
Rising to the Challenge

**Protecting your
investment in QIPP
during the transition
to the new NHS**

An Amnis White Paper

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1.0 Overview

This guide provides practical advice to those healthcare organisations contemplating or already investing in rising to the challenges set out in the White Paper 'Liberating the NHS'.

With a total of £20 billion worth of efficiency improvements to be realised by 2014, organisations need to invest time and effort effectively in activities that deliver significant efficiency improvements.

Delivering high quality services in a safe way whilst also managing this transition to a more efficient, productive and patient-focused service is therefore going to be the key skill for senior leaders within the new NHS, and Amnis can help you deliver this transition successfully.

The scale of efficiencies needed cannot be achieved by purchasing cheaper paper clips and will mean fundamental changes to the way that services are designed, commissioned and operated. 'Liberating the NHS' sets out to radically overhaul the National Health Service in the next few years by eliminating Strategic Health Authorities by 2012, Primary Care Trusts by 2013 and a number of Arms Length Bodies (such as the NHS Institute for Innovation and Improvement and the National Patient Safety Agency) by 2014. The plan was announced in light of a global recession, which changed the

way we need to look at spending and economics in the public sector.

QIPP (Quality, Innovation, Productivity and Prevention) is one of the main vehicles that will help organisations to deliver the vision of the new NHS that is outlined in the White Paper.¹ The concepts that underpin QIPP are neither new nor complex, but organisations need flexible and informed support to help them deliver these improvements sustainably, something we hope this guide will deliver and something that Amnis provides every day to our healthcare clients. To find out more, contact us today.

"All those who work on the frontline should be thinking carefully, and imaginatively, about how we can do things differently. The QIPP process is a home for this in the NHS and the way that we can implement the best and brightest ideas across the service."

Andrew Lansley

Secretary of State for Health

¹ See the relevant sections from the White Paper 'Equity and Excellence: Liberating the NHS' in the appendix.

2.0 Transformational Change in Healthcare

Professionals in healthcare want to provide the best care for patients and many are aware of the need to improve efficiency whilst still delivering high quality care.

QIPP is therefore about giving your people the skills, time and motivation to break the status quo and create new better ways of delivering services. The differences of QIPP from the ubiquitous 'Productive' and 'Lean' programmes is the scale of the transformation that is required and the need for improvements to occur across whole health economies.

In the next section we introduce you to the 'art of the possible' with a series of publicly available QIPP case studies.

“Delivering improved quality care against a difficult cost backdrop is not going to be easy so it is vital that we know whether we are being successful or not. To do this we need to be able to measure our work at every level to show that we are making quality improvements and cost savings at every step of the way.”

Jim Easton

**NHS National Director of Efficiency
and Improvement for England²**

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<http://www.healthcarerepublic.com/news/1009015/DoH-urges-NHS-staff-share-local-successes/>

3.0 QIPP Case Examples – Proving the Theory

If you're thinking QIPP is just another top-down, headstrong initiative set in place by the NHS simply to save some money, then think again. By rising to the challenge and creating real change in your organisation you can see vast improvements in quality and efficiency and help maintain balance between quality, cost and delivery.

Change is spreading through the NHS, and under pressure from reduced budgets and reforms, the time to rise to the challenge is *now*. Below are some examples that have already been implemented in the NHS and are only just beginning to reap the rewards.

The following six examples have been obtained from publicly available sources and demonstrate that it is possible to both improve the quality of care and at the same time deliver significant efficiency improvements.³

³ These case studies have been obtained from <http://www.library.nhs.uk/qipp/>

"Any successful transformation programme is only as good as the level of engagement you get from your staff and partners. Long-term transformational change is not something undertaken lightly and means a significant commitment to on-going communications and partnership working."

Joanne Edwards
General Manager, NHS Education for Scotland

Case Study 1: Atrial Fibrillation – Detection and Optimal Therapy in Primary Care

Situation

Atrial fibrillation (AF) is a common condition in patients over 65 years of age, affecting over 600,000 patients in England, and a leading risk factor for stroke, increasing the risk for stroke by 5–6 times. Early detection and treatment of AF can reduce the risk of stroke by 50–70%. By detecting and treating AF early, it is estimated that 4,500 strokes and 3,000 deaths can be prevented a year in England. It is also estimated that from 2008–2009 the direct care cost of stroke treatment was over £3 billion, but the wider economic cost was £8 billion.

