The Health Foundation Inspiring Improvement | Shared Purpose

University College London Hospitals NHS Foundation Trust

Final Report

Liberating Sisters to Lead

uclh

Liberating Sisters to Lead

Ward Sisters Concierge Team

January 2016

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page number

Section 1

Abstract

1.1 Project team

Title
Liberating Sisters to Lead (LSTL)

NHS Trust
University College London Hospitals NHS Foundation Trust (UCLH)

Team members
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David Wherrett, UCLH Director
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Helen Young, LSTL Project Manager
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Stakeholders:
Danka Pejovic - ICT stakeholder, UCLH ICT Integration Lead
Peter Fredrick - Finance stakeholder, UCLH Head of Corporate Finances
Sally Beyzade – Ward sister stakeholder, UCLH Matron of GI Services
Wayne Sexton - Procurement stakeholder, UCLH Deputy Procurement Director
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Martin Utley, UCL Professor of Operational Research

Abstract taken from Health Foundation website

The ward sisters at University College London Hospitals NHS Foundation Trust (UCLH) are the highest profile staff group for patients, with the most direct influence on quality of care. They play a vital role in the delivery of clinical excellence and positive patient experience.

At UCLH, corporate and administrative processes have been structured to support ward sisters in this role. However, despite significant efforts to streamline processes, these duties still take up a significant proportion of their time at work.

The Liberating Sister to Lead project (LSTL) looked to significantly reduce the time spent on administrative processes for ward sisters, and thereby improve quality of care. To facilitate and support this, the project team set up a short-term concierge service. This was a service desk that took calls on behalf of the ward sisters, and then liaised with corporate services to resolve the issues. The service enabled the project team to identify duplication and complexity.

Analysis of over 800 issues that the concierge service supported over 18 months indicated that they could be attributed to one of six areas named: corporate overlap, complex processes, customer service, communication, culture and commercial contracts. The next step was to identify and coordinate specific sustainable improvement interventions for each of these areas.

The project has helped to highlight the complexity of the role of the ward sisters, and has helped emphasise the need for a strategic approach to issues across cross departmental boundaries.

Author

Helen Young

1.2 Brief overview of the project

The Liberating Sisters to Lead (LSTL) project aimed to test whether a reduction in the amount of time spent on administrative tasks would enable ward sisters to spend more time on clinical leadership.

The project sought to investigate whether this 'released time' away from administrative duties would result in:

- Increased time available for clinical leadership.
- Time utilised in others ways for clinical activities.
- Time utilised in a different way all together.

We also sought to investigate whether this would impact upon patient care.

This concept was tested using a target group of 56 ward sisters covering inpatient wards across four of UCLH's six hospitals and five stakeholders representing the following corporate areas: Estates and Facilities, Finance, Information Communication Technology (ICT), Procurement and Workforce.

In order to achieve our aim, we set up a concierge service whose function was twofold: first to assist ward sisters in solving day-to-day problems by intercepting issues on behalf of the ward sisters, and second to find solutions whilst also recording the multiple processes the ward sister is expected navigate.

Using over 800 issues gathered, we thematically grouped them to identify key opportunities for specific improvements to be undertaken.

Definitions within the report:

- Corporate processes – process required to follow in order to complete a task within the corporate area

"I feel like I am constantly chasing Facilities! You ring help desk and get a reference number but it is always our responsibility to chase to see if it is done i.e. a bed knocks a hole in the wall. You ring and report it. The helpdesk do not report that the fault has been put right or how long it will be before it is fixed, leaving us to chase. Or you ring to say a bathroom needs a deep clean - again no feedback to say that this job has been actioned."

"If you are asked to order a piece of equipment it is left to us to search it, speak to the suppliers and get a price then order it on e-proc. If there is an error on the order (i.e. the price is wrong), supplies cancel the order and email you to say please ring the supplier to get accurate information. I feel that this should be the job of the supplies department."

Quote from a ward sister describing the problems faced

1.3 Problem we were seeking to address

The project took place at University College London Hospitals NHS Foundation Trust (UCLH). We are one of the largest NHS trusts in the United Kingdom with acute and specialist services delivered across six hospitals. UCLH is a highly complex organisation where we are committed to delivering top-quality patient care, excellent education and world class research.

In our view, ward sisters represent the highest profile role for patients with the most direct influence on care and quality on the wards. Ward sisters are vital to both delivery of clinical excellence, positive patient experiences and are also responsible for managing and leading large teams, often a ward sister will be responsible for 20 members of staff.

Processes within the corporate areas have been structured to support them in this role; however, navigating corporate processes in order to complete tasks could take a significant amount of time and energy. We believe that this time is more valuably spent with patients.

The LSTL project sought to ensure that the amount of time spent on administrative tasks was reduced as much as possible. The sheer volume of administrative duties that a ward sister has to navigate on a daily basis is something that has been supported by the Royal College of Nursing (RCN). It is reported that nurses spend more than a million hours per week on paperwork (RCN, 2012). This will inevitably take time away from clinical leadership, which means that there is not "…a figure of authority on the wards" (Nursing Quality Forum, 2012).

Through the LSTL project we sought to address this directly by removing the burden that corporate processes place on ward sisters.

Ward Sister Job Purpose

1. To work according to the NMC Code of Conduct and other professional guidelines
2. To be responsible for the organisation and management of the department, including the supervision of students.
3. To provide a clear focus for clinical leadership and to be responsible for ensuring the provision of a high standard of holistic, patient-centred care
4. To be accountable for co-ordinating patient care, the management of resources and performance of staff
5. To be responsible and accountable for Finance and Human Resources issues related to the department
6. To be responsible for the implementation of Audit, Quality and Risk Management initiatives
7. To promote and participate in the implementation of the UCLH Nursing & Midwifery strategy and Core Standards and contribute towards achieving the Trust's "Top 10" Objectives
8. To maintain a visible presence in the department, undertaking clinical work regularly (a minimum of 50% of contracted hours)

Example of Ward Sister's job purpose in a job description

The complexity of the ward sister's role was highlighted through an exercise suggested by the Chief Nurse in 2012. Ward sisters were invited to design their 'perfect uniform', which would reflect all the tools they needed to tackle day-to-day issues.

Perfect uniform: ward sisters designed their 'perfect uniform'

At UCLH the organisational structure is separated into three Clinical boards and the Corporate areas:

- Medicine;
- Specialist Hospitals;
- Surgery & Cancer;
- Corporate.

The Corporate areas include all corporate departments that provide support and services to ward sisters:

Corporate department	Responsibility
Estates and Facilities	Responsible for maintaining and managing all UCLH sites and facilities, managed internally and via 3rd party contractors
Finance	Responsible for overall financial management of UCLH
Information and Communication Technology (ICT)	Responsible for all computer and communication devices across UCLH
Procurement	Responsible for all ordering and supplies for UCLH
Workforce	Responsible for multiple departments across UCLH including Recruitment, Employee Relations and Learning and Development

The complexity of the issues faced through the project reflected of the varied requirements of a ward sister. The issues were often not easy to understand and a ward sister would need to explain and analyse the issue at length before a resolution could be found.

Below are quotes showing some of the issues that ward sisters face when trying to tackle corporate processes.

"When I arrived at the pre-employment check I was told I should have brought in more documents. I had brought in everything on the list they sent me, I was told the list was not up to date"

"I sat in the dark at my desk for 3 days because Estates said changing a light bulb was low priority. My desk is in a back room with no windows"

"Staff in my ward don't have access to a locker, they have to share and work out in advance who will arrive first for their shift"

"I required a new ID badge after a change in my role. My manager requested a new ID badge for me but it took over 3 weeks to produce. When it was ready I was unable to collect as I was the only sister on the ward and unable to take 20 minutes walking there and back to collect it"

1.4 Original aims of the project

Our original objectives were as follows:

- Facilitate the release of up to 35% of ward sister's time by simplifying and improving their interactions with corporate areas: Estates and Facilities, Finance, ICT, Procurement and Workforce.

- Improve understanding between ward sisters and corporate areas of the linkage between good administrative process and patient care.

- Facilitate embedding and spreading of lessons learnt through a *Productive Corporate Services Tool.*

The primary improvement aim was to free-up ward sisters to enable them to increase visible clinical leadership duties on their wards. We planned to do this by reducing time spent on necessary back office processes through simplifying and improving interactions with corporate areas.

Our second objective focused on understanding the relationship between ward sisters and corporate areas to improve interactions and communication between the areas. In order to do this, we identified the 'problem areas' and aimed to find sustainable solutions through the analysis of corporate processes.

In addition to this, we intended to improve communication between corporate departments in order to enable managers to access services easily as well as to remove areas of inefficiency that cause delay in undertaking corporate processes. It was expected that in achieving this aim we would enable improvements through increased time on clinical leadership and more service-oriented cultural change within corporate areas.

In order to pinpoint problems the ward sisters faced we aimed to set up a concierge service to capture data and help us identify issues with corporate processes.

We envisaged that the concierge team would act similarly to a hotel concierge; to provide information and help to anyone who phoned the helpdesk and to always be available while providing excellent customer service.

The aim of setting up the concierge service was to capture every aspect of a ward sister's role. This was done through timing and logging every interaction with departments. Previous attempts at understanding the ward sister's role caused frustration as the problems were purely anecdotal. By setting up the concierge team, we wanted to shed light on the 'true administrative burden' of broken processes within the corporate areas. We hoped to capture both small and large scale interventions which would allow us to release ward sister's time.

The key principle of the Concierge service was to capture issues on behalf of the ward sister, we requested the ward sister inform us at the point in which:

a) the corporate process was unclear;
b) there was a requirement to chase the department;
c) the sister did not know where to start to resolve the issue.

Following this criteria, we aimed to capture every aspect of 'life as a ward sister' through timing and logging every interaction with departments such as emails, telephone calls and face to face appointments via a concierge member of staff.

"I wanted to be involved in the project as I was fascinated by the chance to be involved in upping the clinical time that ward sisters had available. I also liked the idea of engaging non clinical departments in helping understand clinical roles and wanting to make the lives of ward sisters easier.

The benefits I've seen in the clear engagement from start to finish from the non-clinical departments has been fantastic. They definitely had their eyes opened to some of the challenges for ward sisters navigating round lengthy processes which got in the way of their clinical duties. There have been some very sensible, positive changes to these processes over the last 3 years which has made a massive difference not only to ward sisters but all managers in the trust.

Another benefit has been engagement from senior nurses in the trust about what clinical leadership is and what qualifies for clinical time. I don't think this has been resolved but the discussions have involved all levels of nursing from ward sisters to the chief nurse.

On reflecting on the project I feel having the team engage ward sisters has been key. It has been far more challenging than I thought to get ward sisters to be involved, some of this may be due to the huge turnover in staff in the last couple of years. I have loved being involved with the Tavistock Institute sessions although if I am honest found some of their methods a bit too touchy feely!

If I was to repeat the project I'd ensure that the metrics (i.e. 75% clinical) was really achievable"

Statement from Matron (previously a ward sisters) – Sally Beyzade

Section 2

Journey

2.1 Changes to original aims

One of the most significant changes to the original objectives was made during the running of the concierge service. We had expected to receive issues from ward sisters and be able to resolve them as the project moved along. Our method for gathering data was unique and unprecedented however we found it highlighted the true challenges within corporate services. Indeed, issues were hard to resolve due to the many instances where there are overlaps with other departments.

These time consuming issues resulted in the ward sisters having to navigate through multiple departments and processes. It became apparent that we would first need to capture and gather data, then pool the information to feed into large scale improvement projects rather than the 'fix as we go' approach we had first envisioned.

The set up phase of the project launched in June 2012 and a significant amount of work was put in to ensure we had engagement amongst corporate and clinical colleagues.
We had originally planned to launch the concierge service in December 2012 in order to start collecting data and information about the issues that sisters faced, however, this was pushed back to April 2013.

This alteration to launch enabled us to spend time on the recruitment of the concierge team in order to ensure we employed the right staff for the team. We received over 100 applications so were able to select three individuals with diverse skill sets, who were ready for this unique challenge. Sofia was previously a ward administrator, Julia worked in finance and Jay was new to the NHS. As part of a robust induction process, we arranged a UCLH orientation where the team were able to spend time within different areas of the hospital. This allowed the concierge team to build relationships with clinical and non-clinical colleagues, as well as, ensuring they were well trained and prepared for their role. During their induction, the team developed an exhaustive list of frequently asked questions (FAQs) shared by clinical and non-clinical colleagues on the wards which gave them an insight into the most frequently raised issues that they would have to address.

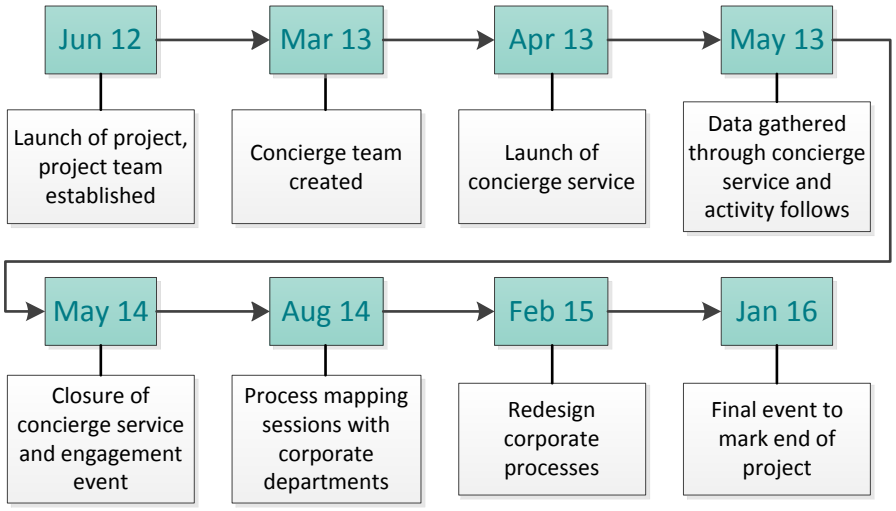
The delay in the launch of the concierge team also enabled us to pilot the service through daily communication with three pilot wards. This provided us with a valuable insight in the type of issues we would receive, as there was no precursor of this type of service, making this time invaluable. Through this time, we were able to get an idea of volume of calls to expect as well as the type and complexity of issues we would be responsible for resolving.

Photo of the concierge team (l-r) Jay, Sofia and Julia

2.2 Key milestones of project

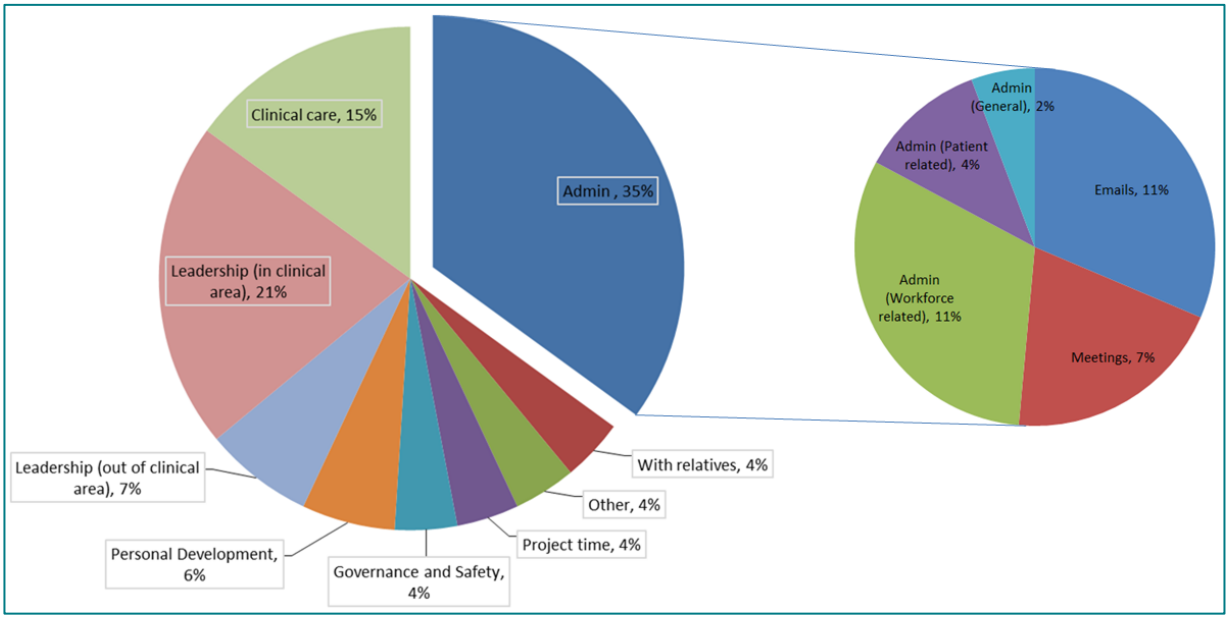
Following the launch of the project in 2012, we had established the team and planned how to recruit the concierge team; we launched the service in 2013 and began to gain insight into 'life as a ward sister'.

The below timeline shows the key milestones in the project:



In advance of the project being established, we held an initial focus group with ward sisters in 2011. This provided us with preliminary information about how much time was spent navigating complex corporate processes.

At an organisational level, we had an aspiration for our ward sisters to spend 75% of their time providing a visible clinical leadership role. In reality, we estimated ward sisters spent a large amount of their time on administrative duties away from the clinical setting.



Analysis of how a ward sister's time on a ward is split by activity

The following subheadings will briefly explain what happened at each stage of the project:

2.2.1 Launch of the project – June 2012

In order to launch the project we formed a project team and project stakeholders with representation from all five of our corporate areas, as well as ward sisters, matrons and the chief nurse. It was noted during this stage that this was the first instance where all of our corporate areas were represented in the same room, highlighting that there was real opportunity to develop stronger relationships. This was key in the development and launch of the project.

2.2.2 Development and creation of the concierge service – March 2013

The first stage of the project involved development of the design principles of the concierge service. We used this as an opportunity to actively engage both clinical and corporate areas in the development of a joint solution through a series of engagement events. These events were well received and attended by 99% of our ward sister population and colleagues from corporate areas. The large turnout signalled positively the level of engagement.

Bringing corporate areas and clinical services together at this time was a risky strategy as there was shared apprehension that it would promote an 'us and them' atmosphere.
We successfully managed to break down these barriers at a number of events which has had a lasting effect on relationships between both services. We achieved this is by inviting a mixture of clinical and non-clinical colleagues to have a seat at the same table and asked them to discuss and answer the following questions:

- How would you like to work together?
- Who else needs to be involved?
- What actions need to be taken quickly?
- What are the strengths and weaknesses to previous attempts at both services working together?

Following the engagement event feedback the concierge service was created as a helpdesk to take calls on behalf of the ward sisters. The team would aim to resolve issues upon the ward sisters behalf whilst also capturing information about the corporate proceeses.

Some of the main objectives for the concierge team were to:

- provide proactive customer service and work with the ward sisters when exploring reported issue;
- act as the main contact and support for the ward sisters experiencing issues in accessing or utilising corporate areas;
- proactively report progress relating to the reported issues to the ward sisters in a timely and prompt manner;
- share learning within the team in order to resolve issues on behalf of the ward sisters

We planned to recruit three concierges to work at the service desk, however, we underestimated the challenge of recruiting to this unique role. We telephone interviewed more than 60 candidates and eventually recruited one concierge from a clinical area, one from a corporate area and one from an external customer service company so that skills and experience could be shared.

One of the key challenges to the success of the concierge service was being able to have a fully functional team up and running in a very small period of time. With this in mind we heavily invested in an induction and training programme for the first two weeks of their employment which was a unique approach for an administrative role.

The induction involved visiting every ward and corporate department and being trained in the basics of each of the corporate areas. We also developed a bespoke training package with an external company who train employees for companies such as the Gherkin, The Shard and Goldsmith and Sachs head offices. This focused on many of the soft skills required for a front facing customer service role which again are rarely the focus of NHS based training packages.

This is something that would be later adopted in many of the training courses we now provide internally.

Photo from an engagement event showing corporate and clinical colleagues working together

2.2.3 Launch of the Concierge service – April 2013

The concierge service was launched in April 2013 and would run for one year. We utilised a number of different communication methods such as the internal staff magazine, daily electronic communications and webpages, as well as face-to-face introductions to publicise the new service.

As part of the concierge launch, we implemented a ward round service wherein a visit to every ward sister on a weekly basis was planned. This allowed the concierge team to effectively engage and build relationships with ward sisters and keep them up to date without the sisters having to rely on chasing the team.

When the service was initially launched we expected a high volume of calls, however this did not happen. In hindsight we had underestimated the investment in communication required in launching a new service, and rectified this by providing further training to ward sisters about how they could access the service to their benefit.

The calls soon increased; however, we found that the primary method for gathering issues was through face to face conversations rather than email or telephone call. This highlighted our first problem; we expected our ward sisters to be away from their offices on the wards but we had not provided them with an electronic means of keeping in touch with us.

One of the first improvements of the concierge service was to ensure that each ward sister was provided with a smart phone, funded by their department. As a result of this, the number of calls and emails we received into the service increased, and ward sisters felt more productive in a clinical setting.

"At first I didn't want a phone as I was worried if I didn't answer I'd be in trouble. I soon realised this wasn't the case; it's great that LSTL was able to provide us with a phone. I can sort out issues and answer emails instantly now without having to set aside 'admin time' to deal with problems"

Quote from ward sister upon receiving iPhone

Day in the life of a Concierge case study

Concierge team were contacted (Aug 13) asking to raise a case for a window blind in a patient's room which didn't work. Sister explained that this issue had been raised with Interserve previously but they had not received a response.

Following investigation the concierge team were told that the blind was logged under the wrong minor works variation, they were advised to check with another member of the facilities team to find out about the blind for the ward.

Concierge team received an email with attached quote for replacement blind; however the team realised that the quote required authorisation from a member of staff who had left UCLH.

Ward sister requested an update (Sept 13) as **patient's room was still is un-usable overnight because of the lack of a blind at the window**. Estates officer in the area responded that they had thought this order had been completed, he promised to investigate and get back to Ward Sister.

On the same day minor works came to the ward and measured the dimensions for the blind and explained they will provide a quote for the blind and fitting soon, the sister was informed that the delay was caused with confusion between wards.

Estates officer emailed concierge team (Nov 13) explaining a minor works request had been raised and will be sent across to the ward via email. Concierge team followed up on request end of Nov 13 with the estates team and were told they had not started the job as the quote had not been approved and work could not begin until this happened. When questioned by the concierge team it was realised the estates office had not told the ward this was causing the delay.

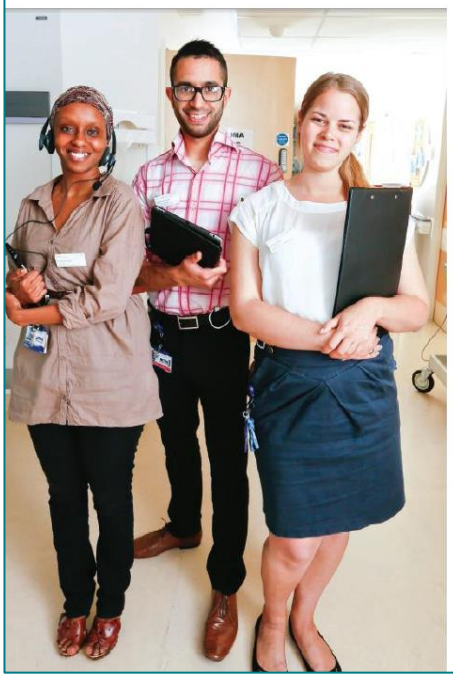
When the ward searched for the quote (they found it in the wrong office) the ward sister discovered it the quote was for wrong colour of blind, all blinds in the ward should be blue instead of quoted white.

