Project Management
Best Value Group

Annual Report 2013/14

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www.npag.org.uk
MISSION STATEMENT - PROJECT MANAGEMENT BVG

To adopt the principles of inter trust networking, with the intention of sharing experiences, knowledge and ongoing best practice initiatives and innovations, in order to enhance the individual members effectiveness and efficiency within their organisation.

INTRODUCTION

This has been my second year as facilitator of the Project Management BVG and once again I have found the whole experience to be very rewarding and extremely interesting.

As ever, the wide range of knowledge possessed by group members and their constant willingness to share this with colleagues has been most impressive.

This year the Project Management BVG has, by agreement, held its meetings at venues in the Midlands area. Not only have we been able to secure good external speakers but we have, in this round, benefited from some excellent presentations from within the group itself.

The meetings in the new round will be held at venues in either Hockley Heath (nr Solihull) or Hinckley, (nr Leicester) on:

- Wednesday 10 September 2014
- Friday 5 December 2014
- Wednesday 18 February 2015
- Friday 15 May 2015

I look forward to another successful round.

Dale Atkins
NPAG Best Value Group Facilitator

CHAIRMANS REMARKS

I have been involved now with this group since its inception in 2011, the last year as Chairman having taken over from Ed Grainger. The whole purpose of the group has been to have the opportunity or forum to share best practice and network on issues that may be common to participants in the group.

A wide range of both external speakers and internal speakers have been accommodated over the last year and I am sure that all attendees have benefitted from their collective input and ideas. This has facilitated wider and informed discussion within the group when participating in our regular ‘hot topics’ part of the agenda. As well as formal presentations the regular market place slot provided all members the chance to bring along best practice tools and techniques to share amongst their peers which was well received by all and proved useful for members to deploy within their own organisations.
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At our last meeting this year Dale and I facilitated a discussion on the future structure and programme for this group going forward; the output from that group has now gone out to all members for discussion and we await the results. One thing was agreed and that was to widen the scope of the group and instead call it ‘Programme Management’ instead of ‘Project Management’ as it is clear that many of the participants are not just running individual projects but instead managing large and complicated or interrelated programmes within their workplace. It is intended that this change may appeal to a wider audience and increase our membership.

At the end of my first year I would like to thank Dale Atkins for facilitating the group and, in conjunction with myself, ensuring the agendas were complete with interesting and diverse topics whilst dealing with the inevitable last minute changes and challenges to ensure all members got the best from each one of the sessions. I would also like to thank the back office team for ensuring all the logistics are dealt with efficiently and for the benefit of the members of the group.

Mike Hendy
Head of Programme Management
Berkshire Healthcare NHS Foundation Trust

NPAG Project Management Best Value Group, Chair

MEMBER’S COMMENTS

“"The project management group meetings have for me, as a new NHS employee, been informative providing opportunities to network with project management professionals from several sectors across the organisation.”

Estates and Facilities Senior Programme Manager

“The Project Management group has been a good opportunity to discuss issues and find resolutions with colleagues. I have particularly enjoyed the varied subjects covered which has helped me in the workplace and group leads actively encourage members to request what would be most helpful in the way of guests and speakers. I have found the meetings enjoyable and informative”

Portering & Waste Manager

“The NPAG Project Management BVG has provided an invaluable opportunity to share best practice with colleagues from around the country. The groups’ members, along with the numerous guest speakers at the meetings, have presented excellent opportunities to learn from others and have allowed networking outside of the formal meeting structure that has developed mutually beneficial relationships. The target of achieving excellence in our respective organisations has been made easier through the collaboration facilitated by the BVG.”

Management for Improvement Lead
The following documents, presentations, etc are amongst those that have been shared with all group members during 2013/14.

Please note: copies of these are available upon request from the BVG facilitator on e-mail: dale.atkins@da-consultancy.org.uk or by contacting the NPAG office on tel. no: 01245 544600

- **Presentation:** Project v Programme Management in the NHS  
  (Bill Headley. Director of Estates & Facilities. County Durham & Darlington NHS FT)

- **Recommended document:** ‘Managing Successful Programmes’  
  (Office of Government Commerce)

- **Recommended document:** ‘Directing Change. A guide to governance of project management.’  
  (Association of Project Management)

- **Presentation:** CHAMPS 2  
  (Elena Martin. Business Change Manager at Birmingham City Council)

- **Recommended website:** [www.champs2.info](http://www.champs2.info)

- **Presentation:** The Need for Change Management in today’s NHS  
  (Mike Hendy – Strategic Project Manager, BHFT)

- **Document:** Members Contact Details (Name/Post/Telephone No./Email Address)

- **Presentation:** Benefits Realisation  
  (Nick Hamilton – Group Member)

- **Presentation:** Gateway Reviews  
  (David Morris. DH Health Gateway Review Team)

  See also: key **Gateway Team Contacts** below

- **Presentation:** Managing the Unknown  
  (Mel Wilson + Mark Charman – Group Members)