Solution

Atrial fibrillation is easy to detect by feeling the arterial pulse at the wrist, and even opportunistic screening in people over 65 can improve the detection of AF. Once AF is detected, a patient can begin treatment with warfarin, which reduces the risk of stroke by 50–70% and only costs an estimated £383 annually, much lower than the cost of treating a patient for a stroke.

Improvements

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Quality: The successful implementation led to an increase in overall safety, effectiveness and patient experience. Safety was improved through early detection of AF, which improved quality outcomes for patients by reducing their risk of stroke. The overall effectiveness was improved through cost-effective treatment of AF by reducing the risk of stroke, and lowering the health and social care costs of treating stroke due to AF. Overall the patient experience was improved by preventing avoidable mortality and morbidity due to strokes caused by AF.

Productivity: In addition to the quality measures outlined above, it is estimated that prevention efforts could prevent 4,500 strokes annually and save £63.5 million. By preventing strokes you can reduce the number of hospital admissions, bed days, social welfare costs and all the other personal devastating effects that may occur with a stroke.

Amnis Comment

Focusing on prevention and detection rather than treatment can improve outcomes for patients and the overall efficiency of the health system but normally relies on the collaboration of several organisations to deliver a successful result.

Case Study 2: Cervical Cancer Screening – Improved Efficiency

Situation

In some cases, cervical cancer screening processes can be very inefficient, with test turnaround times in excess of 14 days. This is due to a variety of reasons including non-centralised laboratories and the necessity to contract out services.

Solution

In a one-year timescale, 12 NHS Trusts have implemented changes which reduce the processing time for cervical cancer screening results to a maximum of 14 days, many achieving this in less than seven days. They have improved the ability to monitor and evaluate the service and increased safety by implementing a zero tolerance policy for test defects. By implementing central laboratories and improving the flow of information, they have reduced time wasted through the movement of specimens and staff, and eliminated the need to contract out services.

Improvements

Quality: Changes implemented have led to improved data quality, safety, patient experience and communication with women.

Productivity: The programme improved staff productivity by eliminating non-value adding activities such as unnecessary walking, duplication of duties, overtime and contracting out services. Some sites have noted improvement opportunities up to £100,000. The programme also led to a reduction in 4 million days of waiting times. If the programme is widely distributed across England it is estimated that it could save up to £18 million annually.

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Amnis Comment

Much has been done to transform cancer pathways within individual organisations. Fewer organisations have taken the leap to transform end-to-end pathways. Radical solutions, such as centralising functions or establishing multi-disciplinary teams that are multi-agency funded, are going to be key to the new NHS.

Case Study 3: Enhanced Recovery for Elective Surgery

Situation

Enhanced recovery programmes which utilise evidence-based initiatives to improve pre-, intra- and post-operative care have enhanced quality and productivity outcomes. In some cases enhanced recovery programmes have reduced hospital stays from 16 to 3 days for colorectal surgery and from 8 to 3 days for musculoskeletal surgery. This allows the patient a quicker and less complicated recovery, which allows them to return to their normal lifestyles quicker and also reduces hospital stays and bed days. Approximately 50 Trusts in England are implementing enhanced recovery for a variety of surgeries.

Solution

Delivering the programme initiatives consisted of three components, of which the first was to hold workshops and master-classes to help spread the knowledge. Three national workshops were held, and programme management and service improvement and facilitation support was offered. In an enhanced recovery programme, patients must be in the best possible condition to undergo surgery, have the best possible management during

surgery (to reduce pain, immobilisation and gut dysfunction) and receive the best possible post-operative care.

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Improvements

Quality: Improvements to the patient experience have been recorded. Enhanced recovery means minimal complications and a shorter recovery – allowing patients to return to their normal lives quicker and with less pain.

Productivity: It is expected that the programme will reduce bed days by 140,000–200,000+ and save between £35 million and £52 million. This increases staff productivity by giving them the potential to treat more patients with the same or less resources. Reductions in surgery waiting times are also noted.

Amnis Comment

Programmes such as the 'Productive Theatre' and 'Productive Ward' have provided an excellent base for localised improvement activities. Joining these targeted improvement activities together to transform the whole system and also deal with the human factors issues that increase risk and reduce productivity, needs strategic planning if it is to be effective.

Case Study 4 – Electronic Blood Transfusion Systems

Situation

Hospital blood transfusion services are at risk from a variety of errors which lead to a reduction in patient safety and a decrease in productivity. These errors include sample mislabelling, poor patient identification and mismatched transfusions. Electronic blood transfusion systems have been implemented in Oxford Radcliffe Hospitals and opportunities for scalability to other hospitals exist.