Ward sister emailed concierge team (Dec 13) stating that blind had been replaced.

Number of days for issue to be resolved – 116
Total time in hours to be resolved – 8.6
Total steps – 56
Total loss for unusable room – £350

Staff Magazine Article June 2013

Problem? No problem!



Julia Peart, Sofia Hassan and Jahangir Sadri are nothing short of miracle workers in the eyes of ward sisters across UCLH. A door off its hinges, faulty buzzers, computer glitches and administrative hitches: all it takes is a quick phone call or a word in their ear and the new concierge team roll up their sleeves and get cracking

Ward sister Elizabeth John is happy. "I called trying to get our leaking showers fixed, but with one thing or another it didn't happen. The water would seep under the door and we were continually mopping up."

Then she spoke to the concierge team. "Look! All fixed within two weeks – wonderful!" she said, showing off the refurbished cubicles in the Albany rehab unit at The National Hospital for Neurology and Neurosurgery.

Trudy Stewart on the Bernard Sunley ward had been grappling with a shortage of telephones. "I desperately needed a few extra. I spoke to the concierge team who worked with the Telecoms team on my behalf and a couple of days later I had the phones." "Fantastic!"

Trying to juggle a myriad of things alongside running a ward, takes precious time and patience. Time that could be better spent on caring for patients and leading the ward team as a visible clinical leader.

The concierge team are the outcome of many months of planning by representatives working in five corporate areas (Finance, Estates and Facilities, ICT, Workforce and Procurement). As part of a new Liberating Sisters to Lead project, their task was to support UCLH's vision to put ward sisters at the heart of patient care.

It is not just a quick fix either. Led by Jacki Parker, project manager, and concierge manager Natalie Howard, it will identify common bottlenecks and help instigate longer-term changes and service improvements – for the benefit of everyone at UCLH. The Liberating Sisters to Lead project is funded by the Health Foundation.

Concierge Julia, who worked in the UCLH finance department for five years, said: "Some of the problems may appear relatively minor but, if unresolved, there could well be an impact three steps down the line. With other problems, staff may be unclear on how to start solving them. We have the time and continuity to make the calls, to proactively follow the processes involved and see it through from beginning to end."

Jeremy Over, project lead and head of workforce, hopes the project will have far-reaching effects.

He said: "As well as releasing more time for ward sisters, the data collected by the concierge team will provide corporate services teams with the type of detailed information which has not been gathered before. This will show us where we can make the most significant improvements and make sure that they are sustainable for the future, which will be for the benefit of everyone across UCLH who depend on us."

"We have the time and continuity to make the calls, to proactively follow the processes involved and see it through from beginning to end."

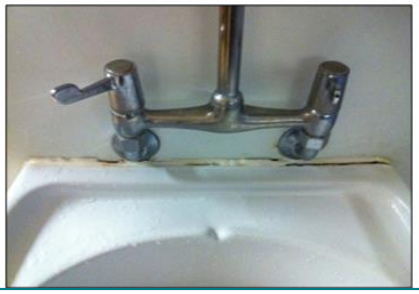
Article about the concierge team

This week from the Ward Sisters Perspective…..

David Ferrier Ward

Issue 1:
31/07/12: Electrical Fault immediately above patients bed logged with Interserve as broken.
06/08/12: Engineer 'Taped up' problem but Sister has no update on to whether the bed should be condemned or ETD for when work will be completed.
20/08/12 : NH chased Interserve for resolution. Put on hold for 5 minutes and referred to engineer. Advised quote will take 10 working days. Awaiting ETD.
22/08/12: NH escalated the issue and requested the call was made urgent, Expecting fix on 23/08/12.

Issue 2:
31/07/12: Sink used to maintain hand hygiene reported as requiring filler to be inserted around the edge (infection control)
20/08/12 : NH chased Interserve for resolution. Advised that sink has been condemned (ward sister not informed). Logged with minor works 20/08/12 and advised 1-10 days lead time for a quote. No advice can be provided as to when the sink will be replaced.
NH escalated the issue, The sink was fixed on 22/08/12.



Section from a presentation showing information gathered by the concierge team

2.2.4 Gathering of data

During the planning phase, we worked with an external company to create a bespoke Customer Service Relationship (CRM) database. This was specifically created for our use and allowed us to focus on what we wanted as an output.

We developed the system to enable the concierge team to log every interaction, such as emails, telephone calls and face to face appointment; this meant that we were able to capture what it is truly like for a ward sister to navigating the corporate processes.

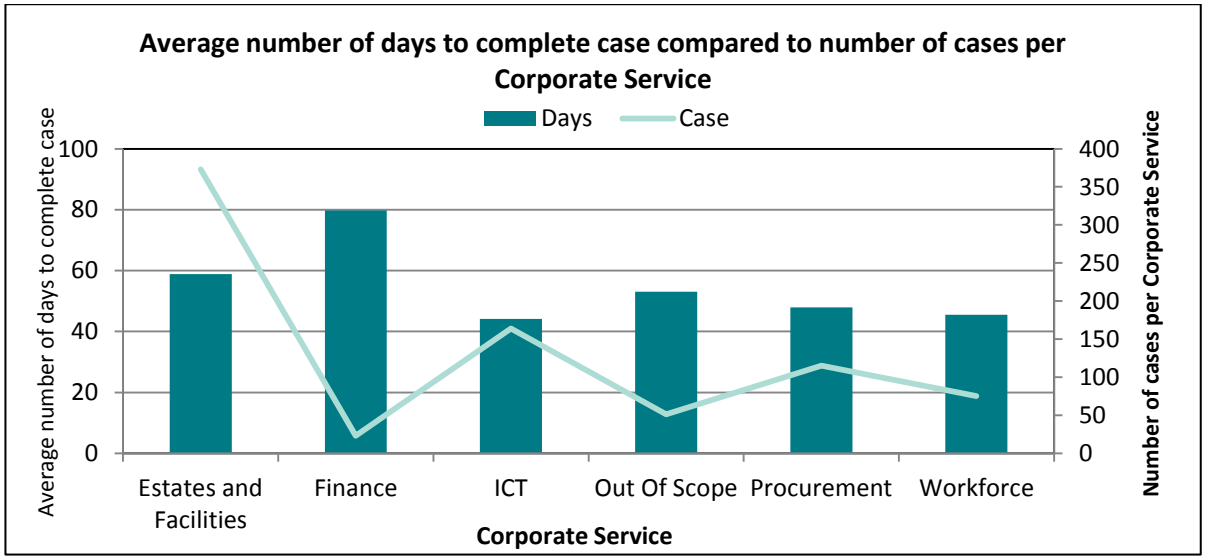
This information was fundamental in telling the story of the project as it allowed us to take a whole system view of the issues as well as help colleagues in corporate areas understand what it was like to 'walk in a ward sister's shoes'.

Information had always been shared about the challenges and problems ward sisters faced, however now we were able to give specific examples of the daily issues sisters were required to navigate that colleagues from corporate areas could understand.

As well as using narrative techniques such as storytelling to inform colleagues from corporate areas, helping them to see things from the perspective of a ward sister we were also able to produce data showing how each corporate area was dealing with the issues.

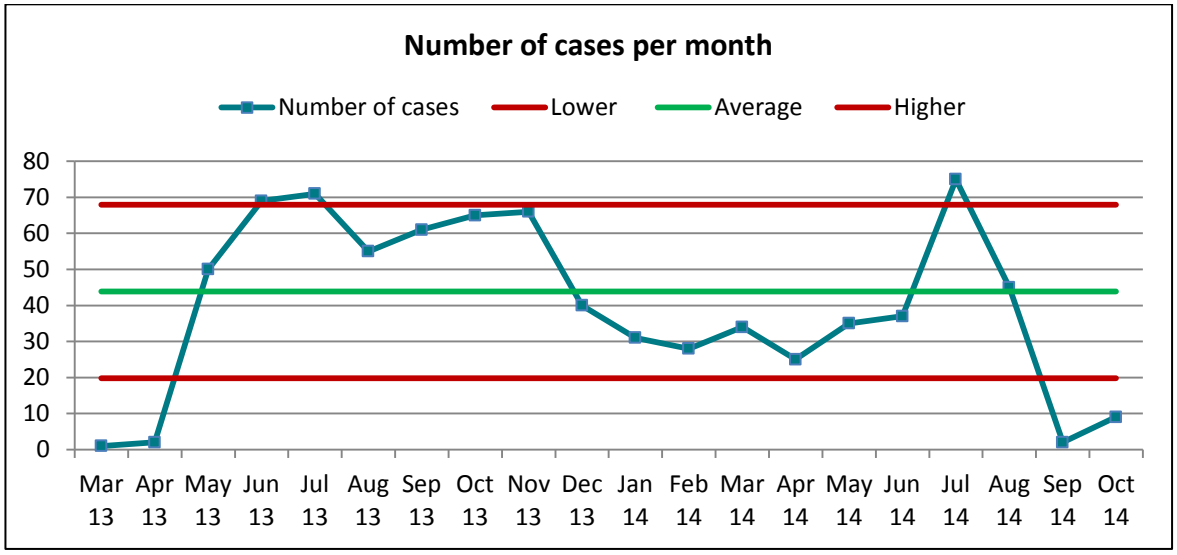
We were able to produce graphs, such as the example below depicting issues/cases grouped by corporate area, number of cases each service received and the time taken to resolve each case.

The below example shows us that although Finance cases took the longest to complete (80 days on average to complete 23 cases), the cases they received were very complex. Subsequently, Estates and Facilities received the largest number of cases (373), and took on average 59 days to complete them.



Graph shows the average number of days to complete the cases for each corporate area compared to the number of cases in each area.

The below graph shows the 801 issues that were gathered by the concierge team; on average the team received 44 cases per month.



Graph showing number of cases the concierge team received each month

2.2.5 Engagement event

The concierge service closed in May 2014, and we held an event to show the information we had gathered and to share our vision for the next stage of the project.
We structured the event as a journey, by creating a maze which people 'walked' to see key milestones and issues we had encountered. The maze then opened out to show staff how we intended to resolve the more complex problems.

Photo taken of one of the display boards at our showcase event. The 'signpost' shows where we were in Feb 13 looking to recruit the right people for the concierge team

Gaining support and the engagement of members of the Executive Board has proved invaluable in ensuring that the learning from the project remains on the agenda. Much of the data we have uncovered is still actively used as the foundation at the inception of new projects across UCLH.

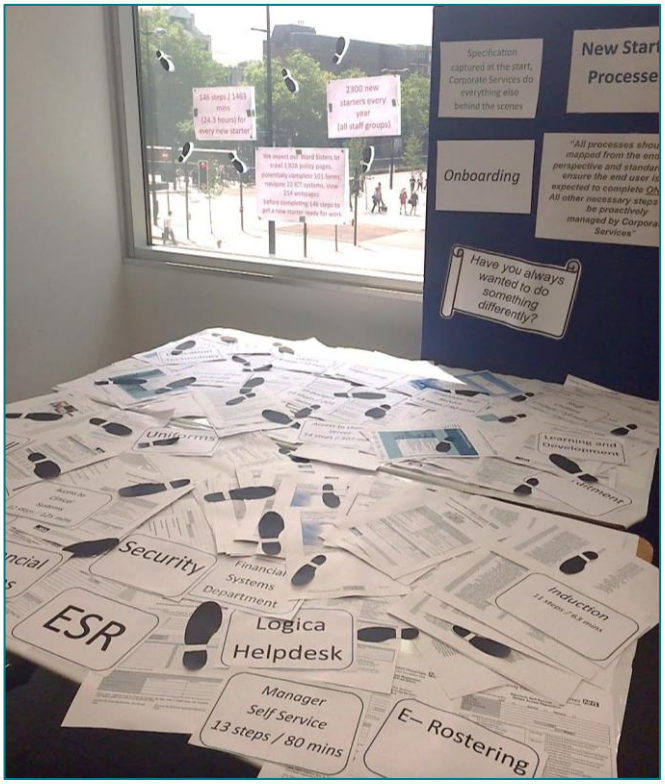


Photo of our 'visual shock' table showing the number of policies ward sisters are expected to have read and understood

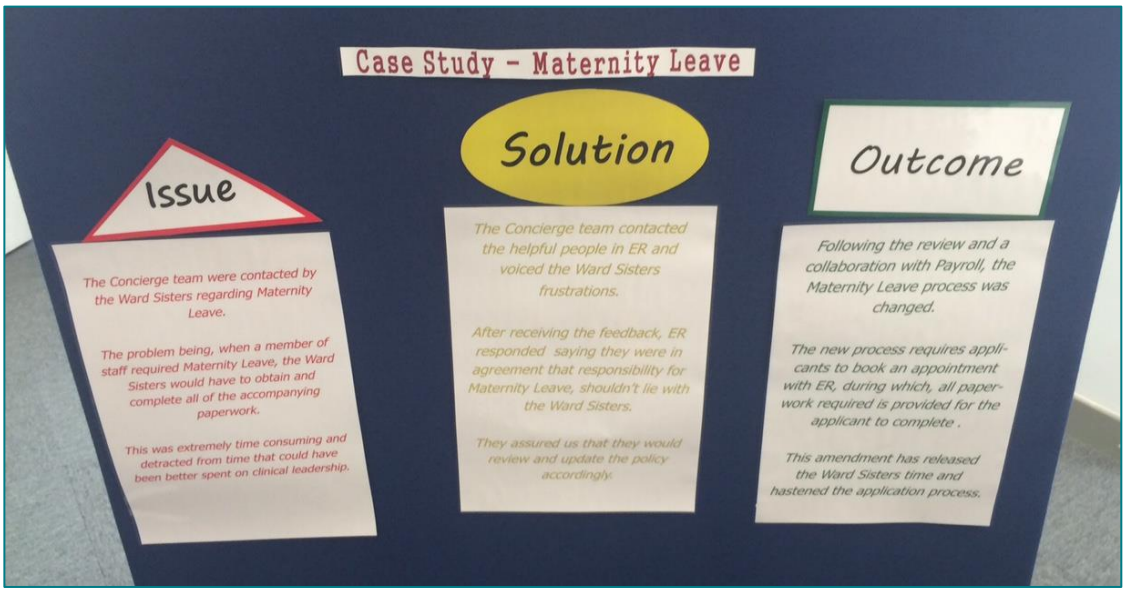


Photo showing an example of one of the issues the concierge team were able to resolve

2.2.6 Service improvement workstreams

At the outset, we aimed to use the concierge service to affect ‘quick wins’, we discovered however, that many problems were more complex.

In order to navigate through over 800 issues collected through the concierge service we designed a matrix called the ‘6 C’s (dicussed further in section 4.1)

Using this tool we created 4 service improvements workstreams that captured the largest number of issues that were causing complications within corporate processes.

a) **The authorised signatory workstream** focused on a form staff were required to use to gain access to financial systems such as iChange, iProcurement and iPoint. These systems required budgetary authorisation and enabled staff to order items such as ward equipment or computer software as well as book temporary staff. New staff were required to complete a complicated form as well as collect three signatures from different levels of management. Issues about this process represented one third of the cases the concierge service recorded.

b) **The Estates and Facilities workstream** looked into how to improve communication. The department are responsible for all building management, maintenance and facilities; they’re part of UCLH however they have partnerships with multiple third party contractors such as Interserve. Multiple issues were recorded of poor communication between third party contractors and ward sisters, such as the wards not knowing if a job had been completed.

c) **The new starter workstream** was one of the most significant areas where issued were raised. The challenges stemmed from the high volume of new starters per month (of which on average 50% are nursing staff), which at times would reach 180 attendees per month.

Depending on the job role of the new starter, access to over twenty IT systems may be required in addition to needing an ID badge, an email account, access to a locker and a uniform. The majority of the issues raised required the ward sister to navigate through 13 different corporate processes and often having to talk to different teams in order to ensure that their new staff member had everything they needed to perform effectively in their role.

See appendix 1.1 for article about new starter process

d) **The P2P workstream** looked at the Procurement team. They’re manage the ordering of items and services through UCLH. The majority off issues collected were about unclear processes which resulted in staff ‘not following the rules and ordering items out of process.’

Case study about the new starter processes workstream

> "for every new starter we recruit we expect Ward Sisters to navigate 1,828 policy pages, 101 forms, 22 ICT system and 214 webpages, *before* they even begin to contact the 13 departments and begin the 148 actions we then ask of them. This works out at 20.3 admin hours for each new starter over the 2300 new starters we recruit each year!"

The information above illustrates the amount of time ward sisters were expected to spend ensuring their new starter was ready to work on day one. It was very difficult to prepare for a new starter in advance as we discovered the majority of processes began on the new starters first day.

This resulted in the new starter not being provided with everything required, often waiting up to 5 weeks for access to systems essential to their role. There were instances where staff had waited almost 6 months for the required access to be granted. This was often due to the un-needed complexity of internal corporate processes.

The project identified that all new starters require 11 items to be made available and set up to aim smooth transition into life at UCLH. This included a variety of essentials such as: an ID badge and uniform, access to a locker, clear information on conditional and final offers as well as training and systems access required when they start work. This is where a significant piece of our work stemmed from, and we began to map existing processes and eliminate waste using lean methodology.

We were able to understand the reason processes began when new starters arrived at UCLH was because departments required their input on certain things such as a photo for the ID badge, their preferred name for an email account and completion of training in order to gain access to clinical systems.

Through the project we were able to successfully change the majority of processes so the starting point was 6-8 weeks before the new starters first day. We were able to do this by changing the starting point of processes so information was captured when the new starter attended a pre-employment meeting with the recruitment department.

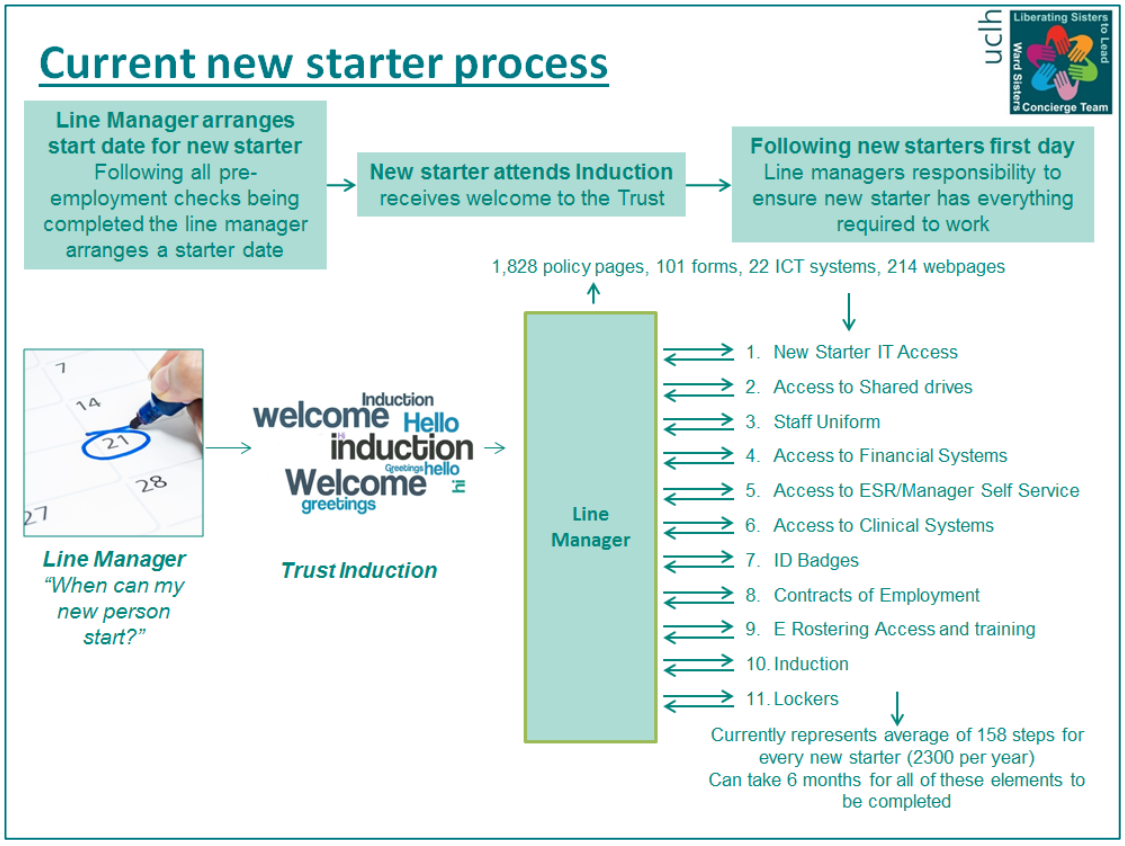
We estimate to have saved each line manager 4 hours of administrative duty per new starter. As well as ensuring each new member of staff receives an improved welcome to UCLH by handing all items/information when they attend induction rather than them collecting items from different locations and departments.

Following an organisational redesign, a core team are able to collect information such as preferred name, photograph for ID badge, signing of important forms and prepare for the arrival of the new starter while the final recruitment checks are being completed. This alteration means departments avoid 'fire fighting' to rush requests through and it lowers the risk of new staff starting work on a ward without adequate training to use the clinical systems.

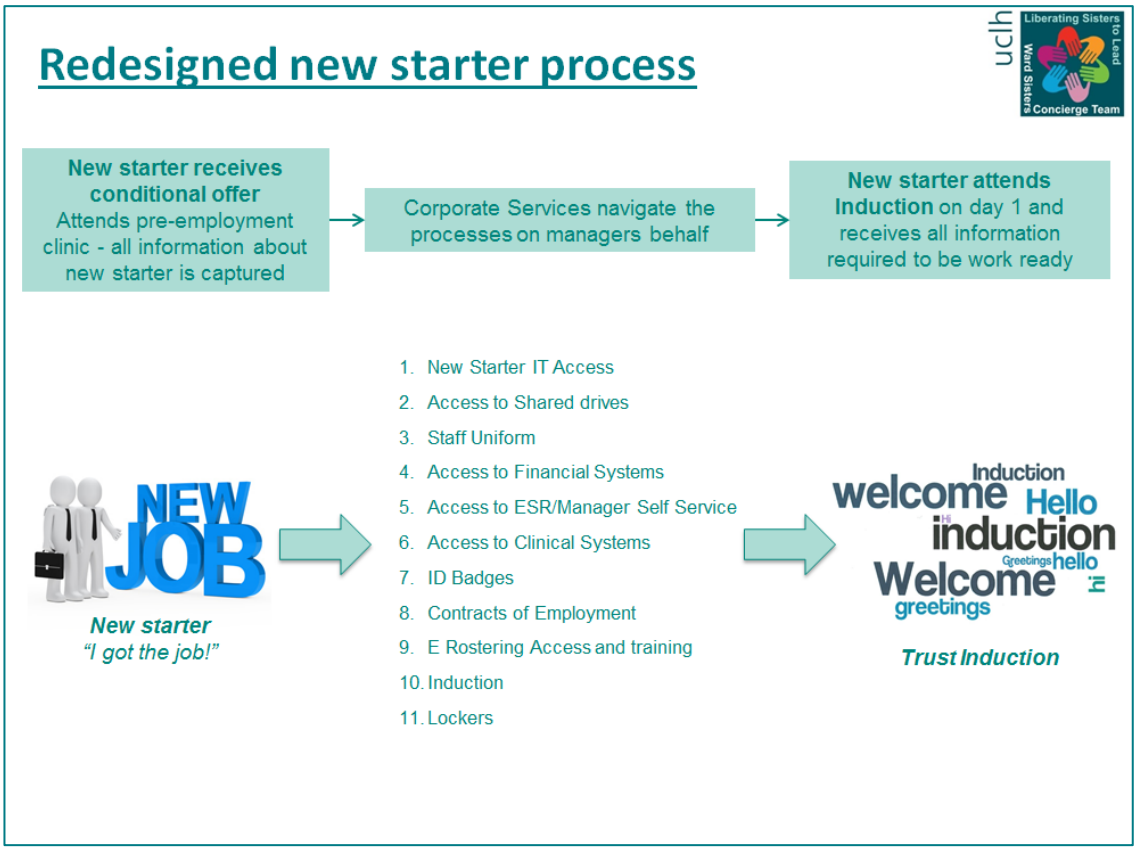
We have successfully been able to alter the following processes:

- Central team set up email account for new starter (previously completed by line manager)
- ID badges arranged in advance (previous rush to print on induction day and new starters often start before induction date)
- Uniforms ordered in advance (previously ordered on first week, can take up to 8 weeks for bespoken uniform to be created)
- Conditional and final offers rewritten removing ‘recruitment jargon’ with easy instructions for new starter to follow
- Audit of all lockers in area of UCLH, following discovery that many were locked and unused

The below slides show the processes before and after redesign. Slide one shows the previous process where majority of items/system access was requested after the new starter was working. Slide two shows the redesigned process where we capture all information from the new starter at pre-employment check and then prepare them for collection/use on the new starter’s first day.



