

Managing Programme Continuity Through Organisational Restructuring

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The National Programme for IT



Better information where & when it's needed

NHS Connecting for Health is supporting the NHS to deliver better, safer care to patients.

New computer systems and services will link GPs and community services to hospitals. NHS staff treating you will be able to find information - such as notes, x-rays or scans - quickly, easily and securely.

For more information see: www.connectingforhealth.nhs.uk



NPfIT systems and services

- NHS Care Records Service
- Choose and Book
- Electronic Prescription Service
- N3 national network for the NHS
- Picture Archiving and Communications Systems
- GP to GP record transfer
- Single Assessment Process
- NHS E-mail



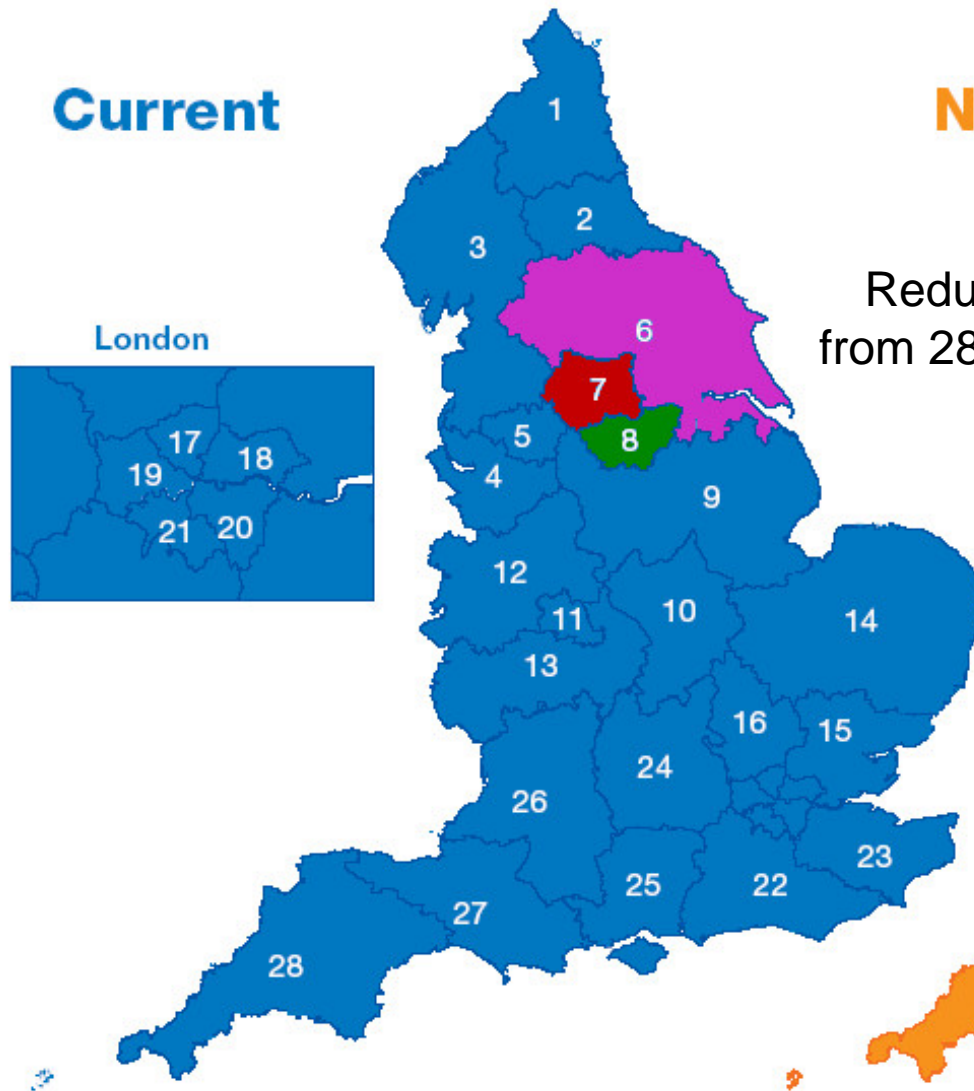
Changes Impacting the Programme



Strategic Health Authority Configurations

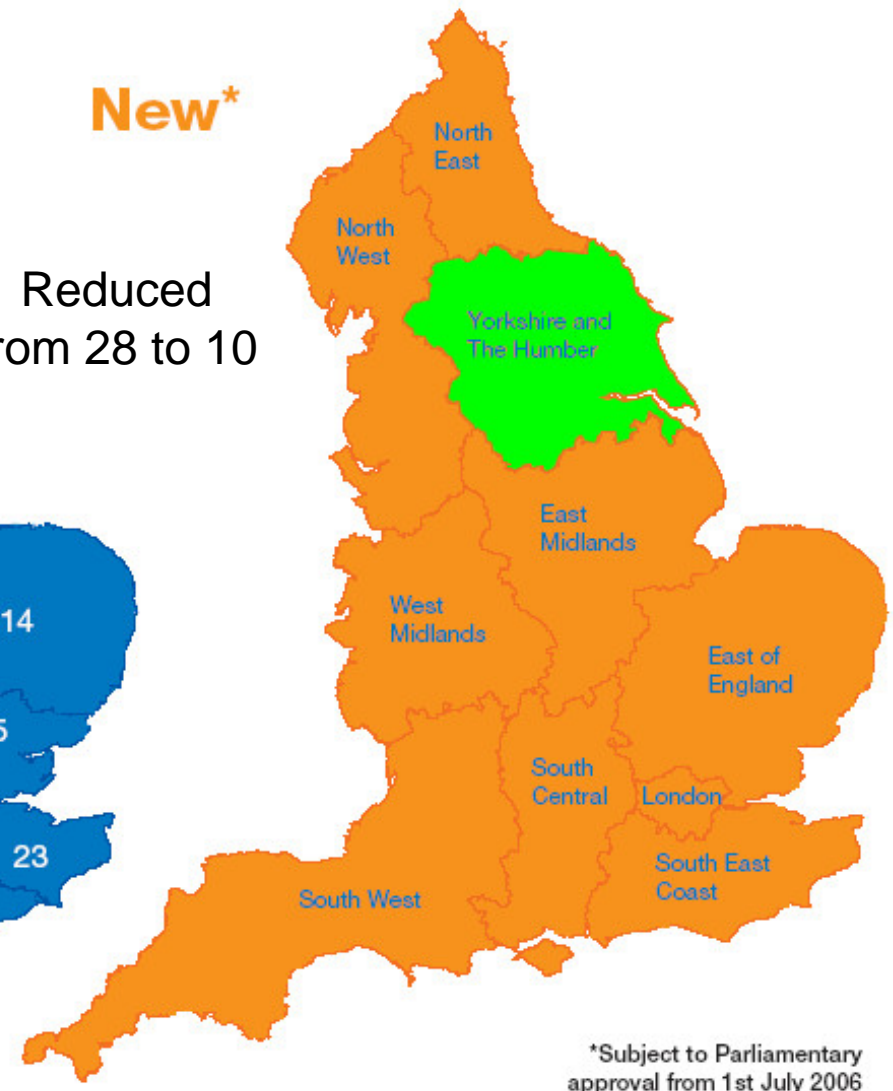


Current



New*

Reduced
from 28 to 10



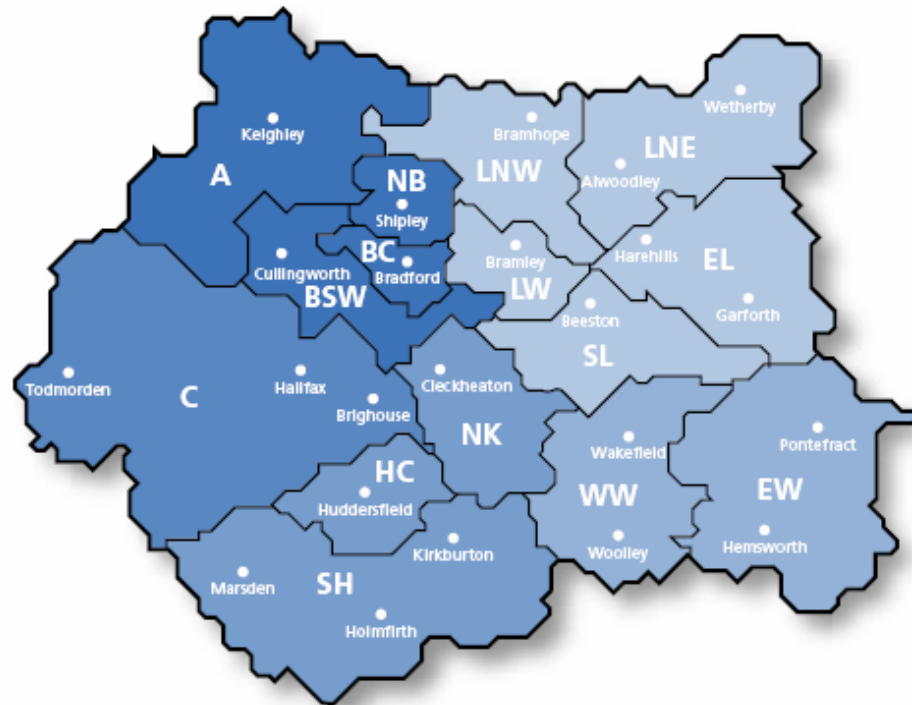
*Subject to Parliamentary approval from 1st July 2006

