Transformation Programme

Introduction

The following update provides the background on appointments and the next steps for the Transformation Programme and the activities to date from the Innovation team.

At a Board Seminar on 24th July 2009 Graham Rich, Chief Executive, stated the Trust needs to move from projects being dotted around the organisation to a whole hospital approach, with not only quality benefits but efficiencies and financial benefits. This approach would also include the Board being briefed on progress with clear metrics to substantiate the benefits of the whole programme.

At this seminar it was agreed that whatever the future growth in terms of financial allocation the Trust will seek the continuous improvement in quality of health care to the communities it serves. It is recognised that the Trust is a highly complex system of professional groups and support staff working together and the transformation programme office will look across the whole organisation and will use existing skills and talents to develop and deliver change.

This is the biggest change programme the Trust has undertaken and whilst it includes existing projects and methodologies it is different from anything else that has been done before.

As a major employer of staff the Trust will ensure their well being is of importance to the Board as will be their ideas for improvement. The Trust will develop the Lean approach across the whole organisation as the vehicle for continuous improvement and step change where necessary.

Background

In November 2006 the Trust moved to the development of lean methodologies in service improvement. This was backed up by the appointment of the Head of Innovation whose purpose was to develop a competent team of individuals who could develop a flexible approach to the transformation of both clinical and non-clinical services throughout the Trust, with support from an external partner, KM&T Consultants.

The first stage of this development was to undertake a number of pilot projects to assess proof of concept and appetite for the Trust staff to engage in systematic lean improvement programmes. All projects delivered improvements in care, reduced wastage and waiting times. All the teams learnt system wide improvement techniques and explored all aspects of team efficiency.
From September 2007 the Innovation Team has supported multiple projects as well as broader programmes, particularly focused on the Productive Ward developing leadership amongst the Matrons and Ward Managers to improve effectiveness of inpatient care. To date 85 staff have been part of project teams, 344 staff have attended 5 day learning events, 1,871 have been exposed through the Productive Ward Programme with 430 staff having hands on experience through the programme. There has been a shift in culture where increasing numbers of staff feel empowered to make changes and understand the value of measurement of improvement.

The time has now come to embed these processes throughout the organisation linking improvement projects directly to the Board’s objectives and delivery of future higher levels of Cash Releasing Efficiency Savings. The measurement of improvement must also deliver measurable reductions in costs.

In March 2009, the Trust held a staff away-day led by the Chief Operating Officer, attended by over 90 staff from all grades and, in their own time, the objective was to test the staff appetite for changes in Vision, Values, Culture, Behaviours and Processes. It was the culmination of over five years work which had seen the Trust progress from an indebted Zero star rated Trust to a Foundation Trust with declared surpluses and no debt or loans. The time for further performance improvement was clear with a Board keen to embed change management process as the key to delivery of clinical, managerial and future financial targets.

**Appointments**

From September 1st the Medical Director has been appointed as Deputy Chief Executive and Lead Director for Transformation, explicit in the role is the embedding of change programmes throughout the Trust delivering a Lean Healthcare Enterprise.(see diagram below)
In addition to the current Innovation Team there have been further appointments of a Deputy Director for Transformation, Alex Nestor, formerly Acting Director of Workforce and Organisational Development who in addition to leading some of the day to day change projects will particularly focus on staff Culture, Behaviour and Values. A Finance Manager, Claudia Bisetto has been appointed and returns from maternity leave in December, she will focus on and demonstrate all programme project plans to ensure they contain explicit cost benefit savings and those savings are appropriately accrued and taken out of budgets during project lifetime.

The Future/Next Steps
The initiatives already started will continue and each will be subject to a senior team review. (Appendix I and II detail the review and Executive Sponsor Role) In addition, over a scheduled two month period a systematic review (Diagnostic Phase) of the Trust from the Board down to the front line will be implemented by the Transformation team to ascertain:

- Initiatives started/completed and benefits realised
- Measurement systems in place (Trust Executive to Divisional)
- Divisional opportunities – benefits & savings
- Cash Releasing Efficiency Savings status and deployment (to local level)
- Readiness to start and complete projects
- Gap Analysis – What is needed and what is possible

This activity will be facilitated by reviewing the Trust at all levels through a series of interviews, discussions, workshops and activities to get a true picture of what is the current condition and what is needed. The end result would be a report and the completion of an integrated plan that ensures accountability and delivery at all levels throughout the Trust.

The activity would be co-ordinated through the Transformation team and our partners KM&T to get the most information and most impact within the short timeframe. This will be done by selecting the right people, but also building on work undertaken, analysis already completed and reports already in existence.

The pan for the diagnostic exercise would follow this pathway:

1. Brief to all staff:

A general brief on the ‘State of the Nation’ and a ‘Call to action’ and request for ideas. The outcome of this brief would be the creation and issue of an ‘ideas log’ for people to use over a period of 2-3 weeks as part of their daily work routine. The ideas log would allow people to capture ideas, discuss with colleagues and add some
relevant information i.e. time taken, potential savings (time, errors, utilisation, productivity, etc)

2. Resource Requirement

This activity will be co-ordinated correctly and managed in terms of communication, status, benefits tracking and stakeholder feedback/engagement and all roles will be clearly defined and signed off prior to starting any project.

