Improvement Leaders' Guide

Delivering improvement: making it happen

Developed in partnership with NHS Connecting for Health

General improvement skills

Improvement Leaders' Guides

The ideas and advice in these Improvement Leaders' Guides will provide a foundation for all your improvement work:

- Improvement knowledge and skills
- Managing the human dimensions of change
- Building and nurturing an improvement culture
- Working with groups
- Evaluating improvement
- Leading improvement

These Improvement Leaders' Guides will give you the basic tools and techniques:

- Involving patients and carers
- Process mapping, analysis and redesign
- Measurement for improvement
- Matching capacity and demand

These Improvement Leaders' Guides build on the basic tools and techniques:

- Working in systems
- Redesigning roles
- Improving flow
- Sustainability
- Technology to improve service
- ▶ **Delivering improvement**

You will find all these Improvement Leaders' Guides at
www.institute.nhs.uk/improvementleadersguides

Every single person is enabled, encouraged and capable to work with others to improve their part of the service

Discipline of Improvement in Health and Social Care

Contents

Summary

Why do so many projects fail? What are the common principles that successful projects share and how can we make sure these are alive in our own improvement work?

This short but authoritative guide aims to answer these fundamental questions and give readers - with little or no experience of running their own projects - the practical know-how and direction they need to make good project management an achievable and integral part of their improvement work.

Like all the Improvement Leaders' Guides, this short text doesn't pretend to be a stand-alone authority. Right throughout, some of the best and most relevant tools and resources are signposted so that users can decide for themselves which areas they most want to explore further.

More than anything, the guide aims to be a short, engaging and worthwhile read: something that will reward busy health and social care professionals with a selection of great ideas that will help them deliver sustainable improvements with greater speed and confidence, and less avoidable waste and worry.

1. What!…another projects guide?

What's the first thing that comes into your mind when you hear or see the word 'project'? It will depend of course on what experience you already have of projects: lots or none; good or bad.

You might be thinking any one of these thoughts…

curious – will better project management make my life easier – or is it just another thing to do on top of everything else?

enthusiastic – I've got a really clear vision about the improvement I want to make, but I don't know what my first step should be

confused – there's so much guidance out there about projects - I don't know where to start

Projects

cautious – the last project I was involved in was really difficult and I'm not sure what went wrong

confident – unless things have changed drastically in the last few years, I probably know everything I need to know

sceptical – the terminology people use around projects is over-complex – surely it's all just common sense

scared – I've done some formal training in projects, but I haven't had a lot of practical experience yet

If you are involved at any level in improving health or social care and you can identify with any of these attitudes, there's something in this guide for you.

Everyone knows that service improvement doesn't happen by itself – you need to make it happen and well-managed projects help you do that. If they are used properly as an improvement tool, projects can change and even save lives. They can help you improve the health and wellbeing of whole communities.

But with so much information already out there about running successful projects, why add to the list with yet another guide?

We're adding to the list because:
- people with limited project experience need an overview first - this is it
- despite the range and wide availability of project management support, research shows that more than 70 per cent of projects fail to meet their full objectives - not because of lack of resources, but for the lack of skilled project management[1]
- there is plenty of material available telling people how to run a good project – but not much to convince busy, frontline service improvers why it's worth following good project management practice in the first place
- we want to point you to some of the most relevant tools and materials for health and social care improvers.

Even if you know a lot about projects and how they are managed – you probably work with others who don't. This is a short, easy-to-read resource that you can share with them - strengthening their understanding of the improvement process and making it easier for them to contribute to it.

More than 70 per cent of projects fail to meet their full objectives

There are some excellent project management resources to explore. (See the 'Learn more' section at the end of this guide for some good suggestions.)

For many people though, this short guide may well be enough to get a project up and running and operating on sound project management principles.

Throughout this guide you'll see quotes titled: 'From the frontline NHS'. These are genuine comments offered to us by real NHS staff. They each have valuable first-hand experience of the project management learning curve!

1. Extreme CHAOS, The Standish Group International Inc (2001)

Projects and delivering improvement

Knowing about projects will really help you initiate and deliver your improvement idea – but this isn't all you need to know. It is important to understand how to genuinely involve patients, carers and staff, and recognise that people will respond differently to improvement ideas.

Added to this, there is a need to think carefully about sustainability and spread at the earliest stages of any improvement. You won't want it to stop just because your project comes to an end. You'll want your improvement to have lasting and growing benefits – not just in the area where it started, but as far across your organisation as possible, and even into the wider health community.

This simple diagram shows the four key components of the Discipline of Improvement. It's useful to think in this way as it will help you focus on all the different aspects that need to be considered to make good sustainable improvements. You can't expect to be an expert in all four areas, but it's important to know about them and feel comfortable with them.

The four parts of the Discipline of Improvement[2]

Involving users, carers, staff and public
How to involve and understand the experience and needs of your patients, their carers and your colleagues

Process and systems thinking
How to understand your work processes and systems and all the links between them, while looking for ways to increase capacity and reduce demand and waste

Personal and organisational development
How to recognise and value differences in style and preferences, including your own, and build a culture that supports improvement

Initiating, delivering sustaining and spreading
How to build improvement into daily work: making it something that we don't think about as special but we just get on and do

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2. The four parts of the Discipline of Improvement in Health and Social Care, Penny (2003)

What does it mean?

The terms, **'project'** and **'programme'** are often used interchangeably, but they are different and it is really important to understand this.

Many of the same tools and techniques can be used to manage programmes and large, complex projects. Programmes, however, tend to be more strategic, involving the long-term co-ordination of a number of projects to make sure they fit together and deliver the desired improvements and benefits.

The skills required at programme level and project level are also different. With programmes, more effort is focused on integration, negotiating changes to plans and communicating these effectively. Projects are 'more in the detail' as they have more clearly-defined activities and parameters, such as timescales and resources.

As well as the valuable advice about projects in this Improvement Leaders' Guide, have a look at the other titles in the series; especially the Improvement Leaders' Guide to Improvement Knowledge and Skills for more about the Discipline of Improvement and the Improvement Leaders' Guide on Sustainability and its relationship with spread and adoption. You can see all the guides at: www.institute.nhs.uk/improvementleadersguides

From the frontline NHS…
'Project management has two sides: the technical side with the project initiation documents, plans and logs, and the people management side, with stakeholder engagement, winning hearts and minds and good communication. Both sides are equally important, but some projects fail because effective skills for managing people are missing'

2. Myths about projects

Myth: *Projects are for people who like paperwork and systems.*
Truth: No. Projects are not an end in themselves. They are a means to making improvements happen. Of course, the best projects work in clear structures and document what they're doing. They ensure the improvement work is properly resourced and measured. But it is people with passion and vision and with a talent for teamwork who really make projects work – not bureaucratic processes.

Myth: *Projects are linear – you set your goal and work towards it.*
Truth: Projects are linear in that you need to start and finish them at some point, but that doesn't mean you should steam ahead at all costs. Projects can be exploratory and can change direction. They should allow you to keep stopping to ask yourself whether the benefits you thought you were working towards are the ones you're on track to achieve, or whether they are still the ones your stakeholders need. And even when the project is finished, the improvement needs to be sustained and often spread more widely. So think of projects as improvement tools that deliver ongoing benefits, rather than just delivering a rigid set of outcomes.

Myth: *Projects should come from the top of an organisation where the high level objectives are set.*
Truth: Yes and no. Projects can be generated from improvers at any level of an organisation – bottom as well as top. Projects don't always automatically fall out of an organisation's high-level strategies – although many do. They also come from frontline teams with good ideas, but it is true to say that successful projects usually have continued support from the top of the organisation. Wherever they come from, improvement ideas should ultimately be about better services for patients, and always contribute to the aims of the organisation. Using good project management and improvement techniques will help you stay focused on this.

Myth: *Projects are all about IT, finance and accounts.*
Truth: No, lots of clinicians and other frontline staff successfully run projects. In fact, clinicians are excellent project managers because of the everyday things they do to manage patient care - examining a patient; diagnosing the problem; planning and reviewing care – so closely match good project practice.

Not all projects are IT-focused either. For instance, redesigning a one-stop-clinic so that patients are seen by the consultant and get their tests, results and treatment plan sorted out in one visit, is likely to mean focusing on people and processes, rather than on technology.

Myth: *You have to speak the right 'language' to be a good project manager.*
Truth: Jargon is undeniably used around projects. Terms such as Project Initiation Document (PID), scope, risk and hundreds more can understandably switch people off. Although it's best to try to understand them (there are lots of good jargon busters around, including a short one in this guide) you don't have to use them. The important thing with jargon is to establish very quickly whether all those involved understand it. If they do, fine, but if they don't, it may be best to consciously avoid it, or make sure it is always explained.

