Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD

25th March 2010

TITLE	Report to Trust Board on Delivery Programmes to deliver the corporate objectives
EXECUTIVE SUMMARY	This paper summarises the progress that has been made within the six programmes of change activity within the Trust. All six programmes are now well established, supported by a programme management infrastructure, and making progress with implementation of planned changes and improvements.
BOARD ASSURANCE (Risk) / IMPLICATIONS	The programme management approach provides greater discipline and rigour in the change activity in the Trust, providing greater certainty that the Trust will deliver the planned improvements in service delivery, patient experience and productivity
STAKEHOLDER / PATIENT IMPACT AND VIEWS	A key part of the change programme is to improve patient experience
EQUALITY AND DIVERSITY ISSUES	Non specifically
LEGAL ISSUES	Non specifically
The Trust Board is asked to:	Note the approach and arrangements being put in place manage the change activity of the Trust.
Board sponsor:	Andrew Liles, Chief Executive
Submitted by:	Paul Gray, Programme Director
Date:	18 March 2010
Decision:	Noting

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Update to Trust Board on Delivery Programmes

Introduction

1 This paper provides the Board with an update on the six delivery programmes established to drive the Trust's change activity. The six programmes are summarised in the table below:

Delivery Programme	Programme Aim
1. Improving our patient experience (Executive Director lead: Caroline Becher)	To improve the currently poor experience some patients have in our hospitals – as reported through the patient surveys and other feedback mechanisms. The purpose of this programme is to develop and oversee implementation of the programme of Trust wide activity to improve patient experience in the Trust, addressing the key issues raised by patients through recent surveys, complaints and patient groups
2. Improving Service Quality, Productivity and Efficiency (Executive Director leads: Valerie Howell/Mike Baxter)	To systematically improve the way we work so that our services provide higher quality at lower cost. As a key component of this programme we have commenced a long term lean based programme of improvement and organisational development – to reduce waste and increase efficiency in a patient focussed manner. The programme will increase the redesign capability of the organisation and focus attention on a set of specific redesign activities.
3. Implementation of our clinical strategy (Executive Director lead: Paul Bentley)	To change the configuration of our clinical services so that they better meet the needs of patients, are aligned with the needs and expectations of our commissioners, make better use of our sites and resources, and increase our elective market share by 1% per annum in our catchment. We will develop emergency and specialist services at St Peters, serving patients who would otherwise have had to travel to London for treatment, where this makes a service and financial contribution to the Trust, and we will increase utilisation and efficiency of our services at Ashford Hospital.
4. Leadership Development (Executive Director lead: Raj Bhamber)	To develop the leadership capability & capacity we need to deliver our vision
5. Workforce Redesign (Executive Director lead: Raj Bhamber)	To redesign our workforce so that we have fewer staff of a higher calibre with the right skills for the services we deliver currently, and in the future – and to do so without reducing quality, patient or staff experience
6. Building Stronger Clinical Directorates (Executive Director lead: Valerie Howell)	To devolve to front line services the ownership of the integrated clinical, operational and financial objectives of the organisation – to ensure that clinicians and managers in the Trust have the information and the appropriate levels of authority and responsibility to manage and improve the quality, operational performance and financial aspects of their service

Programme approach now well established

2 Each of the six programmes were launched in December 09 and are now well established with work underway in all areas

- The groups leading each programme all had initial meetings in December and have been meeting at least monthly since then
- Each programme is led by an executive director and two clinical directors with membership including general managers, matrons and leaders from clinical & corporate directorates
- A programme manager is in place to support each programme

3 The deliverables within each programme have been agreed, and detailed action plans associated with each deliverable - with milestones, timescales and clarity about lead responsibilities - have been also been agreed. All programmes have now through an initial planning phase into a delivery phase, and a summary of the status of the work of each programme is set out in the table overleaf.

4 A corporate business plan for 2010/11 is being finalised, underpinned by detailed business plans prepared by all clinical and corporate Directorates. These business plans include description of the actions being taken within each directorate to support delivery of each programme.

