BARS CONFERENCE 2016 - PROGRAMME MANAGEMENT

PROJECTS OF EXCELLENCE

RICHARD CRAGG - PROGRAMME MANAGER
DERBYSHIRE DIABETIC EYE SCREENING PROGRAMME

- 27 years service in the NHS, as a Medical Photographer, Ophthalmic Imaging manager, and Diabetic screening Programme Manager.

- Degree in Ophthalmic Science and Technology

- Hold a qualification from the Chartered Management Institute

- Most importantly I have made mistakes and learnt from them.

So you got yourself a new job managing a diabetic eye screening service.

After the honeymoon period, its suddenly……

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OBJECTIVES

After a while you understand the objectives, and how they are all interlinked, and you perform well against them, consistently.

“This is not about that!!”
If you are underperforming, concentrate on that aspect first!!!

...SO IF NOT THAT....WHAT?

- Knowing your patients and their behaviour
- Perceiving how your programme appears to the outside world
- Projects that adapt to the needs of your patients
- How to drive projects to a successful conclusion
- Your Programme's 'Digital Footprint'
- Knowing, understanding and predicting statistics and trends for your programme
- Gathering your 'A Team' (finding the correct stakeholders)

PATIENTS AND THEIR BEHAVIOUR

DON’T ASSUME - WHERES THE PROOF

- The overriding message learnt from projects we have completed, is that the assumption to why things occur can often be wrong.
- Example 1: Hard to reach project 1 - Rural community found that farmers and land workers did not want to attend screening as it meant going home to get changed before attending, other than lack of understanding surrounding the importance of screening as originally thought.
- Example 2: Following a telephone DNA audit we found the biggest reason for DNA was that patient forgot (50%). The next biggest reason was sickness (10%). Other reasons very low in percentage such as parking and geographic location.

DESIRE LINES

DESIRE LINE DEFINITION

- This term is generally used in traffic planning to describe a path taken by users that is often contrary to the authority's planned route.

- RING ANY BELLS!

DESIRE LINES AND THE PATIENT

- Generally speaking patients will do as you ask of them, which allows the objectives to be met. This is most important as this keeps them safe.

- Beyond this, resistance by many patients will appear in small areas of your procedures as patients inflict their will on the service to suit their requirements.

- Good programme management is about highlighting these requirements, and making change whilst still complying with national objectives.

- These must not be seen as shortcuts, as that suggests neglect, but best practice for the patient and their needs whilst being compliant.

DESIRE LINES (SUBTLE)

- The route is still fit for purpose
- There is no increased risk
- The desire line saves time
- Better user experience
- Make minor adjustments to the procedure to accommodate

LESS SUBTLE - consider Root cause analysis

BREAKOUT ONE - 5 MINUTES

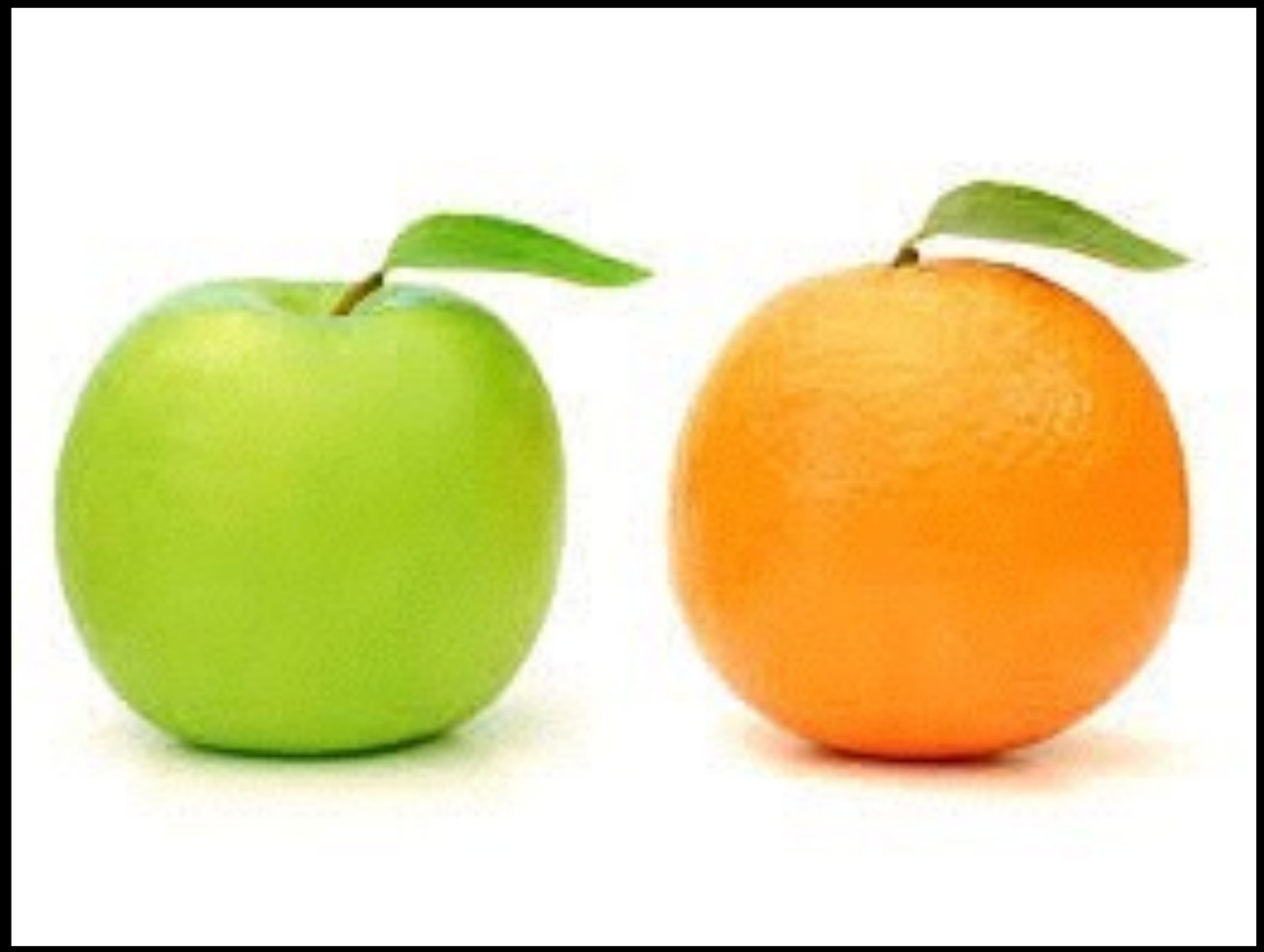
- Other than mandated letters, how does your programme:
  A: Actively (not passively) communicate with patients.
  B: Gather information about their opinion