6	North and East Yorkshire and Northern Lincolnshire	1,652,387
7	West Yorkshire	2,108,028
8	South Yorkshire	1,278,434

Yorkshire and The Humber 5,038,849

PCT Mergers - 303 to 152

Map 2: Existing PCTs in West Yorkshire



Primary Care Trusts

A - Airedale	SH - South Huddersfield	SL - South Leeds
BSW - Bradford South & West	HC - Huddersfield Central	EL - East Leeds
BC - Bradford City	LNW - Leeds North West	NK - North Kirklees
NB - North Bradford	LNE - Leeds North East	WW - Wakefield West
C - Calderdale	LW - Leeds West	EW - Eastern Wakefield



Change of Supplier

- September 2006 it was announced that Accenture was withdrawing from the programme (except for PACS).
- January 2007 – Contract for North East and Eastern Clusters transferred to Computer Sciences Corporation Alliance (CSC), in addition to North West.



NPfIT Local Ownership Programme

- The NLOP review, was initiated by NHS chief executive David Nicholson in October 2006 .
- Followed National Audit Office and Public Accounts Committee Reports.
- Aims
 - to ensure that patients and the NHS derive maximum benefit from the introduction of new IT systems and services.
 - clearly position the National Programme for IT (NPfIT) as core NHS business.



New CfH Areas

The National Programme for IT operates in England and the country is split into three areas, each of which has a Local Service Provider (LSP).

North Midlands and East Programme for IT (NMEPfit):

LSP: Computer Sciences Corporation (CSC)

London Programme for IT (LPfit):

