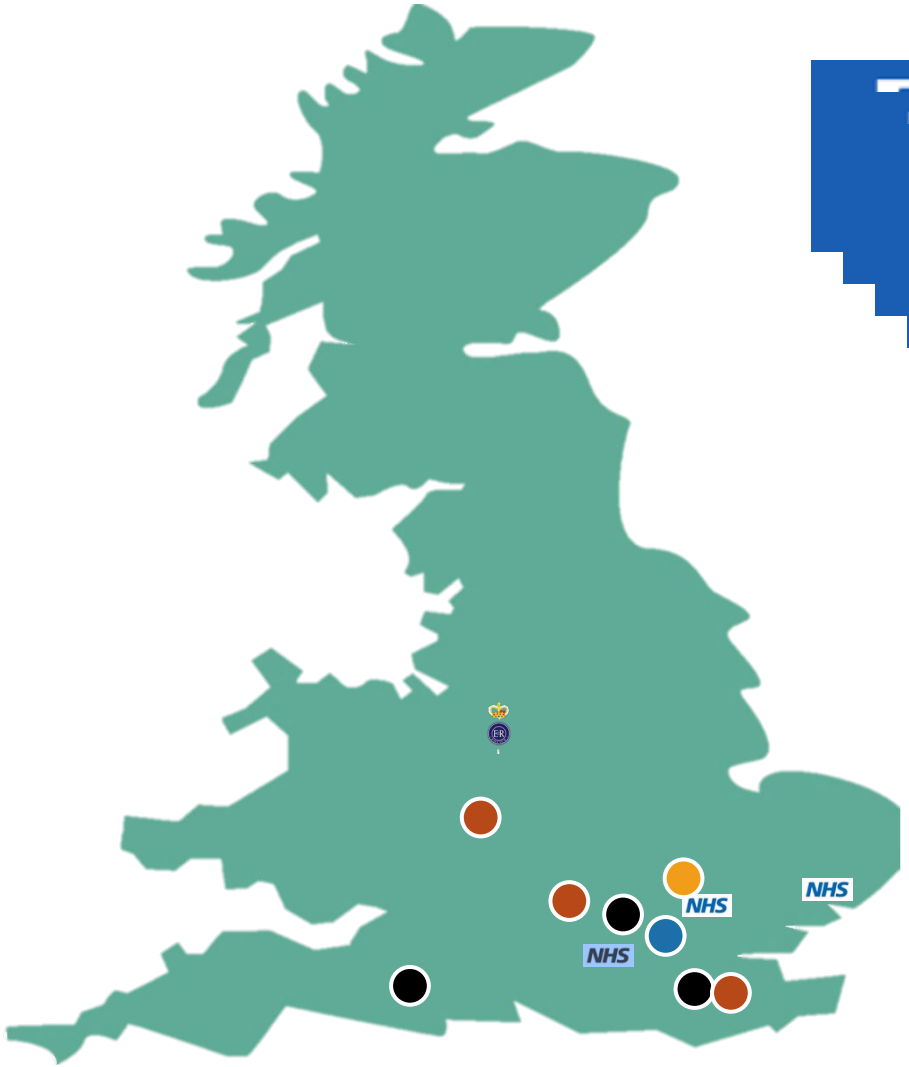
PMO Conference

LONDON 2023

Turnaround PMO

Paul Fenton, PMO Data & Psychology Ltd

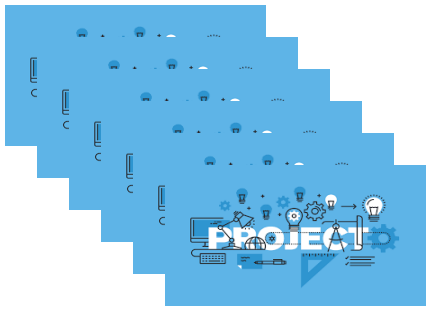
About me



NHS nhs.uk

Local Government

Cambridge Assessment English



AXELOS P3O PRACTITIONER

PRINCE2

ITIL 4

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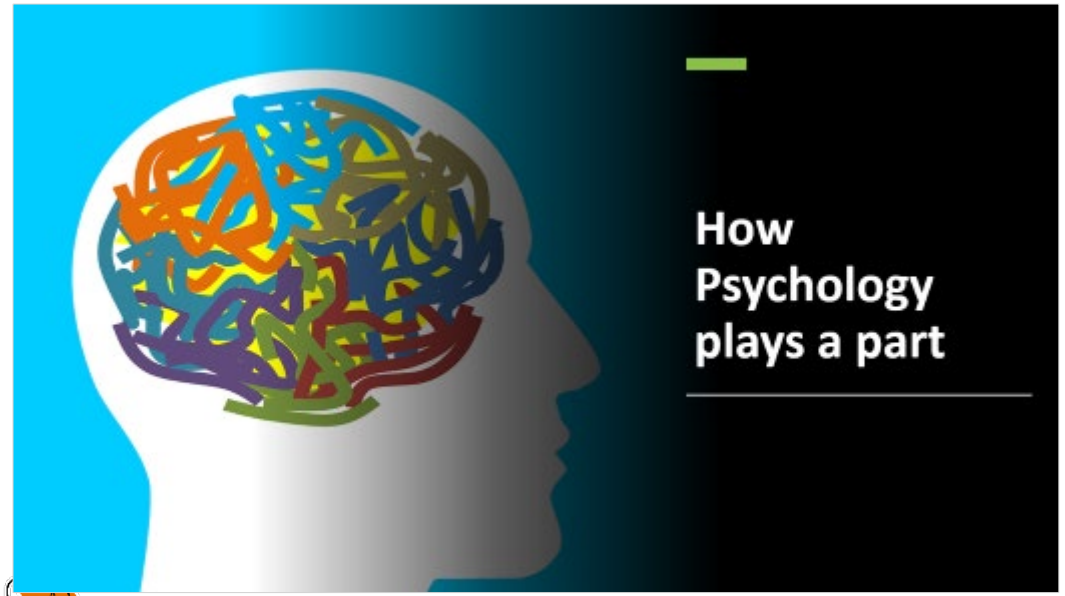
HMICFRS
Promoting improvements in policing and fire & rescue services to make everyone safer

Care Quality Commission

Special Measures & Turnaround in the Public Sector

Lessons learned



How Psychology plays a part

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Special Measures & Turnaround in the Public Sector

PMOs are critical to getting out of Special Measures. They introduce best practice tools and processes and provide a high-level perspective that ultimately helps align change to the organisation’s strategy.

Disclaimer: As the Special Measures guidance is detailed and complex, only a high-level view will be given

Special measures apply to NHS trusts and foundation trusts that have **serious failures in quality of care** and where there are **concerns that existing management cannot make the necessary improvements without support**. Special measures consist of a **set of specific interventions designed to improve the quality of care within a reasonable time**.

1. **Why trusts are placed in special measures**
2. **What will happen when NHS TDA and Monitor place a trust in special measures**
3. **What will happen to trusts in special measures**
4. **Removing trusts from special measures**

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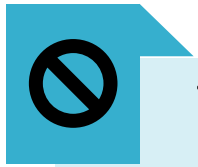
Regulators in the Public sector have an important role inspecting and ensuring public sector bodies are safe and compliant in fulfilling their duties to the public

The Care Quality Commission is an executive non-departmental public body of the Department of Health and Social Care of the United Kingdom. It was established in 2009 to **regulate and inspect health and social care providers in England.**

His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), has statutory responsibility for the **inspection of the police forces** of England and Wales, and since July 2017 the fire and rescue services of England.

There are certain key factors, that provide the context of Special Measures and Turnaround and the role of a PMO



Turnaround is not limited to the Public sector.

In the Public Sector, the relevant regulator conducts inspections. If significant concerns are found, the organisation may be placed into Special Measures.

Some of the examples happened over 10 years ago, since then there have been some changes to the process. Each organisation's journey is different.

The reasons for why the organisations were placed into Special Measures were reported in the media at the time and will not be covered.

The focus is on how the PMO operated to help the organisation move out of Special Measures and what lessons were learned

© The NeverEnding Story film (1984), distributed by Warner Bros.

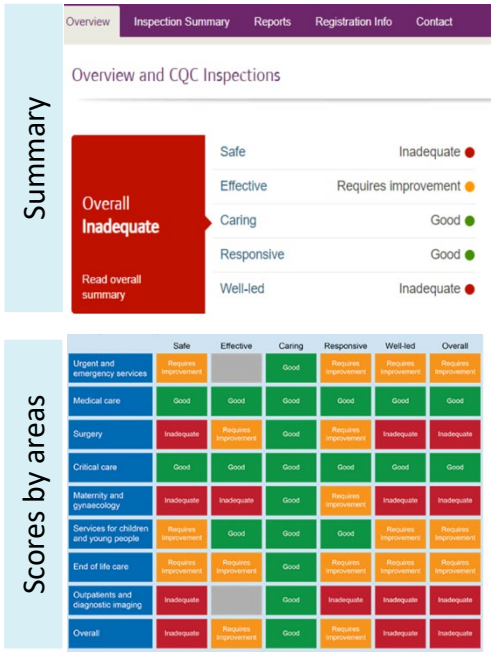
The process for Regulators to conduct inspections is an evidence-based process, against agreed areas

Simplified process for CQC inspecting hospitals, based on experience from 2 hospitals, 1 CCG

INSPECT

- Safe
- Effective
- Caring
- Responsive
- Well-led

REPORT



IMPROVEMENT PLAN

+

TURNAROUND TEAM

PROGRESS AGAINST PLAN + INCREASED MONITORING

+

INSPECT & REPORT

N.B. Recently NHS England has a new 'special measures' regime. Transparency is key, all ratings are displayed at a hospital and can be accessed on the www.cqc.org.uk