From the frontline NHS…
'One project manager successfully helped other colleagues involved in her projects to understand the whole project management process by not using any of the jargon at all'

3. Plan for success

In this internet age, it's easy to feel that you're drowning in information. How do you begin to make sense of the jungle of project management literature and support out there? If you're a beginner, where do you start? If you already have some project management experience, are you missing something useful?

A lot of the existing material is based on sound learning and is well worth looking into – as long as you choose selectively. This guide will help you do that by giving you links to some of the resources that others in health and social care have found to be the most useful in running their own projects.

But what this guide really aims to do is answer two fundamental and linked questions:
• **why** do projects fail or succeed in delivering improvement?
• **how** can I apply this knowledge at each stage of my own improvement work?

3.1 Why do so many projects fail?

The Standish Group – a US-based research company dedicated to helping people get more out of their IT investments and projects – regularly publishes its findings on the most important factors for project success.

In its report Extreme CHAOS[3], the Standish Group found that:
• 28 per cent of projects they reviewed met their full success criteria
• 23 per cent were deemed to have failed altogether
• 49 per cent met some, but not all, of their success criteria.

The number one reason why projects failed, according to the research, was lack of support from senior executives and 'champions'. But close on its heels is lack of user involvement followed by a host of other contributory factors.

The Office of Government Commerce (OGC) has done something similar in distilling eight common reasons why projects fail in the public sector.[4]

There's a lot of shared ground between the two and the list here closely reflects both their findings.

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3. Extreme CHAOS, The Standish Group International Inc (2001)
4. Common causes of project failure, The Office of Government Commerce and the National Audit Office (2005)

They say the most successful projects have:
- a clearly defined purpose
- visible ownership and support from senior managers
- clear and relevant measures to demonstrate progress
- firm links with wider business and improvement plans
- a manageable scope and achievable milestones
- strong stakeholder involvement
- good project management skills
- good teamwork
- a planned handover strategy - from project management to operational management
- effective ways of sharing what's been learned.

honest communication
regular communication
relevant communication

Clear, honest, well-timed communications are at the heart of all these factors and need to be a top priority for any improvement leader. There will be more help and ideas on communication later in the guide.

3.2 Apply the success factors to your own project

So you now know what elements are common to the most successful projects – but what do you need to be doing to make sure they're active in your improvement work?

Step 1. Understand the project lifecycle:
Have a look at this simple diagram. It shows the four stages that make up the classic project lifecycle.

The project lifecycle

Communication

1. Getting Started

2. Initiation & planning

3. Running the project

4. Closure & learning

Keep revisiting…keep reviewing…keep asking:
'Is the project achieving the required improvements?'

Step 2. Ask the questions that will keep you on track:
Now have a look at the key questions for success at each stage of the project lifecycle in the diagram opposite. These 10 questions are designed to help you think about the key success factors and how to apply them in your own improvement work.

The good practices they cover aren't always confined to just one stage of the lifecycle, but the diagram tries to show where they're needed most.

To make sure your project has the best chance of success, ideally you would answer 'yes' to each key question. But if you can't, don't think your improvement is doomed. You will at least be more aware of your weak spots and the following sections of this guide will help you do something positive about them.

Project lifecycle and 10 key questions for success

1. Getting Started

Using learning from previous projects

2. Initiation & planning

Feeding learning back into new projects

3. Running the project

4. Closure & learning

Q1. Has the project proposal been evaluated on its long-term benefits rather than just its initial cost?

Q2. Do line managers and leaders visibly and actively support this project?

Q3. Does it fit with the wider strategic direction of the organisation and can this be clearly demonstrated?

Q4. Are there clear written objectives and measures for this project?

Q5. Is it clear what is inside the scope of the project and what is not – and is the project planned in manageable stages?

Q6. Do I know who all the stakeholders are and how they should be involved at each stage?

Q7. Does the project team have adequate project management skills, or ready access to others with them?

Q8. Is there a clear decision-making and reporting structure for the project?

Q9. Has the move to 'business as usual', as well as the impact and sustainability of this improvement, been thoroughly thought out?

Q10. Are there ways to share with others what has been learnt along the way?

Learn from others

Learning and knowledge sharing isn't just something you do at the end of your project – it's something you can build into your improvement work right from the start. So why not ask other project managers - both inside and outside your organisation - what lessons they can share with you so you can learn from their mistakes and their successes.

Be honest…

If you're planning your project or even just thinking about it – do you think you'll be able to say a definite 'yes' to all 10 key questions?

> **5-minute challenge:** Go back to the '10 key questions' diagram. Why not spend five minutes rating your own project and organisation against each of the questions? Try giving yourself a score out of 10 for each, with 10 being excellent and 1 being poor. Where are your strongest areas and what will you do about those that are weakest?

Remember these 10 key questions for success are just that - they are NOT a detailed model for project management and they don't have to be addressed in a particular order. There are other tools and methodologies to take you step-by-step through the project management process. We have signposted some of these throughout the following pages, and selected some of the best in the 'Learn more' section at the end of the guide.

Tools and ideas:

The Model for Improvement is a simple but highly-effective improvement tool and is used widely across the NHS and other sectors. It will help you set clear objectives and measures for your improvement and can be used at any time in the project lifecycle. For more about the model and how to apply it, see page 18.

The NHS Institute for Innovation and Improvement's Work Process Model is a structured way to understand and work on the key challenges you face. It incorporates a variety of tools and techniques for analysis, creativity and prototyping that can help you rapidly develop innovative and useful solutions. For more information go to www.institute.nhs.uk/organisation/about_nhsi/our_methodology.html and click on the pdf link.

eSpace is a quick and easy way for people interested in IT-enabled change to share news, opinions and information. It builds on existing communities and networks, and offers a single point of access to these and other useful sources of help. See: www.espace.connectingforhealth.nhs.uk

4. Questions to keep your project on track

This section is designed to give you more details on each of the top 10 success questions. It aims to give you confidence and point you towards some of the best tools and resources.

Getting started

Success question 1:

Has the project proposal been evaluated on its long-term benefits rather than just its initial cost?

Not all change is improvement, but all improvement is change.[5]

Almost all projects are about improvement. Improvement means change and change isn't always welcome.

That's why it's so important to stay focused on the benefits you are trying to achieve.

What does it mean?
A **benefit** is what stakeholders value about an improvement; it is the 'what's in it for me' factor. For instance, if the improvement is the creation of a new community clinic, the benefit for patients might be that it's easier to get to and they can access all the professionals they need to see under one roof.

One of the key things this guide aims to do is to give you a basic understanding of the most common terms used in project management. But you will find that different project management methodologies use different definitions. Find the ones you are comfortable with, just remember to use them consistently.

5. Theory of Constraints, Goldratt E, North River Press, Massachusetts (1990)

Learn from others:
It's also important when thinking about benefits to learn from the experience of others. Have other teams or organisations tried to make similar service improvements, and did the benefits they anticipated actually happen? Or did different or unexpected benefits result instead?

Dealing with 'dis-benefits':
Dis-benefit is the word used to describe instances where a benefit achieved for one group of stakeholders brings about less positive or unsettling changes for another group. For instance, a new treatment centre in the community might mean faster, more convenient care for patients, but it could also mean loss of income for the acute trust, as well as different working hours and changed roles for staff.

It is crucial to identify the benefits as well as any dis-benefits so you develop a balanced view of the impact of your improvement. You'll then be in a much stronger position to involve and communicate with everyone affected by your project – not just the obvious winners.

Whatever the benefits or dis-benefits, understanding and communicating these as clearly and as early as possible will pay dividends right throughout the project lifecycle:
- if you know what the benefits are, you can show clearly how they fit with your organisation's higher-level strategic priorities. This will win you early support from your senior leaders and get your project off to a strong start
- investing time with your stakeholders to develop the benefits will keep important partners on board and help you define exactly what your project will achieve
- if the project runs into difficulties, politically or financially, the strength of the benefits will help you decide whether or not to push on
- against all this, it's also important to remember that some benefits may not be fully realised until after your project has closed.

From the frontline NHS…
'If you can, find out what individuals want from the project. If possible, deliver something quickly that will help improve their lot'

Identifying the benefits:
If you've got an idea for an improvement – you'll already know at least one potential benefit.

1 minute challenge: Imagine you're in a lift and someone who really matters to the success of your improvement gets in. You've got just 60 seconds – what would you tell them about why your improvement is needed? Jot this down – because, although it might need more work, it will probably be the strongest benefit and the one that should be foremost in your mind as you develop your idea.

While this sort of challenge can be really useful in kick-starting your thinking about benefits, it is of course just the beginning. If the benefits are to be the backbone of your improvement work (and they should be) it will be important to invest time and effort in developing them and understanding how they link together.

From the frontline NHS…
'The 10 High Impact Changes* demonstrate that benefits can be broken down four ways: benefits for service delivery; patient experience; clinical outcomes; and benefits for staff. Imagine how many stakeholders you could engage if you could find benefits that cover all four!'