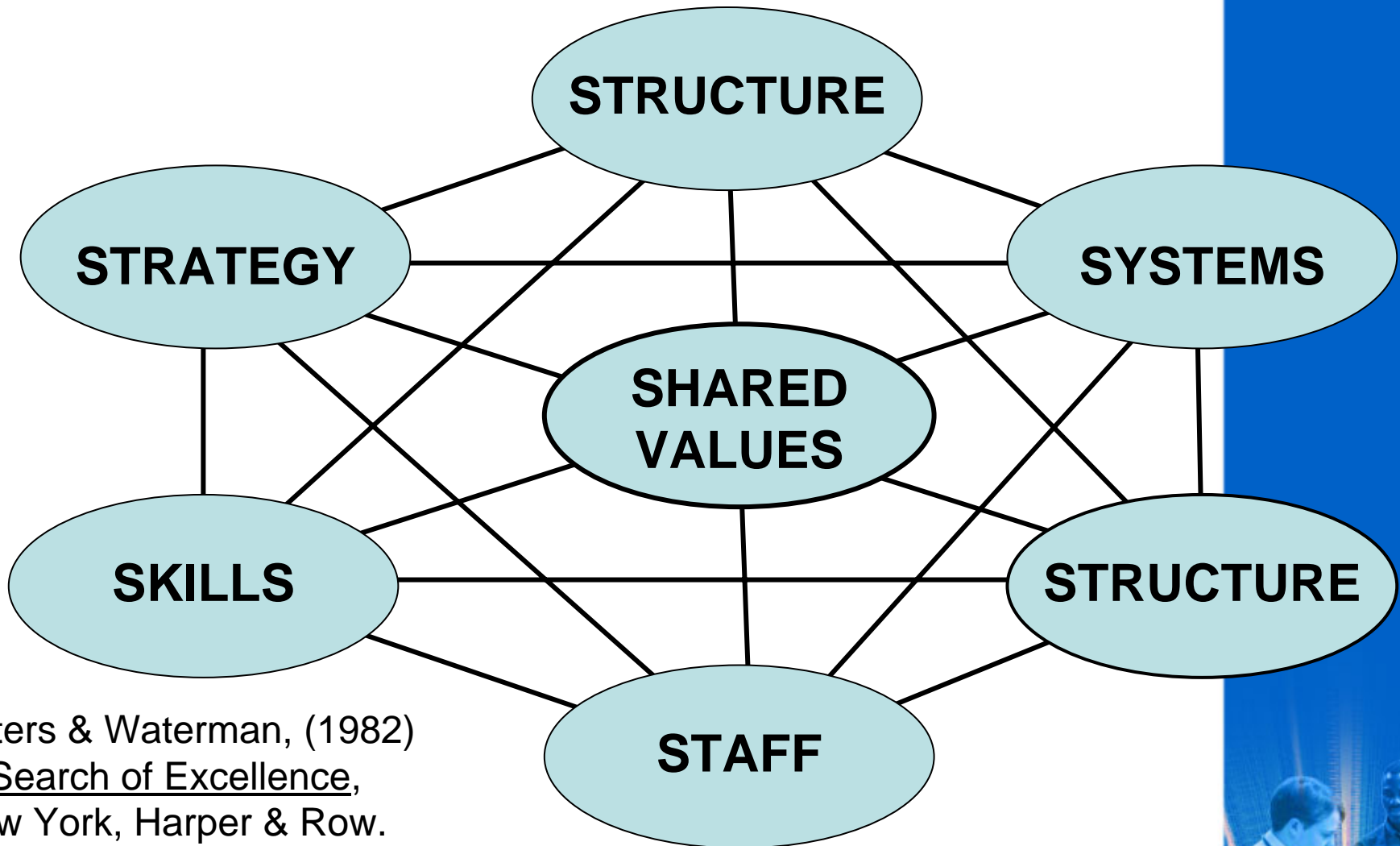
LSP: BT Capital Care Alliance

Southern Programme for IT (SPfit):

LSP: Fujitsu



McKinsey 7-S Framework



Peters & Waterman, (1982)
In Search of Excellence,
New York, Harper & Row.



McKinsey 7-S Framework

- These are seven inter-related factors which must be considered in "any intelligent approach to organising"

Peters, T J & Waterman, R H, (1982) In Search of Excellence, New York, Harper & Row.

- The DoH/CfH **strategy** has an impact on the work processes (**systems**), requiring different numbers of **staff** with particular **skills**, within a modified organisational **structure**. The performance of staff in their new roles is influenced by the management **style** and organisational culture (**shared values**).



Strategy



Strategy - National

- National strategy is driving the way the programme is run.
- National Audit Office June 2006 identified three significant challenges:
 - Ensuring that the IT suppliers continue to deliver systems that meet the needs of the NHS on time.
 - Ensuring that NHS organisations can and do fully play their part in implementing the Programme's systems.
 - Winning the support of NHS staff and the public in making the best use of the systems to improve services.