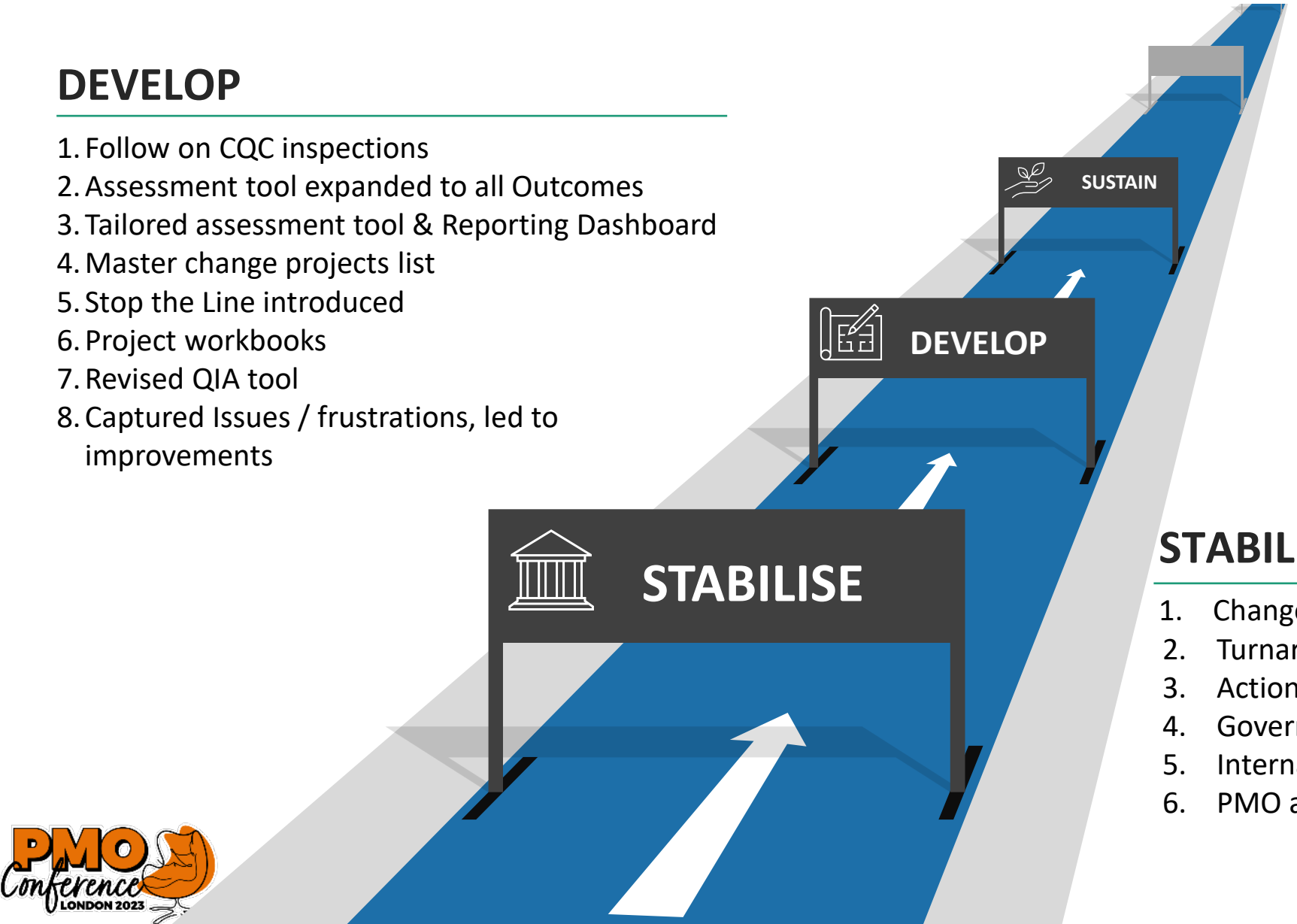
Further reading: https://www.gov.uk/government/publications/special-measures-a-guide-for-nhs-trusts-and-foundation-trusts

Lessons learned

The 1st journey out of Special Measures involved three stages

DEVELOP

1. Follow on CQC inspections
2. Assessment tool expanded to all Outcomes
3. Tailored assessment tool & Reporting Dashboard
4. Master change projects list
5. Stop the Line introduced
6. Project workbooks
7. Revised QIA tool
8. Captured Issues / frustrations, led to improvements



SUSTAIN

1. Change projects split between Quality & Cost Improvement Plan (CIPs) projects
2. Regular CQC Inspections
3. Single Portfolio view
4. Portfolio documents introduced
5. Moved out of Special Measures

STABILISE

1. Changes to Top team
2. Turnaround team installed by NHS England
3. Action plan developed for areas of concern
4. Governance structure + reports + processes
5. Internal independent assessment tool created
6. PMO assigned to areas of concern

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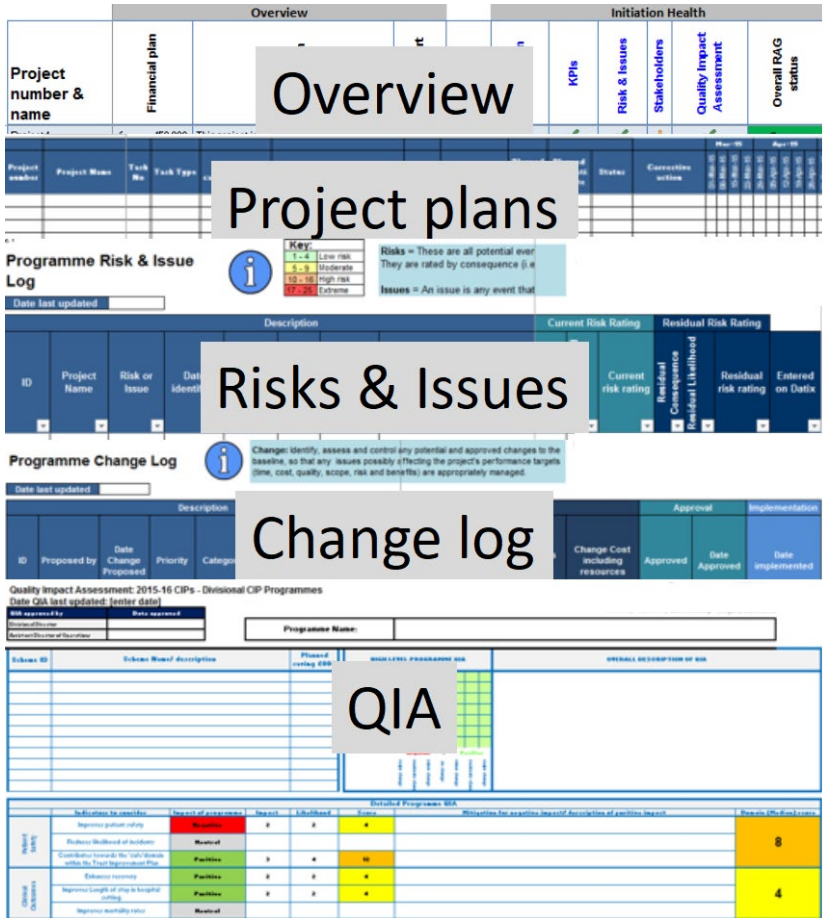
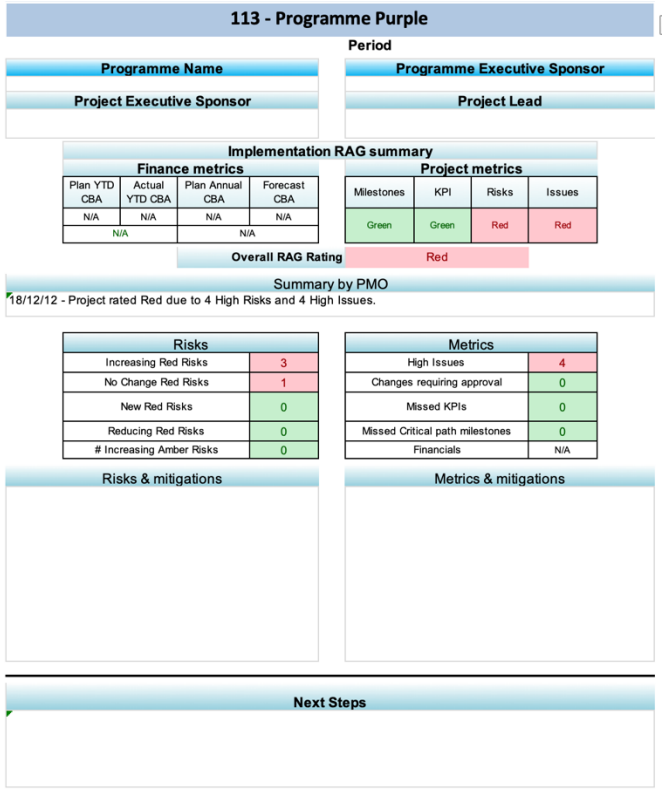
The actions taken can be grouped into five areas

A workbook was created for each project, capturing all information needed to run a project



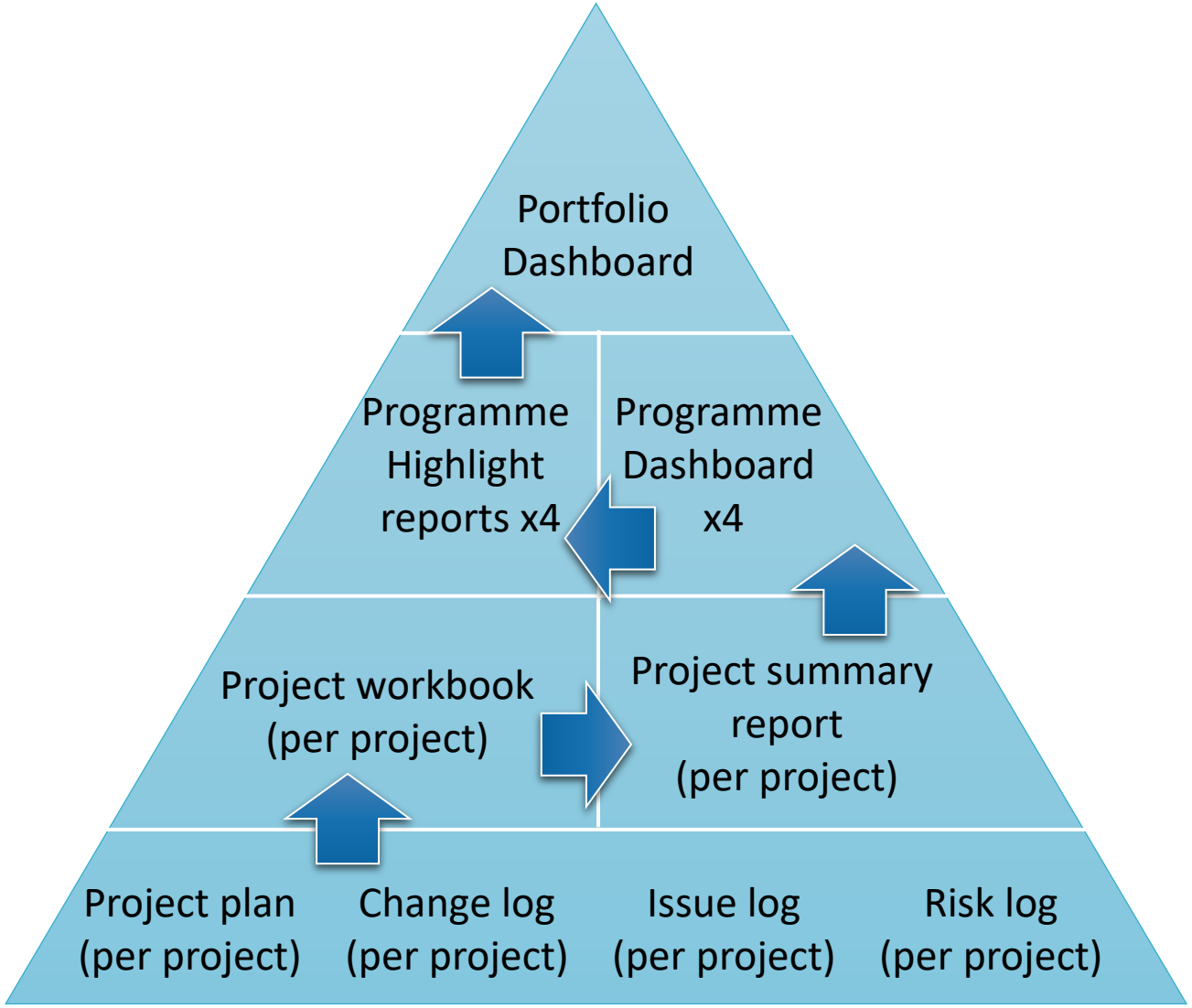


FLOW OF REPORTING

PYRAMID REPORTING

PROJECT WORKBOOKS

All the project information was organised and mapped from the individual low-level data into consolidated information

