

DRAFT PROJECT INITIATION DOCUMENT

Project Name:	FIT FOR THE FUTURE PROGRAMME (FFtF)
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Project details:

Position	Name
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TABLE OF CONTENTS

1	Purpose of the Project Initiation Document (PID)	1
2	Background	1
3	Project definition.....	1
3.1	<i>Programme Objectives</i>	1
3.2	<i>Project Scope</i>	3
3.3	<i>Project Deliverables and/or Outcomes</i>	3
3.4	<i>Exclusions</i>	3
3.5	<i>Constraints</i>	4
3.6	<i>Interfaces</i>	4
3.7	<i>Assumptions</i>	5
3.8	<i>Interdependencies</i>	5
4	Project approach	5
5	Outline (Initial) Business case.....	6
5.1	<i>Business Strategy</i>	6
5.2	<i>Provisional Cost Profile and Funding</i>	6
5.3	<i>Known risks</i>	6
6	Initial project plan	7
6.1	<i>Resources</i>	7
7	Programme Development	7
7.1	<i>FFtF programme structure and responsibilities</i>	8
8	Project controls	10
9	Initial risk register	10
10	Communication plan	11
11	Quality plan	11

1 Purpose of the Project Initiation Document (PID)

The PID aims to define the project and programme of work, providing a basis for its accountability, management and assessment of its overall success.

2 Background

The Fit for the Future programme was initiated to address the recommendations of the NHS South SHA independent review report on governance and management arrangements of the Trust (dated January 2012 and received late March 2012). This report was received and accepted at the April 27th 2012 Trust Board and published by the SHA on July 26th 2012.

The recommendations from this report are the basis of the objectives of the programme - providing the focus for action. However it also reflects discussions in the Trust through 2011 to increase autonomy for SBUs, change the way the Trust works and rise to the challenge of the future.

A further independent SHA and commissioner sponsored investigation is underway to review allegations of alteration or falsification of records (known as the Wiltshire investigation). Any related actions emerging from this second report - when published - will be co-ordinated within the FFtF programme.

Whilst the FFtF programme of work is a clear stand-alone project following Prince 2 principles and disciplines, it is based on project deliverables being integrated with mainstream activity wherever possible. This aims to ensure an embedded and co-ordinated approach to the work that is sustainable after the programme of work concludes with clear accountability operating within the Trust's clinical and corporate governance framework.

3 Project definition

The programme aims to

:

- put service users and carers at the centre of everything we do – every team, ward and staff member and the Trust Board
- decentralise management and increase the local service authority of SBUs within a clear accountability framework
- develop and implement a clinical engagement strategy to underpin local, SBU and Trust wide decision making and improve staff morale

3.1 Programme Objectives

The programme objectives are based on the recommendations of the independent review report on governance and management arrangements of the Trust. They are to

1. refocus and change the Trust culture from a top down centralist bureaucracy to one of clinical primacy, inclusively, engagement and high quality performance ownership
2. review the executive and non-executive skills of the Trust Board to ensure that there is the requisite leadership skills and ability to lead the change in culture, with an appropriate emphasis on the challenge and scrutiny of clinical quality and safety of care
3. design, consult on and implement a comprehensive clinical engagement strategy where Executive Directors commit to consulting meaningfully with clinical managers and senior clinicians of all professions about how to engage them reliably in decisions about service redesign, service delivery and contracting criteria
4. review and rationalise its focus on engaging and involving patients, carers and families - putting users and carers at the centre of everything the Trust does
5. improve the consultation, dialogue and speed of organisational development and change to ensure the burden of implementation does not detract from the day to day delivery of safe clinical care and staff support
6. review its Performance Management framework to adopt a new approach to performance based on constructive and supportive dialogue with SBUs driven by quality and safety; reviewing demanding KPIs with clinicians where they have little or no clinical validity to further reduce and simplify the number of KPIs/performance targets, - using a clinical evidence to do so and integrating this in our clinical engagement strategy
7. improve its CPA performance, and related service improvement, across all clinical areas and in particular the adult community SBU including an urgent review of current CPA standards, operational policies and procedures to support understanding the shortfall in performance and identification of remedial action
8. take a more rigorous approach to incident reporting to ensure that lessons are learnt in a timely and productive fashion and implementing a new electronic incident reporting system that will be integrated with the RiO clinical record system.
9. scrutinise the organisation's risk registers to support informed judgements about the robustness of the process, number of risks, their grading and mitigations in the Trust Board Audit Committee
10. revisit the Homicide Inquiry reports to ensure any outstanding or ongoing issues identified are addressed and effectively implemented and frequently scrutinise progress until it is fully embedded

11. determine reasonable but challenging timescales for major change projects, holding to account those responsible for implementation

3.2 Project Scope

The scope of the project is Trust wide affecting the Trust Board, corporate directorates all Strategic Business Units (SBUs)

3.3 Project Deliverables and/or Outcomes

The project will be judged primarily by delivery of its implementation plan and its process indicators - including appointments, Board reports, and strategy implementation.