Solution

An end-to-end electronic blood transfusion system was implemented. Barcode patient and blood identification was implemented to guide staff through every step and make sure the correct blood was being transfused. Staff can use a handheld computer to scan the barcode on both the patient and the blood. An automated system for blood collection from blood fridges was also implemented, as well as other data tracking improvements.

Improvements

Quality: Significant improvements were noted following electronic system implementation. Pre and post-implementation audits showed improvement from 11.8% to 100% of staff

following the correct patient identification processes. Blood waste and usage has also decreased, ensuring more supplies are available for patients.

Productivity: The hospital saved £400,000 due to the reduction in the amount of blood used and a further £20,000 from reduced wastage. It is also estimated that £500,000 has been saved in relation to reduced nursing time.

Amnis Comment

Transformation in front-line services can only be achieved if the relevant diagnostic and support functions are included in the transformation journey. Planning the right transformation sequence and ensuring you set the right pace for your organisation or health economy is a management skill that many will have to develop in the new NHS.

Case Study 5 – Embedding Staff Health and Well-being in NHS Systems

Situation

The overall health and well-being of NHS staff is a central commitment in the NHS Constitution. Health and well-being has a direct impact on the workplace atmosphere and staff availability and productivity, which affects the quality of patient care.

Solution

By following implementation guidelines outlined by the Boorman Review, this project was carried out in two NHS Trusts and aimed to reduce current levels of sickness among NHS staff by one third. This required an in-depth examination of current organisational behaviours and followed QIPP models to ensure changes became entrenched in workplace culture.

Improvements

Quality: The benefit of a healthy workforce was indirectly transferred to the quality of care a patient received. Healthier and more alert staff means less medical errors. A 50% reduction in bullying and harassment was also noted, leading to higher productivity.

Productivity: Workplace stress was reduced by 50% and staff being unwell due to workplace stress was reduced by 40%. Sickness absence rates were reduced by 10%. If this was implemented across the NHS, 3 million work days could be gained a year, with a direct cost saving of £555 million per year.

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Amnis Comment

Engaged and motivated staff with the right skills to make things happen, as well as the right attitudes to ensure they happen, is at the heart of transformation in the NHS. Engaging staff and ensuring the environment is 'fit to fly' and capable of supporting a culture of continuous improvement is a major issue for many healthcare organisations.

Case Study 6 – The Productive Ward

Situation

It is widely known that due to a variety of factors many nurses are unable to spend the desired amount of time delivering direct patient care. This causes reductions in quality of care, patient safety and staff morale, and increases in waste. The NHS Institute has developed a programme called 'The Productive Ward' to tackle the underlying problems.

Solution

The Productive Ward uses principles of Lean and QIPP to improve quality of care and efficiency in acute settings. It requires nursing teams to examine current processes and see where changes can be made to make processes more efficient. It also equips ward leaders and teams with structured methods that make ward processes more efficient. According to the NHS, the programme has been implemented in 62% of acute trusts that are directly supported by the NHS Institute for Innovation and Improvement. Scores of other organisations have also implemented the programme independently.

Improvements

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Quality: Some examples of evidence where the programme has been implemented include increases of up to 40% in time spent on direct patient care, reductions in medicine round time by up to 50%, an average drop of fall rates by 30% and a reduction in steps for nursing processes. This has indirectly led to reductions in length of stay, unplanned staff absences, infection rates and patient complaints.

Productivity: In South Staffordshire and Shropshire Mental Health Trust, medicine rounds were reduced from 3.5 hours to 40 minutes and time spent on direct patient care rose from 12% to 32% in the older persons' assessment ward. Portsmouth City Hospital noted a 30% drop in falls rate, whilst Nottingham University Hospitals marked an increase of direct patient care from 38% to 45%. These are only a few examples.⁴

Amnis Comment

The Productive series has been a great success. Building on this work and creating system-wide transformation will enable those organisations who have already embraced the concepts to truly get ahead of the game in the new NHS.

⁴ More examples of successful transformations can be found via the NHS Evidence homepage: <http://www.library.nhs.uk/qipp/>

4.0 Structuring for Transformation

At the heart of any successful transformational change programme is the need for effective sponsorship, often involving sponsors from multiple organisations and including both health and social care organisations. We have provided you with a sponsorship checklist in the appendix and are happy to discuss how to engage senior sponsors if you email us at info@amnis.uk.com.