* The 10 High Impact Changes are evidence-based and field-tested changes for service improvement and delivery. They were first developed by the NHS Modernisation Agency and then re-issued by the NHS Institute for Innovation and Improvement. To learn more about them, go to the Department of Health website at www.dh.gov.uk and type '10 High Impact Changes' into the search box.

There are lots of other good resources to help you. The Model for Improvement is one simple and highly effective tool that will not only help you work out what the benefits of your improvement are, but will, through the 'plan, do, study, act' (PDSA) cycles, help you make sure you test out a variety of improvement ideas that are achievable and relevant to your project. This model is used throughout the whole Improvement Leaders' Guide series.
www.institute.nhs.uk/improvementleadersguides

The Model for Improvement:[6]
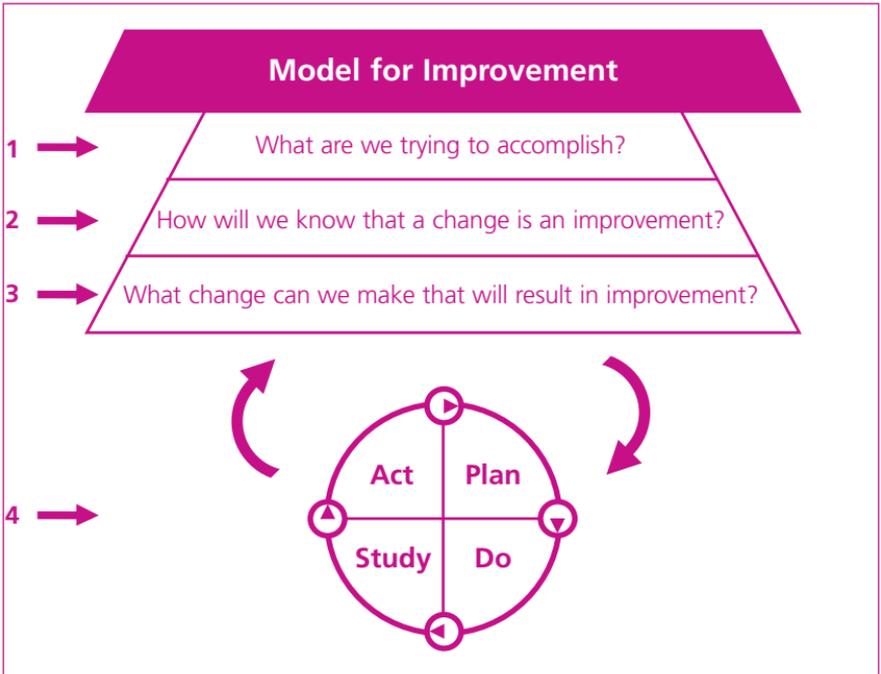
1. The objectives and benefits are defined here
2. Measures are developed here
3. Improvement ideas are gathered here…
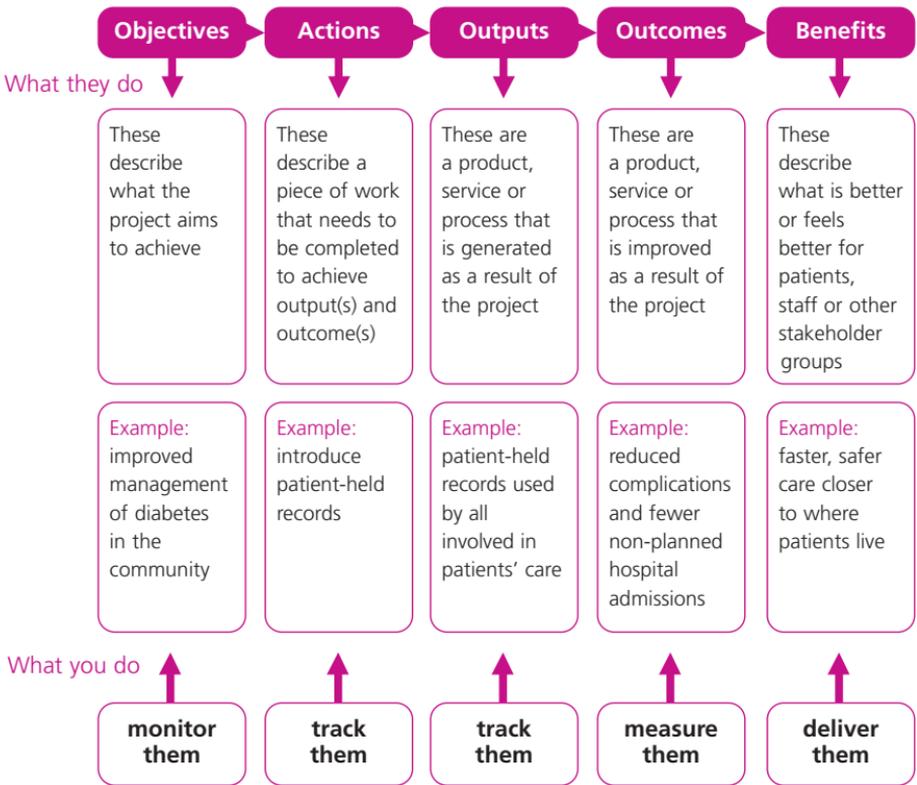**4.** …and tested here - not just once but throughout your project

6. Source: The Improvement Guide: a practical approach to enhancing organisational performance, Langley G, Nolan K, Nolan T, Norman C, Provost L, (1996), Jossey Bass Publishers, San Francisco.

Where do benefits fit in?

Untangling benefits from outcomes and understanding why these are different from objectives, can understandably switch a lot of people off the whole discipline of project management. But it doesn't have to be complicated – and understanding how each element relates to the other can be a big help in building your project plan.

This diagram shows benefits in the wider context of improvement and how they link with the other key components of a project.

Benefits in their wider context

Objectives	Actions	Outputs	Outcomes	Benefits
What they do				
These describe what the project aims to achieve	These describe a piece of work that needs to be completed to achieve output(s) and outcome(s)	These are a product, service or process that is generated as a result of the project	These are a product, service or process that is improved as a result of the project	These describe what is better or feels better for patients, staff or other stakeholder groups
Example: improved management of diabetes in the community	Example: introduce patient-held records	Example: patient-held records used by all involved in patients' care	Example: reduced complications and fewer non-planned hospital admissions	Example: faster, safer care closer to where patients live
What you do				
monitor them	**track them**	**track them**	**measure them**	**deliver them**

Joining up the benefits

Benefits aren't usually achieved in isolation. It is important to be sure that the actions you take to make one set of benefits happen and support (or at least don't hinder) the achievement of the other benefits you're aiming to deliver. (See 'Dealing with dis-benefits' earlier in this section.)

Tools and ideas:

The Benefits Dependency Network (BDN) tool has been developed by the NHS Integrated Service Improvement Programme (ISIP) and adapted from the Cranfield Management School and Office of Government Commerce generic models. It is particularly useful in identifying the links between the different components of a project, and helping service improvers maintain a strong focus on delivering the benefits and avoiding unexpected consequences. See: www.isip.nhs.uk and type 'benefits dependency network' in the search box.

Other improvement tools described in the Improvement Leaders' Guide series, can also help you with identifying benefits – particularly the Involving patients and carers and Process mapping, analysis and redesign guides. See all the guides at: www.institute.nhs.uk/improvementleadersguides

Success question 2:

Do line managers and leaders visibly and actively support this project?

Any good guidance on running a successful project will tell you that getting support from your board and senior managers is a must. Yet the lack of clear ownership and support at senior level is still one of the top reasons why projects run into trouble.

Your project will need to involve senior people in a variety of different roles. These will include senior clinicians; senior users; and if your improvement work requires external suppliers (for instance IT specialists), it's a very good idea to make sure they're represented too.

Remember, though, your senior team needs to be much more than just a panel of signatories ie. people who sign off project documentation but do little else. It is important to keep them interested and enthusiastic, and make it as easy as possible for them to stay as involved as you need them to be. That's about planning in detail how you'll communicate with them, and when.

From the frontline NHS…
'Clinical staff are some of the best change agents you can have. Don't believe people who say clinical staff are resistant to change – they constantly manage change'

Why is this so important?
Keeping the senior team fully on board during the whole project lifecycle is crucial – not just because they are the decision makers (although this is important) but because they are leaders and everything they say and do sends a message to your stakeholders and your wider organisation:

- if your medical/clinical director participates in even part of your brainstorming session, the message that this is a valuable and supported piece of work is clear to everyone, and staff feel valued too
- if your chief executive comments on the expected benefits of your improvement during the next trust board meeting, other senior people will sense that this is something worth supporting.

Tools and ideas:

🔘 **Being strategic:** think about how and when different senior leaders like to receive information - do they want a couple of short paragraphs and some figures, or a more visual approach? Try to update them at key points in their week or month: just before a trust board or governance meeting for instance. Planning some early benefits or 'wins' will also help keep everyone interested instead of waiting for the big launch.