A monitoring strategy is in place for this based on internal audit - independent of management- at the close of both the short and medium term parts of its FFtF implementation plan.

Further evaluation is built into the FFtF programme through actions related to an independent 'before and after' assessments of the Board Governance Assurance Framework (BGAF). The BGAF is a national DH tool used to lead assurance on fitness for purpose for aspirant Foundation Trusts. It covers Board governance and leadership, organisational strategy, quality governance and financial governance and resources. Independent BGAF assessment will take place at the beginning of the medium term part of the FFF implementation plan (October 2012 – October 2013). Following action to address the outcomes of the BGAF assessment, it will be repeated prior to the end of the FFtF programme to evaluate and demonstrate progress. The second assessment will be tied into the required stage of the Foundation Trust (FT) programme as required by the SHA and NTDA assessment process for aspirant FTs.

Over the medium and long term the Trust also anticipates affecting and being judged by an

- ongoing performance improvement in contractual and national metrics - particularly Care Programme Approach (CPA) and carers
- an upward trend in patient survey indicators - particularly in connection with CPA
- improved staff survey indicators - including appraisal, staff satisfaction, incident reporting and recommendation of the service to others
- meeting the internally set and measured 85% appraisal target, and improved supervision rates, in outlying SBUs and teams
- improvements in real time local and Trust patient and staff surveys
- future commissioning intentions and commissioner convergence on our Integrated Business Plan (IBP)

3.4 Exclusions

The project does not include unrelated mainstream directorate or business activity except where that is directly referred to in the project plan. It does not

include action - for example - on community redesign, innovation or compliance activity.

3.5 Constraints

Constraints focus primarily upon two areas :-

- Financial - the project management leadership and related activity are undertaken within existing resources, as are the majority of project plan delivery actions
- Timeframe - has been set in discussion with the SHA with a challenging but realistic short term plan covering April - September 2012

3.6 Interfaces

The project interfaces or links to a number of other projects or programmes including

Internal

- Wiltshire investigation - where the FT Director is the Executive lead for the investigation and related activity, sponsored by the Acting CE
- Foundation Trust Programme - including Board development and evaluation
- Internal Audit
- Project Management Review
- Project to deliver electronic web reporting with both internal and external to the organisation
- Trust annual and 5 year Business planning
- Homicide Inquiries

External

- Liaison with NHS South SHA and related performance management arrangements
- PCT and Clinical Commissioning Group arrangements, commissioning intentions, related performance and contractual management arrangements. This also relates to Local Authorities (LA) as commissioners.
- External scrutiny through LA Overview and Scrutiny Committees and developing Health and Well being Boards; local MPs and local community scrutiny through LINKs (Local Involvement Networks) and their movement to HealthWatch
- DH/NTDA, Monitor and FT pipeline
- Appointments Commission

3.7 Assumptions

It is assumed that

- directorates and SBUs will work to deliver all FFtF actions to time as described in the implementation plan providing effective evidence of the same in good time for the two internal audits (Sept 2012 and 2013) and the related BGAF assessments.
- the FT office will co-ordinate and lead the FFtF work programme and related monitoring and evaluating strategies - working in partnership with lead responsible Executive Directors, Chairs of scrutinising sub-committees and the Board and work falling out from that – and that this will be integrated within the FT programme arrangements to avoid duplication, maximise co-ordination, effectiveness and productivity and make best use of resources.

3.8 Interdependencies

Interdependencies within the organisation focus on

- Communications - working with the Communications team and Trust strategy
- FT Programme - integrating the FFtF evaluation strategy with the requirements of the Board Governance Assurance Framework in order to maximise fitness for purpose and readiness for FT status
- Board sub-committees - who play a key scrutinising and monitoring role of the FFtF work programme. Each is led and chaired by a NED who is supported by a lead Executive Director. In addition the FT Director will also attend sub-committees on occasion to support the FFtF programme of work and its effectiveness - in agreement with the relevant Chairs of those Board sub-committees.
- FFtF objectives and deliverables are the responsibility of lead Executive Directors or the Acting CEO. Working in partnership with those Executive leads the FT office co-ordinates and manages the FFtF work programme - and related monitoring and evaluating strategies.

4 Project approach

The project and programme of work will be approached using the PRINCE2 methodology and disciplines, working within the Trust

- guidance on project management
- clinical and corporate governance frameworks
- Board scrutiny and reporting systems
- good practice and learning from others including Foundation Trusts

5 Outline (Initial) Business case

The FFtF programme did not require a business case given the case for change articulated in the independent review of governance and management arrangements of the Trust, accepted at the April 27th 2012 Trust Board.