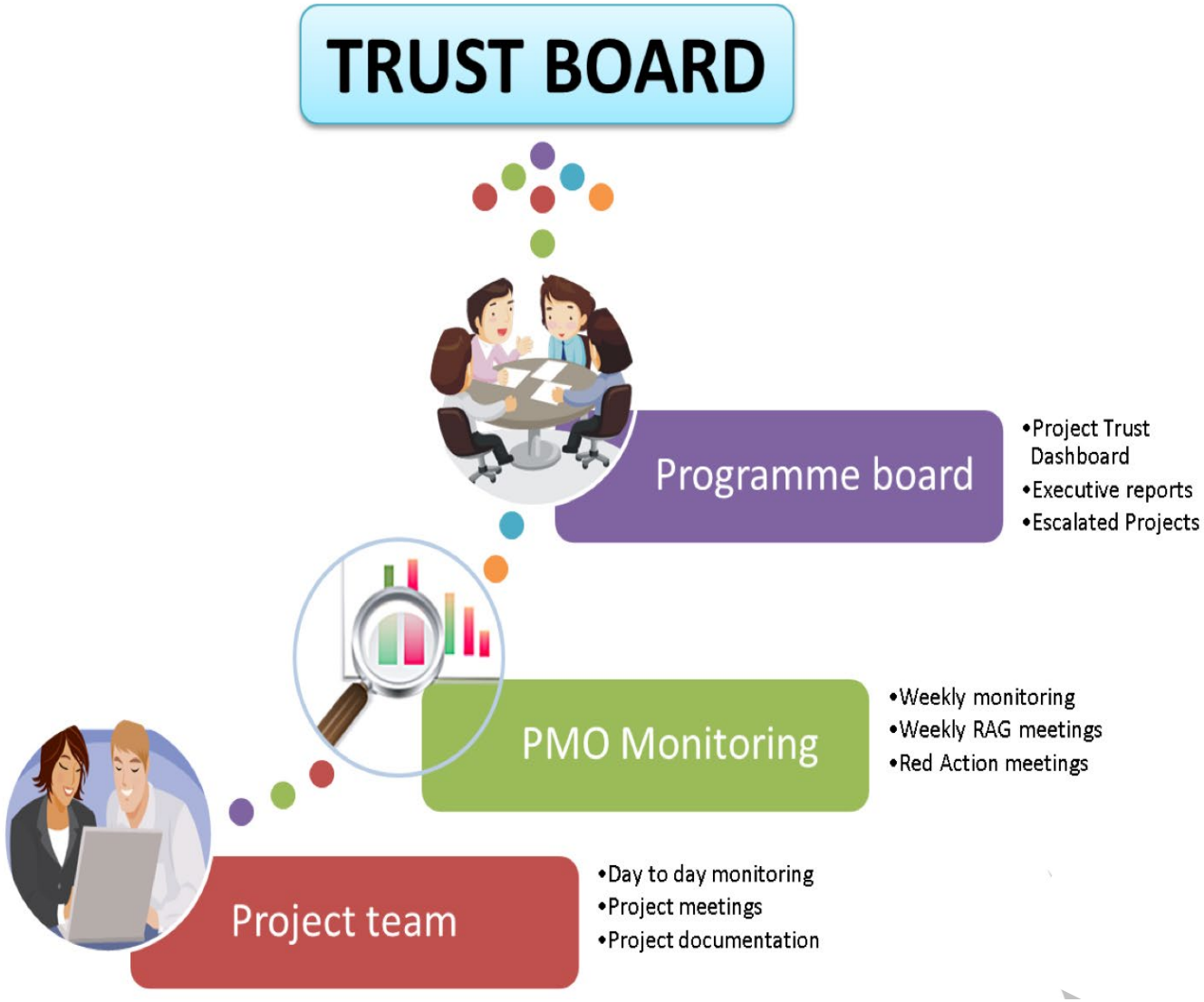


FLOW OF REPORTING

PYRAMID REPORTING

PROJECT WORKBOOKS

To ensure the project information was presented at the correct level & to make informed decisions, the flow of meetings were mapped



FLOW OF REPORTING

PYRAMID REPORTING

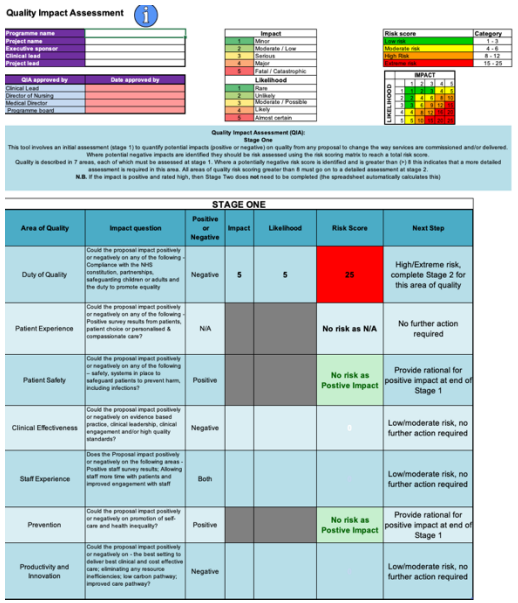
PROJECT WORKBOOKS

To reduce time spent on documentation, freeing up time for delivery, improvements were made to automate where possible

W OF
RTING

TOOLS &
PROCESSES

PMO HOME


Quality Impact Assessment

Programme name	
Project name	
Executive sponsor	
Clinical lead	
Project lead	

QIA approved by	Date approved by
Clinical Lead	
Director of Nursing	
Medical Director	
Programme board	

	Impact
1	Minor
2	Moderate / Low
3	Serious
4	Major
5	Fatal / Catastrophic

	Likelihood
1	Rare
2	Unlikely
3	Moderate / Possible
4	Likely
5	Almost certain

Risk score	Category
Low risk	1 - 3
Moderate risk	4 - 6
High Risk	8 - 12
Extreme risk	15 - 25

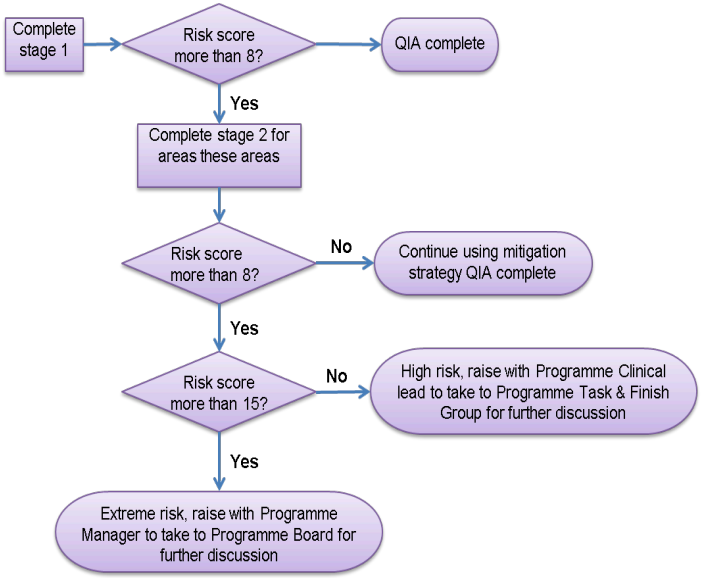
LIKELIHOOD	IMPACT				
	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

Quality Impact Assessment (QIA):
Stage One

This tool involves an initial assessment (stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered.
Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.
Quality is described in 7 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.
N.B. If the impact is positive and rated high, then Stage Two does not need to be completed (the spreadsheet automatically calculates this)

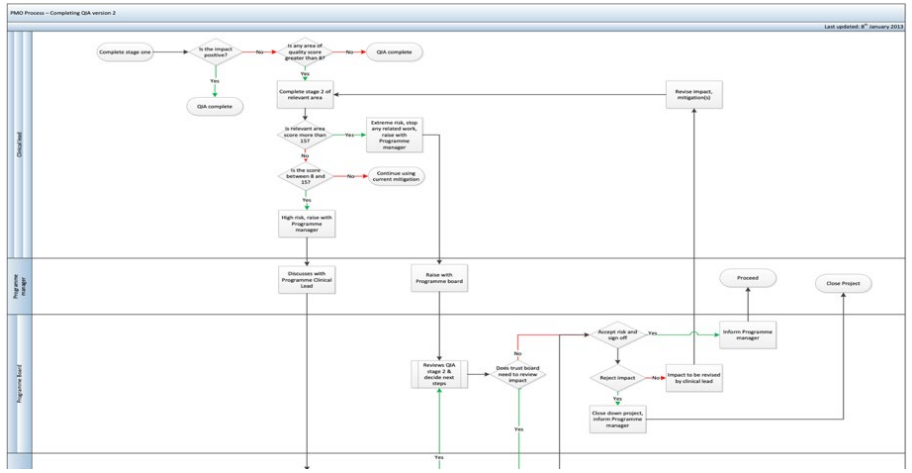
STAGE ONE

Area of Quality	Impact question	Positive or Negative	Impact	Likelihood	Risk Score	Next Step
Duty of Quality	Could the proposal impact positively or negatively on any of the following - Compliance with the NHS constitution, partnerships, safeguarding children or adults and the duty to promote equality	Negative	5	5	25	High/Extreme risk, complete Stage 2 for this area of quality
Patient Experience	Could the proposal impact positively or negatively on any of the following - Positive survey results from patients, patient choice or personalised & compassionate care?	N/A			No risk as N/A	No further action required
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	Positive			No risk as Postive Impact	Provide rational for positive impact at end of Stage 1
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	Negative				Low/moderate risk, no further action required
Staff Experience	Does the Proposal impact positively or negatively on the following areas - Positive staff survey results; Allowing staff more time with patients and improved engagement with staff	Both				Low/moderate risk, no further action required
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	Positive			No risk as Postive Impact	Provide rational for positive impact at end of Stage 1
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	Negative				Low/moderate risk, no further action required



STAGE TWO

Area of Quality	Indicators	Positive or Negative	Impact	Likelihood	Risk Score	Mitigation strategy and monitoring arrangements	Section Score	Next Steps
Duty of Quality	What is the impact on the organisation's duty to secure continuous improvement in the quality of the healthcare that it provides and commissions, in accordance with Health and Social Care Act 2010 s.127	Positive			No risk, as impact positive	Not required	7	Continue using mitigation strategy
	Does it impact on the organisation's commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution?	Negative	3	4	12	Needs to be completed		
	Does it impact on the organisation's commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution?	Negative	4	4	16	Needs to be completed		
	What is the impact on strategic partnerships and shared risk?	Negative	5	3	15	Needs to be completed		
	What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS (http://www.intranet.cpft.nhs.uk/Governance/EqualityandDiversityPages/Equality-Analysis.aspx)	Positive			No risk, as impact positive	Not required		



