SERVICE REDESIGN PROCESS

Report by Linda Kirkland and Gill Keel on behalf of Anne Gent, Director of Human Resources

The Board is asked to:

- **Approve** the proposal to introduce an integrated approach to Quality Improvement and Service Redesign across NHS Highland.
- **Consider** the draft Process for managing Service Redesign, and approve for implementation.

1  Background and Summary

1.1 There are a number of quality improvement and service redesign programmes and projects underway within NHS Highland, and it is likely that the pace of change will accelerate over the year ahead. Although there is some excellent work in progress across NHS Highland, there is no consistent, agreed process for managing change. The following proposal sets out a new approach to the management of change, including:

- a clear, step by step process to ensure consistent good practice
- clearly defined levels of authority and decision making
- reporting arrangements which enable effective governance and accountability

The following paragraphs outline a new proposed approach to managing all improvement, redesign and change across NHS Highland.

2  Developing an Integrated Approach to Quality Improvement / Service Redesign

1.2 The following proposal and draft process applies to all:

- Quality improvement
- Service Improvement
- Management of Change
- Service Change
- National Collaborative Work
- National Initiative Work e.g. Scottish Patient Safety Programme

The proposal includes change associated with both clinical and non clinical services.

1.3 There is a need to develop systems which capture the breadth and scale of all quality improvement / service redesign work to ensure that:

- It contributes to meeting the Board’s aims for local people, and matches the characteristics of service delivery (ref the Board’s Vision, Aims, and the Strategic Framework)
- Staff, patients, carers, the public and other key stakeholders are engaged appropriately and consistently
- The benefits, costs and risks associated with the project are fully understood, monitored and managed
- The project has no unintended impacts on other areas of work, and that system interdependencies are recognised
There are opportunities to share and spread good practice quickly so that evidence (of the case for change or the impacts) can be applied to multiple projects with shared aims.

1.4 There is a very broad spectrum of quality improvement / service redesign work. This ranges from activities which are part of the normal day to day responsibilities of leaders, managers and staff, right through to areas of work which will lead to major change in the way services are provided. The proposed approach includes an initial approvals process which ensures that each project is relevant and appropriate, and a mechanism for assessing the complexity of each piece of work so that project leads are clear from the start about the expectations and requirements.

1.5 The following paragraphs describe an integrated approach to service redesign. Further detail is contained in the attached appendices which represent the suggested Service Redesign process in NHS Highland. The full process is detailed in Appendices 1, 2, 3, 4, 5 and 6 (attached).

Outline of the Service Redesign Process

2.1 The following process applies to any proposal or idea for improvement / redesign.

2.2 The idea or proposed project is checked against the Board’s overall aims (Strategic Framework) (Step 1, Appendix 1). It must meet at least one of the 7 characteristics of services.

2.3 Step 2 determines if the proposal fits with other organisational objectives, in particular it screens for any adverse effects on quality or patient safety. Projects should meet the other 3 criteria in order to move to the next stage (3).

2.4 Step 3 looks at complexity on a scale of 1-3. (Appendix 2). An assessment is made of the anticipated complexity of each proposed project. It is perhaps helpful to illustrate this through examples.

2.5 **Level 1:** An idea emerges which is specific to a CHP, Raigmore Hospital or one of the Corporate Services. It may affect how we deliver a service and may impact on staff but it does not cross another operational boundary. The work requires no support from outwith the operational unit. Examples include the closure of some beds within a ward, redesign of a team, moving a piece of equipment. This would be regarded as “business as usual” and could therefore be progressed within the Team or service, subject to the approval of the local Management Team. There is planned engagement with staff affected, and with patients if the change affects patients. Governance and monitoring arrangements are through normal Operational Unit processes.