🔘 **Being opportunistic:** is patient safety in the local headlines or some other key issue that will be improved in some way by your project? A couple of simple paragraphs updating a senior leader on the project's progress so far might be a welcome addition to any official response they plan to make.

🔘 **Being creative:** consider going beyond the usual report format and think about offering them something more visual - a set of clear, simple PowerPoint slides for instance. Think about whether you could include some simple diagrams to illustrate any data you have, and match this with any good feedback you have from your work with staff, patients and other stakeholders. You could even add some pictures against their comments. Keeping your project human will help keep people interested.

🔍 **The NHS Sustainability Model and Guide**© has been produced by the NHS Institute for Innovation and Improvement to help you ensure the benefits of your improvement continue once your project has closed. It's useful here because it gives some practical advice and creative tips on how best to get senior leaders and clinicians interested and involved.
For more information go to www.institute.nhs.uk choose
'Building capability', then 'New models for transforming the NHS'
and 'Sustaining improvement'.

Success question 3:

Does it fit with the wider strategic direction of the organisation and can this be clearly demonstrated?

Before you get approval for your project and can move on to the 'initiation and planning' stage, it's a good idea to have done some detailed work to identify and articulate the key benefits of your improvement. To get senior 'sign-up' to any project, it will at least be necessary to show that it contributes to your organisation's broad vision. For many projects, especially those that will involve any significant resources, try to demonstrate that your improvement and the benefits it will bring are consistent with the high-level objectives and priorities of your organisation. Senior managers will not want to commit time and resources to a project that doesn't support these.

Why is this so important?
It's one thing having a personal conviction that your project fits with your organisation's aims and priorities; it's another thing being able to demonstrate this link to others clearly, confidently and convincingly. This applies not just to senior managers and clinicians, but to patients, staff and all your other stakeholders such as carers and suppliers.

Identifying and articulating these links will be crucial. It will help you:
• make a convincing case for your project
• motivate people and keep them focused if things get difficult
• respond appropriately if wider business priorities change

Project reviews: Being clear about the 'fit' of your project will also be very important in satisfying your programme or project board that your project is justified and that the business requirement has been adequately researched. For more on the review stages of a project, see 'Success question 8'.

Tools and ideas:

Bringing out the benefits: you won't be able to talk about the alignment of your project with your organisation's business objectives without talking about its benefits. So it's worth making sure that you are using good benefits management tools and techniques. (See 'Success question 1' for more on this.)

Listening: similarly, you won't be able to talk about benefits unless you have worked with your stakeholders to find out what they need and want. You could start by identifying some key individuals for informal discussions or workshops, moving on to more planned and structured communications with your stakeholders as your project progresses. (See 'Success question 6' for more on understanding and involving your stakeholders.)

Making connections: try to find out who else has done similar improvement work locally and call or visit them to find out what they have learnt from it.

Investing time in presentation: whatever the size of your improvement, it's worth putting some thought into how you will communicate the expected benefits and how they link to your organisation's wider aims. Your benefits certainly need to be clear and unambiguous – but there are many ways of capturing and presenting them. Pick the best to get your messages across and stimulate your stakeholders

If you've been working with stakeholders, the chances are you'll have a wealth of detailed, personal observations and ideas from them. Select the best and use them in your communications to keep everyone focused on exactly why you are making the improvement.

For instance: a simple benefit such as 'a better, less confusing experience for patients' suddenly comes to life if you add the patient's own words:

From a patient...
'I've never been so frightened and confused – there were five doctors and nurses in the room when I was diagnosed and I couldn't take in a thing. All I wanted to do was go home.'

Remember…

- Anecdotal evidence is valuable and powerful, but it can't replace good data. Having good data to back up your project's objectives and benefits is a top priority and in order to get it you have to measure.
- If you do have good data, make it work hard for you and think about how you will present it, making it as visual as possible. Is there anyone in your team and organisation who can help you with this? Would it be worth getting your graphs and charts printed in colour?

From the frontline NHS…
'Document everything and take photos where appropriate to show the before and after. You'll be surprised how things change.'

The Improvement Leaders' Guide to Measurement for Improvement is a good resource if you want some practical advice on how to get started on gathering quality data to underpin your improvement. Like all the titles in the series, it's short and easy-to-read, but has lots of practical advice. It will show you how to use measurement techniques right throughout your improvement work – from establishing your baseline (what services are like now) right through to spreading and sustaining the benefits it achieves. See this and all the guides at: www.institute.nhs.uk/improvementleadersguides

Success question 4:

Are there clear written objectives and measures for this project?

Often, it is uncertainties about project documentation and all the terms used to describe it that frustrate people most. The good news is that these things can be used flexibly. There are many different formats and approaches – the important thing is not to get too hung up on the different titles and formats you'll come across. Just pick what's right for your situation.

Here's just a few of the project documents you might have heard of, and what they should aim to do:

• **Project mandate:** A mandate is ultimately an approval for a potential project. It can take many forms, from a simple verbal request from a manager, to a full description of what is to be delivered, the objectives, scope and budget. As a minimum, a mandate should be a clear reason why a project is required and what it is expected to achieve.

• **Project brief:** This is a more detailed and defined document than the mandate and is often the basis for the 'project initiation document' that comes later. A good project brief will give some background to the project. It will state clearly what improvement is required and what the project is aiming to achieve. It might also begin to show how this will be done and describe the roles and relationships between the different people and groups involved.

• **Project Initiation Document (PID):** This captures and formalises all the important aspects of the project and gives you the formal authority to proceed with the improvement. The PID will contain all the information outlined in the project brief above – but will usually give more detail. For example, it will include a breakdown of how the project objectives are to be achieved and by when, and include a list of all the risks that might threaten the delivery of the benefits and what can be done to minimise or manage them. (See the table of suggested PID contents later in this section).

- **Project plan:** Your project plan might include elements of all the above, but the key difference is that it must set out all the actions that have to happen to achieve the improvement, as well as clearly stating when these will happen and who is responsible for doing them. A good plan, even if it's simple, will capture things like cost and dependencies (links between one action and another). Depending on the size and complexity of your project, your plan could be as straightforward as a couple of sides of A4; a simple spreadsheet; or it could be produced using a more sophisticated project management software package. Whatever approach you take, the common ground between all project plans is that they are 'living' documents. It is important to constantly revisit your plan to review and record your progress. Think about putting it on the wall where everyone in the team can see it.

Where does a business case fit in?

Some NHS organisations will prefer costs and objectives to be presented as a business case. It is worth checking what approach would be best and ask for examples of what has worked well before. Don't be afraid to ask for help too and find out who in your organisation has expertise in writing business cases.

For more ideas and practical advice on developing a business case, see the links in section 8: 'Learn more' at the end of this guide.

How do experienced project managers approach their documentation?
There is of course no set rule for everyone, but it's useful to have an idea of some of the approaches real project managers in the NHS use. Here's just one example. It is a contents list for a project initiation document that one experienced project manager in the NHS has shared. It may give you some useful ideas on what to include, or at the very least show you what works for someone else:

Suggested content for a Project Initiation Document (PID)

Heading	What's Included
Background	• Where the project has come from • Reasons behind setting it up, including benefits • Main stakeholders
Objectives	• SMART objectives (specific; measurable; achievable; realistic; time)
Scope	• What the project covers (what's in and what's out)
Outputs	• End products, such as a new procedure, a tool, equipment, or guidance
Constraints	• Main constraints on delivery of the project (resources, specific skills)
Assumptions	• Any assumptions you are making for the delivery of the project. For instance assumptions about no changes to roles and responsibilities, or to organisational structure
Reporting	• Reporting and monitoring structure; what will be reported when and to whom
Actions	• Tasks involved in the project in detail
Risks	• Anything that could affect or even threaten the success of your project and their potential impact
Roles and responsibilities	• Person(s) responsible for what in the delivery of the project
Targets and timescales	• What you are aiming to achieve and by when
Authorisation	• Person(s) who give authorisation for the project and to whom, plus the different activities this involves

Which documents do I need?

Even if you're using a recognised project management methodology, you do have flexibility about what sort of documents you use to plan and manage your project, and what level of detail they contain.

In small projects, the mandate might even be verbal and the project may proceed straight to the Project Initiation Document (PID) without a written brief in between. In very large or complex projects, the project brief may be a welcome stepping stone and a chance to actually pause and plan the PID.

Don't let the terminology turn you off:

Instead of getting bogged down in what documents to use, it's probably more useful to think about why you're documenting your project. You then get closer to working out the level of information you, your organisation and your stakeholders need, and the format that will suit you best.

What does it mean?

Risk: something that might happen to hinder or even stop you achieving the improvement you're aiming for.