- List as many active ways you could/do communicate with your patients.

BREAKOUT ONE - FEEDBACK

- Patient questionnaire
- Telephone DNA audit
- Booking team / manager telephone discussions
- Community awareness day (high DNA groups)
- Professional Health worker awareness day (eg GP Diabetes Nurses).
- Open day
- School and College visits
- Attend community gatherings.
- Local community radio, paper and TV initiatives

PATIENT PERCEPTION OF YOUR PROGRAMME



PATIENT PERCEPTION

- Just because you are performing well against 19 standards doesn't mean that patients perceive your programme as a good one.

- They base their opinion on the points in which they interact with.

BREAKOUT TWO - 5 MINUTES

- Imagine you are a patient being looked after by your own programme. List the areas (excluding mandated letters) where you interact with them directly.
- Discuss each item and suggest ways of improving that interaction experience for the patient.

BREAKOUT TWO - FEEDBACK

- Booking team (telephone) - staff training in: customer service, conflict resolution, and screening awareness.

- Booking team (telephone) ensure SOPs and policies are in place to deal with all patient requirements - e.g. Opt out, postpone, non-consent etc… as this will mean their request is met with no resistance.

- Review all non mandatory documentation to ensure that it is correct

- Team manager to review screening experience to check for homogeneity

- Review website to ensure that it is both informative and correct to date.

PATIENT ADAPTED PROJECTS

PATIENT ADAPTED PROJECTS

- The needs of patients vary by nature, as patients themselves vary in their requirements and wishes.
- The disability and equality acts are a good place to start, whereby: age, race, religion, disability, are but a few many aspects that are protected legally. Use these factors to see where your service can be adapted to cater better for these patients.
- Geographic spacing of clinics is often spoken about in screening but this must also tie in with chronological spacing of clinic dates to be completely equitable.
- Patient questionnaires and health equity audits will also give you good ideas on where to start with patient adapted projects.

PATIENT ADAPTED PROJECTS - DDESP EXAMPLE

- High peak patients had to travel to Chesterfield for an assessment appointments.
- The travelling cost and time was prohibitive, therefore lots of DNAs
- A satellite service was therefore setup in Buxton recognising the distance that had to be covered, and DNAs dropped
- Cause: The assessment centres originally were place in areas of highest population density , however the shape of the county dictated a 3rd centre had to be created for High Peak patient equity.

BREAKOUT THREE - 5 MINUTES

- List areas that of your service that don't reflect the needs of your patients.
- For each of these of these detail what is the limiting factor to preventing your service from offering this now.
- *Required projects will be different for most programmes so place emphasis for this session on the limiting factors for progression*

BREAKOUT THREE - FEEDBACK

- Authority to make decision (gather your team)
- Cost prohibitive
- Lack of knowledge (gather your team)
- Time (Do / Ditch / Delegate) - recover time from elsewhere
- Lack of leadership (gather your team)

PROJECTS

DDD & WIGS

DO - DITCH - DELEGATE

- Before doing anything, apply these actions to your project.

- Try to limit the ‘do’ tasks to only essential work. Projects fail as a result having too many non essential tasks to do, as they push back the lead time for all tasks. (Clear the wardrobe, find the top)

- Delegate wherever possible. It enables you to concentrate on the important stuff, empowers others, and gets things done quicker. Don't be precious with tasks!