5.1 Business Strategy

The FFtF programme supports the Trust business strategy through its delivery of improved

- leadership, accountability and organisational culture
- business process on management of change and risk management
- clinical engagement generally and specifically with the Trust Board, quality and performance
- user and carer engagement and involvement
- clinical process and outcomes in quality and patient safety activity including CPA
- local responsiveness and presence
- and review of the 5 year strategy and related Integrated Business Plan (IBP)

5.2 Provisional Cost Profile and Funding

Costs are met through mainstream funding and activity.

There will be a capital one off cost to contract external consultants to deliver the FFtF evaluation strategy - focused on 'before and after' (FFtf) assessments of the Board Governance Assurance Framework (BGAF) and each of its three development modules.

The full cost is to be scoped and most likely to be subject to a tender exercise to identify a provider from the DH/NTDA (NHS Trust Development Authority) accredited list of providers. This cost is in large part incurred as a required cost of activity to progress through the FT pipeline.

5.3 Known risks

Key known risks include

- Failure to deliver the short term plan endangers the Trusts ability to progress towards FT status
- The timetable for turn around and cultural change is realistic but challenging
- FFtF sits alongside a significant community service redesign
- Changes in leadership and structure as a result of significant change to lead external agencies including the SHA and DH
- A turbulent commissioning environment as a result of the move to local Clinical Commissioning Groups from PCTs - whilst Local Authority commissioners are required to make significant savings.

6 Initial project plan

The FFtF Implementation plan was agreed by the Trust Board in July 2012 and is attached. Implementation is based on the principles that actions must be SMART

S SPECIFIC
M MEASUREABLE
A ACTION ORIENTED
R REALISTIC
T TIMETABLED

The Trust Board receives monthly progress reports on action taken that includes a self assessment of progress by those responsible for delivery based on RAG ratings to support Board scrutiny.

6.1 Resources

Role/Function	Person(s)	Estimated time Requirement
Project Director	Jane Britton, FT Director	Short Term plan - 4 days/week Medium term 2 days/week
Project Support	Rhiannon Milner, Business Support Manager	Short Term plan - 4 days/week Medium term 2 days/week
Finance	Simon Bruce	Within FT programme responsibilities
HR	Within support for CEO office - no dedicated support required	
IM&T	Within support for CEO office - no dedicated support required	
Specialist Staff	Within support for CEO office - no dedicated support required. External consultant support built in (BGAF)	
Other	Internal Audit External Consultants to support the BGAF before and after evaluation	2 weeks (1 Short Term, 1 Medium Term) To be scoped

7 Programme Development

- (i) The FFtF programme was developed through an iterative process within the Trust Board (starting with the April and May 2012 Board seminars). Having provided a clear steer on required direction of travel the Executive Management Team (EMT) further developed the plan in discussion with the senior management tier of the Trust (Extended Executive Management Team - XEMT - now Trust wide Management Group or TWMG). Feedback from NHS South SHA has been incorporated in the plan as it has developed.

- (ii) The FFtF programme structure is based on and integrated with the Foundation Trust (FT) programme structure which is driven by
- Trust Board
 - EMT - Executive Management Team
 - Extended EMT - now Trust wide Management Group (TWMG)
- These mechanisms have been reviewed to assure they are fit for purpose with regard to their work and role in FFtF.
- (iii) The FFtF programme and its implementation plan breaks into two parts:
- Short Term – April to September 2012 to ensure the change process is pump primed
 - Medium Term – October 2012 – October 2013 to ensure the embedding of change
- (iv) A light touch approach to FFtF programme management has been adopted driven by and driving mainstream activity based on the following principles
- use of established governance mechanisms to secure dynamic, pro active and interactive scrutiny
 - going out to and inviting in senior, front line & local clinicians against which to test progress on action
 - engaging users/carers, Trust members and other stakeholders to test decisions and evidence
- (vi) Leadership and delivery principles applied in the FFtF programme include
- accountability and responsibility clearly located
 - open, honest and transparent communication
 - being judged by the outcomes we deliver both individually and collectively
 - partnership and collaboration in our engagement with stakeholders (internal and external)
 - developing our leadership behaviours together to make a real difference to staff, users, carers and partners
 - ensuring that central, corporate and HQ functions in the Trust clearly add value to front-line services
 - developing work with people rather than imposing it on them
 - getting smart systems and processes that are customer focused where efficiency and compliance are built in

7.1 FFtF programme structure and responsibilities

- (i) **CEO Sponsorship** - The Acting Chief Executive (Paul Miller) is the sponsor of FFtF programme and its implementation plan, on behalf of the Trust Board.
- (ii) **Programme Director** - The FT Director (Jane Britton) is the programme Director for FFtF responsible for the strategic overview, co-ordination and management of the programme reporting monthly to Board. The FT Director is a member of the Executive Management team and attends the Trust Board.