Risk log or register: a way of thinking ahead about risks: how likely they are to happen; the potential impact if they do happen; and who is responsible for minimising them or responding to them and how.

Issues: something that has already happened to affect the project, and you are currently working on.

From the frontline NHS…

'The first time we ran a formal project process in the Trust, I felt concepts like risks and issues were really challenging. As a clinician I knew about clinical decisions in risk management and was aware of health and safety issues. But, the idea of risk and issues in a project required a different understanding and seemed to over-complicate things. At the time I didn't think they needed to be managed in such a specific way.

But they definitely contributed to the project's success. We knew what our problems were and made sure these were resolved.'

You need the right documentation for your project because:
- it sets your project off on a sound business footing
- it helps everyone understand what they're doing, when and why
- it gives you a solid benchmark to refer back to
- it gives you a clear log or record of why decisions have been made or actions taken
- it means you can accurately report on your progress
- it helps you make sure you're still on track to achieve the required benefits (especially at review stages)
- it means you can weigh up whether the benefits are still relevant and worth working for if business needs have moved on.

Remember:
However you present it, and whatever you call it, you will need a project plan. This might be as simple as a list of things to achieve – or it might be more detailed. Whatever your choice, try not to overcomplicate it.

Tools and ideas:
The Successful Delivery Toolkit produced by the Office of Government Commerce has a wide range of templates and content outlines that you can follow. These include suggested content for a business case, a project brief and a project plan. See: www.ogc.gov.uk and click on the links to 'Delivery toolkit' on the home page.

For more templates, see the other links in the 'Learn more' section at the end of this guide

Success question 5:

Is it clear what is inside the scope of the project and what is not – and is the project planned in manageable stages?

The Standish Group – referred to earlier for its work in identifying why projects fail and succeed – says that even large companies are taking a smaller scale approach to projects and are having better success as a result.

According to the Office of Government Commerce's 'Common causes of project failure'[7] too little attention is given to breaking development and implementation into manageable steps – and this, it says, is one of the top eight reasons why projects don't deliver.

> **From the frontline NHS…**
> 'Be very clear about the proposed outcome of the project – get literal sign up to what it will do and what it won't do. This sets project boundaries and helps avoid scope creep'.

Why is it so important?
Smaller projects are consistently more successful because of reduced confusion, complexity and cost. Another benefit is that they are relatively easier to manage, timescales are shorter and costs are less likely to overrun.

> **From the frontline NHS…**
> 'Cut the project into tiny manageable bits with deadlines for completion. Be kind to yourself with these. You need to be alive to enjoy the praise when it s completed!'

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7. Common causes of project failure, The Office of Government Commerce and the National Audit Office (2005)
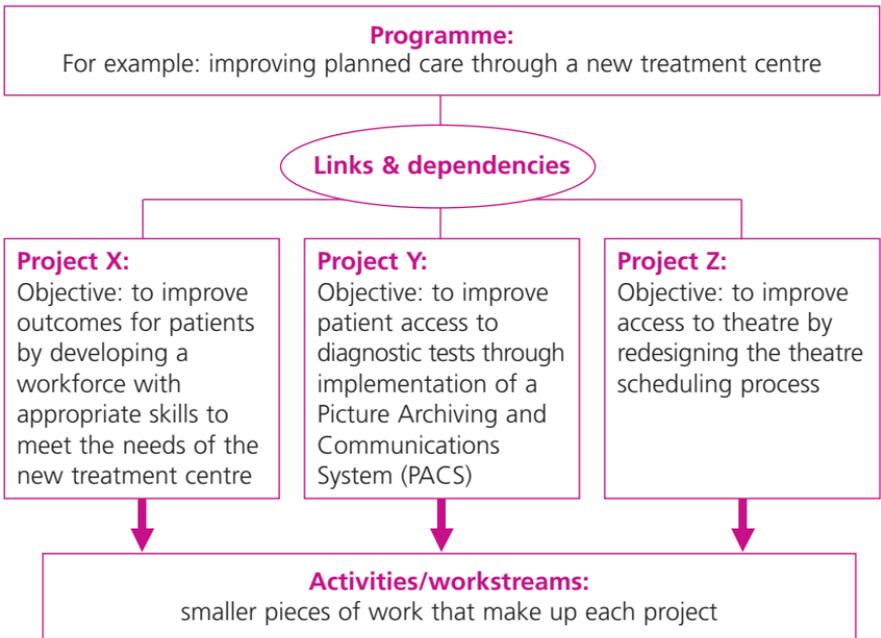
Is it a project or a programme?

If your project feels unmanageable, consider right at the outset whether your improvement needs to be taken forward as a single project or whether it is really a programme – with a series of projects sitting underneath it. If you're not sure, have a look this useful definition based on one used by the Chartered Institute of Management:

A project is…

- a set of activities with a beginning and an end
- that are carried out to achieve a particular purpose
- to a set quality
- within given time constraints
- and cost limits.

A programme is…

the term used to describe a collection of projects and activities that are managed as one unit in order to achieve wider strategic goals and benefits. They help organisations to link all their different projects so the benefits of each work together – as illustrated here:

Programme:
For example: improving planned care through a new treatment centre

Links & dependencies

Project X:
Objective: to improve outcomes for patients by developing a workforce with appropriate skills to meet the needs of the new treatment centre

Project Y:
Objective: to improve patient access to diagnostic tests through implementation of a Picture Archiving and Communications System (PACS)

Project Z:
Objective: to improve access to theatre by redesigning the theatre scheduling process

Activities/workstreams:
smaller pieces of work that make up each project

However, some organisations will talk about running a large, multi-faceted project in place of a programme – with separate workstreams or activities delivering different aspects of the overall improvement.

For the most part, deciding to call something a programme with projects, or a project with workstreams and activities, is more a matter of terminology than tactics. It really doesn't matter that much.

What DOES matter is understanding that the more complex a piece of work is, the greater the risks and the greater the need to involve a qualified and experienced project or programme manager.

Tools and ideas:
Even if your improvement project ends up being larger than you'd like it to be, you can still take steps to help avoid the common pitfalls that hinder bigger undertakings.

Stop and review: It is important to build review points into your planning so the project can be reworked or stopped if unforeseeable changes mean the benefits are no longer achievable or desirable. Your Project Initiation Document (PID) or project plan should be a dynamic document – not a ball and chain that ties you to outdated objectives and benefits nobody needs anymore.

The Managing Successful Programmes (MSP) framework on the Office of Government Commerce web pages will tell you more about programmes and what is involved in managing them. It is a well-used resource across the public sector. See: www.ogc.gov.uk and click on the 'programmes and projects'.

The NHS Integrated Service Improvement Programme (ISIP) explains what you can expect to see from programme definition and scope documents. This should give you some useful context for your project. Go to www.isip.nhs.uk, select 'Roadmap for Transformational Change', Phase II, and then the 'Confirm scope and purpose of programme' box in the diagram.

NHS Connecting for Health provides **Implementation Guidance** aimed at anyone involved in implementing projects related to the National Programme for IT (NPfIT). Go to www.nhsconnectingforhealth.nhs.uk click on 'Systems and services' and then on 'Implementation'.

Success question 6

Do I know who all the stakeholders are and how they should be involved at each stage?

This activity seems obvious enough and most projects will plan some form of communication with the people and groups affected by the proposed improvement. But do they go far enough?

Your stakeholders are the people who are either affected by the proposed improvement, or are important to its success in some way. Involving some but not all of your stakeholders will almost certainly cause you problems further down the line. Involving your stakeholders in a 'token' way, or second guessing what's important to them, are equally dangerous short-cuts.

Your project, for instance, might aim to introduce a more streamlined system for speeding up the discharge of older people from hospital. You could go to great lengths to consult patients, hospital staff and GPs, but if you haven't involved community nursing teams – the staff who will need to support people once they leave hospital - the improvement isn't likely to benefit all patients and could even result in more emergency admissions.

Why is this so important?
It is vitally important to work with your stakeholders, rather than just react to them. This is often called 'stakeholder management' and if you can do this well right from the outset, you are putting your project on a very strong footing.

This means finding out precisely who your stakeholders are; assessing their level of interest in the project; and determining who among them is key to the project's success. This is 'stakeholder analysis'. As well as enabling you to be absolutely clear about the benefits everyone is expecting from the improvement, good stakeholder analysis helps you:
• optimise support for your improvement project
• reduce the risk of it running into difficulties or even failure.

What does it mean?
Stakeholders: any people, groups or organisations that are:
- affected directly or indirectly by the changes and benefits of your improvement work
- and/or have the potential to influence the success of your project in any way

From the frontline NHS…
'For clinical issues make sure you have a strong clinical champion who is respected by colleagues'

'We all know them as champions, but be careful not to wear them out!'

