An integrated approach to optimising patient care through performance improvements across Quality, Performance and Finance

March 2018
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In December 2015, the Care Quality Commission (CQC) rated Colchester Hospital University NHS Foundation Trust (CHUFT) as “inadequate” and identified a number of significant failings. A follow-up visit in April 2016 showed insufficient improvement had been made, leading to a recommendation by the CQC to the Secretary of State for Health that CHUFT should be placed into administration.

Ipswich Hospitals NHS Trust (IHT) was subsequently asked by NHS Improvement (NHSI) to consider entering into a partnership with CHUFT to help resolve the issues facing the Trust and as an alternative to administration. In May 2016 the Boards of both CHUFT and IHT committed to entering into a long-term partnership, built on a foundation of collaborative working established between the two Trusts over recent years. The Chair and Chief Executive of IHT, with the support of NHSI, were also appointed into these roles at CHUFT; additionally, the IHT Board approved the secondment and subsequent appointment of its Medical Director into the role of Managing Director at CHUFT.

In July 2016, with the agreement of NHSI, the Trust embarked upon a programme of clinical, operational and financial turnaround with the overarching objective of improving the safety and quality of services to patients.

EY was commissioned as the Trust’s delivery partner in August 2016 and worked alongside CHUFT to establish and deliver the Every Patient Every Day (EPED) Programme. The purpose of the programme was to improve the quality of patient care and experience across the organisation by addressing the clinical, performance, operational and financial issues that were evident.

The programme was initially set up with a 12 month timeframe; whilst it was recognised that transformation and embedding a new culture would require a longer timescale, it was important to set clear goals and improvement trajectories for the programme in the short to medium term.
The programme was centred on three key modules of work:

1. **Quality & Governance** – establishing a fit for purpose governance framework and responding to the CQC concerns
2. **Operational Improvement & CIP delivery** – establishing operational grip and achieving the Trust’s control total
3. **Cross-cutting improvements (performance and efficiency)** - delivering against agreed 18 week trajectories and performance metrics

Robust programme governance supported the overall objective of ensuring that the Trust transforms into a sustainable and stable organisation with a relentless focus on providing the highest quality of care to patients and the local population. The programme has been delivered and monitored via a Programme Management Office (PMO), which has provided the governance to deliver at the scale and pace required, and to support the transition of capability and knowledge to the Trust.

Given the need to drive improvements at pace over the first 12 months of this programme, the Trust and NHSI recognised the need for the additional capacity and experience that EY were able to bring to EPED. CHUFT staff and the EY team worked jointly to drive the required change.

Through the efforts employed and improvements made as part of the programme, the Care Quality Commission returned to the organisation in July 2017 and observed marked improvement across all areas of the Trust.

As a result the Trust received an overall score of ‘Requires Improvement’, and 3 of 5 rating areas scoring ‘Good’: Effective, Caring and Well-led and has been removed from quality special measures.
The Colchester Hospital University NHS Foundation Trust has been in special measures longer than any other hospital. To date approaches to resolving issues raised by external bodies have been siloed, where a slower rate of embedded change was further exacerbated by a number of interims and vacancies. Interventions had concentrated on responding to the issues raised by the CQC and others rather than a fundamental review of care provided to patients.

At this pivotal stage of improvement at the Trust, it was extremely important to have the right mix of individual skills and processes; Colchester suffered from the absence of both at the beginning of the programme. Change can be successful in the short term with one or the other, but a combination of the two is required for sustainable improvement.

The benefit of having EY supporting our transformation work at the Trust was the skills, experience and resilience they brought with them. Together we’ve developed some strong processes which are the foundation of improvement sustainability. This could not have been done without the integrated approach forming the heart of the Every Patient Every Day (EPED) programme of change across clinical quality, operational performance and financial balance.

The standard response of Colchester to external regulatory reports has been to develop action plans, undertake the actions and assume that improvement will have been delivered. For example, we previously developed an action plan to address concerns around End of Life Care, which focused on delivery of training. However, through a clear performance management framework with Key Performance Indicators within EPED, we actually found that, although the action plan was delivered, the improvements in the area have not surfaced.
The Every Patient Every Day programme has successfully refocused the Trust’s direction from building changes in response to external regulators, to proactively driving sustainable change around the patient’s journey to ensure continued high quality care.

Working with external providers to deliver the programme of change has provided us with a stronghold of support and knowledge throughout this journey. The knowledge that EY have brought with them has been invaluable, along with the discipline and rigour to maintain programme momentum. I’d recommend that when undertaking a change of this size, it is paramount to get the skills transfer right; we’ve struggled with this as we’ve not had the individuals in place – it is important to consider organisational development at the beginning of the programme.