Slide one – previous process



Slide two – redesigned process

2.3 Involvement with the project

Through the project we have worked with a core team, stakeholders from each corporate area and multiple ward sisters from all sites at UCLH.

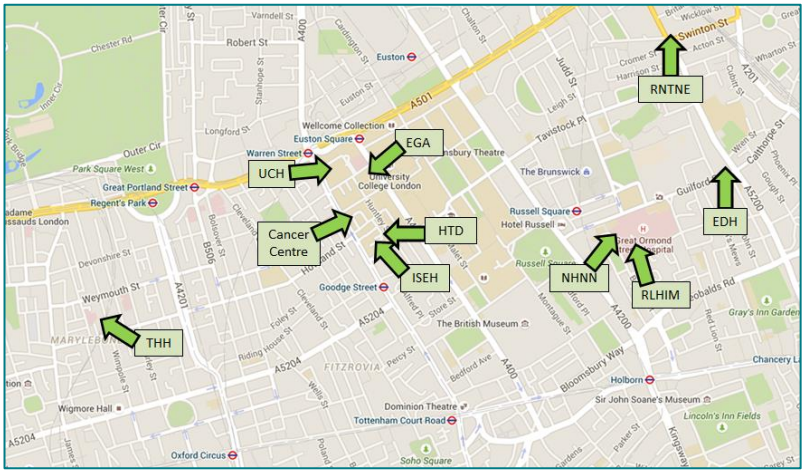
Our approach to engaging staff through the project has been to utilise different styles of communication and ensure that we go the extra mile. This has included getting to know departments and clinical areas as well as understanding issues from both clinical and non-clinical colleagues' perspectives.

We have managed a number of different stakeholder groups which have been under a constant state of flux, which was unanticipated. For example, we did not foresee the turnover of Executive Sponsors and ward sisters, similarly we have had new Procurement, ICT and Estates Directors. These groups were all essential to engagement and keeping momentum during the project.

When the project began we met with 52 ward sisters to involve them in the project, only around 10 out of the original 52 are still currently employed by UCLH as a ward sister.

From January 2013 – April 2015 changes with the Ward Sisters and Charge Nurses are as follows:
- 18 left UCLH to more senior roles
- 7 changed their role within UCLH
- 16 remained in post

We underestimated the time and effort it takes to bring new colleagues up to speed, in order to overcome this we greatly benefitted from the ability to tell our story. This often felt as though we were justifying our purpose and became quite negative, particularly as it delayed the launch of our service improvement projects. This meant that we needed to be more creative and bring people up to speed in new ways, and utilising some of our biggest champions in the ward sisters group to help tell our story from their perspective.



Section 3

Impact

3.1 Project deliverables

We were able to deliver on this project through two forms of data collection: documenting the amount of time a task takes a ward sister through 'activity follows' logs, as well as, recording issues ward sisters faced through the concierge service.

Activity follows

The 'activity follows' logs acted as 'temperature gauges', originally planned to be taken at each quarter these would inform us if the changes in corporate processes were making a difference to the ward sisters and enabling them more time for clinical leadership.

Concierge service

During the course of the project, the service received and resolved 801 issues, enabling us to take a system-wide overview of problems in order to diagnose areas for intervention. The service also highlighted the importance of data and the inadequacy of current methods of data capture. We were able to use the model as an intervention and discovered that clinicians and corporate areas were able to engage with the data on a level that was not previously possible through the stories and case studies provided. This altered the terms of engagement in the project from an 'us and them' culture to enabling a collaborative approach for clinical and non-clinical staff to work together.

The below sections detail how both forms of data collection reveal different but vital information for the project.

3.1.1 Activity follows

In order to calculate if we were able to reduce ward sisters time spent on corporate processes and increase their time on clinical leadership we created logs to record their actions with the Clinical Operational Research Unit (CORU) at University College London (UCL).

The aim of the logs was to record a ward sister's activity every 15 minutes to see where time was spent.

Working with the CORU team and ward sisters we created a list of the most common activities a ward sister completes that could be grouped into one of 3 different categories. Using this matrix we aimed to record if a sister's time was spent on:

- clinical leadership;
- corporate service;
- other activity.

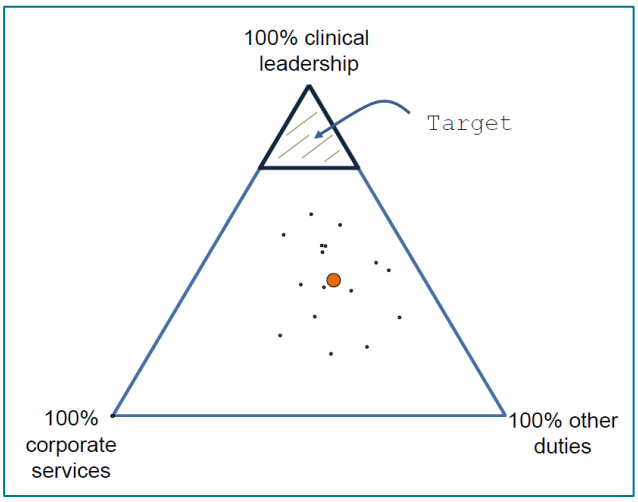
The below table shows how these activities were broken down:

Term describing activity	Overall classification of activity
Workforce/ HR related	Corporate service
ICT related	
Procurement related	
Estates and Facilities related	
Finance related	
Rota Management	
Ensuring safe and effective clinical practice	Clinical Leadership
Enhancing the patient experience	
Managing and developing the performance of the team	
Ensuring effective contribution to the delivery of UCLH objectives	
Clinical Work - Planned	
Clinical Work - Own Caseload	Other activity
Clinical Work - Unplanned	
Governance and Safety	
Emails/ Meetings	
Personal Development	
Other Leadership	

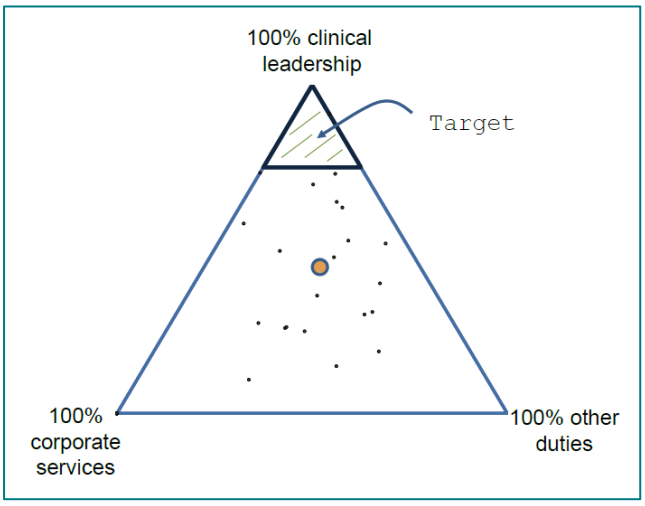
Information gathered from the logs was sent to our evaluator at UCL and information was analysied through triangle plots to show how ward sisters time was divided between the three categories.

Our evaluator explains: *if a ward sister devoted all her time to clinical leadership the data point would sit at the top corner or the triangle, if all her time were devoted to corporate service the data point would be at the bottom left corner and if all time was spent on other duties it would be bottom right.*

The two below triangle plots show 2 records from July 13 and October 13; we're able to see that the average ward sisters time has moved from scattered areas in July more towards clinical leadership in October.



Left image: results from July 13 logs



Right image: results from October 13 logs

We expected that the majority of our data would be collected through the 'activity follows' logs and that these would reflect a large impact on the ward sisters time. It feels naïve in hindsight to expect such an instantaneous change as one of the major challenges of the project was in encouraging ward sisters to utilise the service at all.

We saw the logs as a tool to gather data to show where ward sisters spend their clinical time. The ward sisters, however, may have seen it as being asked to 'prove their skills/capabilities' even though each log was anonymous. As a ward sister is often seen as a problem solver or a 'fixer' when they are recruited as they are able to address issues effectively. Thus, if you strip away these type of issues ward sisters face, only the clinical challenges remain.

Further evaluation on the 'activity follows' data from CORU is available in appendix 2.

3.1.2 Concierge Service

As well as the 'activity follows' logs we were also able to use information gathered by the concierge service to deliver large changes through service improvement workstreams

Impact through the new starter workstream

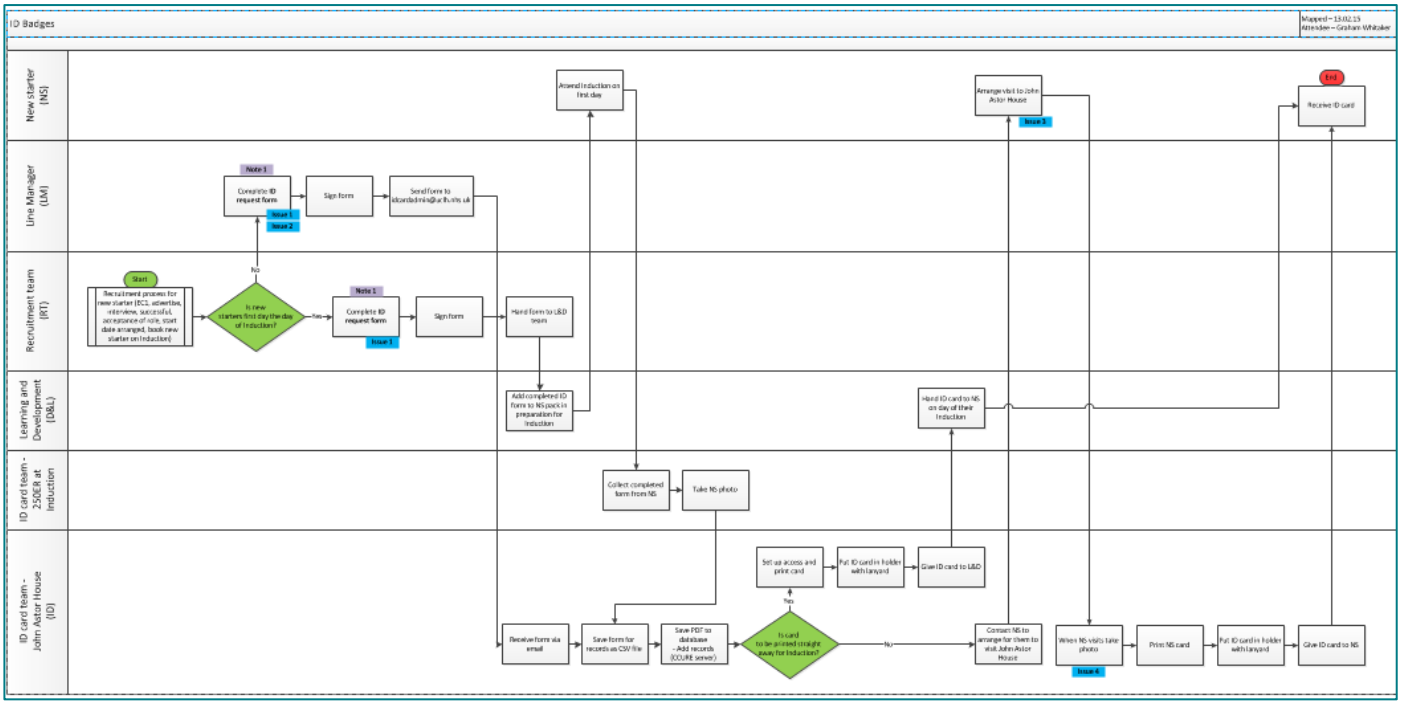
The impact of the revised new starter processes has been significant. As previously mentioned, we initially planned to improve how new starters joined ward sisters at UCLH. However we altered the entire process in order to improve processes for all new starters joining anywhere at UCLH. This intervention has been very successful as we are now saving time for all line managers not just ward sisters; we estimate that we are saving each recruiting manager 19 hours per new starter.

One of the processes that has been most significantly altered is the issuing of ID badges. Previously ward sisters and managers were expected to complete and sign a form to request an ID badge be printed detailing the access required to specific areas of the hospital. This form would then be taken by the new starter to another site where a photograph was taken and were then required to return at a later date to collect the printed ID badge.

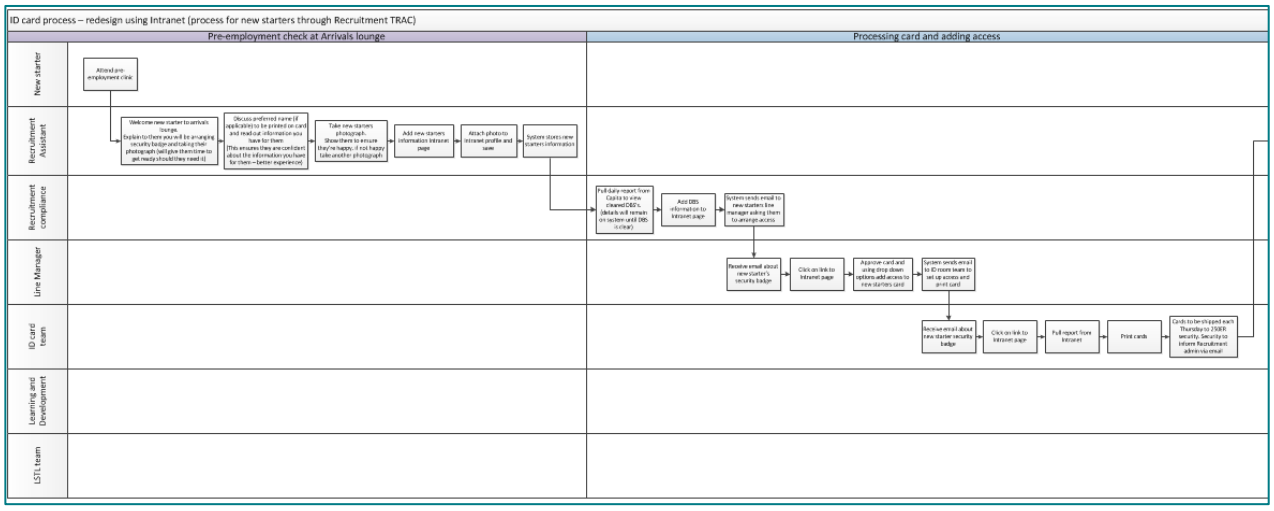
We were able to alter this process entirely, in the first instance, by taking photographs at pre-employment stage and then by redesigning the system to grant access. We developed a process through the *Intranet* (UCLH's internal internet system) which enables line managers to be notified by email when they're required to authorise access. Managers then simply click on a link and complete a drop down box of options for access. This saves time for all ward sisters and managers, as well as, for their new recruits previously spent walking to the other sites.

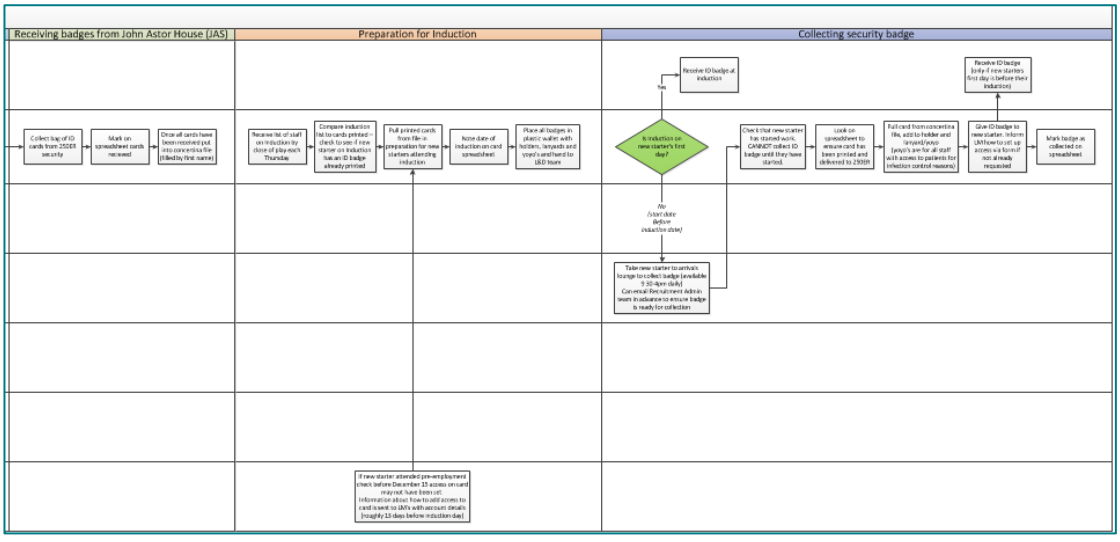
The below two images show the previous and redesigned processes for new starters receiving ID badges.

The original process was confusing and highlights a number of possible routes for the new starter to take. The redesigned process is clean and is designed in stages, helping the new starter and line manager understand the process.

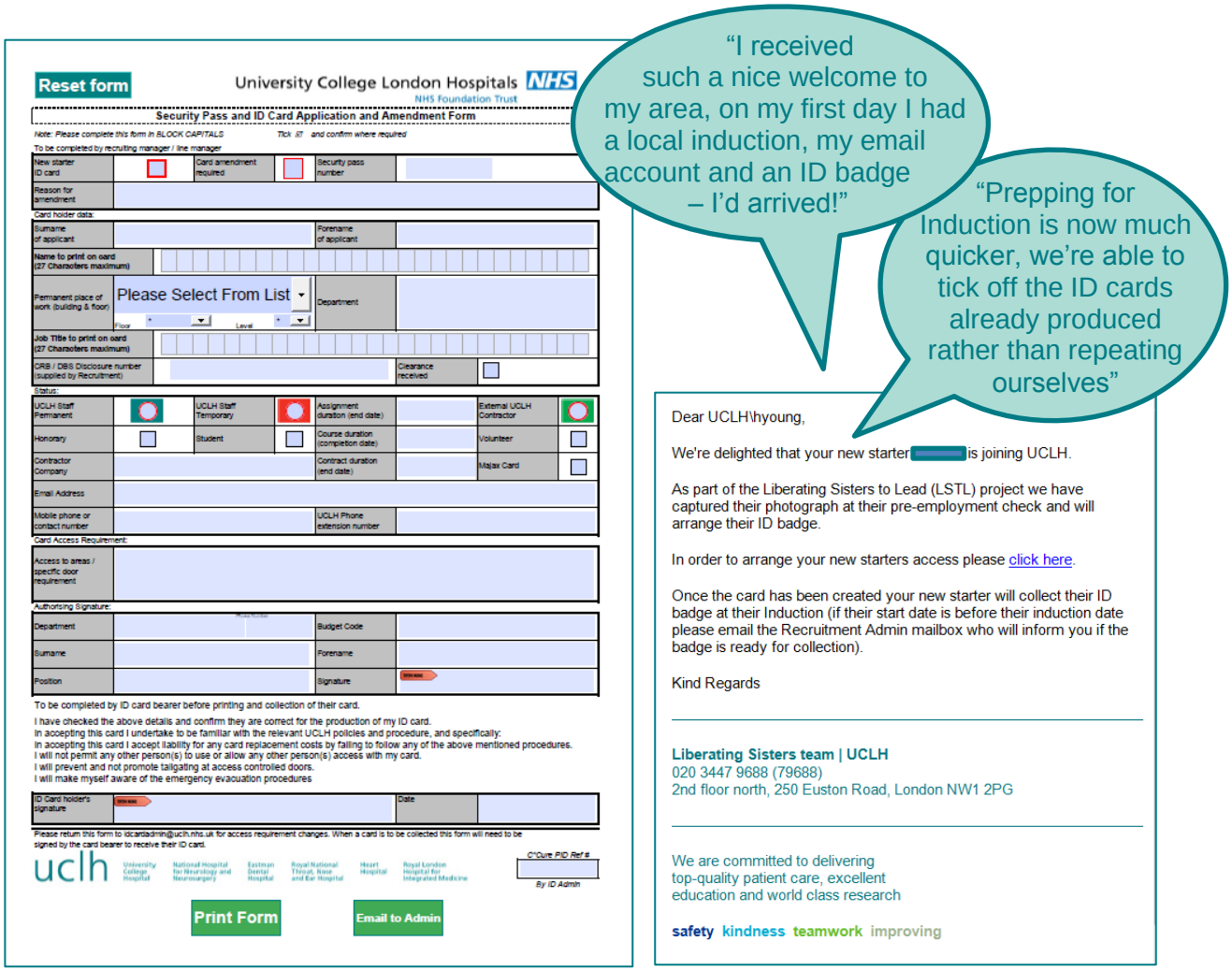


Original ID badge process





Two images showing the redesigned ID badge process



Redesigned process for ID forms:
Image on left is previously used ID form all line managers were required to complete to arrange ID card.
Image on the right is an email that line managers receive explaining process and asking them to open set up access on security card (via link)

Another process that we are still currently working on is setting up a centralised team to order email access for the new starter, something which is currently managed by three different corporate areas. When we have completed an impact assessment of the centralised team, we will able to set up multiple systems including email account, clinical access and shared drive access for the new starter. This is estimated to save up to three hours of manager's time as well as over four hours for colleagues across corporate areas.

Impact through the authorised signatory form review

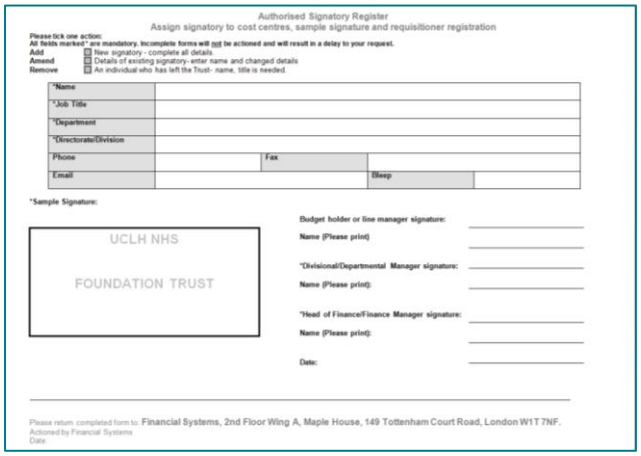
One of the most time consuming issues uncovered by the concierge service was the authorised signatory form, used to delegate financial authority down through a hierarchy. The form was a paper based document that required three levels of sign off.