'It's not just about having one clinician on a focus group – if you do that, further down the line you're likely to get other clinicians folding their arms saying "we're not implementing that – we weren't consulted'

It's important also to understand your stakeholders on two levels: many will represent an organisation or group, but at the same time they are individuals and the human aspects of change come into play. (For more on this, see the Improvement Leaders' Guide Managing the human dimensions of change at: www.institute.nhs.uk/improvementleadersguides

And try not to forget that your suppliers (the people and organisations who may be providing you with products and services to make your improvement happen) are also your stakeholders. Lack of understanding and early contact with the supply industry, especially at senior level, is one of the main reasons public sector projects fail. Simply assuming they share your vision of the benefits, risks and roles in your project, could lead to big problems later.

From the frontline NHS…
'Ask the patients what they think (before you make changes). I remember making marvellous changes in a fluoroscopy service, reducing waits from 16 to three weeks. Patients thought it was great, but what they really wanted was a 'nice cup of tea' after the examination!'

Who are your stakeholders - the 'nine Cs'

When you're thinking about who all your stakeholders are, a good place to start is the 'nine Cs'[8]. This is a simple technique that helps you map your stakeholders against nine broad categories, including customers, commissioners and champions.
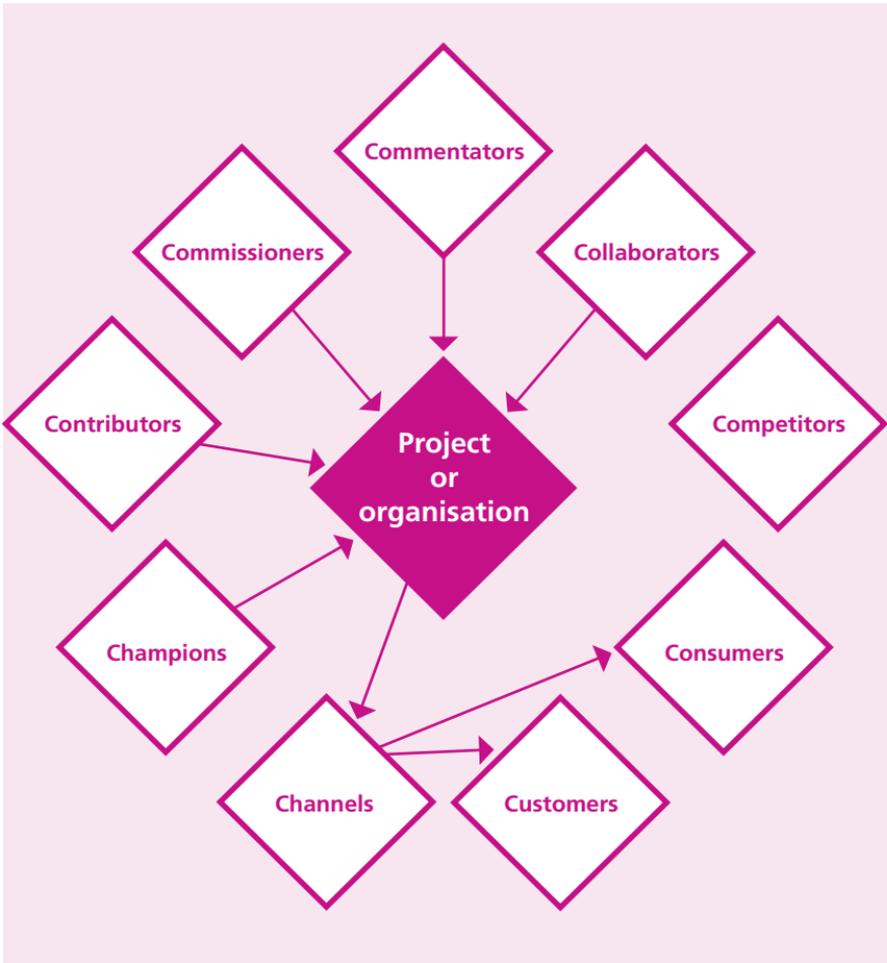
The 9 C's: descriptions

- **Commentators**
  Those whose opinions are heard by customers

- **Collaborators**
  Those with whom you work to develop and deliver products and services

- **Competitors**
  Those working in the same area who offer similar services or alternative products to you

- **Consumers**
  Those who are served by the NHS

- **Customers**
  Those that acquire and use your products

- **Channels**
  Those who provide you with a route to the market or customer

- **Champions**
  Those who believe in and actively promote your work

- **Contributors**
  Those from whom you acquire content for products

- **Commissioners**
  Those who pay you to deliver.

How important are they? The impact matrix

Once you understand who all your stakeholders are, you can plan the most appropriate levels of involvement and communication. Project management experts often use Pareto's 80/20 principle, a mathematical ratio made popular by this Italian economist in the early 1900s. Vilfredo Pareto made his original observation to describe the unequal distribution of wealth in his country, but the principle is more commonly used now to show how 20 per cent of something (for example stakeholders) are responsible for 80 per cent of the results (for example successfully delivered benefits).

A stakeholder matrix like this one can be very useful for ensuring you know who your crucial '20 per cent' are, so you know where to concentrate most of your attention and how to make the best use of any resources and support you have available.

A stakeholder impact matrix

Put your effort here

Impact of work on stakeholders

Importance to stakeholders
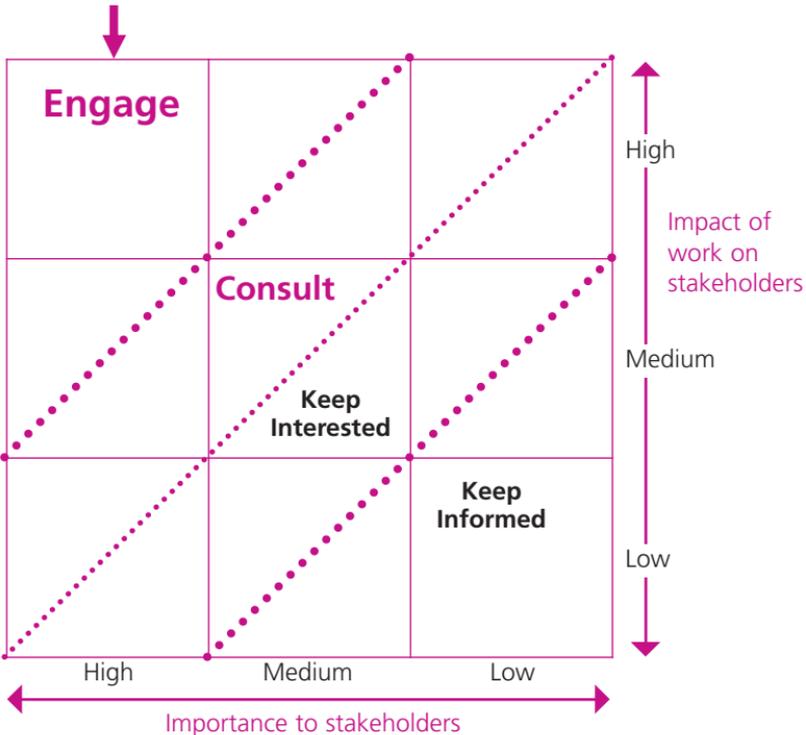
Getting your communications strategy right

A section on good communications could feasibly have come anywhere in this guide – simply because it's so important at every stage and level of project management. But it's perhaps most useful to mention here, when you're thinking about how you're going to talk to all your different stakeholders and build good relationships with them.

From the frontline NHS…
'Always tell the truth and communicate openly. If you have difficult news, the sooner you let the team know the better'

You will need a well-thought-out communications plan and the following rules of thumb are worth bearing in mind.

10 rules for good communications:
1. don't leave it until the last minute. Plan your communications so that you know what is to be communicated, when, how, by whom and why
2. tell people what they need to know, not what you want to tell them
3. keep your underlying messages consistent, but use language that different groups can understand and relate to
4. communicate early so that people have time to influence decisions that are important to them
5. communicate often and tell people:
   - it's coming (trailing);
   - it's here (announcing);
   - it's happening (reporting progress); and
   - it's happened (reminding)
6. use a range of approaches and media including the use of 'champions'
7. tell them how to find out more
8. make sure communications are two way and give people an easy way to feed back their views
9. record and act on the feedback – and tell people you are doing so
10. keep talking – especially if there are delays, or even if there's nothing new to report, tell people.

It is important to do some early research into who your different audiences are - what sorts of culture do they work in and what sort of communications formats are they most comfortable with?

Tools and ideas

The Improvement Leaders' Guide series goes into more detail about working with people and groups. See particularly: 'Managing the human dimensions of change'; 'Working with groups'; 'Involving patients and carers'. See all the guides at: www.institute.nhs.uk/improvementleadersguides

Success question 7

Does the project team have adequate project management skills or ready access to others with them?

