

The Improvement Programme: Making change for the better

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Good afternoon everyone, my name is Michael Adjei-Tabirade. I graduated in 2012, after studying Medical Biochemistry. I took some interesting modules such as metabolism and some physiology modules. I thoroughly enjoyed it and met some great people. I was a pre-medical applicant so I had a passion to do medicine. I was unfortunate with the application process beforehand so I thought to myself why not stick on within the hospital and try and understand the corporate side of things. My talk is going to be about my role in the Improvement Programme at St George's in London, but in my spare time I also invest in property, so if anyone wants to talk to me about that afterwards they're more than welcome.

To begin with, a bit of background about my journey. Straight after I graduated, I thought to myself "I need to get a job" and so I went into hospital administration, working in the central booking service. The central booking service manages and directs referrals from primary care settings into different services within the hospital. I played an important role in making sure that this happened effectively and smoothly. I was doing this job for about 18 months; it was quite tiring and, if I'm honest, a bit frustrating doing the same thing again and again.

Due to the flexible nature of that job, I had the opportunity to attend many different forums and meetings within the Trust, developing relationships with different stakeholders. Through those connections, I spotted the opportunity to apply to be a Project Change manager. I prepared carefully for the application; I made sure my personal statement was up to date, emphasising my relevant skills and experience. I also conducted research about the job. I tried to understand the background of the hospital, looked at their vision, their mission, their strategy, and I looked into how their application to become a Foundation Trust was going. A couple of weeks later I had an interview and I did pretty well; apparently I scored the highest out of everyone who'd applied, so I was extremely happy about that.

I prepped myself beforehand, including reading different interviews books to make me as confident as possible during the interview phase. At the interview they asked me things like "What can I bring to the company or service?", "What skills do I have already?", "How can I deal with difficult stakeholders?" "Do you know what are your strengths and weaknesses are?"

So what does my role as a Project Change Manager involve? A Project Change Manager has to be a great facilitator and leader, dealing with and forming great relationships with patients, different clinical staff and other members of staff from the hospital. They help to direct and guide change within different services, and they act as an external arm for different individuals who aren't able to necessarily focus their time on improving the service because their day to day job within the hospital keeps them very busy.

At St George's we all work within different divisions: Children's and Women's; the Surgical Directorate; Medicine and Cardiovascular; and Community Services. I fall under Surgical which encompasses Cancer, Theatres, Neuroscience and obviously Surgery itself.

Service Improvement is a programme that aims to enhance and guide services towards achieving and sustaining excellence. I've highlighted "sustaining" because it's very difficult to sustain change within any sort of service, especially if you have multiple stakeholders who are used to doing things a certain way. You have to be somewhat firm with them and try to get them to understand that this change is necessary and beneficial for the patients as well as the staff.

What skills do you need? As I said before **facilitation and leadership skills** are really crucial. Some people caricature facilitation as being good at manipulating people, but it's really about guiding and directing people to make a decision. You'll find in many situations there may be people, nurses or doctors, that don't necessarily want accountability or ownership for making a decision that might change the way things are run within a service. There are other stakeholders who are more than happy to make decisions.

You have to have good **organisation and administration skills**. For example, are you making sure your actions are logged and that you set a start date and a completion date for them? Are you keeping track of how they are managed? Are you updating your Outlook calendar to make sure you're getting to the meetings you are supposed to attend?

You also need to be **adept using the Microsoft Office suite** of software. That's Microsoft Word, being good at writing project reports. You need to be good at PowerPoint presentations because you'll be presenting in front of Boards and Executives. You also need to be pretty decent at Excel. There are many different situations where I've dealt with masses of data; patients' information, length of stay data, understanding how specialities are performing, those kind of things. Being able to read data is key. So even whilst you're on your current course make sure you understand how to interpret data as efficiently and effectively as possible.

Communication and interpersonal skills. All of the presentations today have emphasised the importance of communication skills, but interpersonal skills are important too. You need to make sure that you understand the people you are talking with. Whether that's on a professional or personal level you need to pick up on those small things that make them tick, because it means you're better able to communicate with them.