- **Presentation:** TPS in the NHS  
  (Les Porter + Vicky Shelley – Group Members)

- **Presentation:** Accelerate successful delivery of your change projects  
  (Mani Dhesi. Senior Associate – Head of Planning & Delivery. CCG and primary care capacity and capability programmes. Delivery Team - NHS Improving Quality)

- **Presentation:** How the Scape Framework can benefit the NHS  
  (Matthew Wall - Regional Health Manager + Scott Corey - Scape Framework Director. Willmott Dixon Construction Limited)

  Recommended website re Scape: [http://www.scapebuild.co.uk/Home.aspx](http://www.scapebuild.co.uk/Home.aspx)

- **Presentation:** Service Development v Procurement  
  (Phil Layland - Group Member)
SUMMARY OF MEETINGS, KEY THEMES AND HOT TOPICS FOR 2013/14

This section provides a brief summary of a selection of discussions that have taken place at the 4 meetings held this year. As can be seen from the range of topics covered, members have been provided with a significant level of information, guidance, ideas for improvement and suggested areas for cost savings. Please refer to the actual minutes of each meeting for a greater level of detail.

Four meetings were held in this round:

1st Friday 26 July 2013 in Hockley Heath
2nd Friday 8 November 2013 in Hockley Heath
3rd Friday 21 February 2014 in Hockley Heath
4th Friday 16 May 2014 in Hinckley

NPAG Overview – Network, Website, etc

Members were provided with a brief overview of the full role of NPAG, including reference to the various NPAG facilities which members were able to access – including the NPAG Library and NPAG Network.

Project v Programme Management in the NHS
(Bill Headley, Director of Estates & Facilities, County Durham & Darlington NHS FT)

Key Reference Document
‘Managing Successful Programmes’ (Office of Government Commerce) – particularly useful for those involved in QIPP

Programme v Project v Portfolio Management
Project management - process by which projects are defined, planned, monitored controlled and delivered such that agreed benefits are realised. Projects are unique, transient endeavours undertaken to achieve a desired outcome.

Programme management - coordinated management of related projects, which may include related business as usual activities that together achieve a beneficial change of a strategic nature for an organisation. What constitutes a programme will vary across sectors.

Portfolio management - selection and management of all projects programmes and related business as usual activities within an organisation. A portfolio is a group of projects and programmes carried out under the sponsorship of an organisation.

Board Assurance Framework

Four components:
- Portfolio Direction
- Project Sponsorship
- Project Management Effectiveness and Efficiency
- Disclosure and Reporting

Project Direction (examples)
- Aligned with key business objectives?
- Financial controls correctly applied?
- Portfolio prioritised refreshed and pruned?
- Consistent with organisation’s capacity?
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Project Management Effectiveness & Efficiency
- Clear critical success criteria used to aid decision making?
- PM processes and tools appropriate for projects sponsored?
- Issue, change and risk management processes in place?
- Delegated authority to appropriate levels?

Disclosure and Reporting
- Timely, relevant and reliable information?
- Sufficient information on project related risk?
- Key criteria for escalation of issues, risks and opportunities?
- Seek independent verification of reported project information

CHAMPS 2
(Elena Martin. Business Change Manager at Birmingham City Council)

CHAMPS2 Origins
- To reduce the risk of Business Transformation
- Common approach & single language
- Repository of best practice, avoiding re-inventing the wheel
- Method for business transformation rather than incremental change
- Change management method in addition to project management
- Vision led benefits driven approach
- Method sensitive to public sector

7 / 8 Phases – All Based Around a Common Sense Approach

CHAMPS2: A Common sense approach

- Phase 0: Transformation Initiation
- Phase 1: Visioning
- Phase 2: Shaping & Planning
- Phase 3: Design
- Phase 4: Service Creation & Realisation
- Phase 5: Proving & Transition
- Phase 6: Stabilisation
- Phase 7: Benefits Realisation

"How are we going to get there?"
"What will the new solution look like?"
"Creating the new service/solution and testing"
"Proving the new service/solution works as designed & getting the business ready to use it"
"Embedding and stabilising the new solution"
"Making sure the benefits are achieved"
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Benefits Driven Change

It was noted that every stage of CHAMPS2 had a focus upon ‘benefits’ and ‘benefits realisation’. It was equally recognised that this is an area that is often poorly addressed in NHS project management.

Sharing CHAMPS2

- Entire on-line method free to use www.champs2.info

The Need for Change Management in today’s NHS
(Mike Hendy  Strategic Project Manager, BHFT)

Why Projects Fail.