You can improve a service without always using a formal project management approach – especially if the improvements you're making are relatively small and straightforward. In fact, there is an explicit goal in the NHS that service improvement should be happening at all levels and at all times as 'part of the day job'. That means encouraging small improvements, supported by the Model for Improvement. (See 'Success question 1' for more on the model.)

But the fact is, if you're trying to improve services in a complex system like health or social care, then project management skills, or access to them, will vastly improve your chances of success and make your life a lot easier along the way.

From the frontline NHS…
'What scared me most about my first project was spending six months preparing and planning without actually taking any action. But after that, implementation was surprisingly easy and went largely according to plan. I hadn't believed it was possible until then, and now I spend a lot of time encouraging others to take the project 'leap of faith'

Of the Standish Group's top 10 factors for project success – cited earlier in this guide, section 3.1 – having an experienced project manager is one of the most important. But we all know this isn't always an option. If you're reading this guide, it's likely you've had very little or no experience of running a project yourself. And in frontline health care settings, it may not always be possible to get experienced project managers heavily involved in your improvement.

Be confident - you manage 'projects' all the time…
You might feel passionately about your service improvement idea, but feel totally out of your depth when it comes to planning how to get services from where they are now, to where you know they could be.

Think about the last time you bought a car, a new washing machine, booked a holiday. You're likely to have done most, if not all, of the following:
- clarified where you were and where you wanted to be
- worked out what benefits you hoped to achieve and how to make sure they happened
- convinced and involved others
- found the necessary resources – time, money and people
- planned what you were going to do, who was going to do it and when
- implemented the improvement
- reviewed your progress
- shared what you'd learnt.

Essentially, these activities are the nuts and bolts of any project – and you're probably doing them all the time, at work and at home.

From the frontline NHS…
'I've even used project management principles to build my new kitchen'

Building on what you already know
Of course, if you're a service improver at any level in health or social care, it makes sense to equip yourself with as much knowledge and support as you can.

There are lots of options open to you, including:
- formal training in a recognised project management methodology (see 'Frequently asked questions' at end of guide)
- self help – there are many excellent guides to project management (see 'Learn more' at the end of the guide)
- help from others – your organisation may have dedicated programme and project support that could provide help in areas such as planning, documentation, improvement, risk and resource management. If these resources are needed, but not available, you may need to consider buying them in

- **resourcefulness** - if you can't easily involve an experienced project manager, consider looking wider and think about asking your finance team to help you cost your project, or an experienced operational manager to help you develop your business case
- **mentors** - is there someone more experienced in project management who could either be your mentor or coach, or even just offer you informal advice when you need it?

From the frontline NHS…
'My background is in nursing, midwifery and health visiting. To be honest I've never really wanted to be a project manager – but here I am leading a big project to reconfigure maternity services. I'm aware it's a huge challenge and just talking things through with my mentor has been a great way to allay fears and stay focused on the right issues'

Why not look again at the 'myth buster' at the start of this guide and remember that basic project management is a learnable skill, not a gift given to just the chosen few.

Tools and ideas:

Being realistic: your project may not always need a dedicated project manager, but it will need managing, and if that's down to you, it's important to make absolutely sure you agree specific, dedicated time and resources to carry out your role. If you need four hours a week away from your clinical duties, agree this with your line managers and project sponsors right from the start. (Look at 'Success question 8' for more on roles and responsibilities.)

The Improvement Project Guide has been developed by the NHS Institute's No Delays team and is a quick-reference, seven-step guide for carrying out simple and complex improvement projects.
See: www.nodelaysachiever.nhs.uk/improvement

Success question 8

Is there a clear decision-making and reporting structure for the project?

An effective organisational structure for a project is crucial. Every project needs direction, decisions, management and control. This will come from having the right people in the right roles, and the right communication channels to link them together.

Obviously, setting up the right structure and agreeing roles and responsibilities is something that needs to be done right at the start of your project. The project management structure is a temporary structure and for most projects it will look something like this:

A typical project structure:

Senior responsible owner (SRO)
The individual who is ultimately responsible for ensuring the project meets its objectives and delivers the desired benefits

The project board
The project board represents (at managerial level) the business, user and supplier interests in the improvement work. The people on it must have authority because the board is the decision-making body that commits real resources to the project, including staff, equipment and money

The project manager
A single focus for day-to-day management of the project. The project manager's role is to ensure the project delivers the desired improvement and benefits, to the required standard and within agreed time and cost constraints

Project support team
Dedicated support in all aspects of project management

The project team
Brings different knowledge and skills to the project on either a full or part-time basis. The team will depend on your project but will probably include people with expert knowledge and understanding of…

| the service | communications | finance |

A project usually needs a different organisational structure from the normal line management arrangements. It may combine people who are working full time on the project with those who have to divide their time between the project and other duties. Projects can also work across an organisation's different functional areas – for example clinical, IT and training disciplines.

Managing people within a temporary structure; outside normal line management arrangements; and working across different disciplines, makes it more important than ever to be totally clear about everyone's roles and responsibilities.

Any good project management guide will give you plenty of advice and practical help on organising the right structure for your project. (See 'Learn more' at the end of the guide for some good suggestions.)

Project assurance

As well as decision-making, the structure of a project must support, monitor and report on progress. Are the desired benefits on track to be delivered? Is the original business case still valid, or have the needs of your stakeholders moved on? Will you deliver the benefits within budget and on time? All these questions and more will need to be asked and answered on a regular basis. This is called project assurance.

To make sure this happens smoothly, your project plan should have clear review points built into it. These shouldn't feel like defensive and daunting affairs. Reviews give you an opportunity to recognise and promote your successes so far, but also to be absolutely honest about where the problems are. Even if you are the project manager, you won't be able to field every problem or issue yourself – some will simply be too serious or complex. Regular review points give you the opportunity to 'escalate' or report the issue to your board, making sure a problem is acted on, not hidden, ignored and left to fester.

Tools and ideas:

◉ Getting a system that works for you – there are lots of ways to keep your project on track. Some organisations have developed their own weekly checkpoint forms that use traffic light codes to rate progress on different project activities. A red light quickly flags up the need for urgent action – while greens can be safely left alone and ambers watched more carefully.

◉ Being exploratory – try to use your reviews creatively, not just to tick off the items in your project plan but to re-examine what you're aiming for with your improvement. The things your project does may not always be the ones you set out to achieve. This is absolutely fine as long as you can demonstrate that the benefits you've ended up with are just as valuable to your key stakeholders. You can only do this if you have paused to properly review and measure the benefits along the way.

◉ 'Plan, do, study, act' (PDSA) cycles could be integrated at several points in the project plan. See 'Success question 1' for more on the PDSA cycle and the Model for Improvement.

Success questions 9 & 10

Has the move to 'business as usual', as well as the impact and sustainability of this improvement, been thoroughly thought out?

Are there ways to share with others what has been learnt along the way?

Although these two questions are not strictly linked to the project success factors set out at the start of the guide, they are still extremely important.

A lot of time, effort and probably resources will go into making your improvement happen – so it makes sense to do as much as you can to make sure the benefits are sustained well beyond the project lifespan and that, wherever possible, others learn from your experiences.

Moving to 'business as usual'
You cannot run a project forever. At some point successful improvement work has to be handed over to operational teams to run as part of their mainstream business. You need to plan and prepare for this point right at the beginning of your project and, for this, you will need to involve operational teams and users as fully as possible at every stage of your project lifecycle – not just the end.

> **From the frontline NHS…**
> 'No matter what the outcome is, there's learning to be had which will improve your future projects and develop your leadership skills'

Sharing your knowledge and experiences
We can learn much from our mistakes, as well as our successes. Thomas Edison failed more than 10,000 times before he found a filament that would create sustained light. He didn't see these as failures, he was eliminating possibilities. The key is to learn from your mistakes, and everyone else's, preventing the same mistake being made time and again.

It's easy to say that learning from mistakes is important – but how do you actually make sure it happens?

Capturing what you learn along the way

First of all it's important to collect and record the lessons you are learning. Collecting lessons learnt is a great opportunity to assess what's gone well and what could be improved. The most important thing here is to make sure everyone knows that it's acceptable to make mistakes as well as to celebrate success.

It's unwise to leave your lessons learned report to the end of the project; capture them as you go. If you've been involved in a 12 month project, you're unlikely to remember the details of what happened 10 months ago.

Consider running an action review workshop at the end of each key stage in the project, to discuss and record:
• what went well and what could be improved?
• what was supposed to happen and what actually happened?
• what was learnt?

And share what you have learnt:
• a short presentation to others in your organisation, health community or profession is one idea.
• consider whether you could piggyback on another event that is happening locally and arrange a slot or short workshop where you could share the highlights and the lessons from your improvement work.
• even an email that identifies these key lessons to colleagues you know will be interested is better than not sharing anything at all.

Again, try not to make this an afterthought. Plan how you will share your experience and learning with others right at the start of your project.