The FT Director also is the Executive lead for the Wiltshire Investigation. On publication of that report any required actions will be integrated into this programme as appropriate.

- (iii) **Board Accountability** - The Trust Board is responsible for monthly scrutiny of the FFtF programme, delivery of its implementation plan and matters of strategy relating to it. It receives a monthly exception report on progress on the FFtF implementation plan from the FT Director for action.

Board accountability is led by 4 key Trust Board sub-committees - each chaired by a Non Executive Director (NED). The committees role is to scrutinise, monitor and hold management to account. The Committee Chair leads that work, advised by the FT Director as programme director, and with FFtF as a key part of work programme of each Committee. Board Committees are not operational in focus and will not micro manage activity.

The lead Committees are:-

- Quality and Safety Committee - Chair : Tony Gallagher (Chair/NED)
- Audit and Risk Committee - Chair : Tony McNiff (NED)
- Finance and Planning Committee : Chair Alison Paine (NED)
- Employee Strategy and Engagement Committee : Chair Lee O’Ryan (NED)

The NED Chairs of Board Committees report monthly to Board escalating issues or concerns as required. Correspondingly the Board reviews its allocated FFtF actions monthly.

- (iv) **Executive Leadership** - All activity in the FFtF programme and its implementation plan is allocated to an Executive Director who is responsible for the management, executive leadership and delivery of the action and its outcomes. They are responsible for working with all other relevant directorate and SBU leads, clinicians and internal/external stakeholders in these areas of activity

Executive Directors are also responsible for the evidence base against which for delivery of FFtF implementation plan will be assessed - both actions and outcomes provided, benchmarked wherever possible. They are responsible for proactively involving, and gathering assessments from clinicians, SBU and directorate staff, leads and other internal/external stakeholders in their areas of responsibility and leadership as appropriate.

- (v) **Executive Management Team (EMT)** - is made up of the CEO, Executive Directors, FT Director and Company Secretary. It meets weekly where it’s role with regard to FFtF is focused on
- strategic overview, leadership, risk assessment and management
 - improvement and assurance themes
 - interdependencies and impact with other aspects of business or any unintended consequences
 - join up across FFtF work streams and with mainstream activity

- resolving issues escalated to it from TWMG, Board and Committee chairs
 - communication, relationship building and stakeholder engagement
- (vi) **Trust wide Management Group (TWMG)** - includes members of EMT, the Chair of the Professional Council and SBU Service and Clinical Directors. It meets fortnightly and it's role with regard to FFtF is focused on
- Delivery, business management and risk assessment of FFtF actions making decisions and managing risk as required
 - reporting on progress, opportunities, blocks or constraints for action and resolution
 - identifying tactical issues for action and resolution at TWMG
 - supporting and co-ordinating join up of FFtF activity with other mainstream clinical , SBU and directorate mainstream business
 - identifying issues to escalate to EMT for resolution
 - engaging the group in debate and identification of solutions in any FFtF area through discussion and workshops within the TWMG structure
 - bringing forward other leads (clinicians and staff) to support, advise and inform FFtF

8 Project controls

Project controls are

- Monthly Board report incorporating exception report on FFtF implementation plan progress
- Board committees (monthly or bi-monthly)
- Weekly EMT discussion
- Fortnightly TWMG discussion
- Corporate Risk Register - reviewed monthly by Board
- Programme co-ordination and arrangements including issues and lessons learnt log; independent consultant assessment of fitness for purpose (Board Governance Assurance Framework)
- FFtF Implementation Plan
- Internal Audit
- SHA scrutiny and performance management
- Commissioner and OSC scrutiny.

9 Initial risk register

The corporate risk register holds risks related to FFtF and is also reflect in related risks to FT status - also managed within the corporate risk register. It is reviewed monthly by Trust Board.

10 Communication plan

The Communication Plan for FFtF is contained within the Board approved communication strategy for 2012/13. It includes

- a stakeholder analysis that has involved EMT, TWMG and will be reviewed, and added to, by local workshops in September 2012
- a monthly newsletter (Snapshot) to internal and external stakeholders that will focus in large part on reporting the progress, impact and outcomes of the FFtF programme of work

11 Quality plan

The FFtF programme of work is the final responsibility of the CEO sponsor and Trust Board – advised and supported by the FT Director who leads and co-ordinates the FFtF programme. This includes the setting of related standards and delivery accordingly – and is undertaken in consultation with NHS South SHA.

Internal Audit are engaged to provide assurance of delivery of the FFtF Implementation Plan actions, and what success looks like identified there, which is based on quality standards including SMART and prince 2 principles.