NLOP Changes

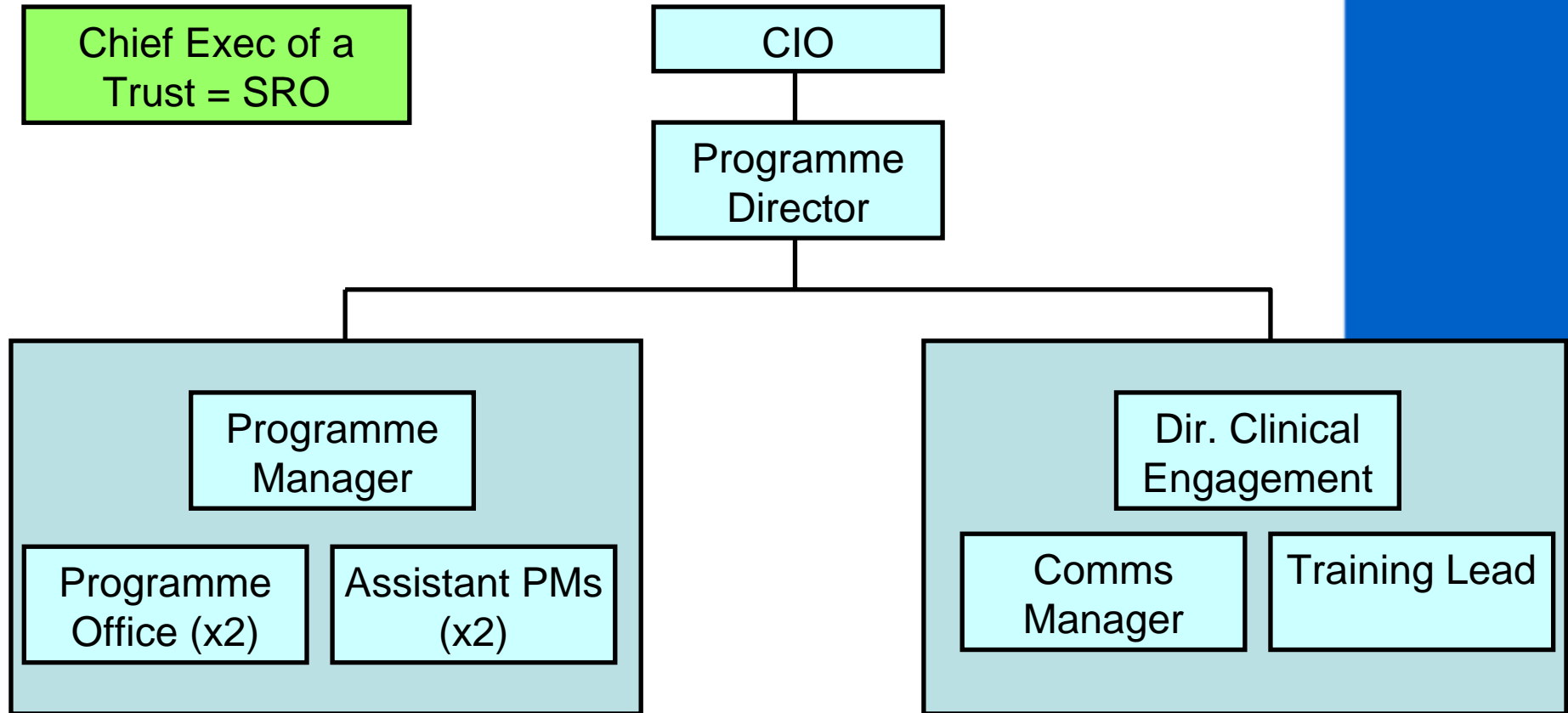
- “The NLOP aims to ensure the National Programme for IT is part of mainstream NHS business and the proposals will realise a shift in ownership to make strategic health authorities more accountable for delivery.”
- “NHS Connecting for Health will continue to have the responsibilities for which it was originally set up, such as the national programmes, the commercial strategy of the Programme and contractual negotiations with suppliers.”
 - *Gordon Hextall, CfH Chief Operating Officer*