Assuming you have effective sponsorship, the actual delivery of a transformational change programme consists of five steps that form a continuous cycle of improvement that break down as:

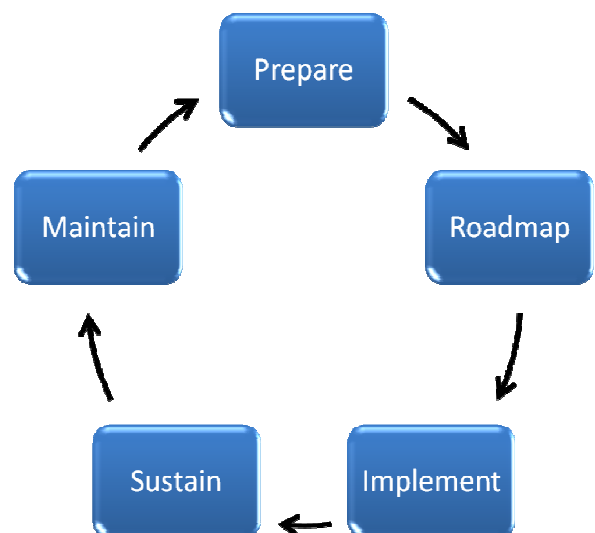
1. Prepare for Change
2. Create the Roadmap
3. Implement the Improvements
4. Sustain the Gains
5. Maintain Momentum

The following sections provide a review of the key elements required to deliver a successful transformational change programme.

“Talking and planning is part of the engagement process but it is only when we can turn plans into actions and actions into long-term improvements that we will be able to meet the challenges of the future. Making things happen for the better is not just the role of a select few but will involve the combined talents of all of our people.”

Lisa Hunt

Interim CEO, Bedford Hospital NHS Trust



5.0 Preparing for Change

Whereas Sponsoring Transformation is about the commitment of individual senior leaders to the transformation process, there is also a need to ensure the organisation and its network of partner organisations is ready for the journey.

In this section we have highlighted the top five things that need to be undertaken to prepare your organisation for the journey ahead.

Create a Transformation Map

Most healthcare organisations already have a number of initiatives underway including those related to the 'Productive' series, patient safety, infection control, etc. To achieve whole system change needs these disparate strands of activity to be brought together into a coherent map so it can be seen how they will help the organisation or the whole health economy to deliver the overall objectives.

Creating a Transformation Map consists of six steps and these are outlined in the appendix. If you would like a copy of an example Transformation Map then please email us at info@amnis.uk.com.

Engage and Manage Stakeholders

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A stakeholder is someone who is impacted by a specific activity or project and can range from one individual to an entire organisation.

However, it is not enough to simply identify your stakeholders. A stakeholder assessment is necessary to know how to interact with and understand your stakeholders and what motivates each group. You also need to prioritise the stakeholders who will have the biggest impact (either positive or negative) on your transformation programme by their 'Power' (i.e. their ability to directly influence the success of your transformation efforts) and their 'Interest' (i.e. their desire to get involved, either for positive or negative reasons). This is summarised in the diagram on the next page.

There is a danger of placing everyone in the High Power/High Interest box because they have the potential to have both high power and/or high levels of interest. In mapping stakeholders you should consider where they are currently and any risks or issues that might move them into the High Power/High Interest box. Having prioritised your stakeholders, you should then consider putting together a Stakeholder Planning Document (SPD). To obtain an example of an SPD email us at info@amnis.uk.com.

Build Capability

It is neither practical nor feasible to depend on external support to deliver your QIPP programme, and therefore you need to consider building the capability of your team to enable them to deliver improvements.

We would term this process Enabling Quality Improvement Programmes, further details of which can be found in the appendix.

Produce a Communications Plan

This fourth element is concerned with producing an effective communications plan to support the transformation process. This needs to consider the following issues:

1. What are our goals?
2. Who do we need to communicate with?
3. Who do we need to target for special attention?
4. How frequently will we communicate?
5. What resources/media exist to support communication?
6. What will we communicate?
7. How can we provide staff with access to ongoing information about our QIPP programme?

8. How will we promote and share good practice as we implement it? Success breeds success

Are You Ready?

The last part of preparing for change is to identify any weaknesses that exist or areas of risk that will affect the success of the programme and an example 'readiness' questionnaire is provided in the appendix.

6.0 Creating the Roadmap

Whereas producing the Transformation Map is something that should be done for the overall transformation programme, creating a Roadmap is about creating the new models and ways of delivering services. This consists of two main phases, namely, Scoping and Design for Change. Both of these are outlined in the following sections.

“The NHS is full of motivated and talented people focused on providing the best for patients. In the process of rising to the productivity challenge we all face we need to make sure we fully engage our staff, patients and other stakeholders in the transformation journey because they are the best people to help us deliver the change that is required.”