The PMO developed a wide range of templates, Frequency Asked Questions (FAQs), which were brought together in one place

W OF
RTING

TOOLS &
PROCESSES

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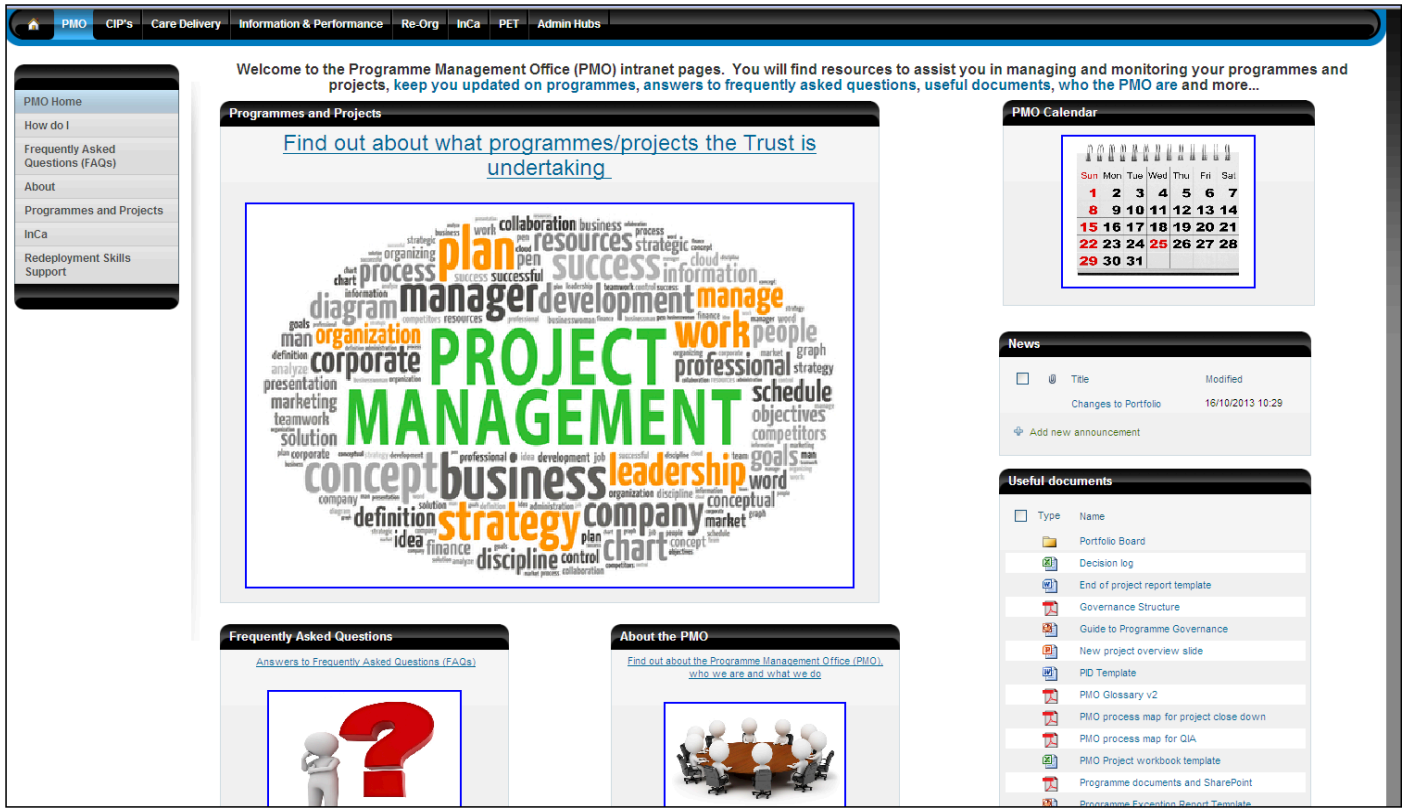
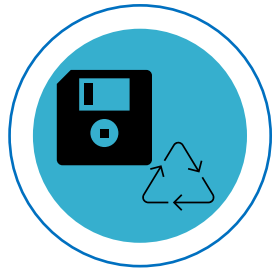


During the space of 12 months, there were four main Lessons learned

Less fire fighting,
more looking for smoke

Use technology



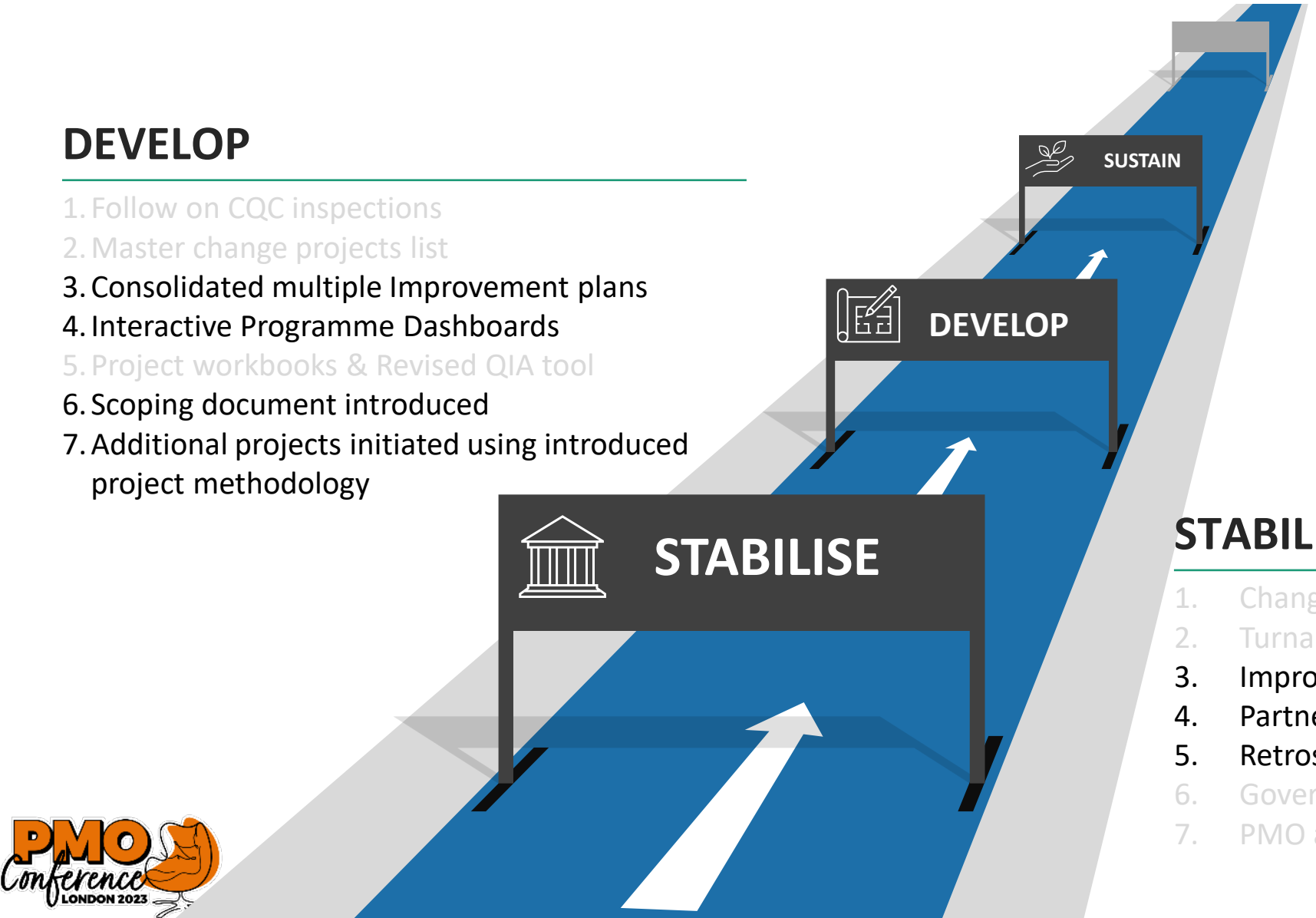
Capture data
once & reuse

Psychological Safety

The 2nd journey out of Special Measures still had 3 stages, but over a longer time. There were some similarities and some differences

DEVELOP

1. Follow on CQC inspections
2. Master change projects list
3. Consolidated multiple Improvement plans
4. Interactive Programme Dashboards
5. Project workbooks & Revised QIA tool
6. Scoping document introduced
7. Additional projects initiated using introduced project methodology



SUSTAIN

1. Divisional workshops for Cost Improvement Plan (CIPs)
2. Deemed by CQC and Monitor to be out of Special Measures several years later

STABILISE

1. Changes to Top team
2. Turnaround team installed by NHS England
3. Improvement plan developed
4. Partnered with Buddy Hospital
5. Retrospective review into area of concern
6. Governance structure + reports + processes
7. PMO assigned to areas of concern