Problem solving. Again that's why I am in this job, I'm a problem solver. I help people think of ways to solve problems within the services, to try and increase performance. Obviously you have to use your initiative. There are lots of people who don't use their initiative, but it is a crucial dimension if you want to work in this field.

What **qualifications** do you need? These are all different types of project management qualifications. Luckily for me the Trust put me through a GE Healthcare project management training course. The most well-known project management qualification is Prince 2; that's pretty much standard for any Project Manager role. Lean 6 Sigma is another one which has emerged. It's a combination of two different types of old-school project qualifications. Lean was one project management package which focuses on understanding how to eliminate waste within a service. 6 Sigma is similar. Those of you who are mathematicians will understand Sigma is a variational change, so understanding how to reduce those changes within a service.

Another methodology is McKinsey project management. It's a stringent and strict programme for individuals who are very ambitious and want to make big changes; some would say "militant". If you get an opportunity to take one of their courses it is an extremely good and rewarding qualification to have.

You may feel that you've not had much opportunity to be involved in project management whilst you are a student, but you have had some, and you can get more relatively easily. We need to be a bit less British and a bit more American about our approach to selling ourselves. Take a careful look at the job description and think about how your current and previous experience both on the course and more widely can be used as evidence. I went through the job description for my role and I worked appropriate evidence for the different key skills into my personal statement. As the previous speaker said, we need to reflect and make

a list of all our key skills and understand how we've used them in different situations. But it is important that you can identify examples to endorse what you say.

At St Georges Hospital we've recently appointed a new Executive Director of Delivering and Improvement. He has initiated restructuring or rebranding of service improvement. He had actually been working for McKinsey, so he brought with him some of their tools, and some experience of how they had been used at the Virginia Mason Hospital in the States. There are three main aspects to think about when improving services or endorsing a new project. You have *your vision*, which is giving you purpose and direction with whatever you're doing within a service or organisation. You have *your compact* which is your intellectual or psychological contracts between different stakeholders because the way I present myself and talk to a doctor may be different to the way I present myself to a patient. And you have *your method*, the way you approach projects.

Using this project toolkit we established a vision for 'embedding continuous improvement to deliver outstanding patient care'. It focuses around the fundamental thing we're trying to achieve, which is enhance the patient experience. Inevitably, there are some tensions in a hospital context. We might agree that patient care is central, but there are still debates about financial constraints and about the idea of quality versus quantity on which some stakeholders might think differently. A general manager may be very focused on statistics and financial measures, those kinds of indicators. A doctor however might get quite put off by those different things. They might be most interested in their performance in, say, colorectal surgery. In addition a nurse may want to priorities qualitative aspects, how they are performing in terms of looking after their patients and dealing with those patients post operatively.

This slide has an example of compacts. It gives a clear understanding of what we're saying we are going to give to them and what we expect from them. We call that "the give and the get" and this would be a document signed by all parties as a record of what everyone had agreed to do. You have to have your safety nets. This is an example of how we approach our projects. We need to identify what the problems are. That's normally cleared up quite quickly just by talking to different people, but that's not enough in itself - you need to make sure you have evidence. There is a whole scoping phase where you do your background research, your stakeholder analysis, your SIPOC (Suppliers Input Process Output Customers) and you formulate some understanding about the underlying issues. You propose these to the exec and the board and you ask for their permission to see if its ok (through signage) and then you go through a long phase of project delivery. After delivery you review the whole process, checking from time to time that services are running smoothly, aiming to sustain it for an initial period of about 30-60 days.

To finish, I'm going to talk a little bit more about some of the projects I'm currently working on. This whole project I'm working on is known as enhanced recovery. Enhance recovery is pretty much evidence-based care that aims to provide high quality for patients undergoing surgery and producing a quicker turn over. It has both qualitative aspects and financial aspects. I admit that the first time I heard about this it sounded just like trying to shove patients out of hospital more quickly, but there's actually quite a lot of evidence suggesting that enhanced recovery is beneficial to patients.