Jane Hayward
Director of Organisational
Development, Southampton
University Hospitals NHS Trust

Scoping

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Being clear about the various problems you are attempting to tackle is the key to the whole Roadmap process. A Scoping Checklist is provided in the appendix.

There are a number of different ways of scoping projects including Project Initiation Documents and Scoping Papers. Another way of scoping projects is to use what is termed an A3 that provides all of the required information on one A3 sheet of paper. For an A3 Template and an example please email us at info@amnis.uk.com.

Design for Change Workshop

The 'Design for Change' process is the main vehicle for working out how you will deliver the final outcome. Again, there are a number of mechanisms for undertaking this type of workshop including 'Value Stream Mapping', and therefore we will not go into much detail on how you might run this workshop other than to say the most important phases will be:

1. Get everyone involved to understand how the current services are delivered.
2. Allow people to be creative and, if possible, create a 'Blue Sky' picture of what could be delivered if there were no constraints.
3. Create a realistic 'Future State' that identifies how the services will be delivered in the future. The timescales will depend on the needs of the project but are unlikely to be less than six months ahead.
4. Produce a corresponding implementation plan to move you from the 'Current State' to the 'Future State'.

Outputs from the Design for Change process will consist of three types of activities:

- **Projects** – these are investment-led activities that generally take a long time to implement such as new IT, new people and new equipment/buildings.

- **Events** – these are smaller scale activities that will form the bulk of QIPP implementation projects. At the heart of an 'Event' is the idea that you can get a small group of people together for a short period of time (i.e. 1–5 days) to resolve a problem.
- **Do It Now** – these are activities that do not require any further thought and can just be implemented without much further discussion.

“Successful transformation on a large scale isn't something that can be achieved just by discussing and planning for it. It will only be delivered when the transformation programme is properly sponsored and we accept the need for short term disruption in return for a long term benefit for patients, staff and our partners.”

Adam Sewell-Jones

Programme Director and Director of Continuous Improvement, Basildon & Thurrock University Hospitals NHS Foundation

7.0 Implementing the Improvement

Having created the implementation plan during the Design for Change process, the next stage will be to implement the plan and make any revisions to it that are necessary. Following up on the Design for Change process will be the catalyst that converts the good ideas into actual improvements.

Successful implementation will have the following key elements:

- A nominated 'owner' for the project who will own the implementation plan
- A steering group to set the pace of change
- Activity owners who own the various Projects, Events and Do Its and take them forward
- A robust implementation process

Implementing the improvements will not be easy, and it is during this phase when the programme sponsor needs to be at their most active to overcome resistance and apathy.

One way to ensure changes are implemented properly and effectively is to run a Rapid Improvement Event. This is an extremely useful process of systematically implementing changes

to the way products and services are delivered. The outcomes of these events are improved services, where the lengths and frequencies of each event vary depending on the scope of the programme. Providing details of how to run Rapid Improvement Events is outside of the scope of this short document, but we are happy to provide a guide to running successful Rapid Improvement Events on request to info@amnis.uk.com.

“There is so much excellent work going on already within the NHS to transform the way services are delivered and if we want to take the shortcut route to success we need to find better ways of sharing the experiences of others, both in terms of the things that don't work as well as the things that do.”

Sue Stanley

**Director of Service Improvement,
Northampton General Hospital NHS
Trust**

8.0 Sustaining the Gains

Implementing improvements is only the first part of realising the benefits from your transformation programme. The real change will only occur when you convert improved processes into changed behaviours. Some of the key elements of successful 'Sustainability' are:

- A process to deal with minor problems that occur during the first few weeks
- Team meetings to reinforce the new processes and systems
- Sharing progress and success
- Auditing the new performance
- Visible sponsorship

In analysing why so many transformation programmes fail to lead to long-term change, it can often be seen that a failure to follow through and support activities that embed change rather than just implement it are at the heart of the problem.

9.0 Maintaining the Momentum

The last part of any successful transformation programme is to avoid the momentum loss that will occur when you treat each project as a discrete 'initiative' rather than part of a

coherent improvement process as detailed in your Transformation Map. Maintaining Momentum is about keeping the levels of interest and enthusiasm for the need for change as high as possible through ongoing communication activities, case studies, further events and training activities. Above all, creating a culture for continuous improvement

"There is no status-quo in healthcare, especially in mental health where every day brings new challenges. The future is set to be even more exciting with the need for new service models and different ways of working. It will require us to work differently with our service users, our staff and our partners to ensure we can rise to the challenges ahead. It will not be easy but if it was it wouldn't need such talented people to deliver it."