Programme Board

5 The programme board overseeing the six programmes is in place and has been meeting monthly since the beginning of December 09. The programme board

- considers in detail a report prepared by each programme (using a standardised template) describing the status against each deliverable, progress being made & key issues for discussion
- fulfils a performance management role, challenging and testing to ensure that each programme is on track and clear about the next steps
- sets direction and priorities across and within programmes
- makes and reinforces linkages and relationships between programmes and deliverables

6 The agenda and format of the Trust Executive Committee has now been refreshed to enable the committee to retain its focus on performance whilst also dedicate time to the delivery programmes. At each fortnightly meeting TEC takes an hour to review two programmes, engaging clinical directors in detailed discussion about key aspects of the programmes, ensuring each programme is grounded in a clinical and operational perspective, that changes are deliverable and being delivered throughout the organisation, and unblocking issues where necessary.

7 Our aim is that the rigour and disciplines of a programme and project management approach are not limited to the activity associated with the six delivery programmes, but are applied more widely to support the Trust to robustly manage and deliver change. An ASPH approach to programme and project management is therefore being defined based on the methodologies used within the six programmes, with training for leaders and managers in the Trust in this approach to commence in the new financial year.

Recommendation

8 The Trust Board are asked to note this update on the progress with the implementation of the six delivery programmes.

Submitted by: Paul Gray, Programme Director
Date: 18 March 2009

Programme Update March 2010

Programme	Status
1. Improving our patient experience	Patient feedback strategy developed which puts in place a broader range of systems and processes to obtain feedback from patients, systematically analyse that feedback and ensure we act on it. This programme is also managing the implementation of action to improve communication with patients, reducing level of noise at night, improving access to hospital sites (including parking), improving choice and quality of food and mealtimes. Consideration is being given to how visiting times could be improved for patients and visitors.
2. Improving Service Quality, Productivity and Efficiency	Cost Improvement Plans for 2010/11 are well developed with a project infrastructure in place to support their delivery. Trust wide schemes to improve theatre utilisation and reduce length of stay for patients have been scoped and established, and the next phase of the EQUIP programme has been agreed. Work with partners in NW Surrey to reduce emergency and repeat admissions, and to better manage elective patient flows, is underway through a NW Surrey Transformation Board
3. Implementation of our clinical strategy	Work to translate the Trust's overall clinical strategy into specialty level clinical strategies - setting out how services will develop over the next five years - has been launched and is making good progress. A process by which these strategies will be refined, with input from stakeholders, is being finalised. This programme is also overseeing the implementation of specific clinical developments, including the repatriation of specialist activity from London providers to ASPH, the transfer of day surgery activity from St Peters to Ashford Hospital and the transfer of outpatient activity into community settings
4. Leadership Development	The Trust's four values have been agreed and work is underway in this programme to translate those values into descriptions of the acceptable and unacceptable behaviours associated with each value. A leadership development programme to develop strong and inspirational leaders at all levels in the organisation is being finalised. This programme is managing the implementation of the action plan to improve staff satisfaction, and will incorporate feedback from the 2009 staff survey when this becomes available.
5. Workforce Redesign	This programme is leading the work to implement the redesign of the ASPH workforce, resulting in a smaller number of higher calibre staff, with a refreshed workforce plan due for completion by the beginning of April. This programme is ensuring progress is made with job planning, improving systems to effectively deploy and utilise the workforce, to drive better use of technology to facilitate workforce redesign, and to ensure robust learning and development plans are in place.
6. Building Stronger Clinical Directorates	This programme is developing the capacity and capability of clinical directorates to provider better services, make better decisions and improve clinical engagement. The programme is making progress with the provision of improved financial information for directorate (service line reporting), clarifying roles and responsibilities of clinical and corporate directorates (and realigning people where necessary), and confirming the level of autonomy directorates have, related to performance.