The approach would be:

Following an intense activity and results/findings being posted back to the Transformation Programme Office a realistic picture of the trust can be built for;

- Divisional performance, capacity, capability and flexibility
- Service Line and Pathway performance
- Trust Structure
- Trust Readiness for change and to manage future demands

All ideas would be considered, categorised and rated in terms of impact, difficulty and benefits, mini business cases would be produced where required.
**Categorisation of ideas**

This would be done using a select team. The idea would be to categorise all ideas into relevant topics i.e.

- Theatres
- Outpatients
- Facilities
- Divisional only areas
- Staff & HR (Human Resources)
- Planning and Utilisation
- Length of Stay, etc

The logic would be to ensure all ideas were listed and placed in the relevant category to be actioned.

**Prioritisation of ideas**

Using the same team either as part of the above or on another session involving the Trust Executive Group all ideas would be prioritised in order of impact and benefit. This would create levels of ideas i.e.

- JDIs (Just Do Its) – Simple and easy to implement with high impact
- Can be easily implemented – with simple discussion/ involvement
- Business cases – 1 page simple justification document (A3)
- Capital Investment
- Difficulty, etc

**Presentation of Ideas**

We believe that the ‘team’ should be set targets and a deadline for presenting back in a visual way the progress, ideas, involvement, projected results. This should be to the project sponsor, but also executive members including the Chief Executive. This will enforce discipline and set timeframes that are in line.

**Implementation of Ideas**

Following a report back to the Trust Executives (and Board) and upon the agreement of priorities and targets for the trust all projects should be set up as part of the Lean Whole Hospital initiatives and managed through the Transformation Programme Office.
Conclusion

The following are examples of outputs from the above exercise to show a picture of the Trust and a roadmap to improve.

- 5 Year Horizon scan and actions required
- Roadmap with activity, responsibilities and expected outcomes
- Prioritised Project List
- Plan to improve (what, who, when) – this would integrate into the trust Master Schedule and Improvement Plans
- Report back to Board – 30th November 2009

During the next few weeks the Transformation team will focus on a number of key aspects of governance and in particular:

- roles and responsibilities
- stakeholder management
- the communication plan
- involvement framework
- partnership working
- training and development
- benefits management strategy

Dr Jonathan Sheffield

18th September 2009
Appendix I

Transformation Programme

Executive Sponsor Role – Workstream Lead

1. To provide visible leadership and clear strategic direction for the workstream.

2. To set clear targets and objectives that are aligned to and contribute to the organisation’s overall Key Performance Indicators.

3. To ensure that a comprehensive and coherent programme of work is in place to deliver the workstream targets and objectives.

4. To ensure that the projects selected within the workstream are appropriately prioritised in terms of overall contribution and/or urgency of delivery and that the phasing of projects is realistic i.e. projects are not all initiated within the same timeframe.

5. To ensure the Transformation Programme structure is adapted as appropriate and applied to the workstream i.e. stakeholder and communication plan, involvement framework, benefits realisation plan, project delivery etc.

6. To own the workstream Benefits Realisation Plan and maintain focus on desired outcomes.

7. Prior to initiation of individual projects to ensure that there is:
   a. A project team established with clear leadership and commitment, with individual team members having clear roles and responsibilities which they understand.
   b. An assessment of time commitment required for individual project team members has been undertaken and how this time will be released to support project delivery is understood and actioned.
   c. ‘SMART’ objectives with baseline measures are in place and these have been signed off by the Executive Sponsor and Trust Executive Group supporting robust metrics and Key Performance Indicators across the organisation.
   d. An appropriate diagnostic activity e.g. 5 Day Improvement Event, Practical Problem Solving (PPS), value stream mapping etc. has been identified and the rationale for the approach has been signed off by the Executive Sponsor and communicated to the Programme Management Office.
   e. A Benefits Realisation Plan has been developed with key stakeholders involvement and that each benefit has been quantified (observable, measurable, quantifiable, financial) with benefit owners identified and an agreed mechanism in place to monitor benefits realisation.
   f. A Stakeholder Plan and Communication Plan for the project have been agreed and are in place that builds on existing clinical and wider engagement.
g. Appropriate involvement of patients and wider stakeholder groups, e.g. Foundation Trust members, has been agreed so we learn from their experiences.

8. To ensure that the individual projects apply the agreed methodology as per the wider Transformation Programme (e.g. project phases, use of master schedules and measurement, A3 reports etc.)

9. To ensure that any additional support that may be required e.g. finance, analyst support is communicated to the Programme Management Office and is appropriately resourced.

10. To define the reporting structure for individual projects within the workstream, as per the wider Transformation Programme, and to monitor progress, hold project teams to account, and ensure updates are provided to appropriate forums; e.g. Divisional Boards, Trust Operational Group as well as onward reporting to Trust Executive Group.