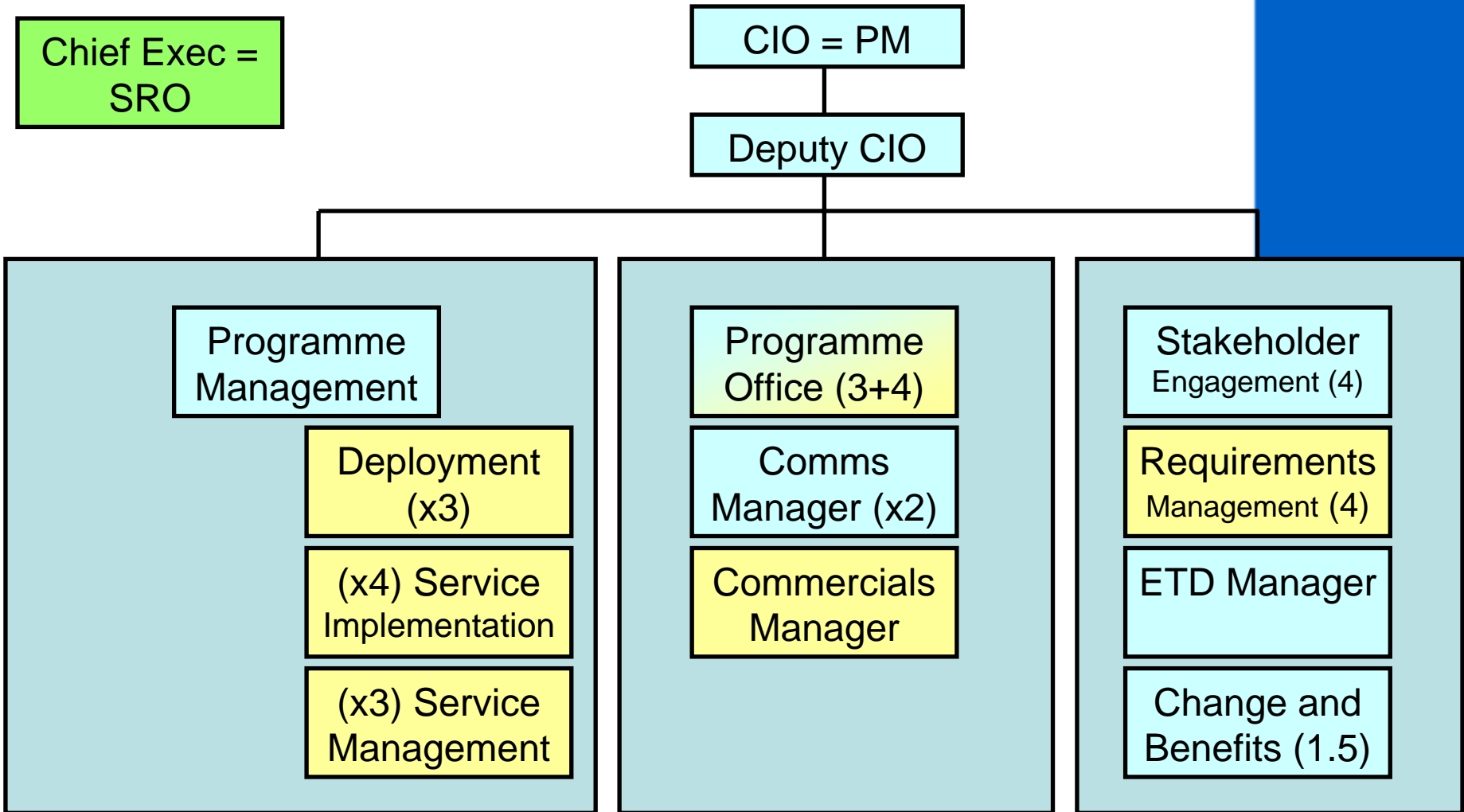
Structure



South Yorkshire Structure



Proposed Yath Structure



Structure - Considerations

- MSP Roles:
 - Senior Responsible Owner
 - Programme Manager – reports to SRO
 - Business Change Manager - reports to SRO
 - Programme Office
- Analysis of functions and activities
- Funds Available
- Staff available to transfer
- Directives



Structure - Lessons

- Avoid silo working
 - Team needs to work together
 - Especially Programme Manager and BCM
 - Greater risk of disjointedness in larger team
- Prepare to be flexible if it's not working
- Don't confuse the job title with MSP role
 - The MSP Programme Manager is the person whose job it is to deliver the programme.
- Job evaluation (“Agenda for Change”)
 - Delays agreement of structure and appointments
 - Grading discrepancies, several re-submissions



. . . Which impacts on Staff



Staff – Process 1

- Process nationally agreed
- Pressure to avoid redundancies but savings expected.
- Staff completed “aspiration” forms
 - Experience
 - Skills
 - Qualifications
 - Work preferences
 - Personal development needs
- Posts graded according to national system
- Structures published



Staff – Process 2

- Appointment process
 - Must meet person specification for any post
 - All staff interviewed for each post unless sole candidate.
 - Apply for grade above
 - Apply for same grade
 - Apply for grade below (4 years protection)
 - 4 week trial period
 - Placed at risk – suitable alternative sought
 - Last resort – redundancy/early retirement
- Communication
 - Written updates and all-staff meetings
 - Individual meetings generally on request