75% of projects fail because of the neglect of the human dimensions of change:
- Lack of insight as to why people are unhappy with change
- A poor appreciation of the process of change
- Limited knowledge of the tools and techniques available to help change managers

Two approaches to service improvement

- ‘Anatomical’ – could be described as the hard project management approach to change
- ‘Physiological’ – focuses on the softer, people side of change
- In practice elements of both need to be applied if the project is to be successful

What went wrong? (E Berks Children’s Services)

- My colleague and I had assumed that senior nurses, therapists and medical staff would embrace change if it was good for their patients – wrong
- My colleague and I had assumed that the clinicians would move forward with us willingly to make the integration happen – wrong
- My colleague and I had assumed that the management would have communicated the changes to their staff - wrong
- My colleague and I had assumed that the clinicians would understand the full meaning of the word ‘integration’ - wrong

The Messages for Project Managers

- Don’t assume that senior managers/clinicians will embrace change – if their needs are challenged, personal needs will come into focus
- If possible communicate to staff at all levels re the change management process – ideally all staff at the same time
- To ensure this, build enough ‘communications time’ into your project plan
- Don’t be afraid to use C.E.O./C.O.O. or other VSP (Very Senior Person) to support you
- Ignore the management of the human dimensions of change at your peril

Benefits Realisation
(Nick Hamilton – Group Member)

General Points

- Most benefits are realised (or not) when an investment “ends” and the results are handed over to operations to be managed as “business as usual” (BAU)
- Appropriate Benefit Ownership underpins the implementation of Benefits Realisation Management (BRM)
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**Benefit Validation**
- **Description** – what exactly is the benefit (articulated correctly)?
- **Observation** – what differences should be noticeable between pre and post project implementation?
- **Attribution** – when and where will the benefit arise?
- **Ownership** – someone from the business has to be accountable for the realisation
- **Measurement** – How and when will the realisation of the benefit be measured?

**Benefits Categorisation**

<table>
<thead>
<tr>
<th>EFFICIENCY</th>
<th>EFFECTIVENESS</th>
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</thead>
<tbody>
<tr>
<td><strong>Efficiency Cashable</strong></td>
<td><strong>Effectiveness Cashable</strong></td>
</tr>
<tr>
<td>A FINANCIAL saving of resources arising from the direct reduction of staff posts/equipment cost/or the reduction in contractual costs.</td>
<td>A benefit which provides a decrease in COSTS or an increase in REVENUE through better performance of staff/IT systems/or business processes.</td>
</tr>
<tr>
<td>Measurable directly in £ through financial controls</td>
<td>Measurable directly in £</td>
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<table>
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<th>EFFICIENCY</th>
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<tr>
<td><strong>Efficiency Opportunity</strong></td>
<td><strong>Effectiveness Opportunity</strong></td>
</tr>
<tr>
<td>A benefit which results in an increase to efficiency by allowing ADDITIONAL tasks to be performed by the SAME amount of staff/equipment.</td>
<td>A benefit which results in the increased performance of staff/equipment or a more effective business process.</td>
</tr>
<tr>
<td>Measurable by output measures per unit staff or assets</td>
<td>Measurable by bespoke measures</td>
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**The Benefits**
- Can allow the prioritisation of projects to deliver those with the greater value of benefits
- It can provide the organisation with a very valuable asset (& completely non-expandable)
- It is (or should be) the reason why you are undertaking projects
- It can highlight areas of projects that are seen to be “failing” whereas it might be a case of inadequate benefits articulation

**The Pitfalls**
- Requires appropriate resourcing to be done properly
- “Benefit Tunnel” mentality – realising my benefit at the expense of yours
- Once you start BRM, it becomes the “norm” – there’s no going back!
- You can be a victim of your own success
- Senior Management need to understand the resource required

**Summary**
- Spend time on ensuring benefit articulation is carried out accurately
- Ensure you can evidence the successful realisation by base lining, constant monitoring and final measurement
- Assign ownership (& accountability) to each benefit – not the PM!
- Provide a separation of project delivery and benefits realisation – they are not the same thing!
- Be honest at all stages

**Gateway Reviews**
*(David Morris. DH Health Gateway Review Team)*
What is a Health Gateway Review

• provides NHS organisations with free and confidential assurance and support for business change programmes and projects;
• is designed to support successful delivery of the programme or project;
• is tailored to fit the particular needs of the programme, project and organisation
• uses well established principles of peer review;
• can be used at any stage of a programme or project, throughout its life cycle;
• provides a valuable perspective on the issues facing the programme or project team, and acts as an external challenge to the robustness of plans and processes.

The Review

• free to the client at the point of delivery;
• a real-time snapshot of the programme or project;
• undertaken by peers from NHS organisations or independent consultants;
• carried out over 2-4 days;
• evidence based – through a combination of document review and stakeholder interviews;
• A written report is presented to the SRO on the last day of the review.