Carla Bickley

Head of Addiction Services, NHS

Wolverhampton City

10.0 Amnis – Supporting Transformation

Amnis are already working with a wide range of healthcare organisations to help them prepare for and deliver successful transformation programmes:

- Helping organisations to engage stakeholders and transform entire health economies in areas such as Bedfordshire and with Medical Education in Scotland.
- Providing expert support to transform the way services are commissioned and delivered with clients such as NHS West Sussex and Royal Marsden NHS Foundation Trust.
- Developing teams and equipping them with the skills to enable them to rise to the challenge such as NHS Wolverhampton City and Walsall Hospitals NHS Trust.

From helping senior teams to set out their transformation map to assisting front-line teams to deliver the QIPP agenda, and from engaging whole health economies to developing the capabilities of your service improvement teams, Amnis have the experience to support you effectively.

“The complexity of the challenges facing healthcare organisations over the next few years cannot be solved by organisations working in isolation. The future is about collaborative transformation and that is difficult to achieve in times of uncertainty or where there is no mechanism for organisations to share information and resources to tackle major issues. Creating an environment in which teams from different organisations can come together to redesign the way services are commissioned and delivered will become the most valuable skill required of senior managers in the new NHS.”

Anne Foley

**Deputy Chief Operating Officer –
Organisation Development and
Human Resources, Bedfordshire
Community Health Services**

Contact Details

To contact Amnis for further advice or support to help you successfully apply QIPP within your organisation or for any questions about this document please contact us using the details below.

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Email: info@amnis.uk.com

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Acknowledgements

We would like to acknowledge the work of James Evert, a student of Penn State University studying towards a degree in health policy, in helping us to produce this guide.

“We employ excellent people and recognise that it is possible, with the right additional skills, to free their creativity and capability to enable them to rise to the productivity challenge we all face. The future for healthcare organisations will be about having the flexibility to adapt to the changing operating environment and having capable people at the heart of a flexible organisation.”

Jo Manley

Director of Operations, Hounslow & Richmond Community Healthcare

11. Closing Comments

Dr Jem Rashbass

Non-Executive Medical Director of Amnis

The impending reorganisation of the NHS is a challenge and opportunity for all who work in healthcare in England. The most successful organisations will not just be those that are patient-focused, efficient and streamlined but those which can measure, analyse and demonstrate their productivity. 'QIPP' is a convenient acronym that embodies some of the principles that will be needed to get the best out of any organisation as they move into the new NHS.

Amnis is an organisation that works in partnership with existing teams to act as the 'critical friend' to maintain the focus on the change process. This paper explains some of our methods.

Duncan Eaton

Non-Executive Director for Health Policy

The NHS White Paper and the Secretary of State subsequently make it very clear that the QIPP programme is central to improving productivity and standards within the health and social care environment. The NHS will receive a real-term increase in resources allocated over each year of the

Parliament. However, it is estimated that in order to meet the inescapable increasing demands and cost pressures, there will have to be an annual gain of around 4% in operational efficiency.

This will only be achieved if there is a redesign of how many services are delivered; a systematic analysis of how better care can be delivered alongside a focus on lowering costs and improving productivity. The QIPP programme is the principal means by which this will be achieved. NHS managers and professionals will be under pressure to deliver the productivity improvements. This guide is offered as a means to support those responsible in identifying and delivering changes speedily and effectively.