2.6 **Level 2:** Has impacts beyond the operational unit and may impact on partner organisations. It is a more significant change than level 1 but would not be regarded as major service change. This could be redesign of a pan-Highland service such as the specialist Sexual Health Service, or redesign of internal systems which do not directly affect patient services e.g. the Staff Travel Policy. This type of change requires management authority wider than a single operational unit, and may benefit from additional support of colleagues with specific experience or skills. Level 2 projects will be submitted to the Service Improvement Group for consideration and prioritisation. Once prioritised and agreement given to progress, governance and monitoring will take place as above in level 1 but the benefits and other implications will be also monitored through the Benefits Realisation Group.
2.7 **Level 3:** Major service change such as closure of a hospital. An initial outline of the background and case for considering change is submitted to the Service Improvement Group, but approval to progress the work rests with the Senior Management Team. Early dialogue with the Scottish Government Health Directorate and Scottish Health Council is required to clarify if the project is considered “major” service change. This requires comprehensive engagement with staff, patients and carers, and processes of options development and appraisal in accordance with national guidance. It also requires formal public consultation on the proposals and preferred option/s. As the work progresses it is reviewed by the relevant Operational Governance Committees and Senior Management Team, and a final report and recommendations is submitted to the Board.

2.8 Some proposals at complexity Level 2 and 3 will require a higher level of clinical scrutiny and advice, so will be referred to the Clinical Advisory Group. Their assessment and advice will be reported back to the Service Improvement Group prior to deciding a prioritisation level.

3 **Contribution to Board Objectives**

3.1 Adherence to the process for integrated service redesign will provide assurance to the Board that quality, patient safety, engagement, consultation and risk management, have all been considered and addressed.

3.2 Embedding the process with the operational units, Service Improvement Group and Senior Management Team will also ensure that the outcomes and benefits are monitored through the appropriate Board Committees and Benefits Realisation Group.

4 **Governance Implications**

2.8.1 The effectiveness of this process will rely on compliance with other existing NHS Highland policies including Patient Access, Quality and Patient Safety, the Framework for Communications, and Staff Governance policies.

- Staff Governance – staff engagement is integral to the quality improvement / service redesign process.

- Patient and Public Involvement – the process reinforces the place of planned engagement with patients, carers, and other local people in quality improvement / service redesign projects.

- Clinical Governance – the process will ensure that quality and patient safety is maintained or improved and that risk assessment is an integral part of the process.

- Financial Impact – the Service Redesign Process will ensure that Benefits Realisation is an integral part of the process.

5 **Risk Assessment**

Risk Assessment is an integral part of the Service Redesign Process.
Impact Assessment

The Service Redesign Process ensures that impact assessment is a fundamental part of all quality improvement / service redesign.

Linda Kirkland
Business Transformation Manager

Anne Gent
Director of Human Resources

Gill Keel
Head of Public Engagement

27 May 2011
APPENDIX 1

Process ONE
“Business as Usual”

New Idea

Project/Idea shelved

STEP 1
Strategic Framework

YES

NO

STEP 2
Organisation Fit
Must meet essential criteria

YES

NO

STEP 3
Assess level of complexity

Level 2 or 3 – continue to next steps

Progress to SIG with Project Charter

GO AHEAD

Level

Characteristics
1. promoting good health, self care and independence
2. high quality, integrated, equitable, needs and evidence-based, and cost-effective
3. increasingly community-based with hospital beds preserved for the most acutely ill and those with specialist needs
4. Anticipatory care
5. run by healthy, flexible, well-motivated and well-trained staff working to their maximum potential and capability
6. using modern, flexible, efficient, green assets to maximum effect
7. with zero wastage and inefficiency across all services and no unnecessary overheads

Essential Criteria
- No additional risk to quality
- No additional risk to patient or staff safety
(Ref. NHSH Quality and Patient Safety Framework)
- Cost neutral or reduced cost
- Realistic/Achievable

Complexity – levels:
2. Means change for patients / service users and staff.
3. “Major” change, likely to be focus of external scrutiny, and need formal public consultation.

Reporting through local Operational Unit Management Team, up to Operational Unit Governance Committee.
## NHS Highland
### Leading Service Improvement