There are several different phases to enhanced recovery. Firstly, there's the *preoperative phase*, that's before surgery. That involves the GP trying to optimise things for the patient as much as possible before their surgery helping preoperative nurses assist them for surgical preparation, making sure the patient is informed with the right information. We noted that once the patient has a little bit of ownership and expectations as to when they're going home, their recovery is faster. You have the *perioperative phase*, which is primarily the responsibility of the anaesthetist. And you also have the *postoperative phase* and the

discharge phase which includes understanding how to mobilise the patient appropriately and giving them the right nutrition, the right dietary information, the right physiotherapy, and so on.

So far enhanced recovery has been focused within three different specialties; general surgery, gynaecology and neurology. They have been endorsed on the enhanced recovery programmed for about three or four years. We found that having a whole round approach to improving enhanced recovery in those areas wasn't necessarily the most effective, so we focused on acute or more specific areas such as the breast care pathway and the TURP and TWOC clinics (that's TransUrethral Resection of the Prostate and Trial WithOut Catheter, which are aspects of prostate surgery).

The other project I'm working on is the Theatres programme project and that's split into three parts, so we have: (1) the surgical admissions lounge to theatres. What's crucial here is understanding the communication between your surgeons, your theatre staff and the different staff members that work on the surgical admissions lounge. This is vital because many different problems can arise in this area, including patients not attending their surgery, doctors arriving for their surgery late, adverse weather conditions, all of these different aspects that may delay the surgery. So we try to streamline and understand the process in order to reduce all of these different things from happening.

There is (2) the enhanced list planning work stream which looks at the planning of surgery beforehand, because there's a lot that goes into actually making sure a patient gets to the operation successfully. Sometimes poor communication or maybe a lack of accountability from staff responsible for this planning reduces the effectiveness. Some specialties, such as cancer services, have a frequent need to cancel certain elective surgical procedures in order to prioritise emergency treatments. This is obviously the right thing to do, but it can cause havoc with the schedule so you have to look into ways to minimise the fallout. Then there's also (3) theatre optimisation, understanding the factors that contribute to inefficient use of theatre time and improving use of the surgical space.

Finally, what are the next steps in terms of career progression from this job? You can logically progress down the service management route. You can go towards assistant general management, looking after the service, making sure there aren't any underlying problems and communicating with different directorates, other service managers and project managers to make sure you maintain or enhance the service.

You have to be very good at numbers if you're a service manager or assistant general manager. You need to be able to present yourself very well in front of different types of people. You can also go into other project management or programme management roles. A programme manager is someone who oversees a collection of projects and essentially manages those project managers, and feeds relevant information to the exec.

OK, that was a quick overview of Project Management, I'm happy to answer any questions. Thank you for listening.

Questions

Q: You were talking about the corporate side of the NHS, do you find that you ever need to use the content of your degree in your job?

A: That's a very good question. It depends what sort of project I'm working on. For example, there are some people within my department who don't really know how to read scientific journal articles because they just don't have that background, they've come into project management via a different route. So I think the advantage I have is I am able to interpret and understand scientific text quite quickly based on the

teaching I received in Leicester. Understanding medical terminology would be another benefit from my degree. It gives you a confidence that you know what you are talking about, for example if you are giving a presentation.

Q: You initially took on quite a lowly role in admin, but it sounds like that served as a foot in the door which got you a bit of inside information. If someone else is interested in moving into a similar role would you recommend that they did the same, or is there a more direct route? What would you recommend?

A: To be honest with this job, as I said before you have to have a qualification like Prince 2 or GE Healthcare training. What is most important in getting a first job is presenting yourself well and showing evidence that you can manage a project of some sort. That's not likely to be formal "Project Management" but think carefully about roles you might have played in clubs or societies – how can that be used as evidence that you have management experience. Also, you will all do a research project in your final year. Whatever that involves specifically you will have to develop and use transferable skills to carry it out successfully. As we said earlier, do think carefully about skills you are developing – start a list now of skills you've got and evidence that supports this, and update it regularly. It demonstrates that you understand yourself.