The Gateways – Summary

• Gateway ‘0’ - Strategic Assessment (for programmes only) may be applied at the start-up of a programme and is recommended to be repeated at various stages throughout the life of a programme

The gates within the lifecycle of a project are:

• Gateway 1 - Business justification Need and support for the project
• Gateway 2 - Delivery strategy Develop delivery strategy
• Gateway 3 - Investment decision Competitive procurement
• Gateway 4 - Readiness for service Award & implement contract
• Gateway 5 - Benefits evaluation Manage contract

Support to the SRO (Senior Responsible Officer)

• Gateway Reviews support SRO’s by helping them to ensure:
  ✓ the best available skills and experience are deployed on the programme or project;
  ✓ all the stakeholders covered by the programme or project fully understand the current status and the issues involved;
  ✓ the programme or project can progress confidently to the next stage of development, implementation or realisation;
  ✓ achievement of realistic time and cost targets for the programme or project.

The OGC Gateway Report

• Drafted and discussed with the SRO before the review team leaves
• Focused - 5-10 pages of review findings
• Emphasis on recommendations that:
  • Identify issues that need to be addressed
  • Take the form of helpful, practical propositions
  • Leave responsibility for action with the SRO and the project team
  • Contains an overall assessment (DCA) of project status
  • Presented confidentially to the SRO
Some key Gateway Team contacts:

London:  Caroline Charlton  07788 916761  carolinecharlton@tiscali.co.uk  
North:   George Whitley 07973 941570  cgeorgewhitley@aol.com  
Midlands and East:  Tim Ainger  07795 812514  t.ainger@gardiner.com  
South:   Alan Connor 07909 993166  alanc@facilitation.fsbusiness.co.uk  

Health Gateway Team directly at:  
DH_NHSgatewayreviews@dh.gsi.gov.uk  or  tel: 0113 254 6358 or 0113 254 5654

What is a PMO / What does your PMO look like?  
(Mel Wilson – Group Member)

- The overarching consensus was that there wasn’t a one size fits all when it comes to defining a PMO, with the PMO often developing on an evolutionary basis.
- Also in referring to a PMO one needed to be clear as to whether this was ‘Project’, ‘Programme’ or ‘Portfolio’ office as this in itself could determine the structure and staffing.
- In whichever case the PMOs overall function was to act as a co-ordinating body.
- In developing a PMO it was important to be clear about what was trying to be achieved, what the aims were and what the scale of the task was. For example, the focus could be upon just 3 areas or upon 30 and this would clearly effect the look of the PMO.
- Often the PMO was directly linked to CIPs. Whilst partly inevitable this was not ideal and that there needed to be an equal focus upon service improvement. In one of the member trusts restructuring was taking place in the PMO function and that the move was towards creating Transformational Teams.

Managing the Unknown  
(Mel Wilson + Mark Charman – Group Members)

Managing the trust’s FT application process - the first community trust in the country to go through this process, hence there was very little other experience to draw upon.

The Approach
   > Intelligence gathering       > Prediction       > Planning       > Delivery       > Outcome

Intelligence gathering
- one of the challenges here was what the mentality within the trust was that if it wasn’t urgent it may not be needed – hence making it extremely difficult to collect information, documentation, etc

Prediction
- a major challenge here in terms of trying to predict what Monitor would be looking for was that, as mentioned above, there were no other Community FT trusts to compare against – albeit there was plenty of intelligence relating to acute trusts.

Planning
- the typical planning processes were put in place and a planning team was established. However, one of the challenges here was that rather than take a strategic overview the planning team wanted to become operational in its approach.

Delivery
- fortunately the above predications proved to be quite accurate in that everything Monitor asked for had been collected and prepared.

Outcome
- despite the above challenges the outcome was that the trust passed the requirements of Monitor for gaining FT status. In fact the planning had been so good that the whole process turned out to be quite straightforward.
‘Spanner in the Works!’

- HOWEVER despite the positive outcome above, other changes in requirements for gaining FT status meant that the licence could not be awarded. In essence a requirement was put in place whereby FT status could not be awarded until the trust had passed a CQC inspection. Unfortunately the CQC was yet to determine how its new inspection regime would be applied to community trusts!

TPS in the NHS

(Les Porter + Vicky Shelley – Group Members)

TPS (Toyota Production System) was the forerunner to ‘Lean’

The Five Lean Principles:
- Specify what creates value from the customer’s perspective
- Identify all steps across the whole value stream
- Make those actions that create value flow
- Only make what is pulled by the customer just-in-time
- Continuously improve in pursuit of perfection

Local Approach
- WUHT had adopted the ‘Kaizen’ model (incremental, continuous improvement), branded within the trust as ‘Kaizen Wirral Excellence in Healthcare System. This had been very much focused on making real improvements at the operational level with creation of the Patient Focused Ward Programme.

Key initiatives
- Patient Focused Flow
  - Creating patient flow is an imperative for the organisation and that for patients, moving through our hospital at the right safe pace is a basic requirement.
  - For patients to flow through the wards at a pace that is optimum for their individual treatment plans and recovery, requires well organised wards with defined processes and strong leadership.