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Decision making</th>
<th>Engagement</th>
<th>Support</th>
<th>Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>One</strong>&lt;br&gt;&lt;em&gt;Business as usual – get on and do it.&lt;/em&gt;</td>
<td>Well defined parameters.&lt;br&gt;Includes efficiency measures and changes to working systems which may affect patients.</td>
<td>Local Operational Management Team / General Manager.</td>
<td>Staff affected.&lt;br&gt;If affects patients, use qualitative data.&lt;br&gt;May need to inform patients / others.</td>
<td>None needed.&lt;br&gt;Manageable within the local / staff team.</td>
<td>Operational Unit Governance Committee.</td>
</tr>
<tr>
<td><strong>Two</strong>&lt;br&gt;&lt;em&gt;This means change – get help and follow the step by step process.&lt;/em&gt;</td>
<td>Affects defined group/s of patients and / or Affects defined group/s of staff.&lt;br&gt;Has implications across other services or on Partner Agencies.&lt;br&gt;May include changes to the location of a service.</td>
<td>Local Management Team -&gt; Service Improvement Group -&gt; Senior Management Team.</td>
<td>Staff affected.&lt;br&gt;Staff facing 2ary impacts.&lt;br&gt;Engage directly with patients / carers - gather or use existing qualitative data.&lt;br&gt;Develop proposals in partnership.&lt;br&gt;Need to inform others – local communities, other influencers.</td>
<td>Improvement Bench for added input from individuals on specific aspects and support for project management.</td>
<td>Benefits Realisation Group.&lt;br&gt;Other Board Committees e.g. Improvement Committee, according to topic and predicted impacts.</td>
</tr>
<tr>
<td><strong>Three</strong>&lt;br&gt;&lt;em&gt;“Major” service change – additional attention to detail.&lt;/em&gt;</td>
<td>As for Two but likely to lead to closure of a hospital or service.&lt;br&gt;May require external Independent Scrutiny of the case for change.</td>
<td>Board.&lt;br&gt;Anticipate Board decision to need approval from Minister for Health.</td>
<td>Staff and patients / carers as for Two above.&lt;br&gt;Keep influencers informed, through dialogue.&lt;br&gt;Formal public consultation.</td>
<td>Improvement Bench for project management, and other support.</td>
<td>Board.</td>
</tr>
</tbody>
</table>
APPENDIX 3

STEP 5
Submitted to SIG
Prioritisation applied

Prioritisation Score
Say > 100

Discussion at SIG re Project Complexity

Approval to proceed from Senior Management Team

Process TWO
“Complexity Level Two

GO AHEAD

Project/Idea shelved

Complexity Level 2

Complexity
5. Means change for patients / service users and staff.
6. “Major” change, likely to be focus of external scrutiny, and need formal public

Monitoring and Governance through Raigmore/CHP Committees. Reporting to include emerging impacts, themes of feedback from engagement with patients, carers and staff, & actions in response.

Reporting through Benefits Realisation and Board committees e.g. Improvement Committee,

GO AHEAD

Monitor emerging impacts – if escalating, may move to Process THREE

Proceed to Process THREE

SERVICE IMPROVEMENT GROUP (SIG)
## NHS Highland – Redesign Proposals – Prioritisation Scoring

### Appendix 4

<table>
<thead>
<tr>
<th>Factor</th>
<th>Very low</th>
<th>Mid-scale</th>
<th>Very high</th>
<th>Score</th>
<th>Out of</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Better Health</td>
<td>Under 3 points, Limited improvement in health or life expectancy</td>
<td>20 points, Moderate improvement in health or life expectancy</td>
<td>40 points, Significant improvement in health or life expectancy</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>2 Better Care</td>
<td>Under 3 points, Limited or no evidence</td>
<td>20 points, Modest evidence</td>
<td>40 points, Good evidence</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>3 Better Value</td>
<td>Under 3 points, Cost neutral</td>
<td>20 points, Saving of £10,000-£100,000</td>
<td>40 points, Gain of over £100,000</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>4 National priority / Strategic Framework priority</td>
<td>Under 3 points, None</td>
<td>20 points, Two targets</td>
<td>40 points, Four targets or “must do”</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>5 Number who will benefit from change</td>
<td>Under 3 points, 10 and under</td>
<td>20 points, 10 - 1000</td>
<td>40 points, 1000 - 10,000</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>6 Staff engagement / commitment</td>
<td>Under 3 points, Less than 10% of staff affected are engaged and committed</td>
<td>10 points, 50% of affected staff engaged and committed</td>
<td>20 points, More than 50% of staff affected are engaged and committed</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>7 Access to services</td>
<td>Under 3 points, Few eligible patients will benefit</td>
<td>10 points, Most eligible patients will benefit</td>
<td>20 points, Reaches patients that had previously had difficulties accessing treatment/services</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>8 Feasibility</td>
<td>Under 3 points, Delivery in 18 month plus</td>
<td>20 points, Delivery 12-18 months</td>
<td>40 points, Delivery under 12 months</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>9 Risk (of no action)</td>
<td>Under 3 points, Negligible in terms of adverse publicity, Limited impact on staff morale, Limited impact in reduced quality of patient experience, Limited impact in terms of service delivery</td>
<td>20 points, Moderate in terms of adverse publicity, Moderate impact on staff morale, Moderate impact in reduced quality of patient experience, Moderate impact in terms of service delivery</td>
<td>40 points, Major in terms of adverse publicity, Major impact on staff morale, Major impact in reduced quality of patient experience, Major impact in terms of service delivery</td>
<td>40</td>
<td>40</td>
</tr>
</tbody>
</table>