Using the data we captured via the concierge team, we were able to establish that forms were misplaced an average of six times per user. A duplicate of this form was required for each of the systems that utilised it.

Issues surrounding this process were present in one-third of the problems that the concierge service reviewed and as a result were reviewed as one of the service improvement workstreams.

Whilst reviewing this process, we worked with the Procurement team who were prepared to act as the owners of this process, we then developed an email template to replace this form. To date, the amount of time taken for this form to be completed has reduced from an average of three months (in which time the Ward Sisters would spend a high proportion of time chasing) down to one day which is a significant reduction.

The *Procurement helpdesk* now owns this process on behalf of the remaining four departments who utilise this form, thus removing the need for three levels of signature, and duplication of the form in order to gain access.


Authorised Signatory Register
Assign signatory to cost centres, sample signature and requisitioner registration

Please tick one action:
All fields marked * are mandatory. Incomplete forms will not be actioned and will result in a delay to your request.
Add ☐ New signatory - complete all details
Amend ☐ Details of existing signatory- enter name and changed details
Remove ☐ An individual who has left the Trust- name, title is needed.

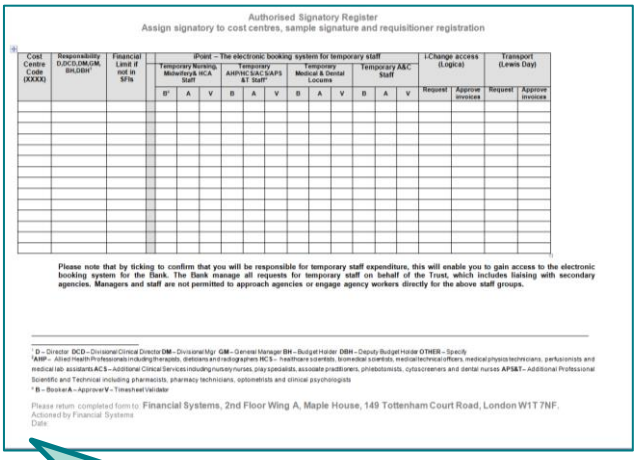
*Name			
*Job Title			
*Department			
*Directorate/Division			
Phone		Fax	
Email		Bleep	

*Sample Signature:

UCLH NHS
FOUNDATION TRUST

Budget holder or line manager signature:
Name (Please print)
*Divisional/Departmental Manager signature:
Name (Please print):
*Head of Finance/Finance Manager signature:
Name (Please print):
Date:

Please return completed form to: Financial Systems, 2nd Floor Wing A, Maple House, 149 Tottenham Court Road, London W1T 7NF.
Actioned by Financial Systems
Date:


Authorised Signatory Register
Assign signatory to cost centres, sample signature and requisitioner registration

Cost Centre Code (XXXX)	Responsibility D,DCD,DM,GM, BH,LDBH*	Financial Limit if not in SFIs	iPoint – The electronic booking system for temporary staff												i-Change access (Logica)		Transport (Lewis Day)	
			Temporary Nursing, Midwifery& HCA Staff			Temporary AHP/HSC,SAC,SAPS &T Staff*			Temporary Medical & Dental Locums			Temporary A&C Staff						
			B^	A	V	B	A	V	B	A	V	B	A	V	Request	Approve invoices	Request	Approve invoices

Please note that by ticking to confirm that you will be responsible for temporary staff expenditure, this will enable you to gain access to the electronic booking system for the Bank. The Bank manage all requests for temporary staff on behalf of the Trust, which includes liaising with secondary agencies. Managers and staff are not permitted to approach agencies or engage agency workers directly for the above staff groups.

Please return completed form to: Financial Systems, 2nd Floor Wing A, Maple House, 149 Tottenham Court Road, London W1T 7NF.
Actioned by Financial Systems
Date:

Hello,

Following your phone call where you require access to the iProcurement system,
Please could you complete the below table

Once I have your information I will be able to grant you access to the system

Name	
Department	
Division	
Job Title	
Contact number (ext)	
Budget/Cost Code	
AP Point	
Budget Holder Name	
Which systems do you require access to? (delete as appropriate)	• iProcurement – System to purchase goods and services • iPoint – System to book temporary staff • iChange: System to order ICT equipment
Name of person you will be replacing (if applicable)	

Thanks,
Kind regards,

Procure 2 Pay Service Desk Manager
UCLH NHS Foundation Trust

"I completed the form 3 times, each time I signed it, asked my manager to sign it, then walked over to 250ER to ask finance to sign. Then I sent the form through the post and still didn't get access to the system. When I chased they said the form had been lost"

Top images: Previous authorisation form - required 3 levels of sign off, was often misplaced and complicated to complete. Bottom image: New email template which is now used, much quicker to complete, electronic trail of emails and helpdesk to call if end user has any questions

3.2 Project outcomes

We feel the project has been successful in making a difference in multiple areas including within corporate services, at an organisational level and in the wider health economy.

3.2.1 Differences in corporate areas

The concierge service represented a new and unique way of working for the organisation and was considered to be an exemplary approach for customer service. There was organisational learning from the approach for recruiting front line corporate department roles, and also how we provide an end-to-end service for our users.

We feel one of the largest areas of impact is within our corporate areas and between corporate and clinical colleagues. There is now transparency between processes and an 'openness' that was not previously seen between departments who now aim to share their work in order to help the end user.

The ethos that the concierge service used to provide a customer focused service is something that is now replicated in a number of areas. This has left an invaluable impression in helping cross the boundries between corporate areas and clinical services. There is now increased value in corporate areas with greater investment in setting them right for the end user.

This has also impacted paths of reward and recognition, such as our *Celebrating Excellence awards.* From 2016 the awards now recognise a *Corporate Service award* which was previously over looked.

Impact on a corporate area level has varied depending on the size, complexity and readiness of the service. The impact on the Procurement team was vast as LSTL project came at the right time, while they were about to launch a new Finance and Procurement System.

The data from the concierge service allowed the Procurement team to review the way in which they provide their services as well as and implement a service desk that has been well received. We have sustained Director level support with the Procurement team an engaged partner.

"I wanted Procurement to be involved with the LSTL project to help us understand the impact our service has on our nursing (and wider clinical staff). This project came at a time when we were starting to reshape the Procurement service and the information gleaned from this has helped us to move forward. I also wanted to understand from a personal point of view, the work undertaken by our Sisters, to help me progress my own development. The benefits of this project have really helped develop the procurement service at UCLH, by establishing a Procure to Pay Service Desk (P2P). This help desk provision provides real transactional benefit to the Sisters and now wider hospital team. We have also revised a number of our polices to ensure we provide a "help service", not a service based on our own understanding ore requirements. We are now planning the future developments, with the possible combination of transactional services, to further enhance the service provided to our clinical and nursing staff, to free them from the needed administration as a public service.
If we were to repeat this project, it would be important to gain improved and sustained clinical

representation. This is very difficult, but it is important to ensure we fully understand the pressures and the benefits we can drive from our particular services."

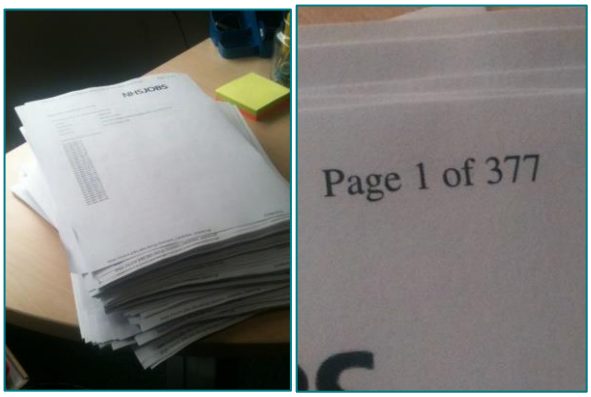
Statement from Procurement Deputy Director – Wayne Sexton

For other services provided by third parties, such as ICT, is has been harder to measure the impact. This is due to the nature of contract management, which means that the cost of interventions have posed a barrier. However, the support of our ICT stakeholder in this area has helped us to make a number of small scale changes that have proved beneficial for end users across the organisation.

Estates and Facilities are by far our largest corporate area, for which we recorded most of our issues. The impact here has been significant, in particular, we have seen progress at our satellite sites where our data was used in the implementation of a new contract that allows for inclusive maintenance, which has reduced the amount of time our ward sisters spend chasing corporate areas. Our partners, Interserve, who provide the majority of our Estates contracts have been actively involved with the project team by implementing key learning from the concierge service to restructure and develop their systems and helpdesk provision.

Another corporate area that has been able to transform its processes is the Recruitment team, as demonstrated by the overhaul of nurse recruitment processes.

One example of the issues ward sisters encountered is when a vacancy was advertised and over 34 applications (377 pages) were received. To address this challenge, they contacted the concierge team to request for help to shortlist.



Photos showing applications a ward sister tried to shortlist

""The recruitment department now have a dedicated nurse recruitment team that advertise on each wards behalf, applications that are submitted are shortlisted by the team and invited to an assessment day. Here they are tested on their drug knowledge and assessed in a scenario with other applicants, successful applicants are then interviewed by the ward staff.
We estimate that ward staff are now required once a month to be involved in assessment days which has saved them vast amount of time on recruitment paperwork

Recruitment for Band 2, 3 5 & 6 is done centrally via our Nurse Recruitment Team. This involves advertising, shortlisting and also setting up interview panels as well as room bookings. Candidates are invited for an Assessment Centre on a weekly basis for (Band 5 & 6

Nurses) and once a month for (Band 2&3 Nursing Assistants).

Streamlining this process has resulted in increased performance in respect of time to hire, reduced duplication and a reduction in costs. Simultaneously it has delivered higher quality, improved efficiency and greater productivity for ward managers and frontline staff."
Statement from Head of Recruitment – Jodie Williams

3.2.2 Organisation Level Impact

We have experienced a high level of organisational flux over the course of the project (three executive sponsors/Workforce Directors, new Deputy Chief Executive, retirement of Chief Nurse and change of ICT and Procurement Director). Despite this we feel the project has had an impact on the development of a number of transformational projects which are currently underway.

Data gathered from the concierge service has been used to scope the five-year plan for transformation of corporate areas; which is a major component of our UCLH Future programme.

3.2.3 Wider impact

Throughout the course of the project, we have been approached by a number of organisations who are keen to learn from the implementation of the concierge service. Guy's and St Thomas' NHS Foundation Trust approached us in year one of the project and used our learning to develop a 'one number' service and 'knowledge and information centre' which has co-located their corporate area in order provide a more cohesive service.

We have also been approached by the Whittington Hospital who are launching a corporate dashboard, and also by North Middlesex Hospital to talk to them about the work within the concierge service.

We've been able to use interactions with other trusts to demonstrate the value of the concierge service and the benefits of our data gathering approach.

"I joined the project as the concierge service was being disbanded. I was excited to be part of a project, with such a strong customer focus. It was incredibly powerful and insightful hearing from the ward sisters themselves the issues they faced. Data gathered by the concierge during the "research phase" was instrumental to the changes made during the "implementation phase". A major benefit of the project, in addition to the time-saving element the project had a massive impact on building relationships between clinical and non-clinical departments who previously had limited interaction or understanding of each other's perspective.
As the project comes to a close, I have remained in the Trust as part of the Staff Experience team, which developed based on the principles of the LSTL Project and plays a key role in embedding the processes developed during the LSTL Project throughout the organisation"

Statement from Project Support – Lauren Hunt

3.3 Measuring and evaluating impact

In order to gather data we provided each ward sister was with an 'activity follows' log in order to record how their time is used. This information collect showed how a ward sisters time was split between time by clinical leadership, corporate services or other tasks.

We created the form to enable ward sisters to record their activity every 15 minutes. We produced forms that could be kept in offices as well as pocket sized logs that would enable the ward sister to carry around with them.

Once this data was completed it was then copied to excel spread sheets and sent to our partners in UCL to analyse.

Ward sister activity log - data collection sheet Date: Name: Ward:

Please contact Lauren on Ext 77778, Lauren.hunt@uclh.nhs.uk if you have any problems or queries

	Corporate Services						Clinical Leadership *Note: if the task is office based, it is not clinical leadership and should sit elsewhere*					Other Leadership Duties					
Activity	Workforce/ HR related	ICT related	Procurement related	Estates and Facilities related	Finance related	Rota Management	Ensuring safe and effective clinical practice	Enhancing the patient experience	Managing and developing the performance of the team	Ensuring effective contribution to the delivery of UCLH objectives	Clinical Work - planned	Clinical Work - own caseload	Clinical Work - unplanned	Governance & safety	Emails/ meetings	Personal Development	Other Leadership
07:00-07:15																	
07:15-07:30								✓				✓			✓		
07:30-07:45							✓					✓			✓		✓
07:45-08:00							✓					✓					✓
08:00-08:15							✓		✓			✓					✓
08:15-08:30							✓		✓			✓					
08:30-08:45							✓		✓								
08:45-09:00							✓		✓			✓					
09:00-09:15	✓			✓			✓										
09:15-09:30	✓			✓			✓					✓					
09:30-09:45	✓						✓					✓					
09:45-10:00							✓			✓		✓					
10:00-10:15										✓							
10:15-10:30						✓		✓	✓	✓		✓					
10:30-10:45						✓			✓	✓		✓					
10:45-11:00			✓			✓						✓					
11:00-11:15			✓			✓		✓									
11:15-11:30			✓			✓		✓									
11:30-11:45						✓	✓										
11:45-12:00						✓	✓	✓		✓					✓		
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Example of completed Activity log from Ward Sister showing how time is separated between Corporate Services, Clinical Leadership, and Other Leadership duties.

3.3.1 Evaluation from Clinical Operational Research Unit (CORU) at UCL

For each ward sister, the total time devoted to corporate service, clinical leadership, and other activity during that 'activity follow' exercise was calculated. This allowed the proportion of their time devoted to each of these overarching categories of activity to be calculated.

The proportion of the time that each ward sister devoted to corporate service, clinical leadership, and other activity was thus calculated for every ward sister that contributed data for each period over the course of the project.

Additionally, for each period, the average proportion for these three overarching activities was calculated (with each ward sister weighted equally regardless of total hours reported).

To present these data we used "triangle plots". A triangle plot is a way of displaying three dimensional data when data points are constrained to lie on a triangular section of a plane.

To understand how triangle plots are constructed, consider an example where the proportions of a ward sister's time devoted to each of the three activities are labelled x, y and z. This set of proportions can be represented by a point in three dimensions (see fig 1a below). Because the proportions x, y and z have to add up to 100%, the point representing the data for a ward sister has to sit on a triangle with a corner on each axis.

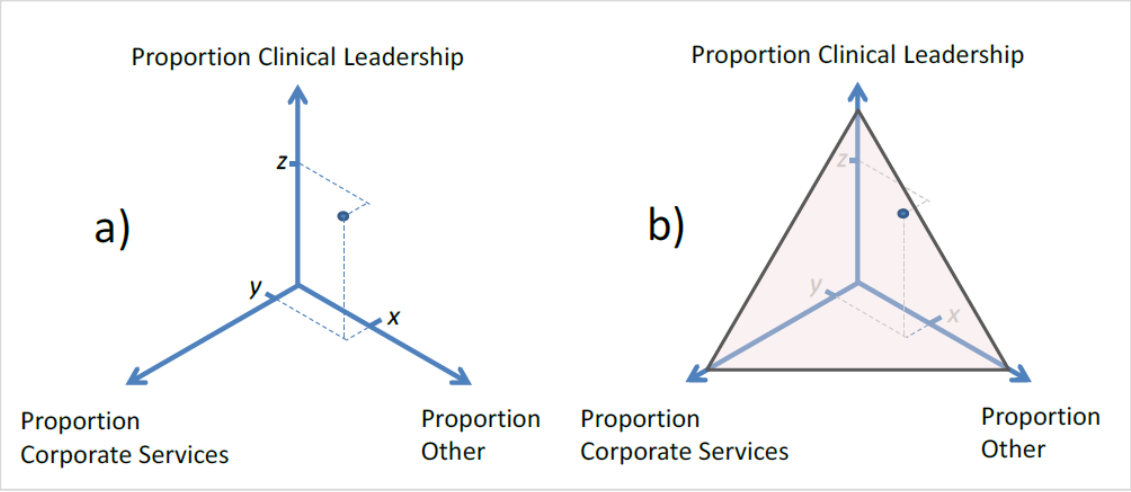


Figure 1: Moving from three dimensional coordinates to a triangle plot

The position of a point on this triangle shows how the time of the ward sister is divided between corporate service functions, clinical leadership, and other activity. If a ward sister devoted all her time to clinical leadership, the data point would sit at the top corner of the triangle. If all her time were devoted to corporate service functions, the data point would sit at the bottom left corner of the triangle, and if she devoted all her time to other duties, the data point would sit at the bottom right corner of the triangle.

Figure 2 below shows (a) a pie chart representing the case where a ward sister devotes a third of her time to each of the three overarching activities and (b) the corresponding point on the triangle plot. Essentially, rather than comparing dozens of such pie charts, triangle plot allows

us view data for several ward sisters or for the group of ward sisters over time in a single graphic.

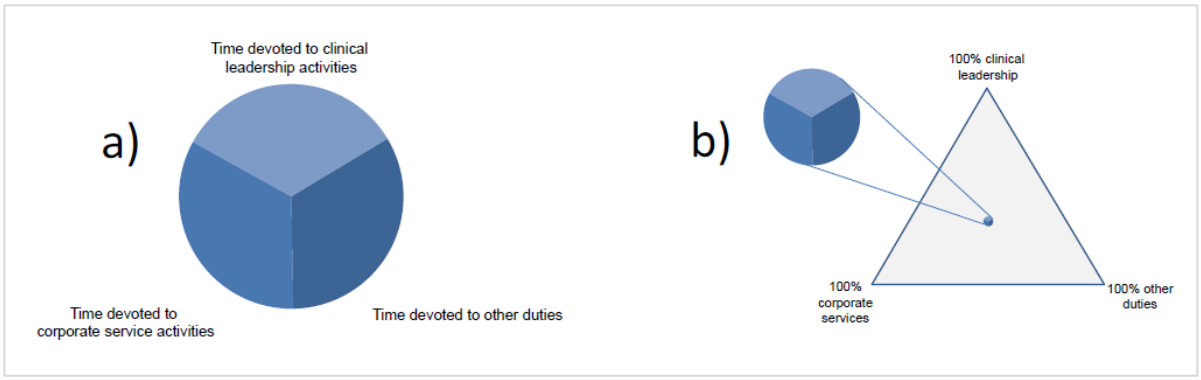


Figure 2: Illustration of how a pie chart showing the division of ward sister time between three overarching activities can be represented on a triangle plot.

Was it an unachievable target?
From the July 2013 'activity follow', it was clear that even if no time was spent on corporate areas, it would be very challenging to achieve the target of 75% clinical leadership give the amount of time dedicate to other activity. It is worth noting that included in "other activity" was ward sisters conducting their own clinical work and conducting clinical work to cover for staff shortages. At the time the classifications were made, some members of staff felt that these activities could arguably be classified as clinical leadership, with leadership shown in how clinical work is conducted rather than why.

Full evaluation from CORU can be found in appendix 2.

3.4 Impact of corporate and clinical relationships

The original scope set out by Shared Purpose (sponsors of the project) was to raise awareness of whether quality of care can be improved if corporate areas are aligned with clinical services around common goals.

Enabling colleagues to work together has been the foundation of most decisions within the project. The creation of the concierge service was a joint venture between clinical and corporate areas. This level of collaboration is something that had not been seen before, as previously mentioned, we had 99% of our ward sisters and corporate areas attend one of our events.

In order to ensure corporate areas and clinical services were working towards a common goal, the corporate processes were redesigned with the end user in mind in order to ensure that the ward sisters were able to navigate the processes quickly and efficiently.

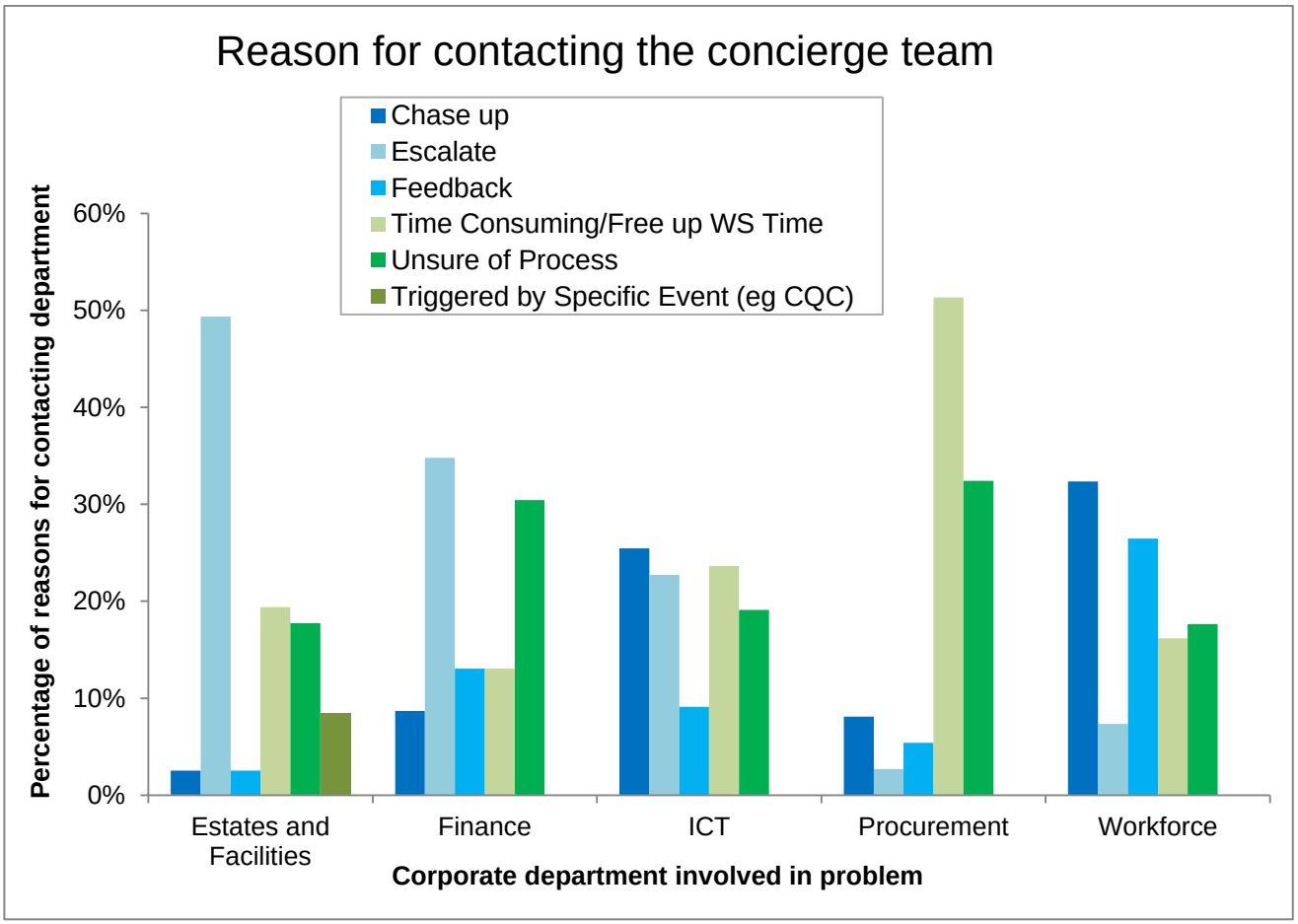
One of the most successful areas that have taken on collaborative working with clinical colleagues is the Procurement department through the *Procure2Pay helpdesk*. The entire team were able to review the way they worked, have open conversations about what they thought worked and didn't work, and spend time on a ward to see corporate areas from a sister's point of view. This time was invaluable as staff were able to see first-hand how difficult it was to order items on 'a simple system' when you are managing a busy ward. This enabled the team to empathise the ward sisters and helped the team to improve their working relationship with the ward sisters.