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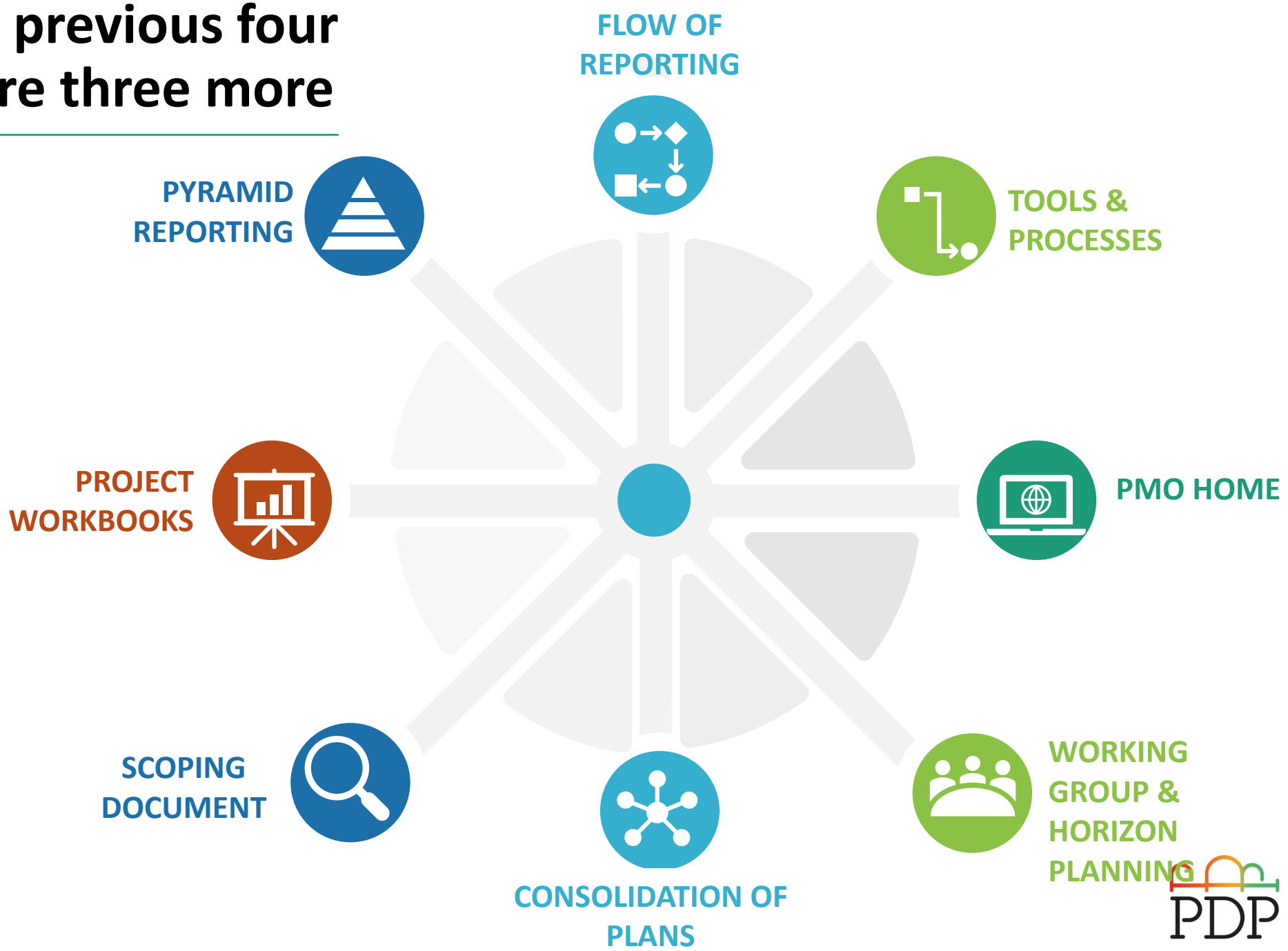
In addition to the previous four actions, there were three more



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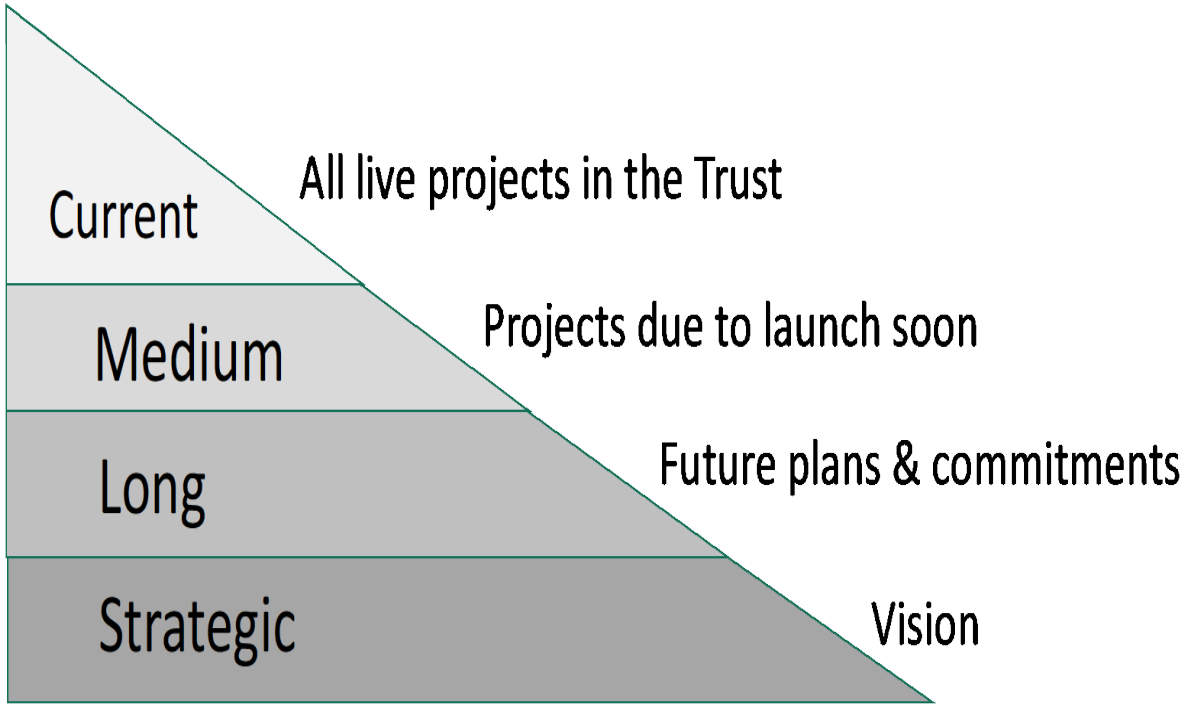
CONSOLIDATION OF PLANS

WORKING GROUP & HORIZON PLANNING

Meeting to discuss a Portfolio view, helped plan & prepare instead of silo working



Working group Purpose

A forum for the projects allowing:

- Support for projects which are struggling
- Tracking key milestones & Critical path
- Holding project managers to account
- Sign off new schemes
- Sign off Requests for Change
- Consider Independencies

Consolidation of multiple plans into 1 plan, streamlined reporting & removed duplication of effort

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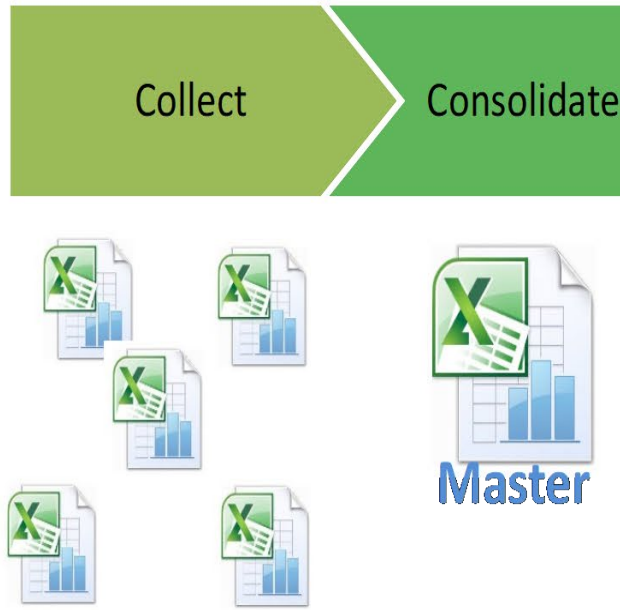
WORKSHOPs

CONSOLIDATION OF PLANS

- ✓ Impact analysis
- ✓ Remove duplication
- ✓ Prioritisation
- ✓ Ownership
- ✓ Peer review sign off



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New CIP scheme for approval

Name of scheme:		**Theme:**	
Division:		**Service:**	**Ref No:**
Lead:			

Scheme description

What is the aim of this project?

Provide a brief explanation of the background and/or context of the project
Further work to be undertaken

What is In Scope

What is Out of Scope

Risks

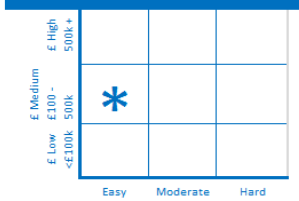
Savings Type	Y/N	RANGE Low £k	High £k
Pay (+ve)	yes	£0	£0
Non-Pay (+ve)		£0	£0
Income (-ve)		£0	£0
TOTALS		£0	£0

Estimated Implementation date: Oct-15

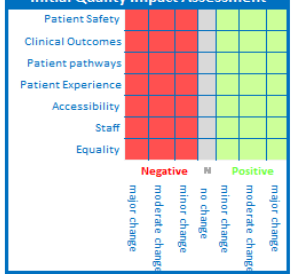
Impact on workforce?	
YES/NO	NO
Increase/ Decrease	NO CHANGE

Describe impact on workforce	
Staff type	
Band	
WTE	

Ease of implementation & financial gain



Initial Quality Impact Assessment



Summary of anticipated financial benefits	Summary of anticipated (quality) service benefits

Steps to implement

Steps	Date	Who

Enablers	Resources/support required	Key interdependencies:
	Additional resource/backfill /project management, capital required in order to achieve delivery	*Which other projects, activities will affect delivery?*

DIVISIONAL APPROVAL	YES/NO	Name	Date approved
Signed-off by Division ADO			
Signed-off by Division ADN			
Signed-off by Division DD			
Signed-off by Division FM			

Date submitted for approval at CIPDG:	
Summary of Outcome	

PROJECT WORKBOOKS

SCOPING DOCUMENT

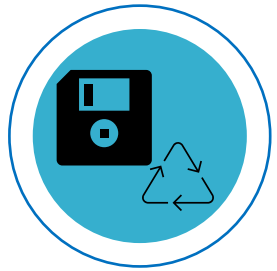
CONSOLIDATION OF PLANS

To help manage the pipeline, a scoping document (mandate) captured essential information