- Ditch - A much underrated management tool used by the best. Don't be scared to say “No”. These tasks steal time from other more important ones. Try to see these as anti-tasks if it helps.

WEEKLY IMPORTANT GOALS (WIGS)

- ‘Best laid schemes o’ mice an’ men’ Robert Burns
- No matter how much we plan, projects statistically will suffer a certain amount of ‘Slippage’.
- WIGS maintain momentum in between the high energy project meetings where stakeholders promise the earth.
- Try to set a low number of wigs for each person, so they are achievable. 3 for example.
- The rule is, no matter what else gets done the WIGS must be completed before the next meeting.
- WIGS are the engine to completing the project goal.

THE DIGITAL FOOTPRINT OF YOUR PROGRAMME

DIGITAL FOOTPRINT

- Digital footprint can be defined in one of two ways: The trail where someone has digitally been, and secondly, how widespread a person or organisation can be found in the digital domain.

- For these purposes we are concerned by the latter definition.

DIGITAL FOOTPRINT - MAINSTREAM

- A person's or organisation's digital footprint is not just limited to websites, but anything that can be accessed digitally.
- This is both good and bad, and needs policing to ensure a professional image for the programme and its employees.

BREAKOUT FOUR - 5 MINUTES

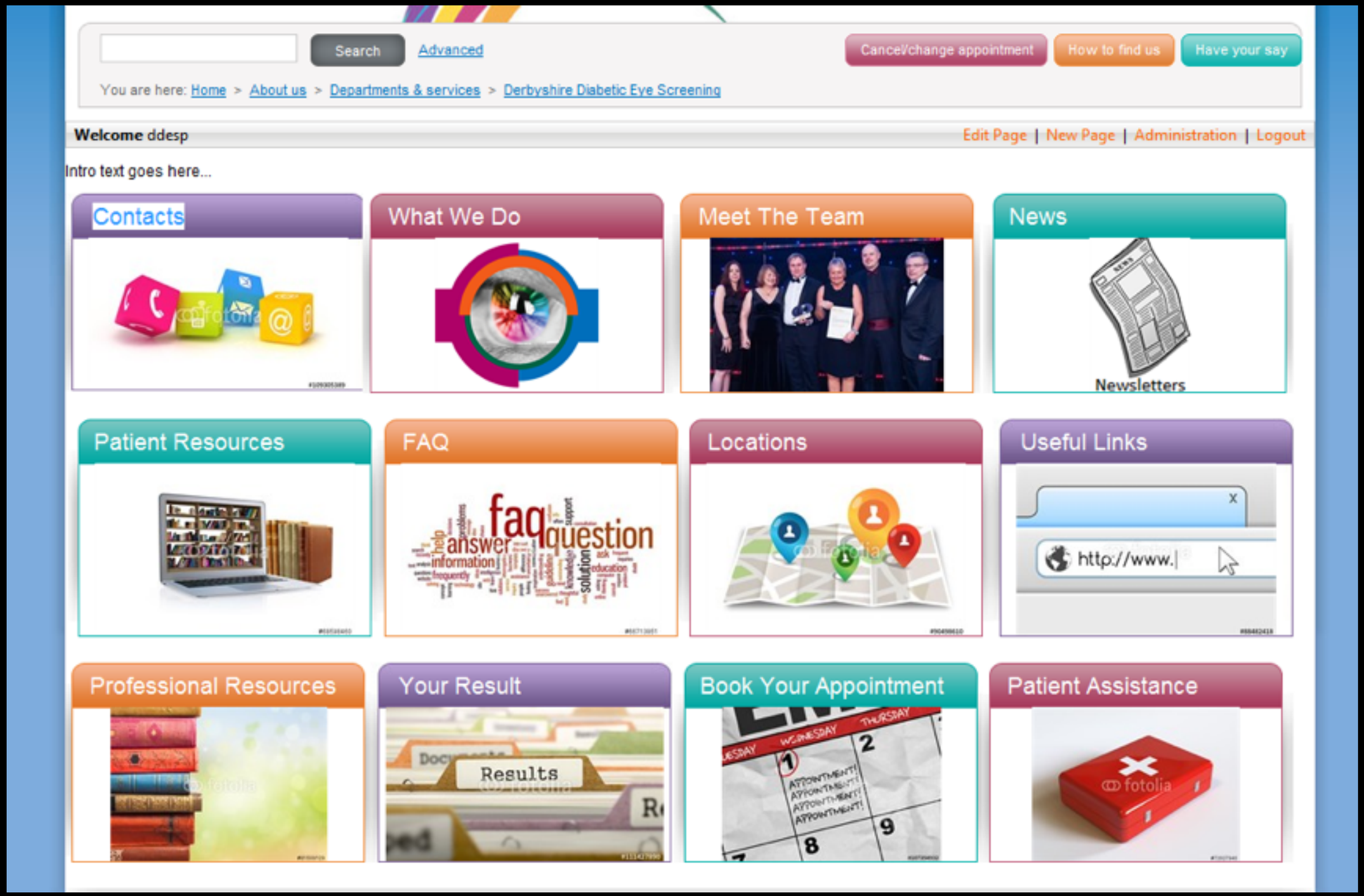
- List as many tools in the digital domain that you can use to promote your programme and staff - say whether they are active or passive for your patients and colleagues.