**TOTAL** 320
APPENDIX 5

Process THREE
“Complexity Level Three"

STEP 6
(Project Impact Assessment)
Operational Management Team outlines proposal (aims and desired outcomes) drafted and refined

STEP 7
Proposal to SMT for sense check and APPROVAL TO

STEP 8
Draft more detailed proposal for discussion at CHP/ Raigmore Governance Ctee & Local Partnership Forum

STEP 9
Seek SGHD agreement on scale of change - defined as “major”? May need Independent Scrutiny of evidence for change at this stage

STEP 10
Liaise with Scottish Health Council to agree:
- Engagement plan inc. processes for options development and appraisal
- expected timeline for formal consultation

STEP 11
Proceed through development and engagement processes.

STEP 12
Proceed to formal public consultation.

STEP 13
Report and recommendations to Board, inc clinical and financial case and public
Approved, but Ministerial decision required
Scottish Government for decision
Approved
Prepare for implementation

Major change?
Yes

Assess evidence, including emerging impacts, and themes of qualitative evidence from patients / carers.

Check all potential impacts & unintended consequences known and followed up within relevant services.

Set out commitment to engaging patients, carers and staff, inc. processes for developing options and options appraisal.

Approved, No Ministerial decision required
**NHS Highland : Review of administrative buildings**

<table>
<thead>
<tr>
<th>Process Owner</th>
<th>Clinical Lead</th>
<th>Executive Project Sponsor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Problem Statement**

NHS Highland have a significant number of properties from which our services are delivered.

A recent review of our properties has been undertaken. A number of our properties are almost entirely "administrative" that is, there are little or no clinical services being delivered.

The cost of these building is expensive. Due to the part time or mobile nature of our working at any one time, the buildings can been significantly under occupied.

Other organizations have developed methods of hot desking, video conferencing and flexible working to reduce the administration building footprint.

**Goals**

- Reduce the footprint
- Increase and improve flexible working opportunities

**Benefits/Patient/internal impact**

- Increase and improve flexible working opportunities
- Save property costs

**Measurements/Metrics**

<table>
<thead>
<tr>
<th>In-Process Metric</th>
<th>Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**NHS Highland : TITLE contd**

<table>
<thead>
<tr>
<th>Process Owner</th>
<th>Clinical Lead</th>
<th>Executive Project Sponsor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Risk**

<table>
<thead>
<tr>
<th>Present risk score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk score expected on completion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Communication and Involvement Strategy**

**Planning for fairness (are there people who need extra support to benefit from this project e.g. older people)**

**Contribution to quality of care dimensions**

<table>
<thead>
<tr>
<th>YES/NO</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Patient centred</td>
</tr>
<tr>
<td></td>
<td>• Effective</td>
</tr>
<tr>
<td></td>
<td>• Safe</td>
</tr>
<tr>
<td></td>
<td>• Equitable</td>
</tr>
<tr>
<td></td>
<td>• Efficient</td>
</tr>
<tr>
<td></td>
<td>• Timely</td>
</tr>
</tbody>
</table>

---

**Presenter and Event**

5/27/2011
### NHS Highland: Charter Contd.

<table>
<thead>
<tr>
<th>Team</th>
<th>Measurements/Metrics Continued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Process Metric</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Timeline & Milestones

#### Sign-Off

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### NHS Highland:

# Additional Notes

<table>
<thead>
<tr>
<th>Additional Comments on Goals</th>
<th>Measurements/Metrics and Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>