The Initial four lessons grew to…

Less fire fighting,
more looking for smoke

Use technology



Capture data
once & reuse

Psychological Safety

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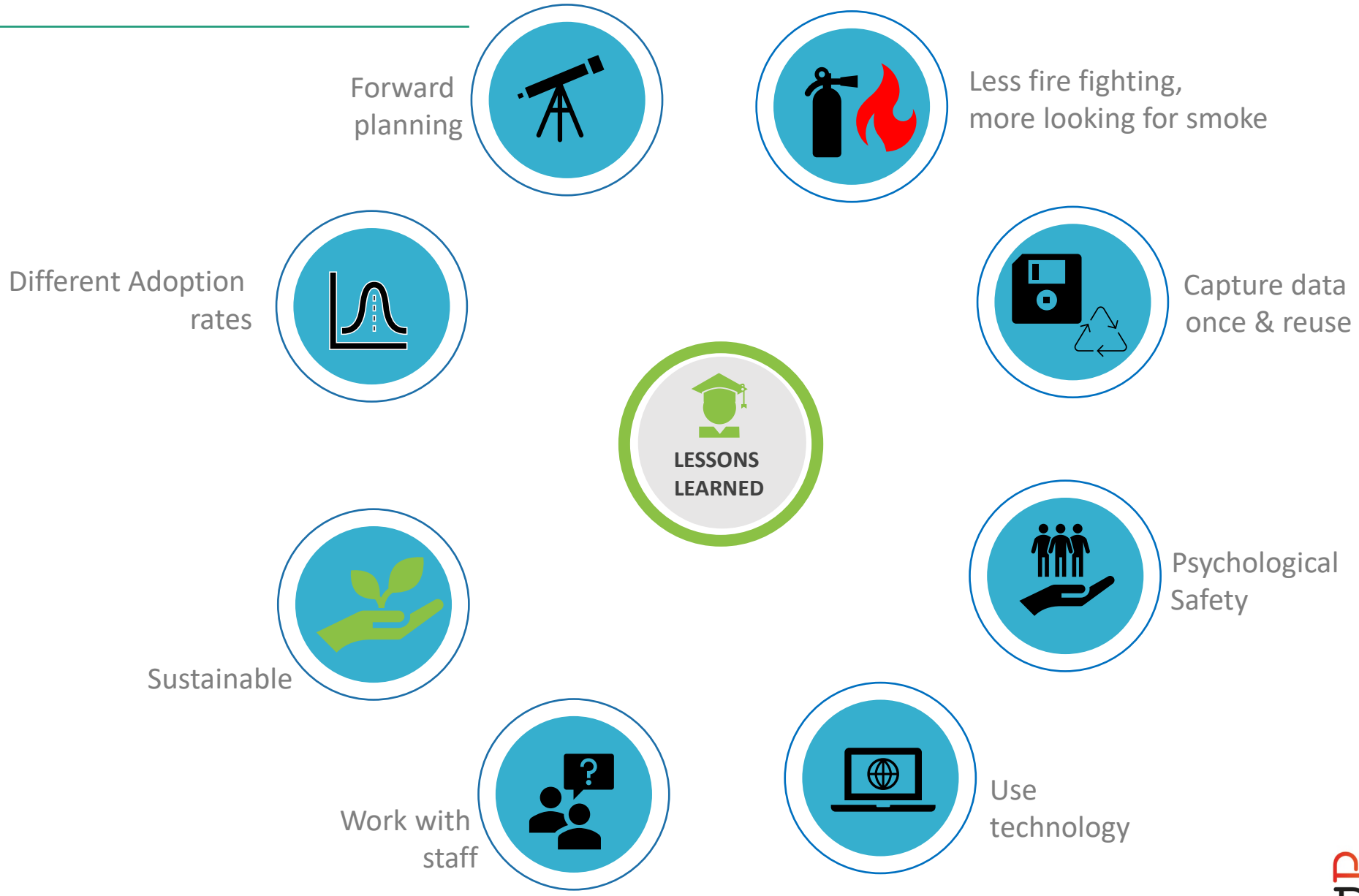
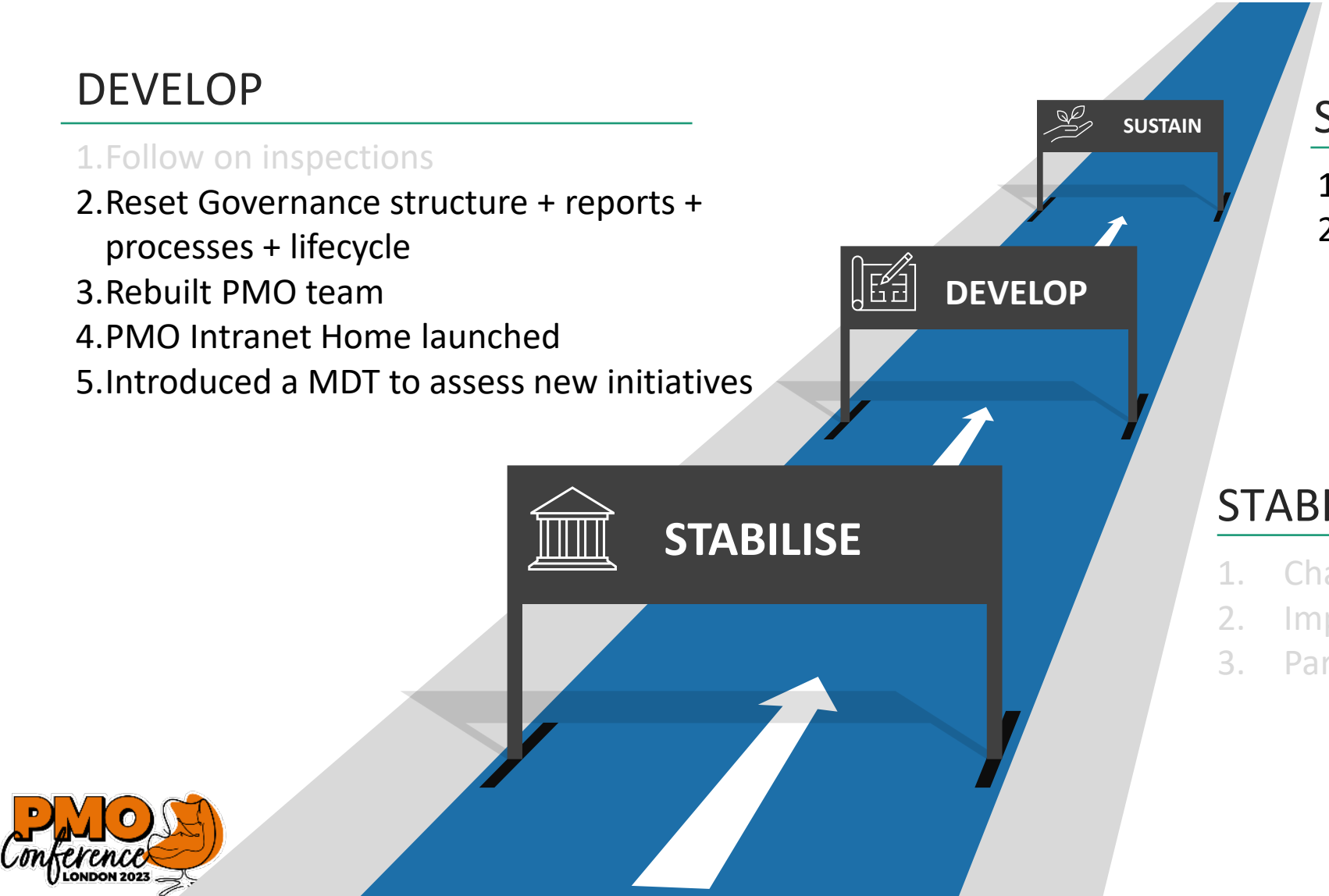
… a total of eight lessons learned



The 3rd journey out of Special Measures, which related to a Police service, still had 3 stages. There were some similarities and some differences

DEVELOP

1. Follow on inspections
2. Reset Governance structure + reports + processes + lifecycle
3. Rebuilt PMO team
4. PMO Intranet Home launched
5. Introduced a MDT to assess new initiatives