- Detail for these what policing measures you would implement to prevent misuse or an unprofessional impression being presented.

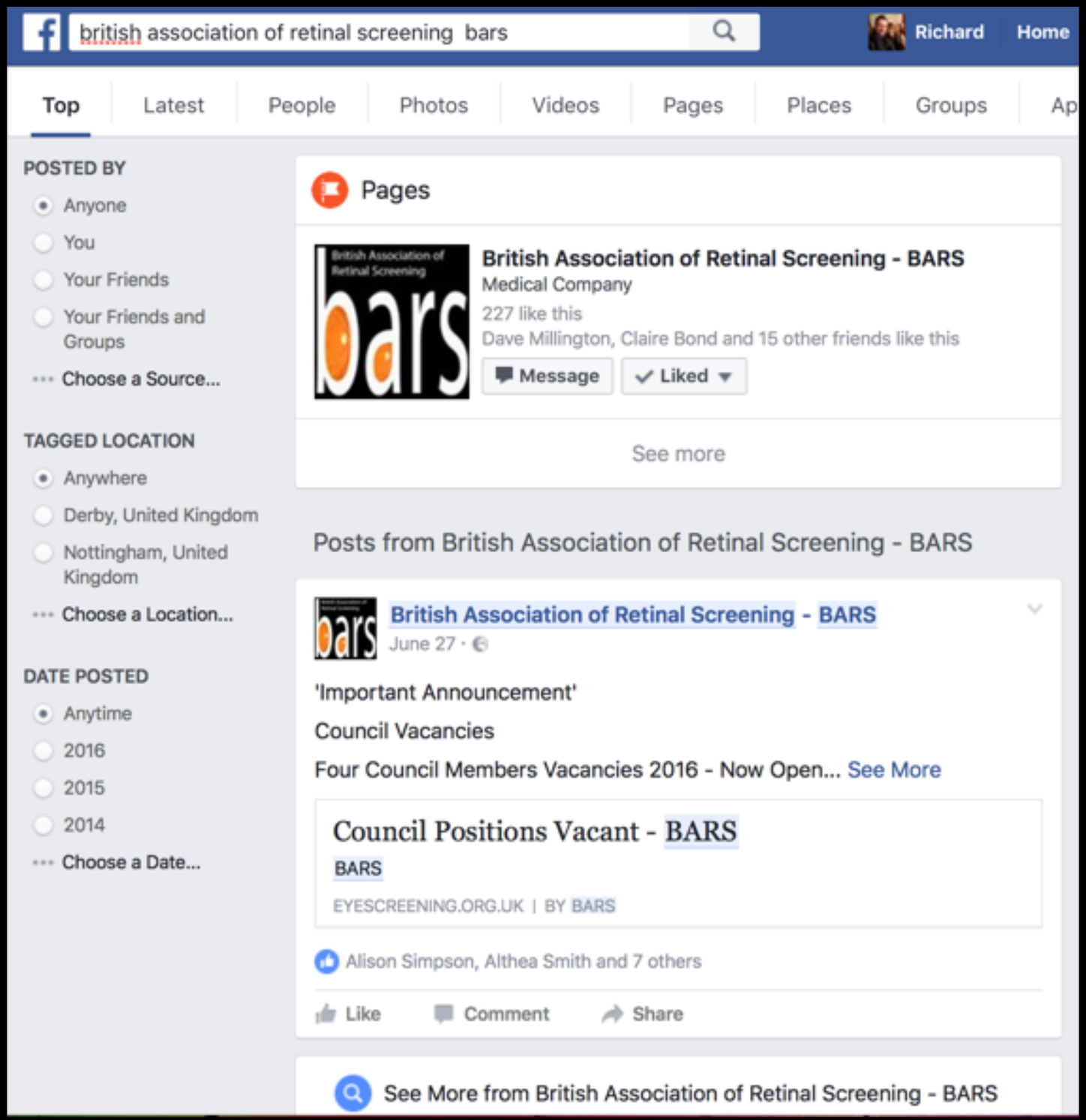
BREAKOUT FOUR - FEEDBACK

- Comprehensive website - Assign a webmaster and sign off team including manager and communications representative.
- Facebook page - page manager and sign off team (see above)
- Forum page - Moderator and manager
- You Tube - Moderator and manager
- Linked in - Moderator and manager