The Seven Flows of Patient Focused Healthcare

1: The Flow of Patients & the Provision of Excellent Care is optimised when each of the flows of healthcare are working effectively and in alignment

2: The Flow of Care providers  Right clinician available at the right time with the right skill set

3: The Flow of Medications. Medications correctly prescribed/stored/provided when needed

4: The Flow of Supplies. Supplies held in the right quantities always available for clinicians

5: The Flow of Information. Information always available to support clinical decision making

6: The Flow of Equipment. Available in good working order with staff trained in its use

7: The Flow of Processes. Processes clearly defined/communicated/followed
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Model Ward Attributes
- Workplace Organisation via 5S & Visual Control
- Supplies At The Point Of Use
- Shift Handover Using SBAR Tool
- Optimised Ward Round
- Discharge Planning Board
- Harms Reduction/Safety Express
- Patient Mealtime Experience
- Medication Storage/Security & Sequencing Of Administration
- Provision Of Clean Utility Room/Sluice
- Visibility Wall Development

The following is one of the examples of a practical application:

Supplies At The Point Of Use – ‘Bay Buddies’

Supply trolleys equipped with the main items used by each given bay.

Located by the given bay to reduce on the amount of wasted travel time by nurses, etc in moving from the bay to the central store room each time an item was required.

The items in question having been determined by a self-recording exercise by the nurses themselves to identify those most commonly used over a given period.

Accelerate successful delivery of your change projects
(Mani Dhesi. Senior Associate – Head of Planning & Delivery. CCG and primary care capacity and capability programmes. Delivery Team - NHS Improving Quality)

Why do so many projects & programmes not deliver the anticipated results and change we desire?

Members identified the following as some of the key reasons/factors:
- scope creep / inadequate brief
- poor leadership
- lack of resources / insufficient time
- lack of buy in
- poor articulation of benefits
- not learning from previous mistakes
- destiny – project shouldn’t have been stated in the first place!
Focus upon the **NHS Change Model** and its 8 components:

- **Our shared purpose**
  ‘Our shared purpose – does this improvement meet our shared NHS vision?’ The shared purpose is fundamental to any change and is the place to start – it holds all the other parts of the NHS Change Model together. It is about our values and why we joined the NHS.

- **Leadership for change**
  *Do all our leaders have the skills to create transformational change?*

- **Spread of innovation**
  *Are we designing for the active spread of innovation from the start?*

- **Improvement methodology**
  *Are we using and evidence-based improvement methodology?*

- **Rigorous delivery**
  *Do we have an effective approach for delivery of change and monitoring of progress against our planned objectives?*

- **Transparent measurement**
  *Are we measuring the outcome of change continuously and transparently?*

- **System drivers**
  *Are our processes, incentives and systems aligned to enable change?*

- **Engagement to mobilise**
  *Are we engaging and mobilising all the right people?*

**Process Mapping**

- Much under-rated yet was very simple to use and to apply. It was also very useful for getting staff and user engagement.

- Doesn’t just need to be done using pen and paper but can also work well by employing modern technology such as ‘videoing’ (using iPhone, iPad, etc). Examples cited of where staff had been videoed undertaking procedure/activities and then these were played back for analysis and discussion. Also extended to include video interviewing of patients to collect their views and then sharing this back with staff.

**How the Scape Framework can benefit the NHS**

(Matthew Wall - Regional Health Manager + Scott Corey - Scape Framework Director. Willmott Dixon Construction Limited)

Group member James (Hayward) had been working with Willmott Dixon and the Scape framework as part of the various estates developments taking place at York Teaching Hospitals.

Scape System Build Ltd is a Local Authority controlled company wholly owned by Derby City, Derbyshire County, Gateshead, Nottingham City, Nottinghamshire County and Warwickshire County Councils in equal shares – with Willmott Dixon being the preferred national private provider for Scape.

Scape acts as a Contracting Authority and Central Purchasing Body as defined in the EU Procurement Directives.
10 suggested benefits of using Scape:

1. **Cost certainty**  
   *eg – free 2-4 week feasibility study to confirm project is doable. 100% open book market tested at contract stage. Note – tends to be for projects in excess of £2M.*

2. **Time certainty**  
   *eg - 100% of projects delivered on time since 2006*

3. **Recognised Quality**  
   *eg – used by over 335 clients including central government*

4. **Satisfied clients**  
   *eg – 85% repeat clients. 225% increase during austerity period*

5. **Guaranteed performance**  
   *eg – contractually controlled performance. Projects benchmarked. 3 strikes and out.*

6. **Reducing risk and cost**  
   *eg – Scape said to save clients 14p in every £1 spent*

7. **Investing in your community**  
   *eg – 52% of spend within 20 miles of project*

8. **Sustainable procurement**  
   *eg – 95% of waste diverted from landfill*

9. **Realising regeneration**  
   *eg – Scape said to have helped bring £104m of regeneration projects to life*

10. **Standardised efficient design solutions**  
    *eg – via the Sunesis system. Can be just 9 months from inception to occupation*