SUSTAIN

1. Multi year Change plan developed
2. Deemed by regulator to be out of Special Measures a few years later

STABILISE

1. Changes to Top team
2. Improvement plan developed
3. Partnered with Buddy Force

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The PMO Team

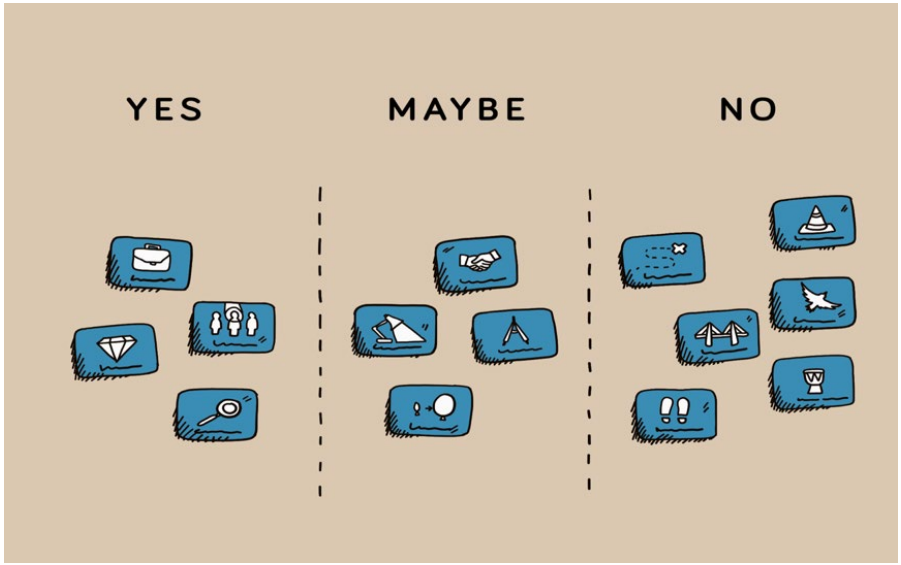
Multiple vacancies

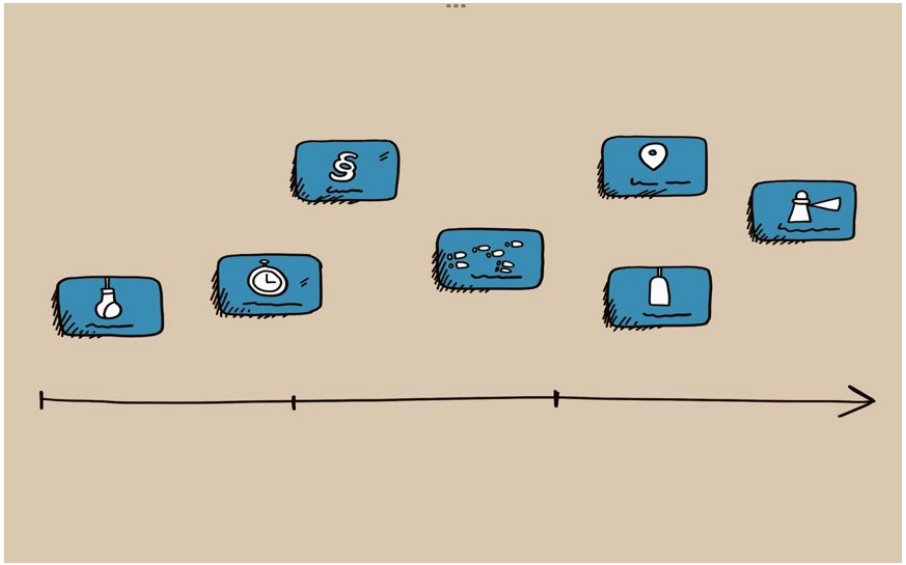
Working in silos, morale low

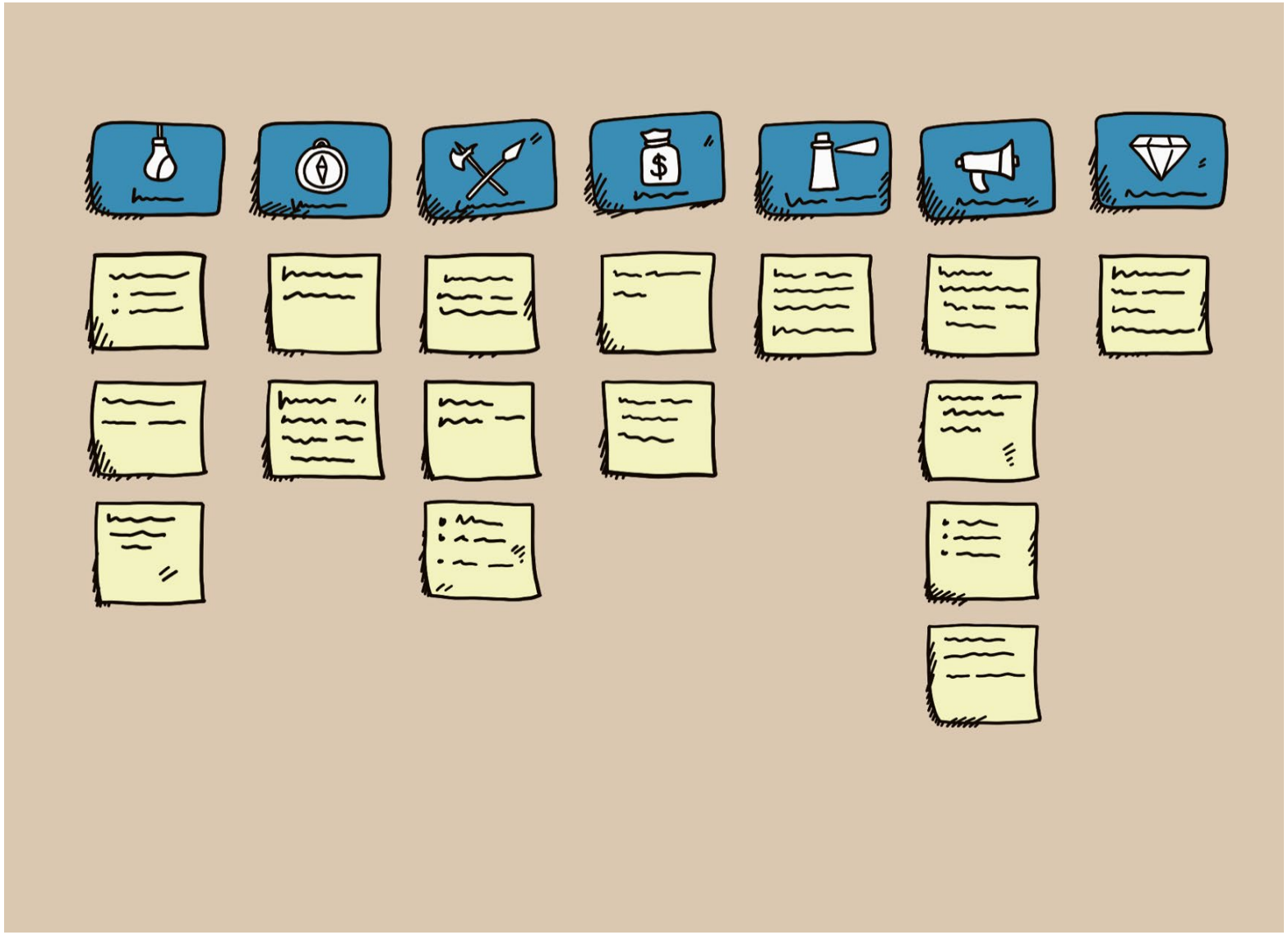
Unclear of career progression

Unclear of PMO’s role & future

A card-based tool was used to reset and reshape the PMO team. This was an interactive exercise involving all team members







The PMO Team

Multiple vacancies

Adverts posted, recruited to posts

Working in silos, morale low

Stressed importance of team working, PMO procedures. Defining core services & capacity & understanding frustrations

Unclear of career progression

Specialisms assigned based on P3M3, PMO Skills matrix started, based on APM Competency Framework + Microsoft Office, Knowledge sharing forward plan

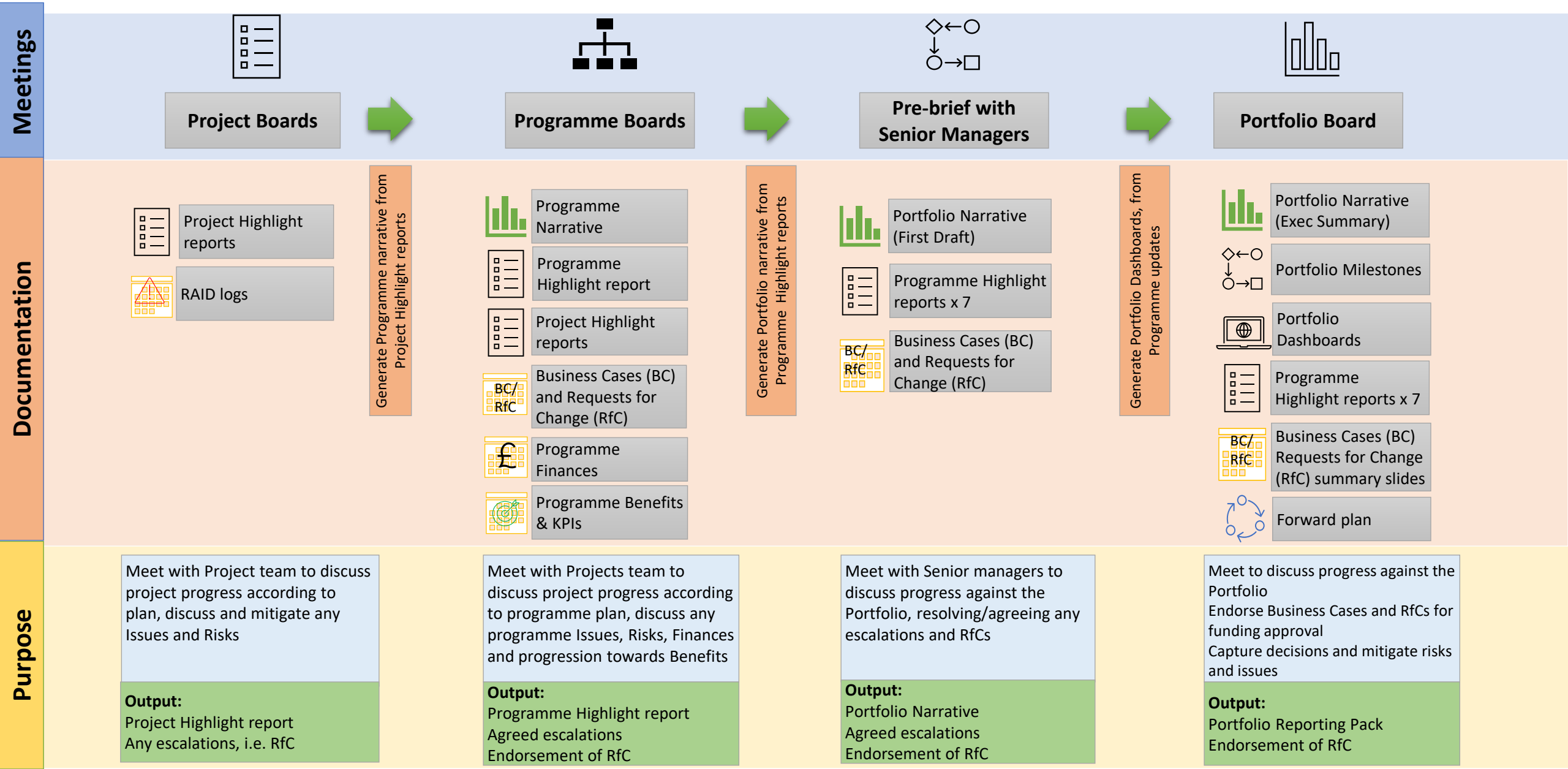
Unclear of PMO's role & future

Engagement via: Mini workshops – Method Kit, Mad, Sad & Glad + Rose, Thorn and Bud + Whole Brain exercises. PMO improvement plan created.

Change Portfolio

- Limited to Strategic projects
- Inconsistent reporting
- Inconsistent methodology
- Poor documentation management, excessive amount of documents
- No centralised project list
- Mandates first come 1st served

Understanding the flow of how all the reports fit together was valuable



Change Portfolio

Limited to Strategic projects

Expanded to all Change initiatives

Inconsistent reporting

Consistent reports & information flow

Inconsistent methodology

P3M3 baseline, proposing iterative improvements, tested & launched

Poor documentation management, excessive amount of documents

Reset - Set up Change Hub

No centralised project list

Centralised list created, PMO front door, weekly checks

Mandates first come 1st served

Scoping process to replace mandates

Feedback

Low perception of value the PMO, just ‘admin’

No breathing space or planning

Knowledge in people’s heads or huge document library

Feedback

Low perception of value the PMO, just ‘admin’

Met with stakeholders, Sad, plan and mad exercise → development plan

No breathing space or planning

Capturing capacity & blocking time for training

Knowledge in people’s heads or huge document library

Developed Change Hub, with FAQs, News items etc…

The eight lessons continue to grow and now were…

…a total of twelve lessons

How Psychology plays a part

These twelve lessons can be grouped into 3 areas

- 9 People
- 2 Technology
- 6 Process

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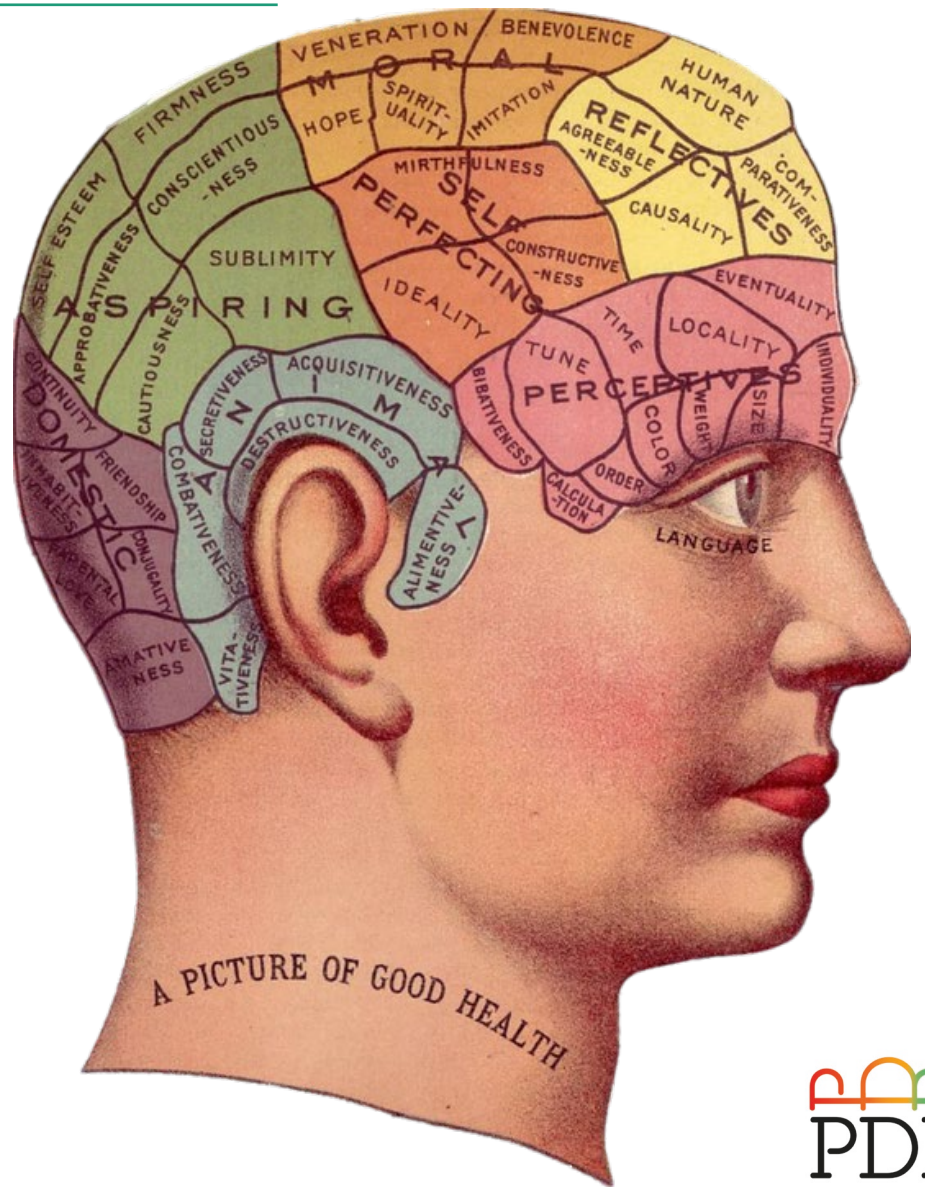
Templates and processes play a part, but if you do not engage people the change will not be sustained