Staff Issues 1

- Fear of change – threat for some, opportunity for others
- Seconded and fixed term staff disadvantaged
- Stress of interview process
 - Reapplying for “own” job
 - Competing against friends and colleagues
- Location of new base (York, Sheffield, Leeds)
 - Time and cost
 - Family responsibilities
 - Work-life balance
 - Staff already at new base perceived as advantaged



Staff Issues 2

- Period of uncertainty
 - Top managers competing for posts whilst trying to act collaboratively – unable to take some decisions until appointment determined.
 - Period with no top leadership
 - Lack of line management as managers transfer
 - Pressure on last-to-be-appointed to keep things running at old base
- Communication
 - “Worried people don’t take information in and may misinterpret what is said through paranoia.”



Staff Issues 3

- Expectations raised/lowered by initial structures/grades that were subsequently changed
- New base
 - No organised induction
 - Accommodation, IT and security not ready
 - Essential policies and procedures not in place
- New Structure
 - Visibility of grading disparities across old SHAs
 - *“I’ve had three line managers in six months”*
 - *“We’re not working as one big team yet”*
 - Smaller fish in a bigger pond, less freedom to act
 - Impact of vacancies and NLOP vacancy freeze



Staff – Lessons Learned

- Even though managers did their best to be fair and accommodating to staff
 - There were a lot of issues and still are some
 - Trust had to be earned
- One-to-one meetings important
- Appoint people as soon as possible to minimise disruption and period of uncertainty.
- Plan for staff moves
 - Accommodation, IT, induction etc.
- Start team building early – even before appointments are made.



. . . who use Computer Systems



Computer systems

- National tracking database
 - Risk and issue log
 - access and usage
- Document Management
 - Access to shared files
 - New filing structure and naming convention
 - Retention and disposal/Archiving
- Email
- Contacts database
- Project tracker (plans and performance)
- Web site



Email – How not to do it 1

- 3 sites on different systems & servers
- CE directs all staff to move to new email address on day 1.
- Sheffield and York have to move to webmail as Outlook clients not set up.
- Can't use old address book
- Can't share calendars
- Limited space
 - Can't save emails and no archive facility
 - Mailboxes getting full and bouncing – lost messages



Email – How not to do it 2

- Limited capacity
 - System slows down with extra users
 - Auto-replies from old addresses compound problem
- Impact
 - Service Desk overloaded
 - Reduced productivity
 - Increased frustration
 - Resort to home working when system is not under load



Email – How not to do it 3

- Eventually . . .
 - Groupwise restored for interim period
 - Revert to old email addresses!
 - MS Email capacity increased
 - Outlook clients rolled out



Doc Management – A better way

- Product breakdown e.g.
 - Archives
 - New file structure
 - File naming convention
 - Re-located server
 - User documentation
 - Trained users
- Consulted users on requirements for access to old documents and saving new ones.
- Consulted IT on technical elements and elapsed time
- Project initiation document and project plan
- Clear roles and responsibilities agreed
- Delivered what we said on time.



. . . to support Systems of
working



Systems to review/merge

- Risk management
- Issue resolution
- Planning
- Performance management and reporting
- Benefits management/Business Change
- Stakeholder management/user groups
- Communications
- Workstreams and meetings support
 - Information Governance
 - Training etc.



Approach

- CIOs asked programme leads for each workstream across the 3 SHAs to consider:
 - Processes
 - Roles
 - Locations
 - Resources
 - Timing (and in particular which changes we could implement quickly)
- Encouraged to agree a lead amongst 3 SHAs
- Generally, all three areas undertook the same functions using slightly different processes



Process issues

- Everyone has invested time and effort into getting their process working – reluctance to change
 - E.g. standardise on Excel or Access for contacts database?
- Identified lead could facilitate alignment of processes but no authority to direct pending appointment of one of them.
- Some new processes did not work well first time – still evolving.