Appendix

Sponsorship Checklist

Checkpoint	Description	Ask Yourself The Following Questions
Visibility	Visibility is about making yourself available to attend briefings, events and improvement activities.	Are you visibly championing the programme through communications, presentations and your physical presence at key events?
Participation	Sponsors need to participate actively in the improvement process. This means being available to deal with issues, leading communications and helping to form partnerships and coalitions.	Do you actively participate in the improvement process by helping to build partnerships and coalitions, initiating communications and even getting 'hands dirty' in occasional front-line improvement activities?
Longevity	Sponsorship is easy during the early days of a transformation programme, but effective sponsorship needs to have longevity as well, extending throughout the life of the programme.	Have you continued to be visible and to participate in activities beyond the initial phase?
Leadership	Sponsorship cannot be abdicated to lower level managers. Sponsors need to remain at the helm to deal with problems that arise, any resistance that is encountered and to help the organisation overcome any slowdowns that occur.	Would your staff still see you as the leader of your transformational change programme?
Courage	Successful sponsorship also needs courage to take the tough decisions and to deal with any resulting push-back. This might mean dramatic cuts, closing services or challenging entrenched behaviours head on.	Do you feel you have the courage and commitment to deal with the tough issues? Do you have the support of your senior colleagues for the tough decisions that need to be made?
Celebration	Sponsors need to lead on praising the right behaviours. Whether the improvements are big or small, recognising and celebrating success helps the rest of the organisation to understand the desired ways of doing things.	Do you have a mechanism for celebrating and communicating success and have you celebrated any improvements that have occurred?
Prioritisation	There are always reasons not to make improvements, from staff absences to real or imagined increases in demand for services. Sponsors play an important role in getting QIPP to the top of the activity agenda and avoiding it being just 'something else to be done' by those tasked with delivering front-line improvements.	How important and urgent are the improvements you need to make? Does the priority you give to QIPP reflect this level of importance and urgency? Do you allocate sufficient time to your role as senior sponsor?
'Faddism'	Multiple programmes of activity that are all trying to broadly do the same thing cause wasted effort and confusion. Helping organisations to avoid the 'new week, new initiative' mindset is a key responsibility of a sponsor.	How will you ensure that any improvement initiatives are integrated and do not compete for profile and resources?

Six Stage Guide to Transformation Mapping

Step 1 – Be clear about what you are trying to achieve. You could call this a Vision, but it goes beyond the one or two sentences that define a normal Vision Statement. This transformation vision needs to set out the operating parameters that will define how you will work in the future. Therefore, it needs to answer the following types of questions:

1. How will we be structured?
2. How will we be led within our organisation and across the health economy?
3. What services do we expect will be provided by which organisation and in which setting?
4. How will we commission and manage services?
5. What commitment are we looking for in terms of input into our plan from partners and providers?
6. What key measures will determine whether we have been successful or not?

Step 2 – The next step is to flesh out the measures that you will have identified in Step 1. This means identifying the baseline/benchmark numbers, putting tangible targets to achieve on each (remembering the quote, ‘Soon is not a time. Some is not a number’). Each objective should also have its own senior sponsor (or sponsors).

Step 3 – Identify the phases for your transformation programme. Most programmes have three phases: Piloting, Mainstreaming and Transition. The first two phases are quite logical; the third is concerned with transitioning from the way the programme is run now (for example, led by external advisors or an internal service improvement team) to the way you might like to run it in the future (for example, front-line staff taking the initiative or taking control internally etc.).

Step 4 – Identify the tasks, projects and activities that are currently underway that will help you deliver your strategic objectives. Don’t be surprised when you find that somewhere between a quarter and half of the programmes you are currently investing time and effort into do not seem to help you deliver any of your high level objectives. Most of the remainder will affect more than one objective, so place them on your Transformation Map so that they are aligned with the objective they have the biggest impact on. You will also find that you need to identify additional actions to enable you to deliver the objectives fully, and again these new tasks should be aligned with the most relevant objective.

Step 5 – Prioritise the activities that you have populated the Transformation Map with so that you are clear when they will occur and during which phase.

Step 6 – Continuously review and update the Transformation Map every three to six months.

QIPP References in the White Paper 'Equity and Excellence: Liberating the NHS'

Section 5.16

The NHS has understood for some time the need to make extremely challenging improvements in productivity and efficiency. Work has begun to release £15–20 billion of efficiency savings for reinvestment across the system over the next four years whilst driving up quality. Achieving this ambition will be extremely challenging, but it is essential; and it will be given a boost by our reforms as they come on stream.

Section 5.17

The existing Quality, Innovation, Productivity and Prevention (QIPP) initiative will continue with even greater urgency, but with a stronger focus on general practice leadership. The QIPP initiative is identifying how efficiencies can be driven and services redesigned to achieve the twin aims of improved quality and efficiency. Work has started on implementing what is required, for example by improving care for stroke patients, the “productive ward programme”, increased self-care and the use of new technologies for people with long-term conditions. Further efficiencies can, and need to, be made from improving energy efficiency and developing more sustainable forms of delivery across the NHS, for example through working with the Carbon Trust and similar bodies on carbon reduction programmes that reduce energy consumption and expenditure.

Section 5.18

SHAs and PCTs have a current role in supporting QIPP. In discharging this, and to pave the way for the new arrangements, they should seek to devolve leadership of QIPP to emerging GP consortia and local authorities as rapidly as possible, wherever they are willing and able to take this on. The Department will require SHAs and PCTs to have an increased focus on maintaining financial control during the transition period, and they will also be supported in this task by Monitor. The Department will not hesitate to increase financial control arrangements during the transition, wherever that is necessary to maintain financial balance; in such instances, central control will be a necessary precursor to subsequent devolution to GP consortia.