Members wanting to find out more about Scape could visit the website at: [http://www.scapebuild.co.uk/Home.aspx](http://www.scapebuild.co.uk/Home.aspx)

**Service Development v Procurement**

*(Phil Layland (Group Member))*

**Background – Foot health Services Wolverhampton**
- Service provided by Royal Wolverhampton Hospitals Trust
- History of performance and contractual issues
- Capacity issues – non recurring funding provided
- Long waiting lists
- Patient complaints
- Cancelled appointments
- Poor appointments service
- 15,000 patients and rising

In response to the above the local CCG seemed keen to pursue the procurement route rather than explore service development in order to make improvements. There was also a perception from the CCG that the provider was not compliant, not co-operative and not willing to change. It soon became apparent that on the provider side there was a significant ‘blocker’ in the form of a senior clinical manager who was something of a dinosaur. A decommissioning notice was duly served.

*Whilst project management based, Phil was given a lead role in the review and consultation exercise – again demonstrating the varied tasks/roles which PMs are often given. He engaged directly in a significant number of consultations with users, local communities, politicians, etc – often chairing proceedings.*
Two key issues:
1. Access Criteria – basically the service included a large volume of toenail cutting and this was unsustainable.
2. Capacity and Delivery (Clinic Sites) – this in essence became a site rationalisation exercise

The eventual outcomes included:
- new access criteria implemented and appropriate patients (toenail cutting) discharged from the service.
- appointments Call centre introduced
- inappropriate sites closed – taking nos. down from 20 to 9 but still allowing for ready access in each locality.
- Patient Survey feedback very positive
- reduced waiting times

Significantly, part way through the project the identified blocker was removed from the equation. This was seen as a major factor in achieving success. The decommissioning notice was duly withdrawn by the CCG which ultimately saw the service development route as the preferred path to the procurement route.

Facilitated Forum
(Dale Atkins – Group Facilitator & Mike Hendy – Group Chair)

This was dedicated session looking at the future direction and development of the group.

i) Future Topics & Presentations

The following suggestions were put forward and duly endorsed by members:

- Business Planning / Business Plan Preparation
- Integrated Service Delivery
- Updates from NHS Improving Quality
- NHS Property Services
- CQC Inspections
- APM (Association for Project Management)
- QIPP & CIP

ii) Structure / Format of Meetings

The following options were explored:

- Themed Sessions per Meeting
- ‘Open Discussion’ on Specific Topics v Presentations
- Status Quo (ie a mix of both)
- Non NHS Speakers (Private Sector, Local Authority, etc
- Site Visits (e.g. PM Office, PM systems)
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Strong preference expressed for a ‘Mixed Session’ approach (ie status quo)

iii) Future Venues & Locations

Again, there was consensus that the current arrangements were satisfactory.

iv) Members were asked to: Identify 3 things that would improve the Project Management BVG ‘experience’ (ie 3 things that would make it better)

Members present identified the following:

✓ the name of the group should be changed from Project Management to Programme Management to better reflect the breadth of areas covered and the level at which members tended to operate.
✓ a better day for holding the meetings could be Wednesday rather than Friday
✓ identifying the programme of topics/presentations for the year well in advance would be beneficial

v) Marketing Flyers

Members were asked to consider:
1. Who to Target?
2. How to Target?

Who to Target?

Consensus reached on the following:
- Project / Programme Managers
- Finance Managers
- Contracting / Procurement Managers
- Performance Managers
- Commissioning Managers
- Transformation Managers
- ‘Drop In’ Programme Managers (ie those of you who suddenly find yourselves in a programme/project management role !)

How to Target?

Consensus reached on the following:
- Direct Mailshots
- P M Specific Journals
- Estates & Facilities Journals
- Websites
- NHSE
- APM (Association for Project Management)