Finally, the primary takeaway from this programme has been the need to implement integrated change across the three areas: clinical quality, operational performance and financial improvements. This premise forms the foundation of sustainable improvements across the Trust and drives a quicker pace of change than when conducted in isolation.

Nick Hulme
Chief Executive Officer
Colchester Hospital University NHS Foundation Trust,
Ipswich Hospital NHS Trust
CHUFT and EY recognised that a drop in performance is very rarely the result of a single issue and that the reasons are complex and multi-factorial. Therefore, the EPED Programme was jointly designed to ensure a balance across clinical quality, operational performance and financial balance, as shown in the diagram below.

The programme was further supported by four principles for sustainable improvement (outer circle). These were proactively developed in collaboration by CHUFT and EY to provide the blueprint of the programme. The principles are described in more detail on the following page.

Maintaining this balance at CHUFT was fundamental in addressing the financial overspend, underperformance against operational targets and the failing CQC inspection. Performance management across 42 key performance indicators was a key enabler to ensuring continued focus, review and alignment to priorities across CHUFT’s improvement journey.
Principles for sustainable improvement

The following four principles were used to drive the success of CHUFT’s Every Patient Every Day improvement journey. Reflections about how these were applied and evidenced in practice are included in the workstream reviews on pages 9-14.

1. Leadership, Decision-Making, and Accountability
   - Trust leaders and regulators need to be united in creating a compelling vision and momentum to drive wholesale change; for example, the threat of administration triggered the establishment of EPED
   - A clear and evidence-based approach to decision-making is needed to build momentum for change
   - Everyone from Ward to Board needs to be held accountable for delivering change in a way that is robust, respectful and timely

2. Culture, Capability and Capacity for Change
   - An organisational development strategy needs to ensure that senior and operational leaders (clinical and non-clinical) are adequately prepared to shape and lead the work to ensure the sustainability of the transformation
   - Changing organisational culture takes time, but identifying change champions and tackling poor behaviour/practice is vital
   - Workforce levels should be assessed for sustainability up front to put in place early mitigation. In the medium term, a clear recruitment strategy, and talent and performance management plans are required to build capacity and capability
   - However, building capability and capacity is not a short-term process, so interim capacity and clear handover planning needs to be built in from the start

3. Analytics and Management Information
   - Data-driven decisions and accountability rely on insightful analytics, which need to be rapidly put in place
   - Progress needs to be tracked continually through a set of relevant, consistent and automatically-generated metrics
   - Actions should drive change in metrics, and decisions – by workstream SROs, divisional leadership teams, and executives – should be informed by these metrics

4. Process and Programme
   - Clear and rigorous programme management is at the heart of change management and prioritisation. This needs to be robust and challenging for executives and regulators, and should reflect on lessons from previous phases
   - Clear and consistent leadership communications are vital to motivate and ensure clarity for all staff
**Critical Success Factors**

**Critical analysis of performance information and intelligence**

The accuracy of information in relation to care delivery is vital. Equally important is the ability and desire to critically challenge and analyse data. The predisposition to have a natural curiosity toward data acts not only to provide clarity on the basis for making decisions, but also to strengthen the ability to consistently monitor and assure progress.

**Revised Ward to Board governance systems**

Hospitals are complex so ensuring the connectivity of all the component parts of Ward to Board Governance is imperative. It is crucial that governance processes work as close to the patient as possible. This should be through well-engaged clinical and operational teams, within a well-defined governance framework. All staff need support to understand their role in governance and the organisational framework in which their contribution operates.

**Focused clinical improvement design and delivery**

A key principle driving clinical re-design is the recognition that underperformance against national best practice in clinical care requires improvement. The change process needs to be owned by clinical leaders who are motivated to transform care at the required scale and pace. The clinical vision has to be supported by well-designed operational plans, accountable leadership and outcome-focused KPIs.

**What worked well at Colchester**

- Senior executives as SROs. The Trust recognised that its executives needed to act as SROs during the early months of the programme, committing significant time, in order to drive the change needed. This enabled quick decision-making and rapid implementation of priorities, setting the tone for Operational Managers to subsequently take on leadership of the programme.
- Being able to work directly with interdependent workstreams, e.g. Deteriorating Patient and Emergency Department (ED) Performance, ensured that the work to improve sepsis was embedded in the wider improvement plans in ED.
- Clinical leadership embedded in the clinical improvement and design work.
- A rapid review of the audit methodology for Deteriorating Patients led to a revised and improved approach, yielding a greater sample size and a more accurate picture of compliance. This resulted in a more robust improvement plan for management of deteriorating patients.