"The LSTL project was an excellent programme that helped us to develop the Procurement and Supply Chain service at UCLH, to the benefit of our Ward Sisters (and wider community). The project identified specific areas where our processes were not beneficial to the Ward Sisters and in some case, were not even needed within our service. In the first instance we were able to cut through the process in urgent maters. Secondly, we were able to redesign and streamline our actual requirements to ensure these could be communicated and understood by our Ward Sisters. These, along with other changes, have brought great benefits to our service and helped our Ward Sisters to release their time back to clinical time."

Statement from Procurement Deputy Director – Wayne Sexton

This example shows that the project has been successful in ensuring corporate areas and clinical services work together towards re-designing the corporate processes, underpinned by having honest conversations to remove previous costly and wasteful methods.

We were able to use graphs like the example below to ensure clinical and corporate staff listened to each other; this example shows the success of the P2P helpdesk as they were able to free up large amounts of time for ward sisters



Section 4

Learning and challenges

4.1 Lessons learnt through the project

The original aim of the LSTL project was to release ward sisters time spent on corporate processes so they were able to focus on clinical leadership

This section is broken down in to the four areas where we have the greatest learning:

- Partnership between corporate areas and clinical services
- Complex aims in the project
- Changes in leadership
- Time planning

4.1.1 Lessons learnt in creating a partnership between corporate and clinical services

One of the largest areas that we have learnt from in the project is the successful partnership between the corporate areas and clinical services, which was achieved through creation of the '6 C' toolkit.
As part of the review of data captured through the concierge service we established that each of the 801 issues received could be attributed to one of 6 areas. This was developed into a toolkit called the '6 C's:

- Corporate overlap: multiple corporate departments involved in the same process
- Complex processes: difficult processes to understand and often seen as convoluted once mapped out
- Customer Service: not upholding care for the end user using the process provided by corporate areas
- Communication: information not shared clearly or not passed on when a lesson is learned
- Culture: seen as 'how it's always been', perceived as very difficult to motivate change
- Commercial Contracts: a lot of areas at UCLH are managed by third party contractors and so we do not have the same control over how they're managed

Examples illustrating issues captured under these themes are:

- Corporate overlap: ward sister having trouble ordering an item as the cost centre is set up incorrectly, the issue is managed through the Procurement department however involves financial sign off through Finance.
- Commercial contracts: ward sister has ordered a white board through Procurement however now requires it put up on a wall, she needs to raise a minor works order for Estates and Facilities through the iChange system.

Each of the '6 C's could fundamentally be linked to reasons why issues arose when ward sisters were trying to complete a task. This analysis helped bond corporate areas and clinical services together as they could both see common areas of problems.

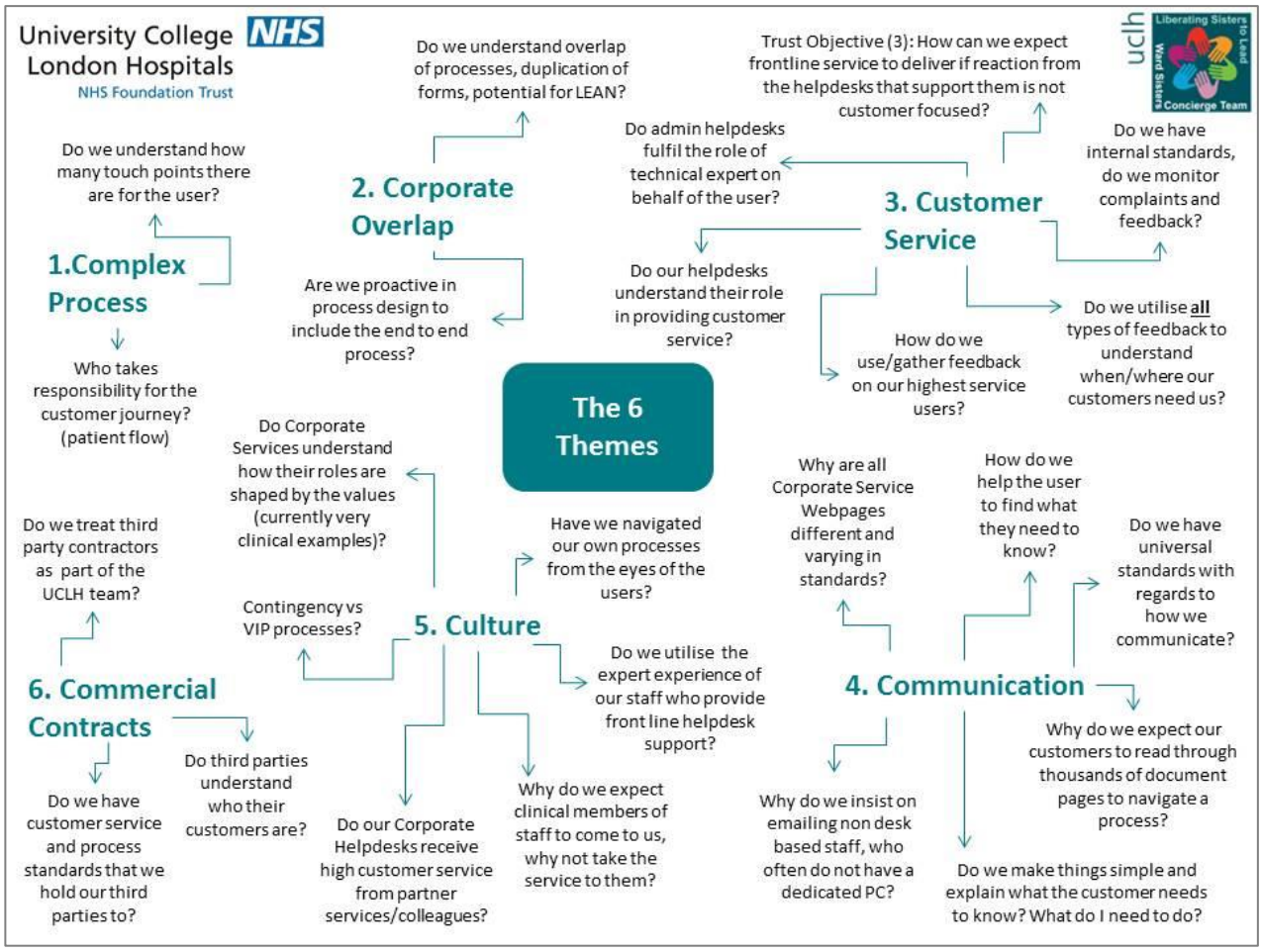


Image showing the '6 C' themes and questions used to discuss each topic

4.1.2. Lessons learnt through complex aims in the project

Another key lesson we have learnt through the project is that our original equation with regards to release of ward sister time was more complex than initially proposed:

Total ward sister time – time released from corporate processes = increased clinical leadership time + improvements in patient care

We feel we have been successful in releasing ward sisters' time and highlighting the extent of the pressures on their time from other activities, however we cannot pinpoint where released time is spent.

We had hoped that results from the 'activity follows' logs would show that ward sisters were spending more time on clinical leadership such as enhancing the patient experience and developing the performance of the team. However, although sisters are not spending as much time on administrative tasks, we are not able to say how this 'freed up time' is used.

On reflection, if we were to complete the 'activity follows' logs again we may have included more sections in the clinical leadership category such as completing own clinical work and covering unplanned leave. This was something that was discussed regularly at our team meetings as both of these actions could arguably be examples of two types of clinical leadership.

4.1.3 Lessons through changes in leadership

We have also learnt to be more resilient to changes in leadership. Due to the high turnover in this area, telling and retelling the story at times caused fatigue and felt like justification. Our corporate leads who acted as business partners between the project and corporate areas helped here in raising the profile of the project within their areas.

The 'activity follows' log is another good example of the difficulties as a result of staff turnover. When we began the project we gained significant buy-in from clinical staff to complete the logs. By the end of the project, we found that the ward sisters were less able to gather data, often due to competing clinical pressures and demands.

One of our most powerful findings was the power of having colleagues acting as a critical friend. When visiting wards and sisters forums, we gratefully received feedback (and often constructive criticism) regarding the project. This helped us to understand that our approach needed to be altered to ensure the wards saw the benefits.

4.1.4 Lessons learnt in planning our time

An area we learnt a lot from was through the data collected via the concierge service. We recognised that we may have underestimated the time it would take to redesign processes once we had identified them. We recognised 11 key areas that a new starter required 'set up' in order to work on day one, however each area could then be broken down into 2 or 3 processes.

A key example of this was redesigning the process to issue ID badges; it required 6 separate teams to work together in order to make one process work as well as ensuring all staff involved were confident in the redesigned process. In hindsight this is a fantastic success as we have designed a great process that's now used across UCLH, however thinking of it as one process out of ten may have been slightly naive.

4.2 Unintended consequences

We have experienced a number of 'side effects' that have tested the original theory of change proposed in the initial project plan. Originally we expected that we would be able to pinpoint precise areas for service improvement within departmental processes through the concierge 'diagnosis phase' of the project. We have subsequently found the underlying cause of the problem through taking an overview of corporate areas.

This has not only allowed us to pinpoint the six themes that are common across all services, but also helped us to establish how far the complexity of interdepartmental relationships has been underestimated. These handoffs and areas of overlap between services are what result in the most time consuming issues for ward sisters. The unintended consequence of this is that the service improvement will be further reaching as a result on the view of the whole system, as opposed to inter-departmental microsystems.

Another unintended consequence came about through engaging with our stakeholders on such a large scale at the start of the project, which then became unmanageable to maintain on the same scale over time. This meant that an expectation had been set as to the level of engagement that a small project team could not sustain. This, however, enabled us to look into other methods of engaging staff and bringing everyone up to speed at the same time.

Whilst we knew that data would always be fundamental to the project, we underestimated the impact that this would have. Ward sisters have been genuinely shocked at the level of data that we have been able to collect, which in turn has validated many of their concerns regarding the time consuming nature of corporate processes.

Corporate areas have also benefitted from this in that we have been able to provide data in a different way to what has been previously captured on a local level. Where this has been of particular benefit is for customer facing services who often feel the brunt of frustrations as their customers have no sight on what happens behind the scenes.

This has provided invaluable learning about where customer-facing departments can work more closely with colleagues in other departments to map processes from a whole system perspective and also build better working relationships. A good example of this is between our Procurement and Accounts Payable services who are now working in partnership and soon to be merged to one team under the Procure2Pay team. This combined team will be responsible for ordering and delivering all items to UCLH, as well as paying suppliers, they're currently separate departments which can cause problems to the end user when chasing a problem.

4.3 Advice for replicating the project

We feel the most successful part of our project was capturing the data through the concierge service. It was the first time anything like this was attempted and we're extremely proud of how the service was perceived and used by UCLH.

If it was to be attempted again we would advise to be prepared for complex data which may require designing a toolkit such as the '6 C's in order to navigate the volume of information.

The way that the concierge team worked and interacted with the ward sisters could also successfully be repeated. The team used high levels of customer service in order to ensure that all issues were listened to and recorded in appropriate ways. If an issue required following up the team were able to use the CRM database to log that the ward sister required a response by a certain time and ensure they were notified. The team also worked in shifts to ensure sisters were able to notify them of issues at any time.

We feel the 'activity follows' exercise could be repeated by another organisation as it was successful in gathering quantitative and qualitative data which showed how ward sisters time was being spent.

In order for future organisations to ensure logs are completed, we would advise that ensuring the results are kept anonymous at all times as the start of the project there was concern from the sisters about providing honest feedback. We were able to keep all staff anonymous by marking each log with an anonymous 3 digit code. We have had many requests from the senior nursing team for more detailed reports about individual ward level results however we have been able to effectively manage these through explaining that as part of the consenting process we agreed that these would not be shared.

If the 'activity follows' logs were to be repeated over a significant period of time, we would advise ensuring buy in from all staff and ensuring that information would be recorded frequently as towards the end of the project ward sister's time was not always available. We would also advise ensuring there were not too many areas relying on the ward sisters for data, we discovered that the decline in uptake of completing our 'activity follows' logs towards the end of the project was due to other areas requesting sisters complete similar tasks.

We would also advise to focus engagement on the staff at the front line and senior management within departments. At UCLH we have experienced a high level of turnover at Sponsor and Director level which has at times, meant that elements of the project plan have been delayed. This highlighted the importance of being able to 'tell the story' to gain momentum quickly to keep the ball rolling. The risk of not doing this effectively may lose momentum that could scupper future plans to promote service improvements.

4.4 Lessons learnt from change

In order to answer this section the Project Manager has used the Gibbs (1998) reflective cycle to structure the reflection:

4.4.1 Description of what happened: *It was already understood that a ward sister's role was complex; we aimed to highlight this and focus on fixing broken processes that caused largest consequences to clinical areas. We aimed to find out; if these processes were fixed whether a sister's time (removed from administrative duties) could then be spent on clinical leadership*

4.4.2 What were feelings like through the project?: *In the 3 years the project has been highly regarded from both clinical and non-clinical colleagues. Success through process redesign has enabled departments to work together to produce work with customer service high on the agenda which was previously a low priority.*

4.4.3 Evaluation, good and bad experiences: *We were very successful in collecting quantitative and qualitative data though the concierge and 'activity follows' data which provided a strong backbone to the project through evidence of experiences. The most challenging part of the project was ensuring departments were open to change, this was achieved through open feedback conversations about each process.*

4.4.4 Analysis of the situation*: In order to redesign processes within corporate areas we completed process maps to look at where time was being wasted. This was a difficult task as it required understanding of issues faced by the ward sister as well as being able to probe and discuss issues with the department. Sessions and reflections such as seeing the issue from the ward sisters point of view has now become part of usual practice.*

4.4.5 Conclusion of what was learnt: *Through the project we've been successful in saving ward sisters time when trying to navigate corporate processes however a main area for reflection is how the ward sisters now use this 'freed up' time. It was possibly too challenging to say where this time would be spent and if we could decide if it could be spent on clinical leadership.*

4.4.6 Repeating the project: *If we were to repeat the project we could perhaps work on a smaller area to begin with and then expand successful models of redesign out to UCLH.*
The new starter workstream is a good example of this as the changes in multiple processes has had a significant impact across UCLH. Redesigning processes for both clinical and non-clinical new starters also enabled clear guidance to changes within the corporate areas across UCLH.

Section 5

Embed and Spread

5.1 Sustainable changes

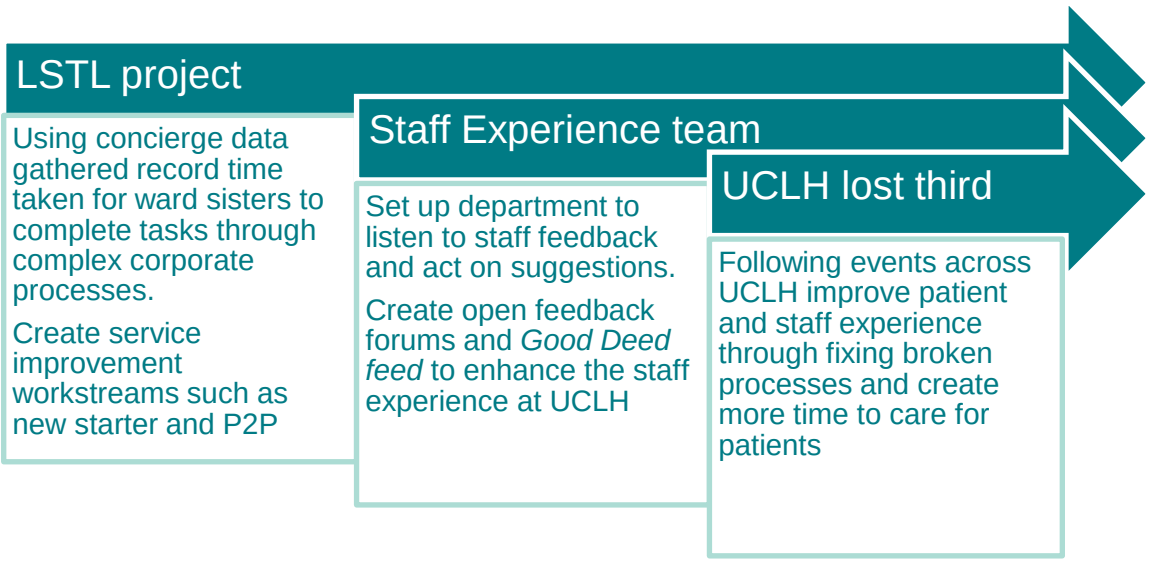
The service improvements that have been outlined in this report are sustained beyond the Health Foundation funding period as they are embedded into current practices across UCLH. We have been successful in doing this through a number of different routes:

- Working with other departments to ensure processes and lessons learnt are long-lasting
- Managing processes through a centralised location

In May 2015, we established a Staff Experience team at UCLH. The aim the team is to proactively respond to staff feedback and suggestions.

The project team from LSTL have now moved across to work within Staff Experience and are working on projects such as a staff suggestion scheme. In addition, this team is continuing LSTL work by continuing to order the new starter email accounts and managing the locker audit.

A lot of the information gathered through the concierge and 'activity follows' logs has been used to inform other projects which form part of the UCLH Future programme. UCLH Future intends to use latest technologies to free up clinical time, includes projects such as the 'lost third', which aims to safe one-third of staff member's time using lean processes.

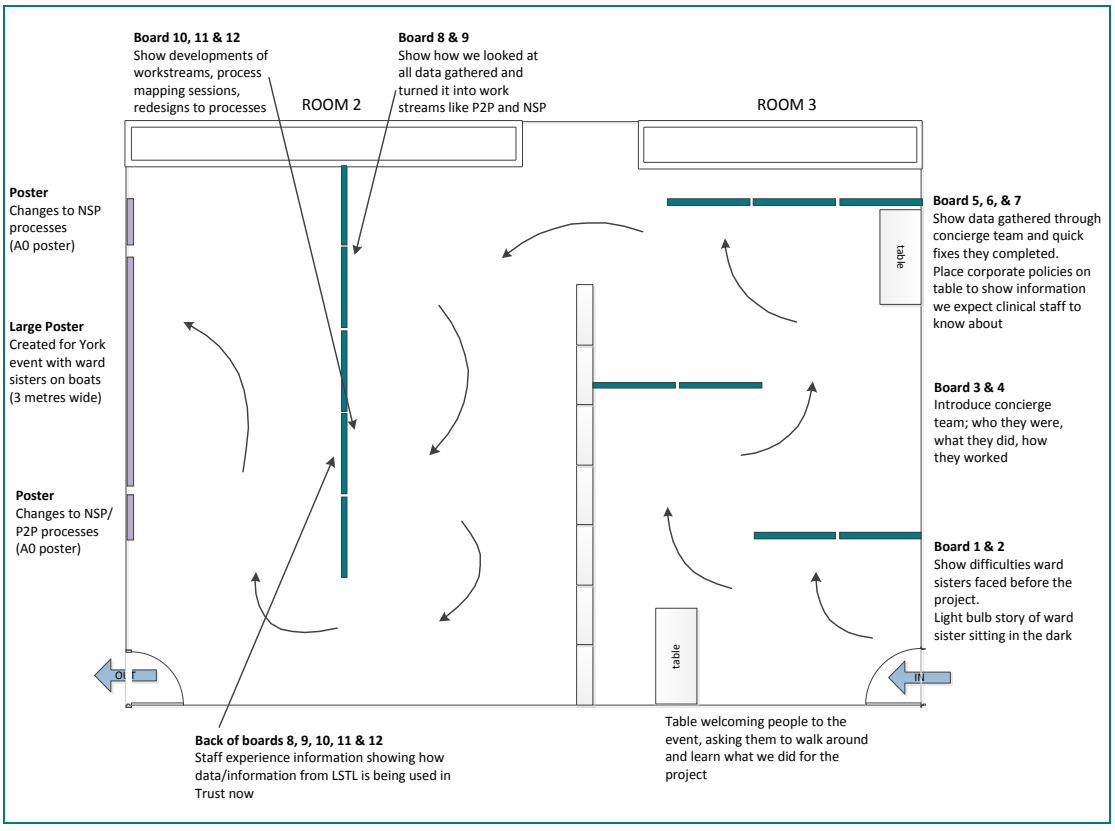


We have been able to ensure sustainability through the project by regular meetings, articles published on UCLH's Intranet, emails to clinical and non-clinical colleagues as well as engagement events.

In March 2016, we plan to hold an event that will encompass the full journey of the Liberating Sisters project as well as how processes and ideas have moved onto the Staff Experience team and UCLH Future programme.

Below is the floor plan for the maze showing how colleagues can come to 'walk in ward sisters shoes'. This event hopes to continue showing non-clinical staff the importance of clear corporate processes that clinical colleagues are expected to navigate.

We have planned display boards will be used to create a maze through two of our seminar rooms and take the visitor on a journey. Whilst walking through the maze, visitors will be able to read about the difficulties ward sisters faced at the beginning of the project and how we tackled and recorded problems through the concierge team. We also plan to show changes made to the corporate processes which have been redesigned with the end user in mind.



Floor plan for final event asking staff to 'walk in the shoes of the ward sister' through a 'maze'

At the end of the maze, we will display the poster we created for a Health Foundation event showing ward sisters on boats.

These boats represent the ward sisters managing their wards and how running a ward can be either ‘smooth sailing’ or hard to manage in ‘rough seas’.

The River Thames in the background represents the path of the project: at the beginning, ward sisters were taking multiple different paths and often ‘sailing’ in circles, they’re now on clear paths which are leading out to sea where we’re handing over information to larger UCLH programmes.

Poster created to represent the journey of the LSTL project

5.2 Future plans

As the project comes to a close we've been able spend time reviewing changes to ensure they're concise and will continue to be used.

The Project manager will remain in UCLH and move to a position within the Recruitment team, from here work will continue to ensure processes and relationships with the staff experience team will continue as they will remain champions for the LSTL work.

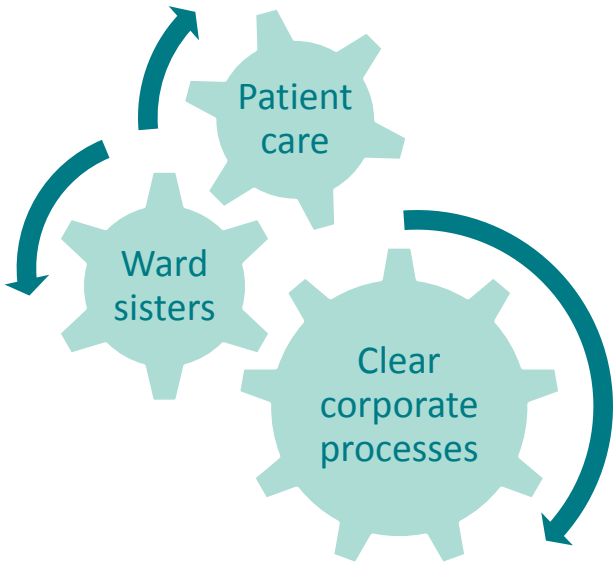
We have used a range of methods in order to publicise our work such as a series of engagement events to bring ward sisters and corporate areas together in order to co-design processes.