…………… and so – on to the next round !
GROUP MEMBERSHIP

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Trust</th>
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<tbody>
<tr>
<td>Mike Hendy</td>
<td>Project Manager</td>
<td>Berkshire Healthcare NHS Foundation Trust</td>
</tr>
<tr>
<td>Mark Charman</td>
<td>Assistant Director - PMO</td>
<td>Bridgewater Community Healthcare NHS Trust</td>
</tr>
<tr>
<td>Mel Wilson</td>
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<tr>
<td>Philip Layland</td>
<td>Senior Contracts and Procurement Manager</td>
<td>Central Midlands Commissioning Support Unit</td>
</tr>
<tr>
<td>Paul Whitehill</td>
<td>Portering &amp; Waste Manager</td>
<td>Heatherwood &amp; Wexham Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>Nick Hamilton</td>
<td>Management for Improvement Lead</td>
<td>Leeds Teaching Hospital Trust</td>
</tr>
<tr>
<td>Jonathan Dunk</td>
<td>Acting Director of Finance</td>
<td>Milton Keynes Hospital NHS Foundation</td>
</tr>
<tr>
<td>Jane Sangoor</td>
<td>General Divisional Manager</td>
<td>South Devon Healthcare Foundation Trust</td>
</tr>
<tr>
<td>Debra Bannen</td>
<td>General Divisional Manager</td>
<td>South Devon Healthcare Foundation Trust</td>
</tr>
<tr>
<td>Barbara Wood</td>
<td>Assistant Director, Capital Estates Facilities</td>
<td>West London Mental Health Trust</td>
</tr>
<tr>
<td>Michael Harbour</td>
<td>Head of Maintenance</td>
<td>West London Mental Health Trust</td>
</tr>
<tr>
<td>Marcus Powling</td>
<td>Asst Project Manager</td>
<td>West Suffolk NHS Foundation Trust</td>
</tr>
<tr>
<td>Leslie Porter</td>
<td>WEHS Leader</td>
<td>Wirral University Teaching Hospital</td>
</tr>
<tr>
<td>Vicky Shelley</td>
<td>WEHS Leader</td>
<td>Wirral University Teaching Hospital</td>
</tr>
<tr>
<td>James Hayward</td>
<td>Programme Director Capital</td>
<td>York Teaching Hospital NHS Foundation Trust</td>
</tr>
</tbody>
</table>

TOPICS IDENTIFIED FOR THE 2014/15 ROUND

- Business Planning / Business Plan Preparation
- Integrated Service Delivery
- Updates from NHS Improving Quality
- NHS Property Services
- CQC Inspections
- APM (Association for Project Management)
- QIPP & CIP
NPAG DEVELOPMENTS

CPD Certification

The NPAG is a member of the CPD Certification Service. The Project Management BVG has received CPD approval for 2013/4.

CPD Certification is a formal recognition of the contribution that membership of the Project Management BVG makes to members' continued professional/personal development.

At the end of the annual round of meetings, members will receive certificates of attendance for all meetings attended during the year to evidence the contribution made as part of lifelong learning.

FURTHER INFO

For further information about the Project Management BVG please contact Dale Atkins, Group Facilitator on 07801 374217 or e-mail: dale.atkins@da-consultancy.org.uk

For further information about the National Performance Advisory Group and its Benchmarking and Best Value activities, please contact the NPAG office on:

Telephone: 01245 544600   Email: www.npag.org.uk
NPAG Benchmarking & Best Value Groups

The NPAG organises and facilitates a national network of Best Value Groups that enables members to share experience, identify good practice; innovation and information to assist individual managers develop their own service improvement action plans.

For further information on NPAG Best Value Groups, please contact the following Best Value Group Facilitators:

<table>
<thead>
<tr>
<th>Best Value Group</th>
<th>NPAG Facilitator</th>
<th>Contact Tel. No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catering Services</td>
<td>Terry Williams</td>
<td>01245 544600</td>
</tr>
<tr>
<td>Clinical Engineering North</td>
<td>Richard Steventon</td>
<td>01282 694657</td>
</tr>
<tr>
<td>Clinical Engineering South</td>
<td>Richard Steventon</td>
<td>01282 694657</td>
</tr>
<tr>
<td>Estates Services Best Value Group</td>
<td>Tony Gent</td>
<td>01245 544600</td>
</tr>
<tr>
<td>Facilities (North) Best Value Group</td>
<td>Tony Gent</td>
<td>01245 544600</td>
</tr>
<tr>
<td>Facilities (South) Best Value Group</td>
<td>Roger D’Elia</td>
<td>01245 544600</td>
</tr>
<tr>
<td>Health Visiting &amp; School Health Services Development Network</td>
<td>John King</td>
<td>01245 544600</td>
</tr>
<tr>
<td>National District Nurses Network</td>
<td>Sue Hill</td>
<td>01245 544600</td>
</tr>
<tr>
<td>NHS Sustainability Lead Network</td>
<td>John King</td>
<td>01245 544600</td>
</tr>
<tr>
<td>NHS Transport &amp; Logistics</td>
<td>Peter Richardson</td>
<td>01245 544600</td>
</tr>
<tr>
<td>Nursing &amp; Temporary Staffing</td>
<td>Dale Atkins</td>
<td>07801 374217</td>
</tr>
<tr>
<td>Occupational Health &amp; Safety</td>
<td>John King</td>
<td>01245 544600</td>
</tr>
<tr>
<td>Operating Theatres Best Value Group</td>
<td>Paul Wilson</td>
<td>01245 544600</td>
</tr>
<tr>
<td>Patient Transport Services Network</td>
<td>Roger D’Elia</td>
<td>01245 544600</td>
</tr>
<tr>
<td>Portering Services</td>
<td>John Wigmore</td>
<td>01245 544600</td>
</tr>
<tr>
<td>Programme Management</td>
<td>Dale Atkins</td>
<td>07801 374217</td>
</tr>
<tr>
<td>Resilience Development Network</td>
<td>Dale Atkins</td>
<td>07801 374217</td>
</tr>
<tr>
<td>Sterile Services Best Value Group</td>
<td>Jo Kerrigan</td>
<td>01245 544 600</td>
</tr>
<tr>
<td>Telecoms</td>
<td>John Wigmore</td>
<td>01245 544600</td>
</tr>
<tr>
<td>Waste Management Services</td>
<td>Sue Berry</td>
<td>01245 544600</td>
</tr>
</tbody>
</table>

CPD Certification is a formal recognition of the contribution that BVG membership makes to members' continued professional/personal development. Members receive CPD certificates of attendance for all meetings attended during the year to evidence the contribution made as part of lifelong learning.

