Sandwell and West Birmingham Hospitals NHS
NHS Trust

# Annex C

# CQC well led reds - PMO delivery

## 1. Introduction

1.1 In the Trust Board well led CQC self-assessment of the key line of enquiry on 'are there clear and effective processes for managing risks, issues and performance', the Trust Board considered it necessary to strengthen leadership effectiveness by refreshing the approach to Project Management Office (PMO) and Improvement Team.

1.2 The success measure for this action was that all group level PMOs to be functional and this measure remains red.

1.3 This briefing paper aims to provide an update on the Improvement Team and a brief baseline of current work activities. Changes are necessary in between now and July to ensure successful contribution of the team to support delivery of the Trust strategic plans and priorities and to evidence effectiveness in the well led domain.

## 2. The team and current work activities

2.1 The team has an establishment of 17 WTE; 4 members of the team are focussed on information, analysis and programme management office function. 12 members of the team have improvement and project management roles of which there are 5.4 vacancies, which are currently out to recruit. 50% of those staff in post started in the Trust in the last 6 months.

2.2 The Deputy Chief Operating Officer for Improvement is now dedicated as project lead for Unity.

2.3 For the remainder of the team the pre-committed hours in May and June is at 70% capacity mainly linked to scoping out new projects (which will need to be submitted via CLE) and a range of current projects such as imaging sustainability, pharmacy team development, single point of access and transport improvement. These will all be subject to review by the end of May, as some are not progressing at the pace expected and others should be considered business as usual. There is 451 hours of resource left for allocation currently.

2.4 Historically the work allocation of the team has been through direction of the executive team, Deputy Chief Operating Officer for Improvement or in agreement with local leaders. Despite attempts, the resource allocation process has not been formalised to include an initiation scope, commissioned hours of work nor aligned to success criteria

for team members themselves. Often team member's work has drifted to include business as usual.

2.5 With the turnover of staff, the offer of the Improvement Team has become unclear and the Team is not particularly well branded across the organisation but does have some examples where it is valued locally.

## 3. Future contribution to delivering strategic plan and priorities

3.1 The Improvement Team in 2019 will be repositioned with closer operational alignment to contribute 70% of its time to supporting delivery of the 2020 vision and 30% to locally based process improvements commissioned via the Clinical Leadership Executive (CLE).

3.2 The strategic plans underpinning the 2020 vision are at a variable state of completeness with work to be completed to document the Estates and Digital plans in particular.

3.3 To date the Improvement Team have not been involved in supporting major clinical service reconfiguration but this will be in scope of the strategic work plan going forward, in order to support the new hospital team who hold the expertise in this field but no longer the capacity given the stage of the Midland Metropolitan Hospital project.

3.4 30% of the team's time will be spent on local process improvement commissioned by the Clinical Leadership Executive.

3.5 All work will have an entry criteria and exit strategy before resource is allocated. Initially this process will be overseen by senior operational leaders including the Chief Operating Officer and deputy Chief Operating Officer for Planned Care. This has worked well in the IT change group aligning Informatics and operational teams to deliver in sync and on time for priority projects.

3.6 Programme management offices already exist for the production plan which has demonstrated success in the associated results last year of the number of patient's treated, access to clinical services and income. This is being expanded to include all patient level contracted income from April supporting delivery of our financial plan.

3.7 Other programme management offices that exist include the Unity and People (Pay) PMOs. Governance and oversight of the Non-Pay plan will also be a priority to get right.

3.8 Local Clinical Group based PMO function is variable. As the Executive Group reviews are repositioned to include strategic plan delivery at Directorate level, the executive will consider the value of group based PMOs.

## 4. Summary / Conclusions

4.1 There is a large amount of development work and on boarding to get right to establish an Improvement Team that works to time on agreed priorities. The opportunity of new team members is welcomed and helpful.

4.2 By the end of July the following changes will be achieved expanding on the previous single success criteria in the well led action plan:

- Complete on boarding of the team and set out a team development plan.
- Documentation of outstanding strategic plans.
- Review of all current work scheduled to the Improvement Team through a 'stop and continue' review.
- Establish closer operational alignment of the Improvement Team to the business through the CLE commissioning process and project oversight with senior operational leaders.
- Evidence of the Improvement Teams contribution to the delivery of the 2020 plan and local priorities will be reported and evaluated quarterly to the CLE.

## 5. Recommendations

5.1 The Trust Board is asked to:

a. **Consider** the update on Improvement Team.
b. **Note** intended distribution of work and oversight process aligned to 2020 plans and local process improvements through CLE.

Rachel Barlow
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