Weekly updates were provided to our stakeholders to keep them up to date on the progress of the project. Designed in snappy updates using colours to display the key messages, these helped to keep teams up to date on the project.

An area of publication was when we were approached to be interviewed for the Nursing Times on the plans to release ward sister time for a visible clinical leadership role. Please see appendix 1.4 for this article.

Data gathered through the concierge service has already been shared with a number of organisations that have used this data to launch their own service improvements.

We are currently working with colleagues within the organisation to ascertain the best way for us to apply for the Health Foundation Spreading Improvement programme, particularly to aid us in launching the Lost Third project, which is the next logical step for the organisation.

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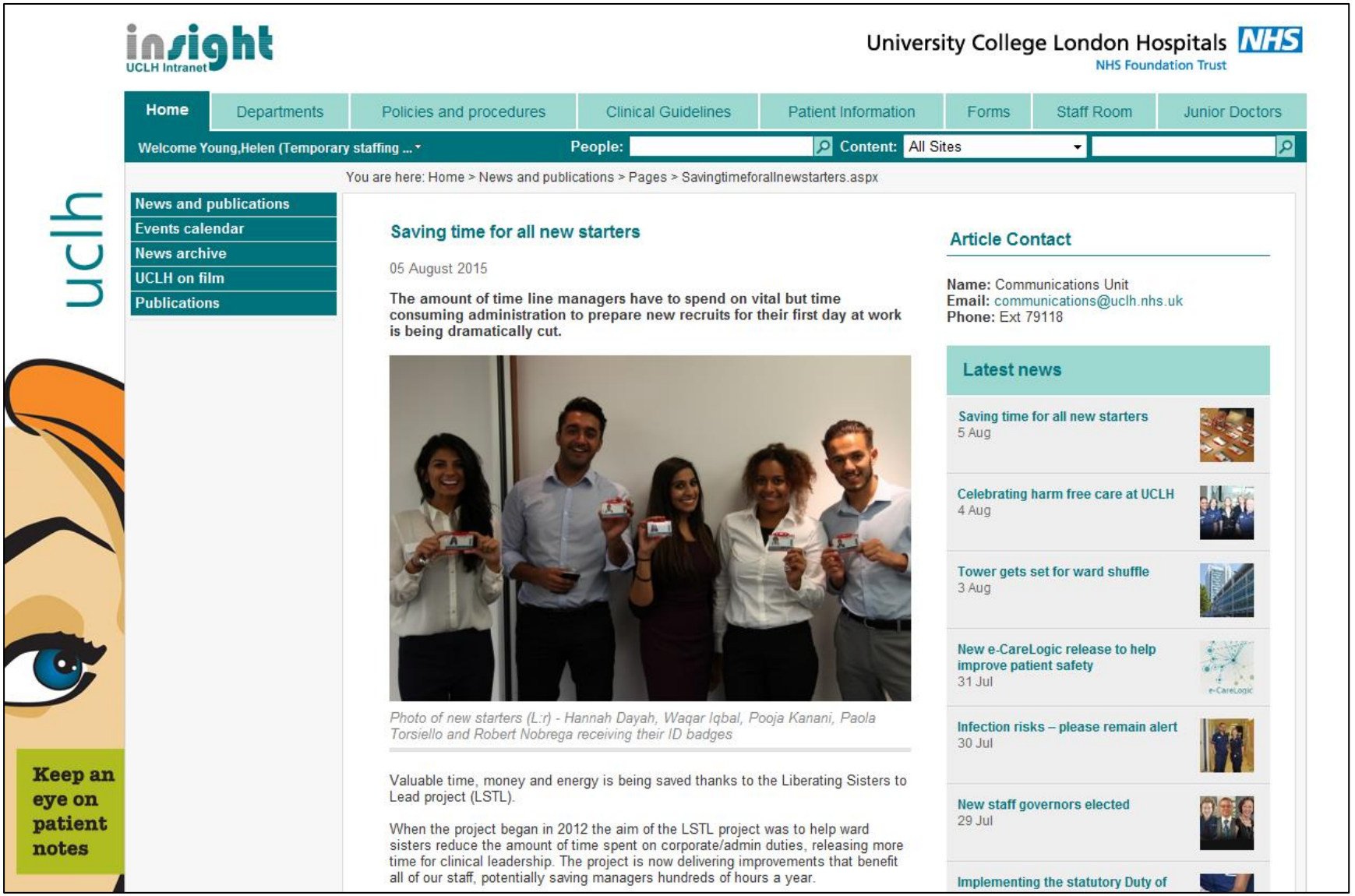
Liberating Sisters to Lead
Ward Sisters
Concierge Team

Appendices

Appendix 1 – Supporting evidence

Appex 1.1 Article published about the new starter processes



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Welcome Young,Helen (Temporary staffing ... People: Content: All Sites

You are here: Home > News and publications > Pages > Savingtimeforallnewstarters.aspx

- News and publications
- Events calendar
- News archive
- UCLH on film
- Publications

Saving time for all new starters

05 August 2015

The amount of time line managers have to spend on vital but time consuming administration to prepare new recruits for their first day at work is being dramatically cut.

Photo of new starters (L:r) - Hannah Dayah, Waqar Iqbal, Pooja Kanani, Paola Torsiello and Robert Nobrega receiving their ID badges

Valuable time, money and energy is being saved thanks to the Liberating Sisters to Lead project (LSTL).

When the project began in 2012 the aim of the LSTL project was to help ward sisters reduce the amount of time spent on corporate/admin duties, releasing more time for clinical leadership. The project is now delivering improvements that benefit all of our staff, potentially saving managers hundreds of hours a year.

Article Contact

Name: Communications Unit
Email: communications@uclh.nhs.uk
Phone: Ext 79118

Latest news

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- Celebrating harm free care at UCLH 4 Aug
- Tower gets set for ward shuffle 3 Aug
- New e-CareLogic release to help improve patient safety 31 Jul
- Infection risks – please remain alert 30 Jul
- New staff governors elected 29 Jul
- Implementing the statutory Duty of

Keep an eye on patient notes

Keep an eye on patient notes

Valuable time, money and energy is being saved thanks to the Liberating Sisters to Lead project (LSTL).

When the project began in 2012 the aim of the LSTL project was to help ward sisters reduce the amount of time spent on corporate/admin duties, releasing more time for clinical leadership. The project is now delivering improvements that benefit all of our staff, potentially saving managers hundreds of hours a year.

Data collected in 2013 showed that it used to take managers around 20 hours and 146 steps to ensure each new starter was ready for work on day one. This includes things like requesting ID badges, setting up ICT accounts and ordering uniforms, to name a few.

Working with corporate teams, the LSTL project has redesigned these processes for all staff meaning that all of the essentials for our new starters are arranged automatically and provided at the induction session on day one without managers having to fill in any extra forms.

Liz Davies, matron for breast and gynaecology services, said: "We have recently recruited many staff for our inpatient and outpatient areas and the new process is working very well. It is saving line managers' time and the new starters receive everything they need for induction on day one. It also gives a very positive impression of our organisation."

Helen Young, LSTL improvement manager, said: "The redesigned processes will remove wasted time and energy spent on corporate administration for all line managers.

"We capture all of the information needed about a new starter when they attend a pre-employment clinic after their interview so that we can arrange everything they need by their start date. Now log-ins and passwords for ICT accounts, ID badges and uniforms can all be collected at induction".

There are other changes on the horizon too. For example, all new staff will have access to ESR and, where applicable, clinical systems so they can use them as soon as they have completed eLearning.

In the long term the LSTL team is working towards making sure all new staff have access to shared drives, financial systems and the eRoster on day one as well as allocating lockers in advance. The team are also looking to ensure that equipment such mobile phones and laptops are available on day one for staff that need these for their roles.

More information is available on the LSTL project page click here.

0 Add a comment 6 Like this article

New staff governors elected
29 Jul


Implementing the statutory Duty of Candour
28 Jul


EHRS demo events to help select the right system
27 Jul


Contract signing for the build and equipment for Phase 4 complete
27 Jul


Need advice? We'll point you in the right direction
24 Jul


In memory of Sebastian – with love
23 Jul


uclh future: design fortnight sees staff contribute to plans
22 Jul


Stuck for an answer?
21 Jul

Appex 1.2 Engagement event presentation

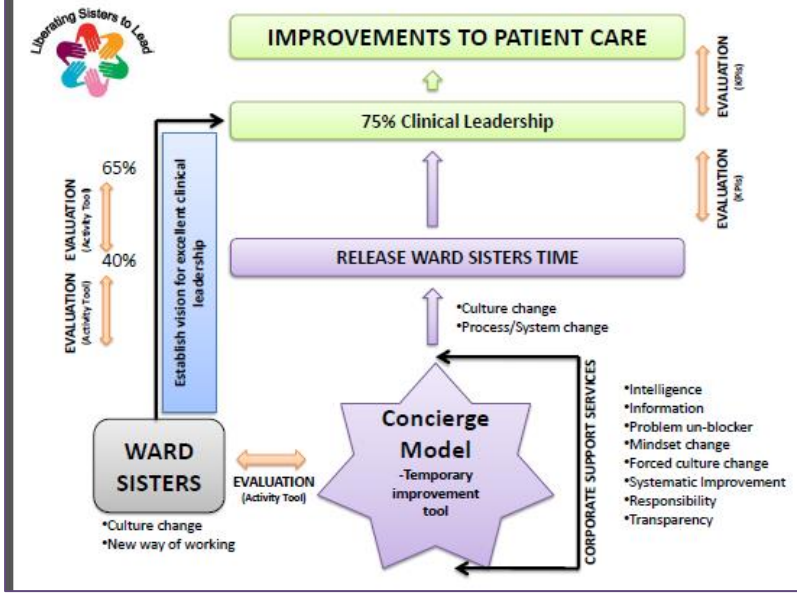
"Liberating Sisters to Lead" Engagement Event November 2012

Our Vision

UCLH's 55 Ward Sisters represent the highest profile role for patients, with the most direct influence on care and quality for patients

As part of the 2012-15 Nursing and Midwifery Strategy, UCLH aims to ensure 75% of ward sister's time is spent fulfilling a clinical leadership role

The LSTL project will reduce the amount of time spent completing time consuming, but necessary Corporate tasks by establishing pressure points from the Ward Sister's perspective and streamlining/removing blockages



75% Clinical Leadership

- On all ward wounds
- Supervising junior nurses
- Sets the standard and expectations
- Monitoring evidence based care
- Introducing improvements
- Leading mealtimes
- Talking to patients and families
- Leads and develops the ward/dept team

Clinical Role Models

- IN CHARGE of the ward- everyone knows it
- Lead and manage a team
- Really "knows" all the patients and patients know them
- Works clinically alongside the team
- Bridges the gap between MDT's to ensure smooth running of the service
- Be held to account and hold team to account for high quality clinical care
- Ensures senior nurse presence on all Consultant ward rounds
- Clinically expert, skilled and credible
- "Knows" and supports their staff's strengths and developments needs
- Systems in place to ensure high standards
- Maintained 24 hours / 7 days and held to account
- Applying and generating best evidence inc are
- Responsible for own professional development
- 1st Degree/equivalent – working towards masters level at appointment

Group exercise 1
Joint Problem Solving

AIM

- To bring all delegates to the same level of understanding of the main problems by feeding back the data collected so far.
- To agree that the data represents the 'real world' and then move from talking about the problems to developing ideas for the solution.

20 Minutes
QUESTION 1 – do you agree with the data?
QUESTION 2 – any thing else to include?

15/20 Minutes (Facilitator and Ward Sister rotate to a new table)
Identifying solutions to top 3 issues

5/10 Minutes
Feedback to the whole group

Group exercise 2
Developing principles for the concierge service

AIM

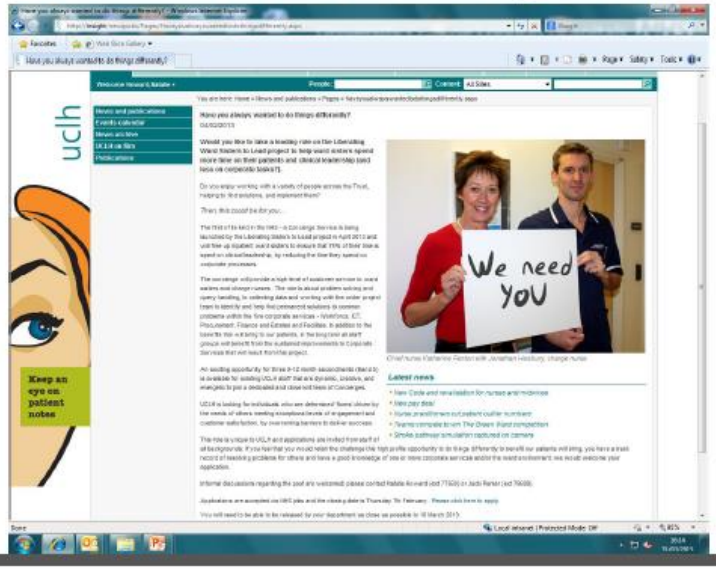
- To build a set of principles for the concierge service
- To allow the groups to think creatively about how the service could practically be delivered and what are the key elements

Remember - the thinking hats!

30 Minutes
Working in mixed groups to develop principles under the different categories

10 Minutes
Groups feedback their top 2 points under each category.

Recruitment of Concierge Team



Staff Magazine Article June 2013

Problem? No problem!

Julia Peart, Sofia Hassan and Jahangir Sadri are nothing short of miracle workers in the eyes of ward sisters across UCLH. A door off its hinges, faulty buzzers, computer glitches and administrative hitches: all it takes is a quick phone call or a word in their ear and the new concierge team roll up their sleeves and get cracking

Ward sister Elizabeth John is happy. "I called trying to get our leaking showers fixed, but with one thing or another it didn't happen. The water would seep under the door and we were continually mopping up."

Then she spoke to the concierge team. "Look! All fixed within two weeks – wonderful!" she said, showing off the refurbished cubicles in the Albany rehab unit at The National Hospital for Neurology and Neurosurgery.

Trudy Stewart on the Bernard Sunley ward had been grappling with a shortage of telephones. "I desperately needed a few extra. I spoke to the concierge team who worked with the Telecoms team on my behalf and a couple of days later I had the phones." "Fantastic!"

Trying to juggle a myriad of things alongside running a ward, takes precious time and patience. Time that could be better spent on caring for patients and leading the ward team as a visible clinical leader.

The concierge team are the outcome of many months of planning by representatives working in five corporate areas (Finance, Estates and Facilities, ICT, Workforce and Procurement). As part of a new Liberating Sisters to Lead project, their task was to support UCLH's vision to put ward sisters at the heart of patient care.

It is not just a quick fix either. Led by Jacki Parker, project manager, and concierge manager Natalie Howard, it will identify common bottlenecks and help instigate longer-term changes and service improvements – for the benefit of everyone at UCLH. The Liberating Sisters to Lead project is funded by the Health Foundation.

Concierge Julia, who worked in the UCLH finance department for five years, said: "Some of the problems may appear relatively minor but, if unresolved, there could well be an impact three steps down the line. With other problems, staff may be unclear on how to start solving them. We have the time and continuity to make the calls, to proactively follow the processes involved and see it through from beginning to end."

Jeremy Oliver, project lead and head of workforce, hopes the project will have far-reaching effects.

He said: "As well as releasing more time for ward sisters, the data collected by the concierge team will provide corporate services teams with the type of detailed information which has not been gathered before. This will show us where we can make the most significant improvements and make sure that they are sustainable for the future, which will be for the benefit of everyone across UCLH who depend on us."

'We have the time and continuity to make the calls, to proactively follow the processes involved and see it through from beginning to end.'

Service Branding April 2013

Hands represent each of the 5 Corporate Services

6th Hand represents Ward Sister

"Liberating Sisters to Lead" Corporate Service Improvement Event April 2014

Agenda

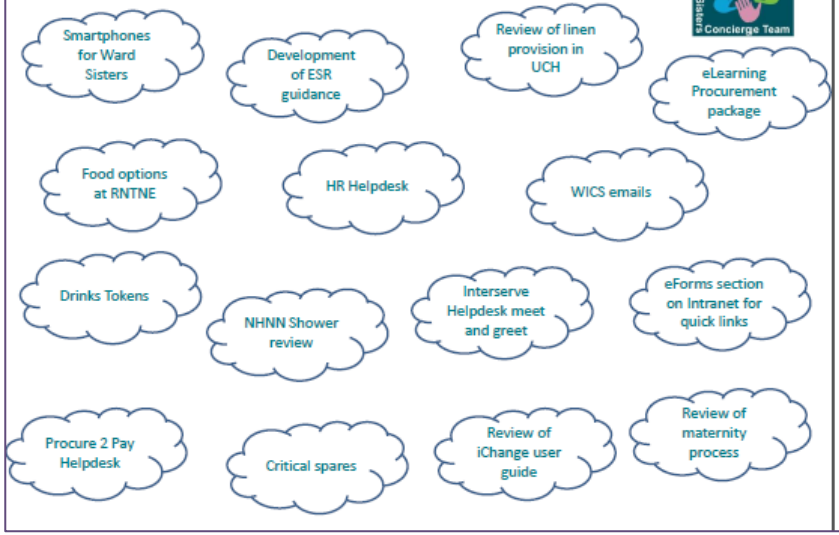
	Description	Speaker/Facilitator
09:00	**ARRIVAL AND COFFEE**	
09:10	Welcome and Introductions	Bernie Brooks
09:15	Project Update and Workshop Aims	Jeremy Over & Natalie Acheampong
09:30	Exercise 1: Introduction of exercise – Table Top Discussion and Feedback Aim: Review and Validation of Time Consuming and Regularly Occurring Issues Section A: Areas of Corporate Overlap 1. Procure 2 Pay 2. Authorised Signatory Process 3. On Boarding 4. Estates and Facilities- Helpdesk/Maintenance/Minor Works Pathway Section B: Other department specific areas for focus	Natalie Acheampong & Bernie Brooks
09:50	Exercise 2: Group exercise Project Planning of Corporate Overlap Projects	Bernie Brooks
10:40	**BREAK**	
10:55	Exercise 3: Table Top Discussion and Feedback	Bernie Brooks
11:30	Exercise 4: Develop the vision for Corporate Services	Bernie Brooks
11:55	Next steps and wrap up	Natalie Acheampong & Bernie Brooks
12:00	**LUNCH**	

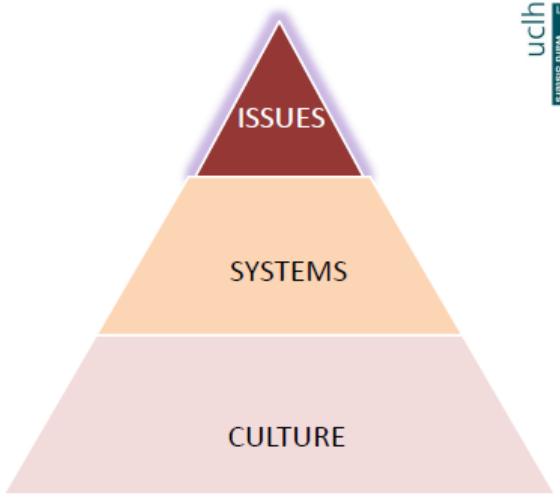
Project Objectives

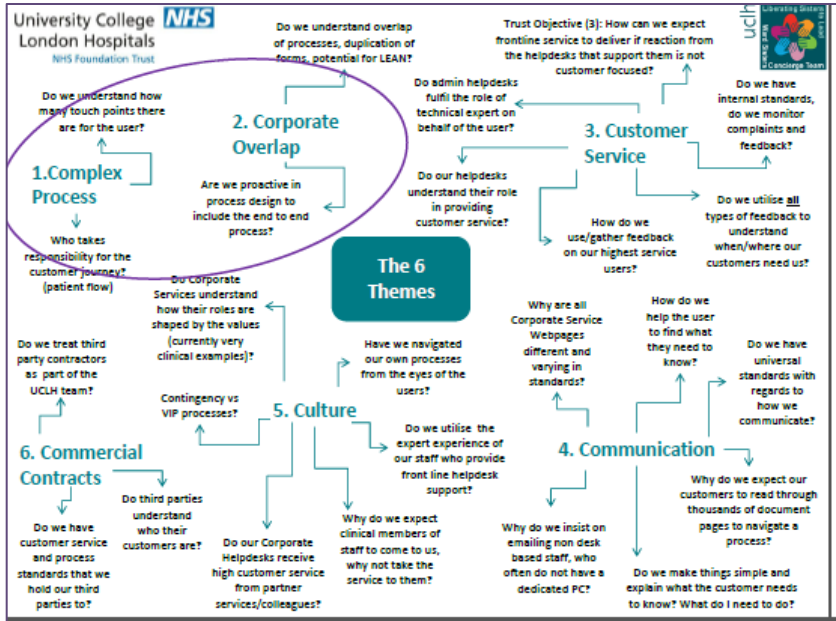
The LSTL project is funded by the Health Foundation (£575k) to deliver the following objectives:

- Improve understanding between Ward Sisters and Corporate Functions of the linkage between good Corporate process and patient care by June 2015 (Measurement: NHS Staff Survey and UCLH Local Surveys – understanding of role and impact on patient care, Quality Improvement Metrics);
- Facilitate embedding and spreading of lessons learnt through a Productive Corporate Services Tool by June 2015 (Measurement by the Productive Corporate Services Tool being developed and ideally accepted by NHS III (or other recognised NHS improvement / innovation agency));
- Facilitate the release of Ward Sister's time to enable 75% Clinical Leadership by simplifying and improving their interactions with corporate functions – HR, ICT, Finance, Procurement and Estates & Facilities by April 2015 (Measurement: Ward Sister Activity Log (WSAL).

Achievements to date







Workshop Aims

1. Scope and plan next stages of project
   - Corporate overlap
   - Department specific areas of improvement
2. Develop menu of service improvement options
3. Draft objectives for 6, 12 and 12+ months

Corporate Overlap

Four main priority areas:

1. **Procure 2 Pay**
2. **Authorised Signatory Process**
3. **'On-boarding' new starters**
4. Estates and Facilities: Helpdesk – Maintenance – Minor Works*

Exercise 1- Table top discussion and feedback

- What are the causes of the problem?
- What are the underpinning themes?
- What other areas of improvement does this lead you to think about?
- What are your departments existing strengths/weaknesses in resolving these problems?

Exercise 2- Project planning

1. How do we want to work together?
2. Who else needs to be involved?
3. What do we need to have in place to be ready for this change?
4. What actions need to be taken?
5. Are there any quick wins?
6. Thinking about the strengths and weaknesses previously captured what needs immediate attention?