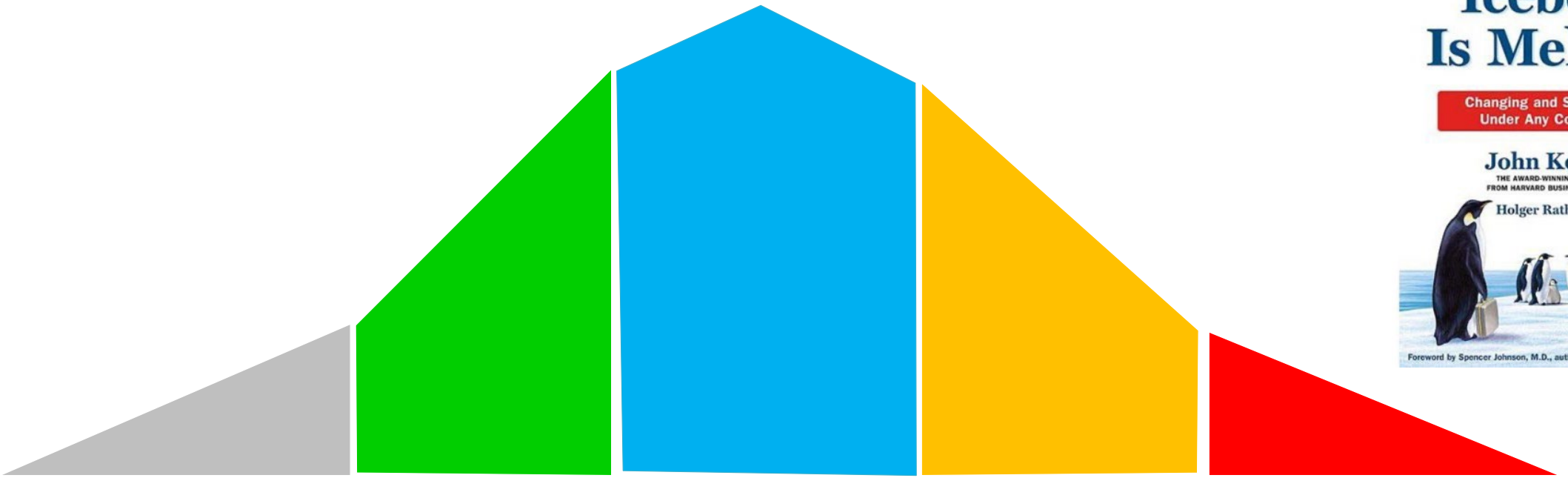
People have different adoption levels to change

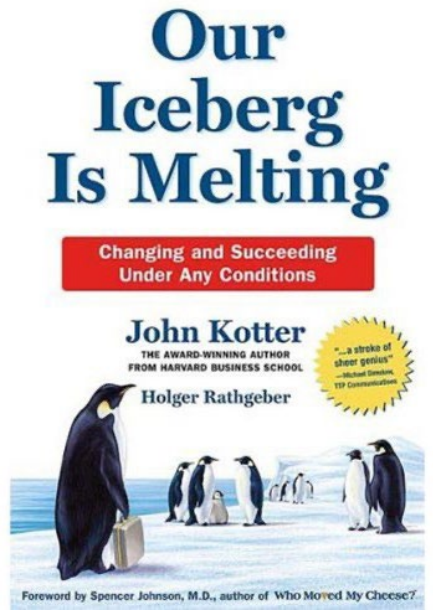
People are wired differently, i.e. Introverts, Extroverts

People have different communication styles / how they process information



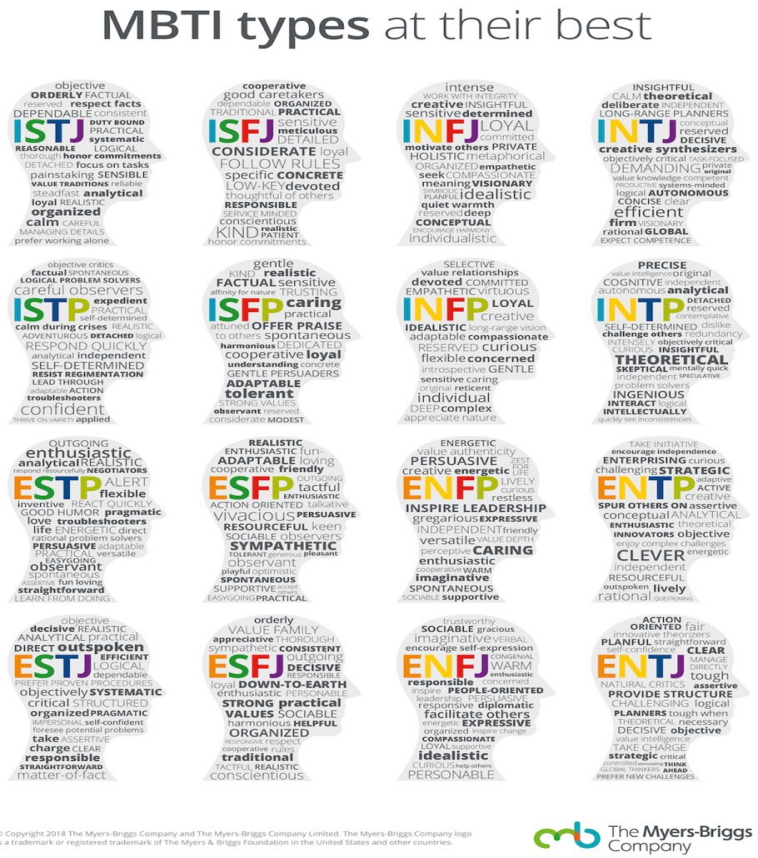
Understanding and appreciating how people react differently to change, helps to adopt your approach and increase engagement

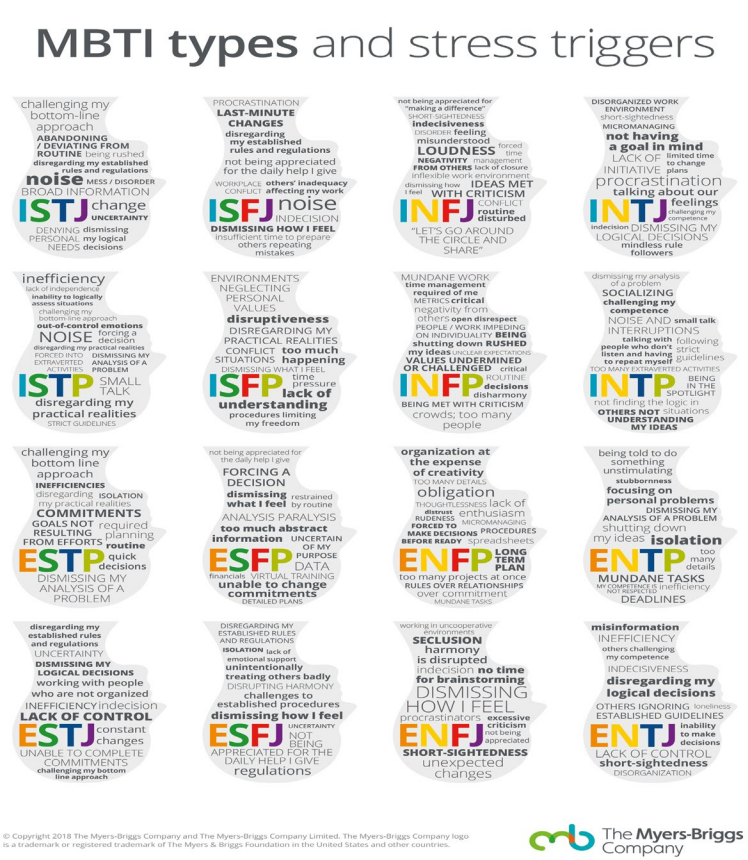


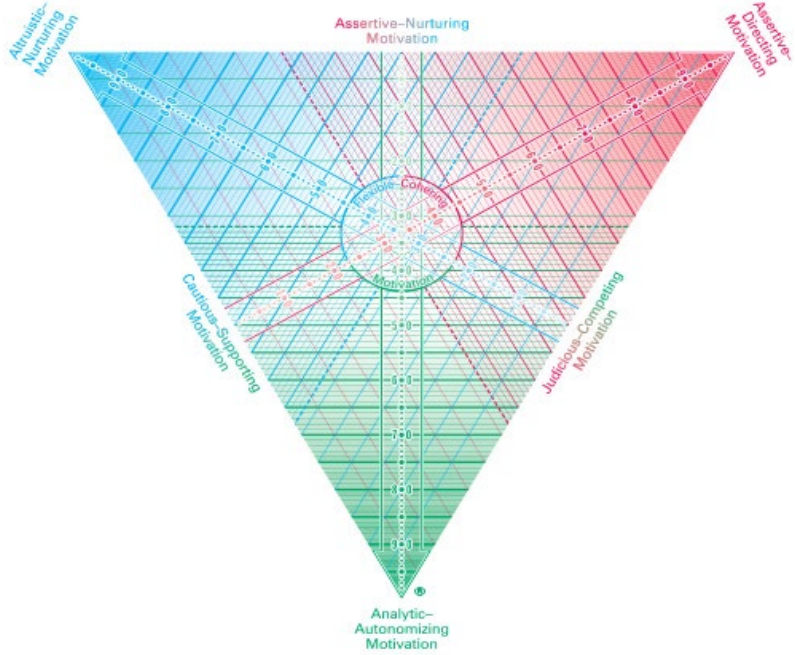


Innovators / Enthusiasts	Early Adopters / Visionaries	Early Majority / Pragmatists	Late Majority / Conservatives	Laggards / Sceptics

Numerous Psychometrics tests have been developed over the years, to understand people's type, e.g. MBTI, Strength Deployment Inventory (SDI)







Neuro-linguistic programming (NLP), suggests people have a default sense in how they process information in the world. Understanding this improves communication and engagement

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PMOs are **critical** to getting out of Special Measures. They introduce **best practice tools and processes** and provide a **high-level perspective** that ultimately helps **align change to the organisation's strategy**.

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