Risks and Issues - Before

- SY and WY logged all R&I on national tracking database (TDB). NEYNL used a spreadsheet.
- Escalation from projects
 - SY encouraged trusts to use of TDB. Otherwise raised via programme managers.
 - WY used a form
 - NEYNL identified issues from bi-weekly project status reports
- R&I Review
 - SY: weekly Programme Support Team
 - WY: bi-weekly Programme Managers meeting
 - NEYNL: bi-weekly review by Programme Team



Risks and Issues - During

- Agreed way forward
 - SY PM agreed to lead
 - Adopt processes consistent with national framework
 - All review existing R&I against quality criteria
 - NEYNL add R&I to TDB
 - SY offered TDB training to Trusts
 - R&I entries to identify team raised by
 - In interim 3 teams to review R&I using existing processes
- Proposed solution
 - Identified Risk Manager role in new structure
 - New Risk Management and Issue Resolution Strategy in line with national framework.



Risks and Issues - After

- R&I migrated to new SHAs on TDB
- Programme manager appointed – undertook review of all risks and issues.
- Summary format designed for use in status reports.
- Bi-weekly Programme Managers Meeting introduced, including R&I review.
- Review of R&I not given sufficient time and attendance variable. Perception that R&I not being resolved quickly enough.
- Separate review meeting now to be held on “corporate day” – Mondays.



Benefits Management

- Benefits are a high profile strategic driver
- Public Accounts Committee said greater clarity over benefits is required.
- Now SHA's responsibility to deliver benefits.
- Post Implementation Reviews introduced
 - additional project milestone
 - national template
- Benefits and Business Change specialists getting more involved in projects
- Now managed under Programme Management to improve integration within the team.



Benefits Management Role

- Offering practical support to projects
- Before and after processes and Gap Analysis
- Alignment of IT plans with service improvement plans in NHS Operational Framework Plans
- Share process maps across projects.
- Build and share Business Change Management expertise
- CSC have change consultants as part of their team to work alongside NHS staff.
- Note – it is easier to change processes with the system than change behaviour some time later



New systems transferring to SHA

- Document Management System
 - For key documents
- Contractual Deliverables Tracker database
 - Tracks delivery and quality review process
- Enterprise Wide Information System
 - Record milestones
 - Update progress



. . . dependent on Skills



Skills

- Some skilled people left the programme
 - Allowed to leave with little notice
 - Responsibilities transferred to corresponding person in another patch or another member of the same team.
- Some people have skills they are no longer using in their new role.
- Some people need to develop new skills
- Personal Development Plans to be introduced
- Plans for team members to be seconded out to projects on rotation



. . . influenced by Shared Values



NHS Shared Values?

- The ambition for the next few years is to change the whole system so that there is
 - more choice,
 - more personalised care,
 - real empowerment of people to improve their health
- In other words, to move from a service that does things to and for its patients to one which is patient led, where the service works with patients to support them with their health needs.
 - *Creating a Patient-Led NHS*
 - *Sir Nigel Crisp, NHS Chief Executive, 17 March 2005*



NPfIT Team Shared Values?

- On one hand there is pressure to deploy large numbers of systems driven by the need to fulfil contractual commitments.
- On the other, the purpose of the programme is to realise benefits for patients, staff and the NHS.
- *“The values have not been well communicated. Even if it is all in the papers that have been sent round, we have to prioritise what we read.”*



. . . and Style of management



Style

- CIO – *“My style is control with an organic approach. There is a greater range of styles in the team now In West Yorkshire we picked people for their management style, but had no choice in the merger. This is a challenge.”*



Style - impact

- Team members also have a challenge:
 - The style is more hands-off.
 - Direction tends to be high level – go and help Trust X.
 - Some would welcome more direction and reassurance.
 - Some team members feel less empowered – small fish in a bigger pond!
 - Team members are expected to be flexible.
 - *“Managers are open with information but communication is not as good. There is more onus on the individual to ask for information.”*



Key Lessons



Key Lessons 1

- Restructuring is disruptive
- Restructuring is a programme in itself
- Identify and review all existing processes
- Involve staff early on and communicate
- Give all staff direction, support and reassurance
- Plan all aspects of the transition
- Avoid making decisions without thinking through the consequences



Key Lessons 2

- Get appointments over with as quickly as possible to maintain morale and reduce the risk of losing skills and organisational learning.
- It takes longer than you think to get new governance arrangements in place
- So ensure you put interim arrangements in place.
- Communicate and constantly reinforce shared values with the new team.



Contribution of PSO

- Consistent high quality training in MSP and PRINCE 2 for SHA and Trust Programme and Project Teams.
- Input to NHS Improvement Leaders guides on Programme and Project Management.