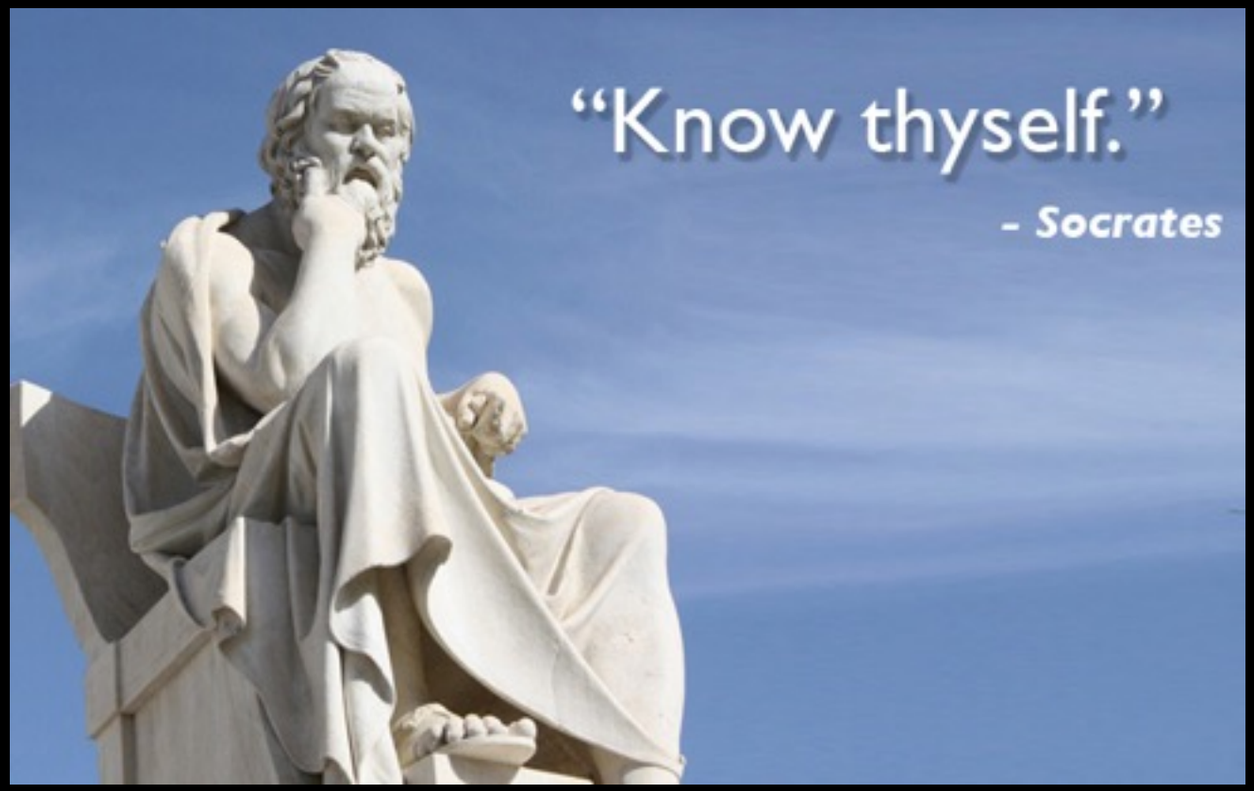
Active patient interaction - Needs promoting