Exercise 3- Development of an Improvement Support 'menu'

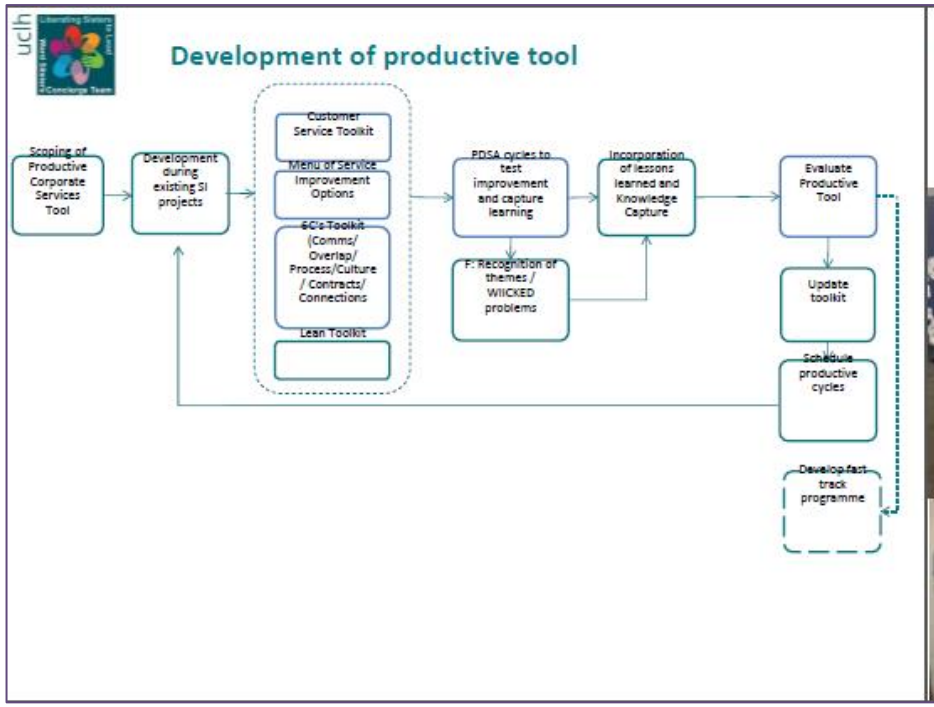
1. As project leads, what obstacles may you come across in ensuring this agenda is prioritised in your area?
2. What would help to overcome these challenges?
3. What support from the project do you need to achieve the action plan?

Exercise 4- Drafting objectives to deliver the project aspirations

- How do we instil the "Concierge Ethos"?
- What are your aspirations for the project agenda?
- What do you think your departments aspirations are?
- Is there a gap? If so what can we do?
- Objectives for 6, 12, 12+ months

Next Steps

- Present plans to Corporate Directors
- Organise Department/Process specific workshops to redesign processes
- Develop toolkits for 6C Themes
- Showcase for Ward Sisters/Charge Nurses


Development of productive tool
Scoping of Productive Corporate Services Tool
Development during existing SI projects
Customer Service Toolkit
Menu of Service Improvement Options
SCs Toolkit (Comms/ Overlap/ Process/Culture / Contracts/ Connections
Lean Toolkit
PDSA cycles to test improvement and capture learning
F: Recognition of themes / WIICKED problems
Incorporation of lessons learned and Knowledge Capture
Evaluate Productive Tool
Update toolkit
Schedule productive cycles
Develop fast track programme


Liberating Sisters to Lead
Ward Sisters
Concierge Team
The Health Foundation inspiring improvement
Shared Purpose
Showcase Event July 2015

Appex 1.3 Monthly project update produced for UCLH

Liberating Sisters to Lead: Project update

It is six months since the Ward Sisters' Concierge Team became operational and a timely point to provide you with a quick summary of the Liberating Sisters to Lead (LSTL) project and the achievements to date:

The Vision

The project aims to enable an increase in time spent on clinical leadership to at least 75% (uniformly by each Ward Sister), by releasing time though improving and simplifying their interactions with five corporate functions: Estates and Facilities, ICT, Workforce, Finance and Procurement

Working Eight 'til Six

Over the last six months the team have worked hard with the ward sisters and charge nurses to gather data about their interactions with corporate services. The Concierge Team are always looking for new issues and visit the wards every week to check in. The phone line and emails are manned from 8am to 6pm, Monday to Friday. In total we have received 426 issues so far, with up to 82 steps to resolve each one. This is all time that will be freed up for the ward sisters and charge nurses to spend on the ward with their patients and staff.

Star Players

The details of the issues received and how the concierge resolved them are discussed with each corporate lead on a weekly basis for them to feedback and review with the relevant teams. The corporate leads are senior staff members from each of the five corporate areas who are committed and enthusiastic about improving the service provided by their departments across UCLH.

The Big Six 'C's

All of the information is captured in our database and reviewed by the team to identify trends and themes. From this we have found six common reasons why issues arise:

- Communication
- Corporate Overlap
- Complex Processes
- Culture
- Commercial Contracts
- Connecting people and processes

Now What?

Working with the corporate leads we have identified key problem areas where improvements will have a real impact on the service provided to all UCLH staff. These have been identified due to the frequency of occurrence of the issue or the high volume of activities to resolve them. Many of these areas will be familiar to trust staff such as iChange, e-Procurement, ESR and the service provided by Interserve. We are also working with the project team for the new Finance and Procurement system, developing user training and an improved customer focus. Another focus of the project is to ensure that information about the corporate services and processes will become readily available via Insight so that the 'useful person' is replaced with a universally accessible process. We have already achieved some successes with issues such as linen deliveries and cleaning at the EGA.

The Concierge Service will be in place until May and has provided us with fantastic information about providing great customer service and intelligent problem solving. After the service ceases, the project team will continue the service improvement work which will focus on the complicated and overlapping processes or those undertaken by external companies which add an additional layer of complexity. We recognise that there is more work with the corporate and clinical teams to implement these improvements and monitor to ensure that the all staff feel the benefit of these changes.

How Do We Know?

We are keen to ensure that the project helps to free up ward sister and charge nurse time. To measure the impact of the project we ask them to complete 'activity follows' to track the multitude of tasks that they undertake in the course of a week. All of the data is anonymised so it is only seen by the core project team and our project partners at UCL who evaluate the data for us. The valuable information they provide enables us to compare data across the course of the project to ascertain if the amount of time spent on corporate duties is decreasing.

A Word from the Ward Sisters

'It's fantastic to have this sort of help during the day'

'Thank you very much to the team for all your support in getting things done….'

'I don't know what we'd do without you!!!'

'Your service is quick and effective…I would love to have PA from Concierge!'

Appex 1.4 Article in Nursing Times

Nursing Practice
Discussion
Ward sisters

Keywords: Ward sister/Clinical leadership/ Management skills

Francis Report
NT RESPONSE

Ward sisters need time to work in a supervisory capacity and provide clinical leadership; organisations need to ensure this can happen

Developing skills in clinical leadership for ward sisters

In this article...

- Historical development of the ward sister's role
- Why nursing needs to modernise the role of the ward sister
- How ward sisters' time can be freed up for clinical leadership

5 key points

1. The ward sister role is vital for consistent, high-quality care
2. Lack of clinical leadership is a factor in poor care
3. The Francis report has called for a strengthening of the ward sister role
4. A critical analysis of healthcare organisations and a whole-systems approach to change is required to modernise this role
5. The role needs to be clearly defined and sisters need ongoing development

Authors Katherine Fenton OBE is chief nurse and professor of nursing leadership at London City and London Southbank Universities and University College London Hospitals Foundation Trust; Natasha Phillips is assistant chief nurse, University College London Hospitals Foundation Trust, and PhD student, University of Hertfordshire, examining the ward sister role in the context of the acute NHS trust.

Abstract Fenton K, Phillips N (2013) Developing skills in clinical leadership for ward sisters. *Nursing Times*; 109; 9, 12-15. The Francis report has called for a strengthening of the ward sister's role. It recommends that sisters should operate in a supervisory capacity and should not be office bound. Effective ward leadership has been recognised as being vital to high-quality patient care and experience, resource management and interprofessional working.

However, there is evidence that ward sisters are ill equipped to lead effectively and lack confidence in their ability to do so. University College London Hospitals Foundation Trust has recognised that the job has become almost impossible in increasingly large and complex organisations. Ward sisters spend less than 40% of their time on clinical leadership and the trust is undertaking a number of initiatives to support them in this role.

In 1980, Sue Pembrey described the ward sister as "the key nurse in negotiating the care of the patient because she/he is the only person in the nursing structure who actually and symbolically represents continuity of care to the patient. She/he is the only person who has direct managerial responsibilities for both the patients and nurses. It is the combination of continuity in a patient area together with direct authority in relation to patients and nurses that makes the role unique and so important to nursing" (Pembrey, 1980).

While this quote is more than 30 years old, it remains as pertinent today as when it was written. Ward sisters (also known as charge nurses and ward managers) are the glue in the system, negotiating the boundaries of healthcare in increasingly complex hospitals. The ward sister is responsible for everything that happens on the ward 24/7, but often has little or no control over many of the staff who work on the ward or with patients.

The work of Pembrey and her peers in the early 1980s demonstrated that ward sisters have a complex role with three parts: clinical expert; educator; and manager. In reality, these elements are interrelated and interdependent, as illustrated in Fig 1.

Skilled leaders manage these overlaps, defining the boundaries and setting the priorities. However, many struggle to balance the complexity and competing demands of the role and this is reflected in research by the Royal College of Nursing (2009). This found that ward sisters are often unclear about expectations of them and believe they lack the time, resources and authority to lead effectively. National and international studies suggest ward leaders do not believe they have the power to set priorities and are often merely responding to the demands of the system (Fealy et al, 2011; McNamara et al, 2011; Regan and Rodriguez, 2011; RCN, 2009; Gould, 2001; Aroian et al, 1996). This can lead them to focus on management tasks

The ward sister should work alongside staff as a role model and mentor

Alamy

Nursing Times.net
For articles on the Francis report, go to nursingtimes.net/francis

rather than providing clinical leadership.

A number of high-profile cases, most recently Mid Staffordshire Foundation Trust (Francis, 2013), have demonstrated failures to deliver safe and compassionate care. These failures have contributed to a lack of public confidence in healthcare providers and particularly the nursing profession. A lack of public faith in nursing is evident in high-profile reports by charities such as the Patients Association (2011), as well as the popular press.

These concerns have led to calls to review and strengthen the role of the ward sister (Department of Health, 2012; 2010; Nursing and Care Quality Forum, 2012; RCN, 2009). Arguably, this will help to restore public faith in both the profession and our hospitals. However, any such efforts must not only include learning from these heartbreaking stories but also focus on the core values of nursing, taking the best from our past and our present.

The 6Cs strategy, recently launched by the chief nursing officer (DH, 2012), seeks to do just this. It aims to reaffirm the core values of nursing and suggests these be delivered through six action areas based on initiatives such as Energise for Excellence (NHS Insititute for Innovation and Improvement, 2010) and the High Impact Actions (NHS III, 2009). The strategy calls all nurses to action to improve care, identifies the need to strengthen nurse leadership at all levels and proposes a values-based ward leaders' programme.

A historical perspective

The ward sister role has existed since the inception of modern nursing, underpinned by the Nightingale vocational tradition. It developed in a historically hierarchical nursing culture based on military and religious orders, where an autocratic approach was valued and nursing was based on task allocation (Marquis and Huston, 2006; Moiden, 2002; Widerquist, 2000). Key elements of the role were the direct supervision of nursing staff and learners, and the coordination of care delivery (Bradshaw, 2010). Sister had direct control of the entire ward, including staff and resources. These authors suggest a surveillance role, an all-seeing figure revered for her clinical excellence.

Until the 1960s, the role of the ward sister changed little. However, the Salmon report (Ministry of Health and Scottish Home and Health Departments, 1966) and the subsequent Briggs report (1972) resulted in a restructuring of the NHS as a whole and nursing saw some direct management responsibilities devolved to others; this reduced sisters' direct authority. Responsibility for clinical standards remained key to the ward sister role but evidence suggests the focus on management in these restructures affected both organisational understanding of the sister's role and the ability of sisters to maintain these clinical standards (RCN, 2009). Changes in title added to this role confusion and it could be argued that the disparity between the title ward sister and ward manager is not simply terminology but concerns the values underpinning nursing. This has contributed to the current nursing leadership crisis (Bradshaw, 2010).

Essentially the role has always and continues to comprise three key elements:

- Clinical nursing expert;
- Manager and leader of the ward staff team and the ward environment;
- Educator (of nursing and nurses, other health professionals, patients and carers).

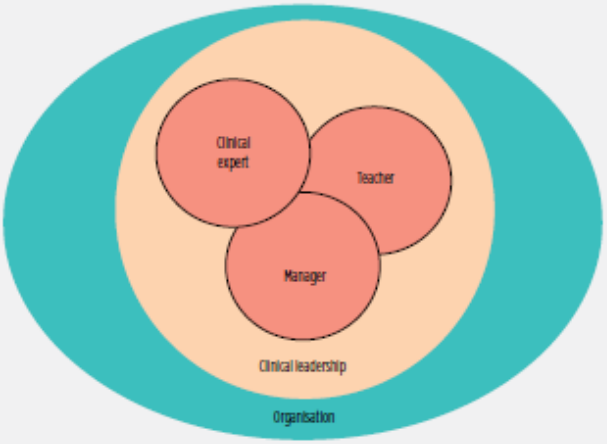
What has changed is the increasing complexity of the healthcare organisations in which ward sisters operate. These complexities include an increasingly frail and older patient population, a larger number of professionals involved in patient care, multiple ward consultants, and multiple ward rounds that often take place at the same time. All these factors increase the challenge of ensuring effective communication on the ward.

Large and often far-removed corporate services make it difficult to resolve day-to-day issues and necessitate multiple phone calls and emails. High bed occupancy leads to pressure to discharge patients and turn their beds around rapidly for the next patient.

The welcome focus on quality targets has led to a move to understand the unique contribution of nursing to the quality of care (Griffiths, 2008). The development of measures that identify, quantify and make visible the impact of the nursing workforce on care quality outcomes increases the requirement for audits. This also brings additional work as the burden of audit and paperwork increases and many report difficulty in prioritising clinical leadership (RCN, 2009).

All these pressures, along with the demands of managing a budget, ward resources and a large team of nursing staff, make the job almost impossible.

FIG 1. **THE WARD SISTER ROLE**



FRANCIS ON... WARD SISTERS

Ward sisters and nurse managers should operate in a supervisory capacity and should not be office bound.

They should:

- Know about the care plans relating to every patient on their ward and should be visible and accessible to patients and staff
- Work alongside staff as a role model and mentor, developing clinical competencies and leadership skills within the team
- Ensure that the caring culture expected of professional staff is consistently maintained and upheld

Nursing Practice
Discussion

Recently the complexities and challenges of the role have been recognised by the profession and policy makers, which has led to calls to review and strengthen the ward sister role. However, increased political pressure creates a danger of rebranding without addressing a fundamental element to ward leadership – namely the organisation in which the leader operates.

The culture of traditionally hierarchical and bureaucratic organisations is enshrined in the structure of corporate services and a surveillance culture that does not make the demands of ward leadership easier. Evidence suggests that the way we structure our organisations has an impact on how effectively we can lead (Senge, 1990). Arguably, any efforts to enable sisters to lead must address the complexity of the system they work in. A whole-systems approach to change is required, focusing on all elements of the system (Burke, 2011).

Capacity to lead

Florence Nightingale said: "Let whoever is in charge keep this simple question in her head... how can I provide for the right thing to be always done?"

At UCLH we are asking this question collectively as an organisation. We are considering how to develop individual ward sisters, as well as looking at creating organisational strategy, values, systems and structures that enable ward sisters to lead.

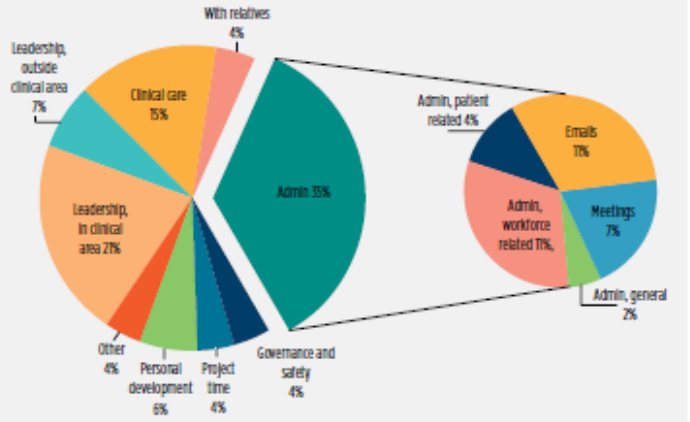
Turnbull-James (2011) noted that "the NHS needs people who think of themselves as leaders not because they are exceptionally senior or inspirational to others, but because they can see what needs doing and can work with others to do it". This resonates with and builds on Florence Nightingale's quote of over 150 years ago.

Ensuring the right thing can always be done for patients is best achieved by working collaboratively as an organisation to tackle the issues that constrain individual efforts to do the right thing. At UCLH, this has led to a whole-systems approach to a number of projects that address the ward sisters' capacity to lead, as well as the organisation's ability to enable effective ward leadership.

Liberating sisters to lead care

In 2009, the RCN called for ward sisters to be supernumerary. These calls have been echoed by many (Francis, 2013; DH, 2010). At UCLH, the term "supervisory to practice" is used. It is in being supervisory that ward sisters can clinically lead using their skills as clinical experts and educators to develop their teams and ensure excellence in care. We found our ward sisters were spending less than 40% of time in clinical leadership, with 35% spent on administrative tasks. Fig 2 illustrates the breakdown of their daily activities; while many are essential to the ward sister role, such as budget and staff management, they are not streamlined to minimise the time away from the bedside. Add in audit and reporting requirements and it becomes apparent that the role has become so vast that it is impossible to dedicate the clinical leadership time necessary to ensure consistency in patient care and experience.

FIG 2. **WARD SISTERS' ACTIVITY 2011**



To redress the balance, organisations need to have all their elements aligned to reduce essential but time-consuming non-clinical workloads to free sisters to lead. This has been recognised by the Health Foundation, whose Shared Purpose improvement programme seeks to address organisational design, aligning corporate and clinical services around common quality goals to improve patient experience (Health Foundation, 2013).

We have designed and are undertaking one of these nine Shared Purpose projects, Liberating Sister to Lead. Its objective is to remove the burden of corporate processes on ward sisters, freeing them up to be visible leaders of their wards with a focus on improving all elements of quality. A review of corporate services, such as human resources and finance and estates, from the ward sisters' perspective led to an objective to increase clinical leadership time to 75% (Box 1). An example of this is the introduction of a concierge service to take on many of the administrative tasks that take sisters away from the important job of leading patient care.

Liberating Sister to Lead is a natural progression from the work on organisational values and behaviours we have been undertaking over the past year. Through a series of events across the trust that involved staff, patients and the public, shared values were defined and the Making it Better Together campaign was launched. These values are: safety; teamwork; kindness; and improving. Shared values support efforts to align all parts of the organisation around excellent patient care and liberate sisters to lead.

Each member of staff must demonstrate these shared values in their behaviours, whatever their role and wherever they work. The aim is to ensure these collectively defined values and behaviours are embedded in trust processes, such as recruitment and appraisal, in the next stage of the campaign to support individual staff to live these shared values in their interactions with each other and patients.

A personal capacity to lead

It is evident that the ward sister role of old is not fit for purpose in today's complex healthcare organisations. To date, much effort has been focused on finding or developing the ideal person to lead, based on this shared outdated image of the all-powerful ward sister, although it has been demonstrated that ward sisters struggle to live up to this image. Despite the challenges, many ward sisters continue to do an excellent job and this suggests personal leadership capacity also has a role to play.

"Education gives nurses the power to influence others"

Wendy Ness p24

In addition to developing ways of supporting ward leadership, each healthcare organisation and the nursing profession as a whole must seek to identify and nurture people with the capacity and resilience to lead consistently excellent care.

Research conducted by the Hay Group (2006) found that wards where sisters exhibited transformational leadership skills had fewer safety incidents, and staff absences and turnover were lower. The challenge is to ensure this exemplary leadership happens consistently. Studies have suggested role complexity, lack of role clarity and inadequate preparation make it a challenge for ward sisters to do the right thing all the time (Fealy et al, 2011; RCN 2009; Chase, 1994).

To address these challenges, we are working to define clinical leadership and have agreed key elements of the ward sister's clinical leadership role (Box 1). This will lead to the articulation of clear expectations, competencies and programmes that ensure a shared understanding of the ward sister role.

These developments will be underpinned by the shared organisational values of safety, teamwork, kindness and improving, which are essential for effective leadership. Appraisal and recruitment processes will require ward sisters to demonstrate these values through their interactions with patients and staff, making everyone feel valued. This has been shown to contribute to excellence in patient and staff experience.

While these innovations will support the development of existing ward sisters there is also a need to recognise and nurture future nurse leaders early. University College London Partners has created an accelerated development programme to make this a reality. Thirteen outstanding newly qualified nurses have been through a rigorous recruitment process that includes assessing their values and behaviours alongside clinical competence and academic achievement. Those selected are undertaking a four-year programme leading to a ward leadership role and a master's-level qualification.

The programme is grounded in practice and underpinned by clinical, educational and leadership competencies reflecting all elements of the role. These nurses will have had the opportunity to work across all hospitals in the UCLP alongside excellent ward sisters before taking up their leadership positions. This is a significant change from the experiences reported by many ward sisters (RCN, 2009) of finding themselves in leadership positions without the opportunity for targeted leadership development beforehand.

Conclusion

The ward sister role is and will remain central to consistently high-quality care and an outstanding experience for patients. It has been recognised that while nurses deliver a great deal of excellent care every day, too often care falls below the standard expected. A lack of clinical leadership is often a factor in these failures and there is an increasing call to strengthen the ward sister role.

This creates the risk of overemphasising the individual qualities of ward sisters and romanticising the ward leadership of the past. To truly ensure excellent ward leadership requires a more holistic approach to tackling the issues. This involves looking critically at healthcare organisations and taking a whole-systems approach to change. Such an approach will ensure all elements of the organisation are designed to make it easy to do the right thing and to lead others in doing the right thing. It means making changes at all levels of the organisation including addressing individual capacity and performance as well as systems, structures, culture and strategy (Burke, 2011).

In the words of Pembrey (1980): "The ward sister is a complex and senior nursing role... of vital importance to the proper nursing of patients: it is a role that the profession should not neglect." NT

BOX 1. PLAN FOR CLINICAL LEADERSHIP

Clinical leadership to account for 75% of sisters' time:

- Present on all ward rounds
- Supervising junior nurses
- Setting standards and expectations
- Monitoring evidence-based care
- Introducing improvements
- Leading mealtimes
- Talking to patients and families
- Leading and developing the team
- Offering clinical expertise
- Challenging behaviour when necessary

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Appendix 2 Local Evaluation from CORU

Liberating Ward Sisters to Lead: evaluation report
Martin Utley, Christina Pagel, UCL Clinical Operational Research Unit

Preamble
In this brief report, we present analysis of ward sister and charge nurse activity data in line with our prospective analysis plan for the evaluation of the UCLH's Health Foundation Shared Purpose project "Liberating Sisters to Lead".
We start by giving the background to the design of our evaluation before setting out the data collection methods deployed, the approach taken to data analysis and presentation, and our findings. We close with a discussion of the challenges encountered in the evaluation and the limitations this places on our interpretation of results.

Introduction
The UCLH Liberating Sisters to Lead project had the ambition of improving patient outcomes and experience by increasing the proportion of time that Ward Sisters and Charge Nurses devoted to clinical leadership, with this to be achieved by reducing the time that they spent on activities associated with "corporate service" functions. Specifically, the stated ambition was for Ward Sisters and Charge Nurses to spend at 75% of their time engaged in clinical leadership.

This was to be achieved by deploying a concierge service whereby ward sisters and charge nurses could bring complex and/or time consuming tasks associated with corporate service functions to the attention of a team who would work to solve that instance of the problem and then explore what could be done to reduce the time taken by ward sisters or charge nurses to complete those tasks in future. See the main report for examples of the problems identified and worked upon through the concierge service.

The focus of the evaluation described here is not the success or otherwise of individual improvement projects that were instigated by the concierge team or others on the Liberating Sisters to Lead. Rather, the evaluation was designed to assess whether the project as a whole had the intended effect of increasing the proportion of their time that ward sisters and charge nurses devote to clinical leadership and, if so, whether that had a discernible effect on patient experience and outcomes.