For further information on the NPAG and our future activities, please contact Paula Ellis or Victoria Combes by telephone on 01245 544 600, or by e-mail on paula@npag.org.uk or victoria@npag.org.uk.
Available to all members of NPAG Benchmarking and Best Value Groups, and individual subscribers, the NPAG NetWork provides the facility for members to ask questions of any individuals, group or groups within the overall NPAG membership.

The response to questions raised has been excellent. The NPAG NetWork provides a managed forum for colleagues to share information - saving time and money in not re-inventing the wheel!

Questions raised in the past month have included the following topics: -
- Pathology waste policy
- Facilities audit tool tools
- Decontamination of portable medical equipment
- Ward hairdressers
- Laundering Heat Labile items
- Fleet vehicle insurance
- Use of latex gloves
- Use of chute system for waste disposal

Thank you all who have responded! For full details of how to use the NPAG NetWork, please contact Paula Ellis on 01245 544600, or e-mail: paula@npag.org.uk.

Forthcoming NPAG Events
Please visit www.npag.org.uk for all our current course, workshops, training & BVG meetings.
Telephone: 01245 544600 or email victoria@npag.org.uk or paula@npag.org.uk

Spring 2014 - Clinical Professional Development for Occupational Health Nurses (National & onsite)
- Pre Employment Clearance
- Spirometry
- Management of Physical Hazards
- Audiometry
- Sickness Absence Management Referrals
- Health & Safety
Please contact Victoria Combes for details.

Putting the Patient First – Customer Care and Communication Skills in the NHS Training Workshop
A one day workshop for NHS professionals, reinforcing customer care best practice so that patients receive the best possible experience through our people, always Putting the Patient First:
- Understanding the impact of your own behaviour on others
- How to handle challenging situations and people
- Effective communication techniques
- Understanding and managing patient expectations
- Identifying how and why perceptions are formed
- Proactive versus reactive behaviour
- Demonstrating a positive attitude
- Taking ownership
Please contact Paula Ellis to organise your on-site workshop.
## REGISTRATION FORM

### PROGRAMME MANAGEMENT 2014-15

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORGANISATION</td>
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<tr>
<td>ADDRESS</td>
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<tr>
<td>Type of organisation:</td>
<td>NHS [ ] Social Enterprise [ ] Other [ ]</td>
</tr>
<tr>
<td>PHONE NO.</td>
<td></td>
</tr>
<tr>
<td>FAX NO.</td>
<td></td>
</tr>
<tr>
<td>Member 1 for a £550 fee (4 meetings)</td>
<td>Member 2 for an additional £195</td>
</tr>
<tr>
<td>NAME</td>
<td></td>
</tr>
<tr>
<td>POSITION</td>
<td></td>
</tr>
<tr>
<td>EMAIL</td>
<td></td>
</tr>
<tr>
<td>SPECIAL REQUIREMENTS</td>
<td>(Dietary/Access)</td>
</tr>
</tbody>
</table>

### Reservations
Please send completed booking form to:

Photocopies acceptable

**National Performance Advisory Group**
87 Coval Lane
Chelmsford
Essex, CM1 1TQ
Tel: 01245 544600
Fax: 01245 544610
Email: paula@npag.org.uk
www.npag.org.uk

### Invoicing
If the invoice address is different from that above please enter address below

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
</tbody>
</table>

### BOOKING CONDITIONS:
A VAT invoice will be issued. VAT Registration No. 654 9195 01. VAT applies to any NHS organisation outside England and to any non-NHS organisation.

Payment is due on receipt of invoice. DO NOT send payment in advance of receipt of invoice. When invoice is received, payment should be made to 'East of England Ambulance Service NHS Trust.'

ALL cancellations must be in writing. Cancellations received up to 2 weeks before the date of the first meeting will receive a full refund less an administration charge of £100. After this date refunds cannot be made. A substitute is acceptable. NPAG cannot be held responsible for any travel expenses or accommodation costs in the event of a cancellation or postponement of a meeting, workshop or an event.

A 10% discount will be applied when an existing NPAG member joins an additional Group. This does not apply to the £195 second member rate.

I confirm that I have read and accept the above BOOKING CONDITIONS and would like to register as a member of the Programme Management 2014-15. Please invoice me for payment.

Authorisation Signature  Your Order Number

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