Success is worth celebrating

While you will want to be sure you learn from any mistakes, you're also looking to learn from what went well. So remember to recognise and mark your successes throughout the project as well as at the end - both with your team and with your stakeholder groups and wider organisation. Don't keep your successes quiet - let others know!

Tools and ideas:

🔍 **Sustainability and its relationship with spread and adoption** is one of the Improvement Leaders' Guide series. It will help you understand more about why sustainability and spread are so important in service improvement and help prepare you for some of the potential challenges of building both into your project. See: www.institute.nhs.uk/improvementleadersguides

🔍 **Evaluating improvement** is another of the Improvement Leaders' Guides and is very useful in helping you think about ways of evaluating not just how well your project is functioning on a day-to-day basis – and what you might be able to learn from this – but also how effectively your improvement is being implemented and what impact it's having.
See: www.institute.nhs.uk/improvementleadersguides

🔍 **The NHS CHAIN (Contact, Help, Advice and Information Network)** is a good way of asking for help and collaborating with others across the NHS. It is also a good outlet for proactively sharing your own knowledge and learning. See: http://chain.ulcc.ac.uk/chain

🔍 **Connecting Project Managers** is an online community for managers of IT-enabled projects. It is a valuable way to share your thoughts, ask questions and highlight lessons learnt. You will need to register and create a password. See: www.informatics.nhs.uk/groups/connecting_project_managers

5. Ten top tips from the NHS

We asked frontline NHS improvers for their top tips on project success. This is what they said…

- 'Be absolutely clear about your objectives and communicate them well'

- 'Always remember that at the centre of everything is the patient – that's why we're here and that's why we're trying to improve things'

- 'Make sure that your vision (the benefits you are aiming for) is believable and simple'

- 'Make sure the project lines up with wider strategies. No useful gain will be made by delivering the wrong project efficiently'

- 'Talk (and I mean talk, not email) to everyone. This is not a quick process but if you shortcut it you'll fall foul later. And you'll often find support in unlikely places - never underestimate the power of an informal chat over a cup of coffee'

- 'Don't let your project get bigger and bigger. Once a project is underway, people get carried away and think they can solve the world's problems in one go. Don't be tempted to try'

- 'Remember that if your project is growing, you may need take it back to your project board to reconsider the scope'

- 'Don't underestimate the amount of time you need for admin – meetings, notes and presentations all take time'

- 'Allow others to own the success. A successful project is a success for more than the project team – it's a success for the stakeholders too'

- 'Have a good and measurable plan and stick to it'

Thanks to all the members of the NHS CHAIN (Contact, Help, Advice and Information Network) who gave us their views and comments for this top tips section and for many of the quotes included in the 'From the frontline NHS' boxes throughout the guide. To get more information about CHAIN and to join go to: http://chain.ulcc.ac.uk/chain

6. Frequently asked questions

Question

If project management becomes an important part of my job – what sort of training might I need and where do I get it?

Answer

There are many training courses for those involved in project management, including principles, tools, techniques and skills such as stakeholder management. These courses range from short briefings to intensive courses leading to a recognised qualification.

The Office of Government Commerce (OGC) has a useful website aimed at supporting staff in the public sector who wish to follow a career in programmes and projects. See: www.ogc.gov.uk/training_ppm_specialism.asp

Question

I've heard about people doing the Managing Successful Programmes (MSP) course - what is it and will I ever need it?

Answer

Managing Successful Programmes gives definitive guidance on managing inter-related projects as part of a wider and co-ordinated programme of change. It has been developed by the Office of Governement Commerce and an MSP manual is available, along with a number of training options - from short briefings to intensive courses. The latter can lead to certification and are aimed at those who manage or provide dedicated support to change programmes.

However, even if you are not working at this level, it can be helpful to have an understanding of programme management if you are being asked to support a formal programme of work. If there is a local change programme manager, they should be able to arrange this for you. Otherwise ask your planning team. For more about MSP, see: www.programmes.org or you could also look at the Integrated Service Improvement Programme (ISIP) website at www.isip.nhs.uk for an introduction to programme management.

Question

What, if anything, is different about IT-related projects - do I need different project management skills?

Answer

All projects need the same generic set of skills and activities, such as planning; engaging stakeholders; process redesign and making sure the benefits are delivered. IT projects are no different in this respect. The only additional skills you may need to think about is involving and working with external suppliers and bringing technical experts on board.

7. Jargon buster

Actions: These describe a piece of work that needs to be completed to achieve the output(s) and outcome(s).

Activities: smaller pieces of work that make up each project.

Benefits: the 'what's in it for me?' factor. These describe what is better or feels better for patients, staff or other stakeholder groups – they are the thing(s) that stakeholders value about the improvement.

Deliverable: another word to describe an output.

Dependency: a link that shows how delivering one part of a project – for example an activity or a benefit – depends on delivering another part of the project.

Issue: something that has already happened to hinder the improvement, but that you're dealing with and managing.

Milestone: a significant point in time for the project, usually involving the completion of an important activity.

Objectives: these describe what the project aims to achieve.

Outcomes: these describe and measure what needs to be happening differently in the future as a result of the action(s) involved in the project.

Outputs: a product, service or process that is generated as a result of the improvement.

Programme: a collection of projects and activities that are managed as one unit in order to achieve a wider set of strategic goals.

Project: a set of activities with a beginning and an end that is carried out to achieve a particular purpose.

Risk: something that might happen to hinder or even stop you achieving the improvement you're aiming for.

Scope: establishes the size of the project by defining what is included in the improvement work and what's not.

Scope creep: when the scope or size of the project expands beyond its originally agreed boundaries. This growth is often subtle and happens over time.

Stakeholder: a person, group or organisation who is either affected by the project/improvement, or who can influence its success.

Often, what is accurate technical language for one person, is jargon to another. Using such terms isn't always bad, as long as everyone you're working with understands them too. If you really want to take people along with you, try to take the time to explain any 'project language' you use until others are as comfortable with it as you.

If you're on the receiving end of jargon, don't be afraid to ask for a plain English explanation. More often than not, there will be others who are just as confused as you.

8. Learn more

Learn:
The Improvement Leaders' Guides are produced by the NHS Institute for Innovation and Improvement and cover a wide range of skills and activities that any service improver – at any level – can use. There are 16 titles now in the series, listed on page one of this guide. You can access them all at: www.institute.nhs.uk/improvementleadersguides

Network:
The NHS Contact, Help, Advice and Information Network (CHAIN) is a series of online networks for people in health and social care. They offer a simple and informal way of contacting other people across the service and sharing ideas and knowledge. Many of the quotes used throughout this guide were from CHAIN members. See: http://chain.ulcc.ac.uk/chain

Read and click:
There are huge numbers of books available on project management. To help get you started, we have pointed you to a range of resources and websites throughout the guide but there are also many books – too many to mention - on the market that you may find most useful and inspiring.

Websites to look at are:
• The NHS Institute for Innovation and Improvement contains practical tools and relevant, readable advice on all aspects of service improvement. Visit www.institute.nhs.uk and look especially at all the Service Improvement tools on www.nodelaysachiever.nhs.uk/Improvement

• The Office of Government Commerce (OGC) website contains a wealth of information, guidance, tools and templates on project and programme management. In particular, you will find:
  • an introduction to projects: a clickable online tool that guides you through the actions you need to take at each stage of your project. Go to: www.ogc.gov.uk and follow the links to 'Programmes and projects' > 'Introduction to projects'.
  • tips and templates for constructing a business case. Go to www.ogc.gov.uk and click on the 'Delivery toolkit' link on the home page. The toolkit's introduction pages give further links to a wide range of documents and templates.

- **Integrated Service Improvement (ISIP)** website. Offers some useful tools and guidance particularly under step 3 'Benefits realisation planning for projects'. www.isip.nhs.uk/guidance

- **NHS Connecting for Health Implementation Guidance** provides tools and information aimed at anyone involved in implementing projects related to the National Programme for IT (NPfIT).
www.connectingforhealth.nhs.uk/systemsandservices/implementation/guidance

- **The Department of Health** offers useful and practical advice for anyone developing business cases in the NHS. It has been developed specifically for those producing information management and technology business cases, but is nevertheless very useful in non-IT settings. Go to the DH website at www.dh.gov.uk and type 'The five-case model' into the search box.

The Improvement Leaders' Guides have been organised into three groups:
General improvement skills
Process and systems thinking
Personal and organisational development

Each group of guides will give you a range of ideas, tools and techniques for you to choose according to what is best for you, your patients and your organisation. However, they have been designed to be complementary and will be most effective if used collectively, giving you a set of principles for creating the best conditions for improvement in health and social care.

To download the PDFs of the guides go to www.institute.nhs.uk/improvementleadersguides

We have taken all reasonable steps to identify the sources of information and ideas.
If you feel that anything is wrong or would like to make comments please contact us at enquiries@institute.nhs.uk

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