Passive patient interaction - Patient friendly



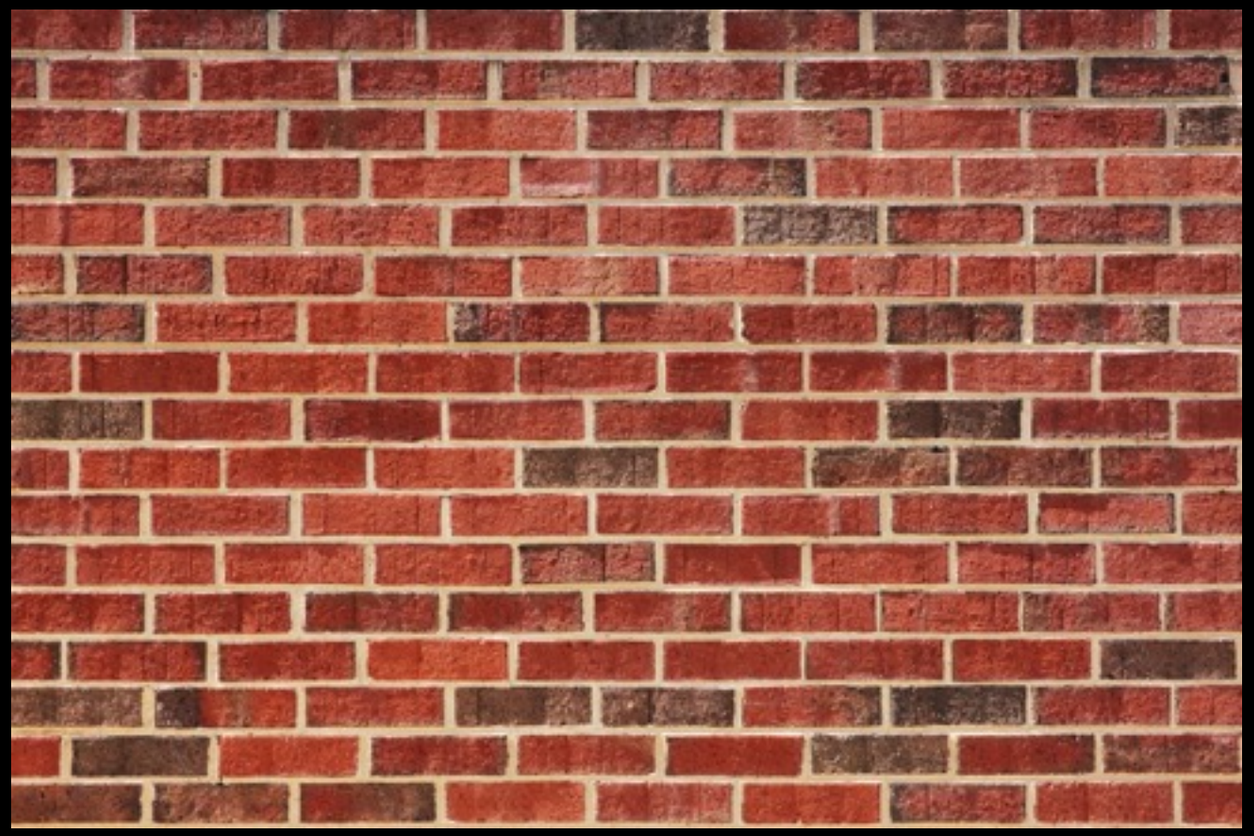
KNOWING YOUR PROGRAMME



KNOWING YOUR PROGRAMME - PLANNING HORIZONS

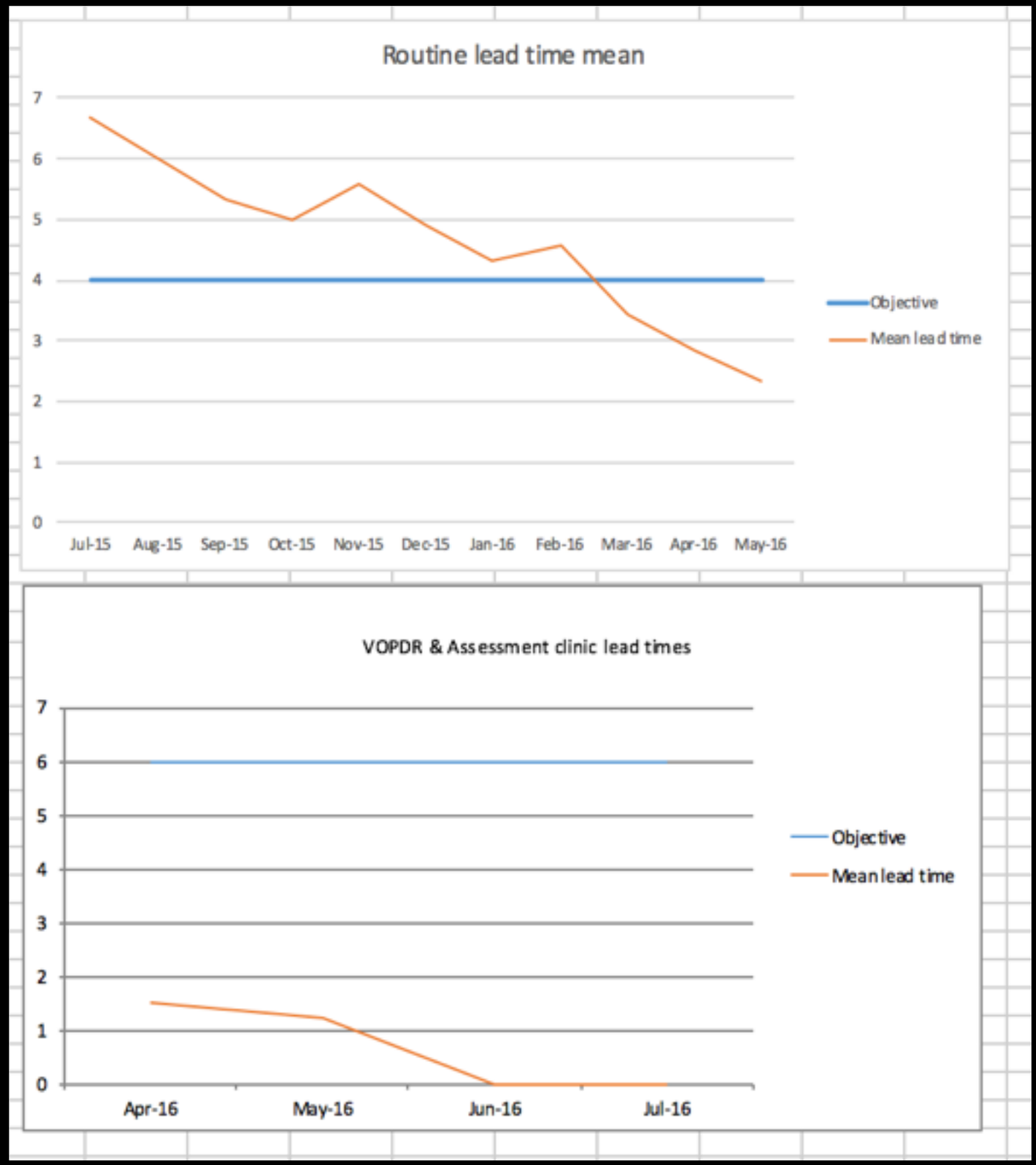
- **Brickwall** - firefight problems, allow capacity to dictate lead times, rely on charitable funding and capital bids for replacement of equipment, cancel clinics on the day due to staff sickness, Rotas only a few weeks in advance, etc…. Short sighted planning