Enabling Quality Improvement Programmes (EQIP) Structure – Checklist

Group	Definition	Targets for the end of Year 2
Aware	This group have a basic understanding of what is going on and how it affects them. In addition they should also know how to get involved in the change process.	100% of your team should be at least at this level by the end of Year 2.
Participants	These are people who have participated in a project as part of your transformational change programme.	This will vary from 10–30% of your staffing by the end of Year 2 depending on how far and how fast you need to go.
Practitioners	These are people with a 'day job' but who have a role in initiating improvement projects and activities. This group consists of front-line managers up to Assistant Director level.	Normally you should aim for around 3–4% of your workforce having the skills to initiate a project by the end of Year 2.
Leaders	These are people who lead your improvement activities day to day, such as a Service Improvement Team. They will train others and initiate larger projects and programmes.	You should aim for a minimum of 0.2% of your workforce as Leaders by the end of Year 2.
Improvement Sponsors	This includes your clinical and non-clinical champions who need to understand their role as sponsors and how their behaviour will affect the overall success.	You need to have an overall clinical and non-clinical sponsor who both should be at board level. In addition, each strand of activity should have at least one senior sponsor.
Process Owners	This last group are the middle and senior managers responsible for the services that you need to transform. They have the ability to stop projects or at least restrict access to resources and people.	All key managers who can affect the success of any strand of your programme need to be engaged and understand how they need to behave and support the programme.

Readiness Questionnaire – Checklist

	Current Status
Are your senior team committed to supporting the improvement process?	
Do they have the time to invest in sponsoring the programme?	
Do your teams understand the need for change?	
Are your teams prepared to change the way they deliver services?	
Has a Transformation Map or Strategy/Plan been created?	
Are the required people going to be available for important events and activities?	
Have you considered how much time/money will be required to deliver the programme and is it available?	
Have genuine concerns and risks been identified and addressed?	
Have you determined how you will scope, redesign and implement changes?	

Scoping a QIPP Programme – Checklist

Scoping Question	Clarification
What is the Compelling Need for change?	Why is this project worth the time and effort to change things? If a reasonable compelling need cannot be determined then you will need to consider whether the project is required at all.
How will we measure success?	This is about identifying the tangible and intangible measures of success that will demonstrate that the project has delivered what is required. Measures should have tangible numbers to them and you will also need to identify any baseline data. For example, if one of the objectives is to reduce DNAs, then the measure might read 'Reduce DNAs from 8% to 2% by December'.
Who needs to be 'in-scope'?	This is a list of the people/functions that will need to be engaged to deliver the overall programme successfully.
What are the 'Fixed Points'?	What elements cannot be changed or breached? This normally includes such things as: <ol style="list-style-type: none"> 1. We cannot increase costs without a corresponding reduction in spend 2. We cannot increase risk to patients or staff 3. We must improve our ability to deliver our statutory targets
What are the Risks?	What things might go wrong as we lead this project and how will we mitigate this risk?
What are the Issues?	What are the other things that are going on that might impact on, change or otherwise influence the success of this project, for example new IT systems, best practice or legislation?
What are the Timescales?	A rough plan of the project's major milestones.
Key Roles	Who will be the sponsor, who will lead the programme day to day and who will be the project facilitator?

About Amnis

Change is one of the few constants in today's economy. For organisations in the public and private sector to retain a competitive edge and to deliver services efficiently and effectively in the face of constant change in the operating environment, transformation is essential.

Amnis specialises in transformation. We help commercial and public sector organisations identify and implement the changes necessary for success.

Practical, pragmatic and hands-on in our approach to training, consultancy and implementation, we have an enviable track record.

Over the last five years we have worked with several hundred healthcare organisations in England, Scotland and Wales, as well as working with household names such as the Ministry of Defence, ASDA, Shell and EDF Energy. Our clients' enthusiasm for the value we deliver is

illustrated by the fact that over 85% of our new business comes to us by referral.

Contact us to discuss how we can:

- Help you deliver a successful QIPP programme that enables you to 'rise to the challenge' in the new NHS.
- Build your internal capability to enable you to plan and undertake Lean and QIPP programmes.
- Help you to avoid wasting time and effort and get down to implementing the changes and managing the process of transition.

Next Steps

Contact us today on:

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Rising to the Challenge (Version 2)

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