11. To ensure that risks are registered, tracked, mitigated effectively and escalated as appropriate.

12. To provide support, advice and give direction to individuals and project teams to help them progress their work.

13. To ensure the workstream members are cognisant of external drivers that may impact on the work programme e.g. Department of Health, PCT, Monitor requirements etc.

14. To ensure that the training and development needs of project team members and the wider department/pathway team are captured and communicated to the Programme Management Office so it can be acted upon to build capacity and capability to lead improvement work across the organisation.

15. To ensure that the barriers to change that project teams encounter are captured, considered and acted upon as well as communicated to the Programme Management Office to inform the wider programme.

16. To ensure that the individual projects and the overall workstream is aligned with other initiatives across the organisation, as appropriate.

17. To ensure that there are opportunities created to celebrate successes, reward and recognise individual/team/department achievements whilst ensuring that good ideas are shared across the whole organisation and wider, as appropriate.
Appendix II

**Transformation Programme**

**Senior Team Task**

**Purpose:** to provide an opportunity for the senior team to review the existing work programme i.e. Lean Projects, Productive Ward and Patient Safety First whilst the future project selection process is undertaken. This will help to:

- Better understand details of the existing projects
- How the projects are structured and run
- Identify positives to build on and potential barriers/challenges to address
- Areas where benefits, in particular financial, have yet to be realised.

**Proposed split of projects**

<table>
<thead>
<tr>
<th>Senior Team</th>
<th>Lean Projects/ Productive Ward</th>
<th>Patient Safety First</th>
<th>Time per person (Max)</th>
<th>TOTAL Senior Team Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graham Rich</td>
<td></td>
<td>Leadership for Safety (1hr)</td>
<td>1 hr</td>
<td>1 hr</td>
</tr>
<tr>
<td>Jonathan Sheffield</td>
<td>Pre-operative Assessment Clinic/DOSA (1hr 45mins)</td>
<td>Reduce harm in Peri-operative Care (1hr 30mins)</td>
<td>3hr 15mins</td>
<td>9hr 45mins</td>
</tr>
<tr>
<td>Mike Nevin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ian Barrington</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paul Mapson</td>
<td>Clinical Coding (1hr 45mins)</td>
<td></td>
<td>3hr 30mins</td>
<td>7hrs</td>
</tr>
<tr>
<td>Peter Wilde</td>
<td>Adult Chemo (1hr 45mins)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robert Woolley</td>
<td>2hr &amp; 4hr projects (as one)</td>
<td></td>
<td>1hr 45mins</td>
<td>3hr 30mins</td>
</tr>
<tr>
<td>Claire Thompson</td>
<td>(1hr 45mins)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irene Scott</td>
<td>Pharmacy (1hr 45mins)</td>
<td>Reduce harm from high risk medicines (1hr30mins)</td>
<td>3hr 15mins</td>
<td>9hr 45mins</td>
</tr>
<tr>
<td>Lis Kutt</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michele Narey</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alison Moon</td>
<td>Productive Ward</td>
<td>Reduce harm to deteriorating</td>
<td>3hr 15mins</td>
<td>9hr 45mins</td>
</tr>
</tbody>
</table>
Lesley Salmon  
Jackie Cornish  
(1hr 45mins)  
patients(1hr 30mins)  
Steve Aumayer  
Chris Monk  
Temporary Staffing Bureau (1hr 45mins)  
1hr 45mins  
3hr 30mins  
TOTAL  
44hrs 15mins

Note: this activity will focus on existing lean projects where there is a potential for financial benefits to be realised or support for the Emergency Access target. Excluded active lean projects; radiology, trauma & theatre 8, glaucoma, histopathology and previous projects; ophthalmology, gynaecology, paediatric oncology, cardiology, endoscopy as well as patient safety first workstreams in critical care and paediatrics.

These will be revisited as part of the diagnostic phase for future projects.

Task outlined

1. Meet with project team members and Improvement Manager to get an overview of the project – background, deliverables, master schedule and Key Performance Indicators
2. Visit the relevant department(s) with project team members and consider the following: (template with questions to follow)
   a. Staff engagement
   b. Project deliverables/Key Performance Indicators – evidence of measurement and using information to inform priorities
   c. Team capability to lead change in their areas/evidence of Improvement (Lean) skills
   d. Evidence of benefits realised, and a plan of action for those yet to be realised (financial benefits in particular)
   e. Successes of the project
   f. Challenges – as outlined and as you perceive them to have been
   g. Alignment – are there other workstreams than you are aware of that the project needs to align with? Is there evidence that this is happening?
3. Senior Team to summarise findings
4. Senior Team Feedback Session – part of Trust Executive Group Away Day (4th November)
   Feedback from each senior team on their individual projects as per above headings. As a team consider what this tells us about our organisation in terms of:
   a. Positives to build on
   b. Barriers that we need to address to ensure the next stage can be accelerated.
5. After the senior team session an action plan to focus on the barriers to change will be developed and the positives will be captured to inform future communications.

Timescale for completion: 30th October 2009 (7 weeks)

Jonathan Sheffield

17 September 2009