- **Distant horizon** - Have SOPS in place for problems, inbuilt measures for capacity fluctuations, predict problem days, has rolling equipment plan in place, has rotas planned for months ahead Long sighted planning



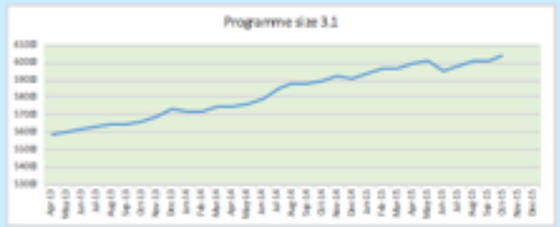
ANALYSIS TOOLS DERBY EXAMPLE

- Sometimes just knowing your current status is enough to promote improvement
- Tracking lead times allows for dynamic management of screening site capacity.
- Aim for lead times below 4 weeks and set that as your goal.

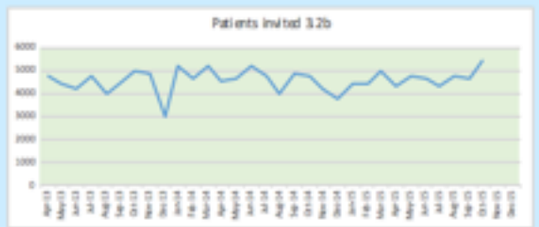


PROGRAMME DASHBOARD

DDESP Activity Trend Dashboard



Total programme size

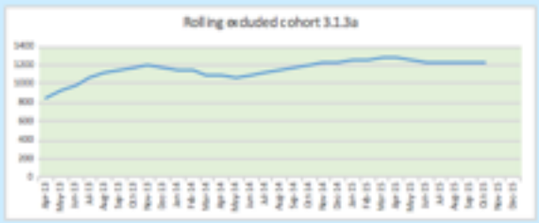


Diabetic patients invited for a routine screening event

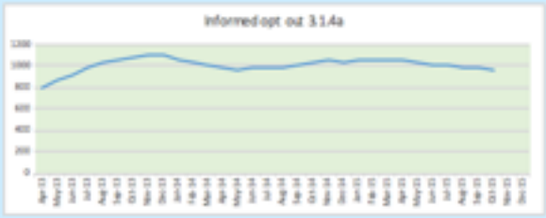
Actual patients screened in the period

Uptake compared to invite numbers

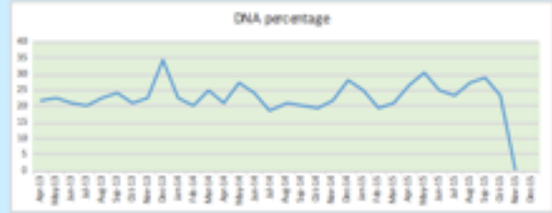
Monthly patients excluded due NPL and medically unfit



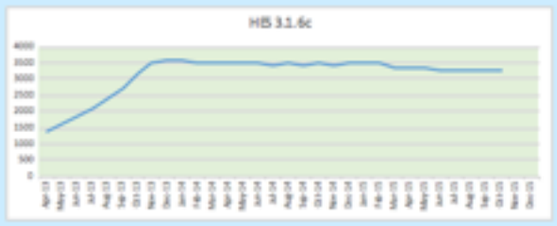
Rolling number of patients excluded from the programme



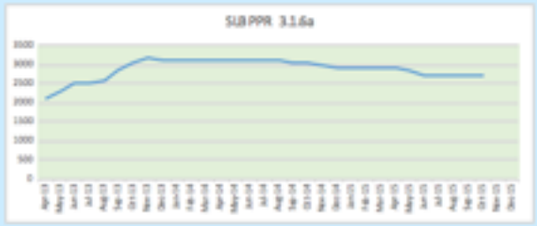
Total number of patients who have chosen to opt out for up to 3 years



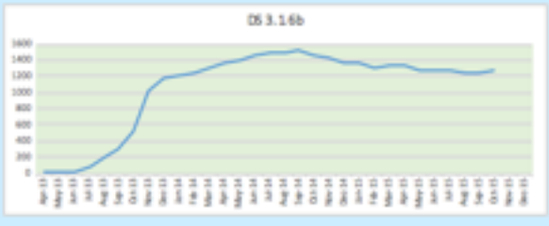
DNA percentage for routine screens per calendar month



