locked at the end of business on a Monday. The update of the CIP tracker will include both key data input and a contextual update based on the weekly discussions of progress. This will ensure that the relevant CIP schemes are fully integrated with the IIF and accountability for the financial performance sits with the relevant CBU/Division/programme.

Red-rated projects will be escalated automatically to the Delivery Board for further discussion.
Actual savings will be updated monthly following financial close and will be compared to forecast.
Each month full year forecasts for all CIP projects will be reviewed and submitted as part of the CIP report.

Appendix A: Cost Improvement Programme (cont.)

Divisional CIP Review Meetings

Fortnightly divisional review meetings with the Head of Trust CIP Head of Transformation and Deputy Director of Finance will provide the opportunity for all CIP schemes to be discussed and to examine forecast against actual performance. The Agenda for discussion is that of reporting progress, escalating risks/concerns and highlighting barriers to delivery. Any divisions with CIP shortfalls or schemes that are deemed failing or unlikely to deliver will be requested to generate new schemes to bridge the gap/shortfall.

This forum will have an action log to record actions and follow-ups for discussion/escalation to the programme Delivery Board and the CIP programme Board.

CBU CIP Review Meeting

Monthly CBU review meetings with the Head of Trust CIP will provide the opportunity for CBU CIPs to be discussed and to examine forecast against actual performance. The Agenda for discussion is that of reporting progress, escalating risks/concerns and highlighting potential barriers to delivery. CIP shortfalls or schemes that are deemed failing or unlikely to deliver will be requested to generate new schemes to bridge the gap.

Any concerns/risks will be noted and escalated for discussion at the divisional review meeting, delivery board and the programme board.

Appendix A: Cost Improvement Programme (cont.)

Engagement

The Head of Trust CIP will ensure clinical engagement. Clinical engagement of staff throughout the organisation is accepted as a key success factor to the success of the financial sustainability process.

Confirm and Challenge

The divisional confirm and challenge forum provides the opportunity for assurance of CIP performance, questioning and confirmation on progress against delivery and the opportunity to raise delivery concerns,barriers and risks.

GLOSSARY OF TERMS

Glossary of Terms

C		
	CIP	Cost Improvement Programme
	COO	Chief Operating Officer
F		
	FPC	Finance and Performance Committee
H		
	HR	Human Resources
I		
	IIF	Improvement and Innovation Framework
	IIFB	Improvement and Innovation Framework Board
	IISO	Improvement and Innovation Support Office
K		
	KPI	Key Performance Indicators
P		
	PID	Project Initiation Document
	PMO	Programme Management Office
	PMTT	Project Management Tracking Tool
S		
	SRO	Senior Responsible Owner