Methods
Activity classification
A set of terms was proposed that were intended to describe the activities that ward sisters and charge nurses perform as part of their role. The terms were intended to be mutually exclusive and complete such that the activity performed by a ward sister at any given point in their working week could be mapped to one and only one of the terms.

Each term was considered to be associated with one of three main classifications: Clinical Leadership, Corporate Services, and Other such that, conceptually, each moment of a ward sister's or a charge nurse's week could be defined as being devoted to one of these three overarching activities. This definitional work was done in conjunction with other, parallel work elsewhere in UCLH to determine what exactly constituted Clinical Leadership for ward sisters and charge nurses and went through several iterations.

The final iteration is presented in table 1 below.

Term describing activity	**Overall classification of activity**
Workforce/ HR related	Corporate service
ICT Related	
Procurement related	
Estates and Facilities related	
Finance related	
Rota Management	
Ensuring safe and effective clinical practice	Clinical Leadership
Enhancing the patient experience	
Managing and developing the performance of the team	
Ensuring effective contribution to the delivery of UCLH objectives	
Clinical Work - Planned	
Clinical Work - Own Caseload	Other activity
Clinical Work - Unplanned	
Governance and Safety	
Emails/ Meetings	
Personal Development	
Other Leadership	

Data collection

A data collection form was devised for completion by ward sisters and charge nurses to capture the time devoted to each activity given in table 1 above. The form was intended to capture the distribution of activities performed on a single working day and allowed data entry at the resolution of 15 minute periods.

Data forms were distributed to the ward sisters and charge nurses for each of 55 wards across UCLH with the request that staff complete a form for each day of a five day working week. Staff were asked to mark each activity they were engaged in for each 15 minute period of the day. Members of the project team visited ward sisters to explain the form and what was requested of them. Completed data sheets were then returned to the LSTL project team or were collected from ward sisters by members of the team.

It was intended that this 'activity follow' exercise be repeated on a quarterly basis throughout the project.

Data entry

An Excel worksheet was prepared that mimicked in physical appearance the data collection sheet. The data on hard copy data collection forms were entered into this worksheet, which had embedded within it code that calculated the total time devoted to the defined activities each day and which, when more than one activity was chosen for a given 15 minute period, allocated the 15 minutes equally across all chosen activities. This resulted in an Excel file for each ward sister or charge nurse that participated in a given 'activity follow' exercise, with each file containing up to 5 completed worksheets.

Data analysis and presentation

As the first step in the analysis, the completed Excel files corresponding to a single 'activity follow' exercise were processed to sum for each ward sister the time devoted to each of the 17activities over the period covered by the 'activity follow' and the total time reported.

For each ward sister, the total time devoted to Corporate Service functions, Clinical Leadership, and Other activity during that 'activity follow' exercise was calculated. This allowed the proportion of their time devoted to each of these overarching categories of activity to be calculated.

The proportion of their time that each ward sister devoted to Corporate Service functions, Clinical Leadership and Other activity was thus calculated for every ward sister or charge nurse that contributed data for each period over the course of the project. Additionally, for each period, the average proportion for these three overarching activities was calculated (with each ward sister weighted equally regardless of total hours reported).

To present these data we used "triangle plots". A triangle plot is a way of displaying three dimensional data when data points are constrained to lie on a triangular section of a plane.

To understand how triangle plots are constructed, consider an example where the proportions of a ward sister's time devoted to each of the three activities are labelled *x*, *y* and *z.* This set of proportions can be represented by a point in three dimensions (see fig 1a below). Because the proportions x, y and *z* have to add up to 100%, the point representing the data for a ward sister has to sit on a triangle with a corner on each axis.

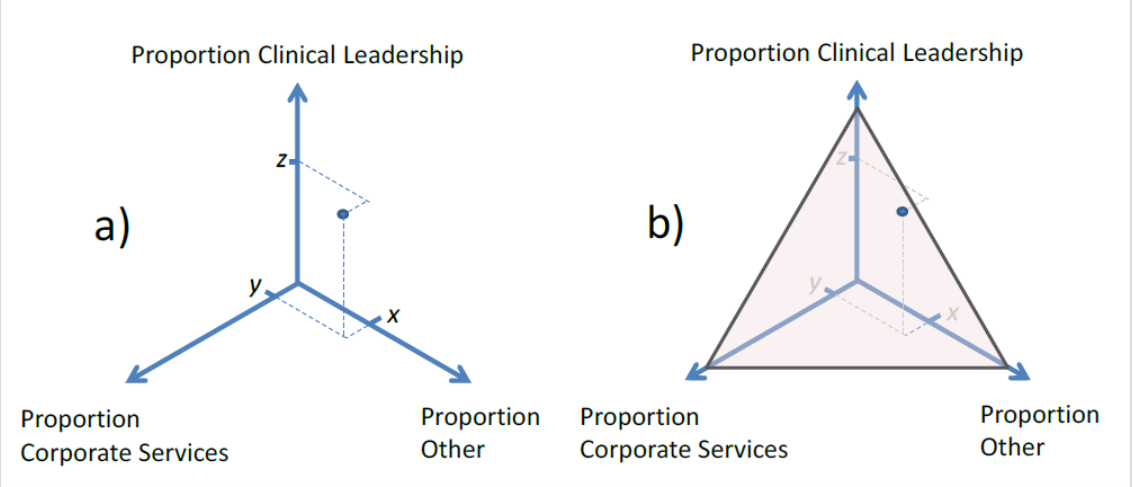

Figure 1: Moving from three dimensional coordinates to a triangle plot

The position of a point on this triangle shows how the time of the ward sister is divided between clinical leadership, corporate service functions and other activities. If a ward sister devoted all her time to clinical leadership, the data point would sit at the top corner of the triangle. If all her time were devoted to corporate service functions, the data point would sit at the bottom left corner of the triangle, and if she devoted all her time to other duties, the data point would sit at the bottom right corner of the triangle. Figure 2 below shows (a) a pie chart representing the case where a ward sister devotes a third of her time to each of the three overarching activities and (b) the corresponding point on the triangle plot. Essentially, rather than comparing dozens of such pie charts, triangle plot allows us view data for several ward sisters or for the group of ward sisters over time in a single graphic.

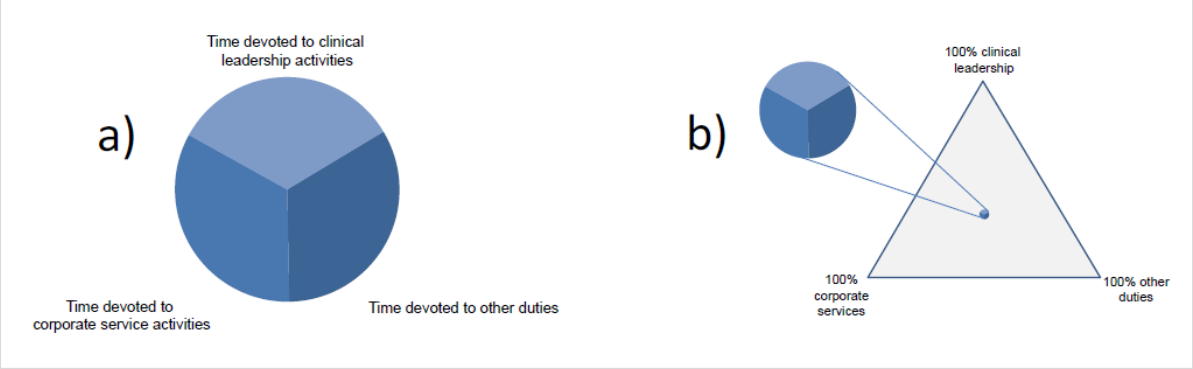

Figure 2: Illustration of how a pie chart showing the division of ward sister time between three overarching activities can be represented on a triangle plot.

Results

Participation in activity follows

The table below shows the number of ward sisters or charge nurses that returned 'activity follow' data, along with the total number of hours reported on, for each period. Note that, in an attempt to get more ward sisters to participate, the frequency of 'activity follow' exercises was reduced during the project and in later exercises staff were asked to report only 3 days rather than 5 days at a time.

Period	Number of ward sisters / charge nurses	Total number of hours reported on
July 2013	16	704
October 2013	22	822
January 2014	14	542
July 2014	8	117.8
January 2015	12	399
April 2015	17	463
September 2015	4	75

Table 1: participation in activity follows over the course of the project.

Activity follow data

Figure 3 below shows the triangle plot for the first 'activity follow' in July 2013. Each small black dot represents the data for one ward sister or charge nurse and the larger, orange data point the group average. It is notable that there is a good deal of variation of the distribution in the proportion of time spent across the three overarching activities (the scatter of the small black points) but that none of the black dots fall within the shaded target region representing >=75% of time devoted to clinical leadership.

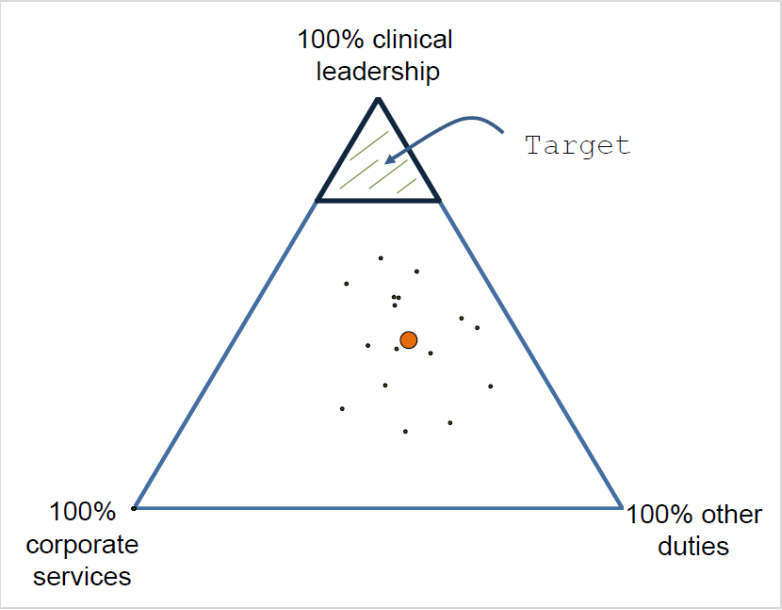

Figure 3: The triangle plot showing ward sister activity data for July 2013.

Also worth noting is that the larger point representing the group average is closer to the "100 other activity" corner than the "100 corporate services" corner, indicating that freeing up time

devoted to corporate services may have limited impact on achieving the ambition of 75% clinical leadership. Indeed, on average, just 23% of ward sister time was devoted to corporate service functions (41% clinical leadership, 36% other activity.

Figures 4-9 show the triangle plots for the 'activity follow' exercises conducted over the remainder of the project.

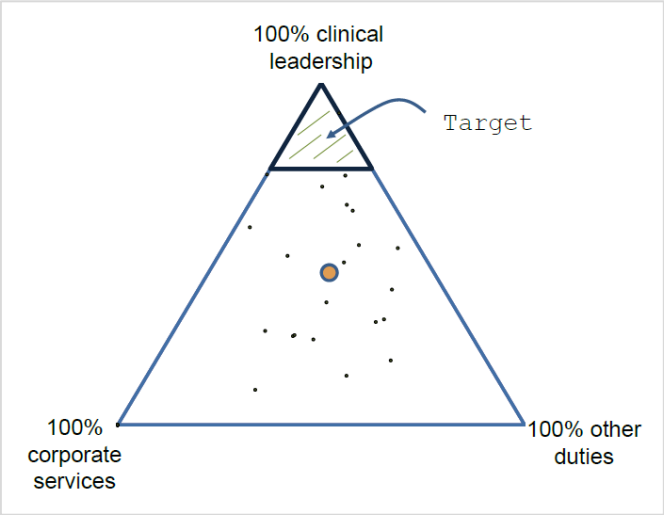

Figure 4: The triangle plot showing ward sister activity data for October 2013.

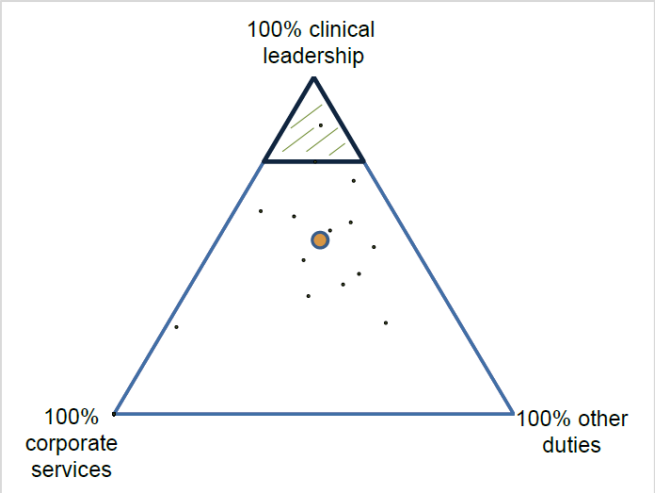

Figure 5: The triangle plot showing ward sister activity data for January 2014.

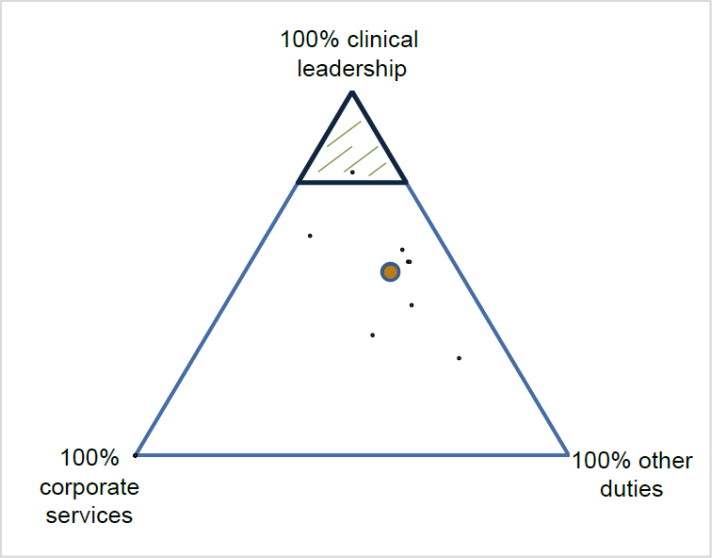

Figure 6: The triangle plot showing ward sister activity data for July 2014.

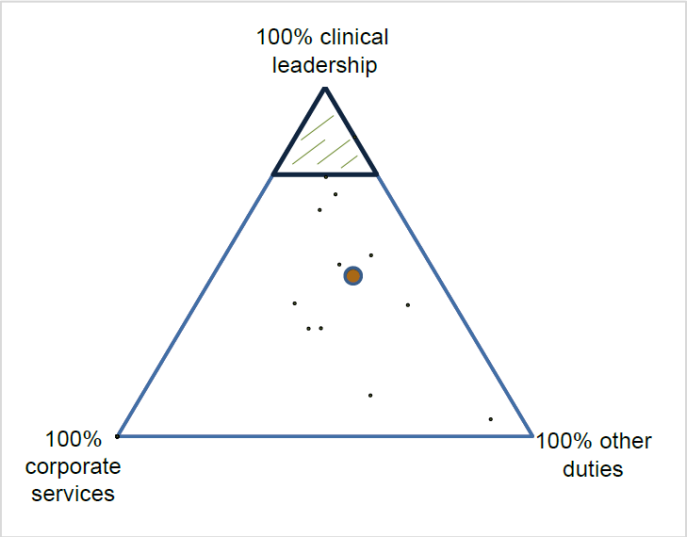

Figure 7: The triangle plot showing ward sister activity data for January 2015.

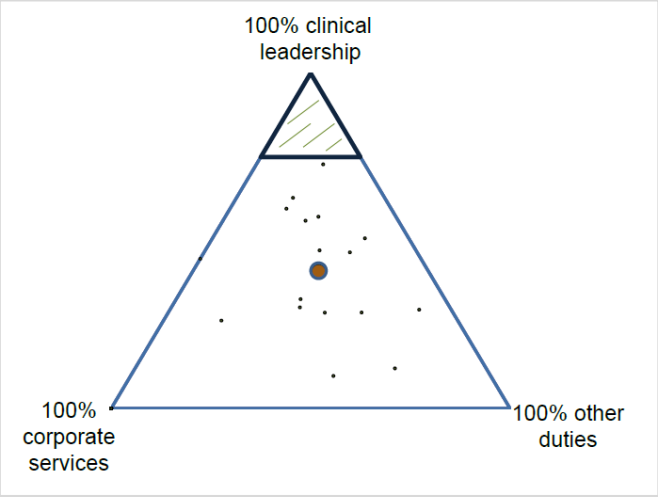

Figure 8: The triangle plot showing ward sister activity data for April 2015.

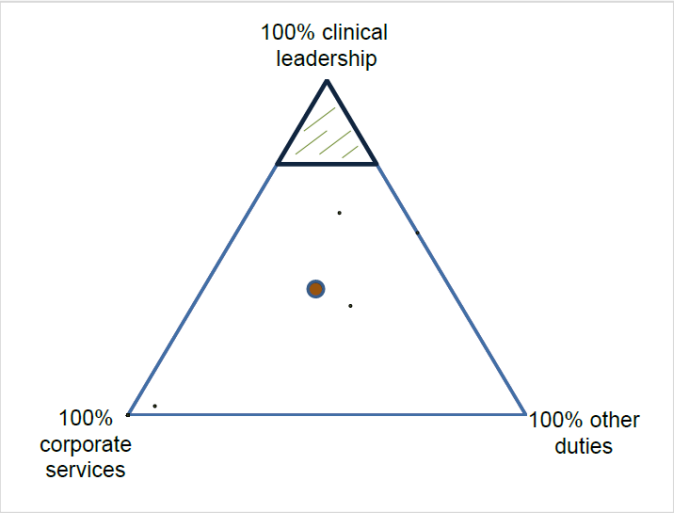

Figure 9: The triangle plot showing ward sister activity data for September 2015.

In figure 10 below we superpose the group averages for each period onto the same chart.

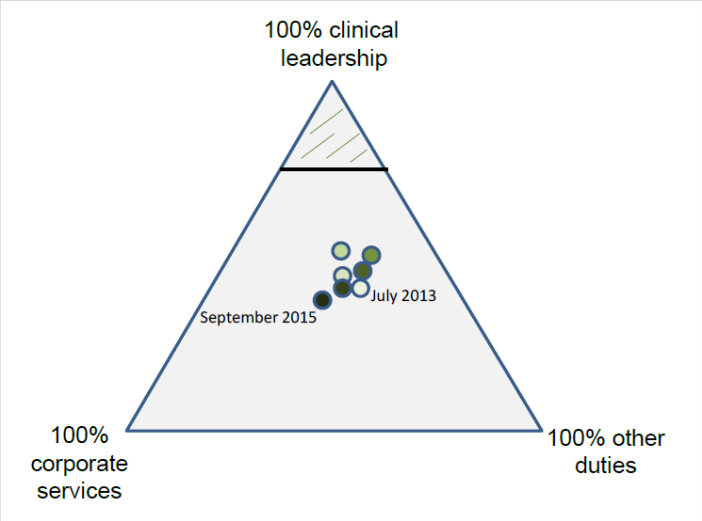

Figure 10: The group average for each period from July 2013 to September 2015 superposed (with a darker shade for each period in the sequence).

The chief thing to note is that at no point in the sequence do the 'activity follow' data suggest that ward sisters were able to devote 75% of their time on activities classified as clinical leadership. Indeed, the data for April 2015 shows the distribution of time across the three overarching classifications to be very similar to that reported in July 2013.

Discussion

Main finding
Despite the success of individual improvement projects described in the main report, there is no evidence from the 'activity follow' data to suggest that ward sisters and charge nurses are spending a lower proportion of their time devoted to corporate service functions and a higher proportion of their time on clinical leadership.

For this reason, we did not explore whether there were changes to outcomes and experience.

Limitations
Our evaluation has a number of limitations. The activity data were self-reported and we failed to anticipate how challenging it would be to secure repeated participation from ward sisters and charge nurses. This meant that we had fewer staff reporting than we'd hoped for. In exploring why staff were not participating, in addition to the perceived burden of data collection for very busy members of staff, some anxiety was expressed by staff that the data would be used to assess staff performance. This anxiety related not just to the distribution of time across different activities but also a concern about disclosing the amount of hours over those contracted that staff worked.

This echoed an observation by the evaluation team that while the initial 75% target began as an aspiration for staff, it did in some quarters in the organization seem to become an expectation of staff.

Although we had fewer staff participating than we'd hoped, it is difficult to imagine that the principal finding of no marked increase in the proportion of time devoted to clinical leadership would not hold with fuller participation.

Was it an unachievable target?
From the July 2013 'activity follow', it was clear that even if no time was spent on corporate function, it would be very challenging to achieve the target of 75% clinical leadership give the amount of time dedicate to other activity. It is worth noting that included in "other activity" was ward sisters conducting their own clinical work and conducting clinical work to cover for staff shortages. At the time the classifications were made, some members of staff felt that these activities could arguably be classified as clinical leadership, with leadership shown in *how* clinical work is conducted rather than why.

Appendix 3 Financial report

LWSTL Cost Summary (Financial Year)

Activity	Total Budget	Set up	Implementation		Embedding & Spreading	Total
		2012-13	2013/14	2014/15	2015/16	
Dedicated time to lead and undertake the project						
Project Implementation Lead	161,825	19,073	52,149	54,739	29,304	155,266
Project Manager - B7					41,777	41,777
Project Coordinator	67,278	12,223	3,298	0	0	15,521
Project Assistant	20,288	538	14,403	0	0	14,941
Concierge Manager band 6	59,935	0	31,301	0	0	31,301
Concierge Staff x3	109,825	0	34,305	7,589	0	41,894
Concierge Staff x3	0	0	26,492	0	0	26,492
Concierge Staff x3	0	0	21,792	0	0	21,792
Project Co-Ordinator (B4)				18,172	30,939	49,111
Apprentice (B2)/Project Assistant (B3)				15,427	9,801	25,228
Improvement and Development Co-ordinator				20,851	3,841	24,692
Subtotal	419,150	31,834	183,740	116,779	115,663	448,015
Staff and Patient involvment						
Training	4,000	0	7,261	0	0	7,261
Travel	4,127	0	206	0	3,441	3,647
Engagement events & Communications	5,917	179	1,574	656	5,000	7,409
Subtotal	14,044	179	9,041	656	8,441	18,317
Supply of technical skills						
External evaluation (Clinical Operations Research Unit, UCL)	50,000	0	27,000	15,000	8,750	50,750
External improvement skills support	69,500	0	0	0	32,000	32,000
Subtotal	119,500	0	27,000	15,000	40,750	82,750
Other Costs						
Running costs	14,184	185	3,999	296	684	5,164
Database License	2,545	0	2,545	2,535	0	5,080
Software	4,926	0	4,926	0	0	4,926
Subtotal	21,655	185	11,470	2,831	684	15,170
Total Costs	**574,350**	**32,198**	**231,251**	**135,266**	**165,538**	**564,252**

LWSTL - Health Foundation Return Summary		
@ 23-11-15		
Costs	**£k**	
Costs to y/e 14/15	398	
Non pay forecast 15/16	46	
Pay forecast for 15/16	120	
TOTAL	**564**	
Funding	**£k**	
Health Foundation	420	£376k of costs to y/e 14/15 + £46k of 15/16 non pay
UCLH match funding to y/e 14/15	22	
UCLH match funding 15/16	122	
TOTAL	**564**	
Note: Years are financial years and not calendar years		