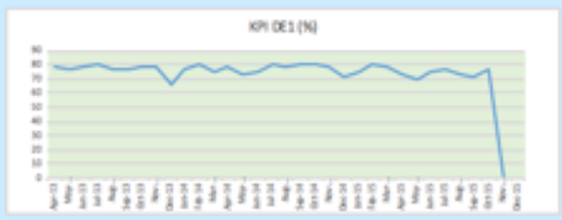
Total number of Diabetic patients held in the Hospital Eye Service / Suspended from Screening



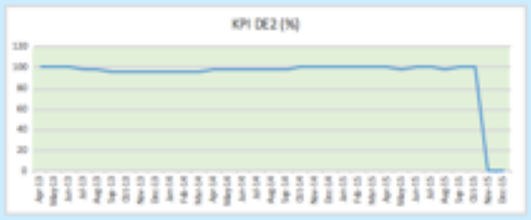
Total number of patients who have their screening done by a SO1 Imop and Optometrist



Number of patients who are in the Digital surveillance pathway - Screener photograph, R0O1 grade



Programme uptake expressed as a percentage - Key performance indicator 1



Results letters sent out with 2 weeks expressed as a percentage - Key performance indicator 2

PROGRAMME DASHBOARD

You can track:

- Programme growth over time - great for business cases for extra capacity
- Uptake over time - good for predicting demand peaks and troughs - Dynamically adjust staffing levels - allow more AL, complete audits, address specific clinic lead times etc..
- Excluded, opted out , and postponed - Generally these should be an average constant however a rise could indicate booking team training is required and a fall could mean patient choice is being compromised.
- HES, VOPDR, Assessment discharge levels - Knowing the discharge trends allows for planning. Eg, a HES DNA discharge policy change could cause dramatic capacity issues over a short period and a dashboard will help you identify this early on in order to take action.
- National have also got a dashboard for other aspects of screening.

BREAKOUT FIVE - 5 MINUTES

- Establish whether your programme is best described by the Brickwall or the Cityscape. If its a ‘Cityscape’ then help those with a ‘Brickwall’.

- List ways in your own programme where you could:
  A. Improve analysis of the Programme
  B. Extend the planning horizon
  C. What ‘Tools’ are required to do this?

BREAKOUT FIVE - FEEDBACK

- Extend the staff and clinic rota and include equipment availability on this, and the ability to highlight busy days.
- Map and manage lead times for screening venues dynamically instead of using the same format.
- Use a dashboard to look for trends and act upon them.
- Grant annual leave whenever possible to prevent surprises towards the end of the financial year for capacity.
- Apply for new equipment before its at the end of its life, as procurement can take years for approval.

GATHERING YOUR TEAM

“No one is as smart as all of us”

–KEN BLANCHARD- AMERICAN MANAGEMENT AUTHOR

GATHERING YOUR TEAM

- Having the right people onboard with a project from the beginning is essential (IG example). Bringing people into a team after it has been established can problematic, and go against achieving the project goals.
- Recognise skill set and inclination towards certain tasks in your employees, and utilise their talents. This is empowering for them, and stress relieving for you.
- Remember to delegate trust along with tasks, as large projects progress slowly with micromanagement, and the team can lose energy as a result.
- No matter how high up the ladder you are, realise its OK to say: I don't understand, can you help, would you do this for me, etc.…
- Recognise your role and that of others and stick within those boundaries.
- Recruit starter/finishes and not apathetic trophy hunters to your project team

BREAKOUT SIX - 5 MINUTES

- Establish which members of your own programme would be required for the following project, detailing also what their role would be.:

Your programme board has said that your website is out of date and does not reflect the needs of your patients. Redesign and implement a new website within 6 months.

BREAKOUT SIX - FEEDBACK

- Project manager - team leader or PM - This person guides and ensures that goals are established and met within tight timeframes
- Hospital communications web designer - Essential to designing the website, and ensuring it meets appearance guidelines.
- Information governance manager - Advisable to have onboard early on in case there are information questions to be answered.
- Finance manager - There will be a cost implication - web design costs, server costs etc…, and finance will be required to cost this up and find funding.
- 2/3 screeners - These team members will be required to provide content for the website.
- Commissioners (NHS England) - The implications of the website must be discussed with commissioners as it could have cost implications for activity.
- Clinical lead - will be required to approve the website and also provide clinical based content.
- Patient representative - Provide content for the website and also provide valuable advise on usability and accessibility.
- CCG manager - Grant permission for links to useful CCG based websites
- National Regional Quality Assurance Manager - Assess and approve the website to ensure it meets national guidelines.
- General Practitioner representative - Provide advice on what they would like on the website.
- Useful links - Diabetes UK etc…

Thank you for taking part!

ENJOY THE REST OF YOUR CONFERENCE