**Learnings for next time**

- KPIs need careful consideration – programme metrics need to ensure they are driving the right change. A number of governance KPIs did not provide effective insight, being too high-level and reliant on aggregated source data. Patient outcome KPIs need to be complemented by KPIs to reflect structural and process change improvement.
- The scale and pace of the programme needs to be consistently communicated.
- Clinical engagement needs to be consistent and aligned to strategic requirements, programme milestones and KPIs.
- Earlier involvement of divisional leadership – this was impacted by workforce gaps and ultimately slowed down delivery.
- Earlier involvement of the Patient Voice could have strengthened the effectiveness and engagement of the changes being implemented by the programme.
## Qualitative impact

### Deteriorating Patients
- Updated the Deteriorating Patients policy, including a structured and consistent response to sepsis based on patients’ National Early Warning Score (NEWS)
- Delivered all the recommendations from the NEWS audit report resulting in 95% accuracy in calculation of NEWS across the Trust. The Trust continues to monitor ongoing compliance and known barriers in relation to the appropriate escalation to medics to proactively mitigate risks

### Governance
- Organisational Framework for governance that describes the structure, people and process required to deliver effective governance at CHUFT
- Finalised the clinical audit and effectiveness policy and terms of reference for the Board sub Committees
- Designed and implemented a revised divisional governance model to oversee integrated health governance of finance, performance and clinical quality
- Completed baseline quality and governance assessment of new sub-divisional Clinical Delivery Groups (CDGs)

### End of Life
- Task and Finish group established both internally and with external partners to address the issue of delays in discharging patients in their final days of life
- All Wards have been updated with “Recognising Dying” flowcharts to assist with patient recognition
- Educational packages have been rolled out across the Trust
- Technology in the Mortuary to enable electronic discharge summaries for GPs at the same time as completing the medical certificate

## Quantitative impact

### ED Sepsis 6 compliance initiatives have made sustainable improvements from 33% in Nov 16 to 52% in May 17, driven by:
- A weekly audit feedback loop
- A dedicated sepsis compliance assistant
- Consolidated action plan including external reviews
- Positive feedback from CQC on changes made

### Targeted action has been taken to reduce repeatable harm, including:
- Number of open serious incidents were reduced from 700 to 271
- Falls strategy and action plan in place
- Reduction in number of Datix categories from 125 to 51 to enable better themed analysis of incidents and coordinated actions against patient safety and quality risks
- 111 LEAPS closed
- Revised Serious Incident process to expedite investigation and response
- Revised data dictionaries in place

### Use of the Individual Care Record End of Life documentation Increased from 25% last year to 51%
Operational Performance

Critical Success Factors

Data-driven decision-making and accountability
Adopt an evidence-based approach to identifying, prioritising and targeting operational improvement initiatives. Clearly establish performance baselines to ensure that improvements can be accurately tracked and agree KPIs from the outset. Continually challenge whether in-train actions are having the desired outcome and have the confidence to accept that some actions are not effective and therefore need to stop.

Focusing on high impact changes
Identify and prioritise a small number of interventions that will provide the greatest performance and quality impact for the organisation. Once improvements have been delivered, ensure these remain embedded through regular tracking and reporting of agreed KPIs. This enables valuable clinical and operational time and effort to be targeted to best use and prevents ‘action plan fatigue’ as experienced in many Trusts.

Embed a culture of continuous improvement
This is developed and maintained by strong management and leadership. Ideas need to be identified and driven by clinical and operational teams on the ground who see at first hand their potential impact on patient care and outcomes. Teams and individuals should be challenged not just to strive to meet performance improvement targets, but to re-evaluate and stretch the target once met to ensure that continuous improvements are made.

What worked well at Colchester
- A robust, data driven diagnostic of drivers of under-performance was conducted in key areas such as Emergency Care and RTT. This established a clear platform for improvement and showed where the greatest improvements could be delivered without over-stretching clinical and operational teams
- Robust governance structures were established from the outset in which workstreams and roles had a clearly defined objective
- Each workstream was led by a clinical and operational champion who also agreed the top 2 or 3 interventions to focus on at any one time

Learnings for next time
- Planning for sustainability is key - ensuring that clinical / operational leads are bought in to the case for change, and are at the forefront of driving change, is integral to securing longer term sustainability of workstream progress
- Ensure alignment of capacity and demand prior to undertaking productivity-based improvement activities. This ensures that Trust improvement workstreams are not set up to fail from the outset, and that productivity gains result in tangible improvements in patient outcomes and experience
- Avoid ‘heat of the moment’ decision-making based on ‘gut feel’ which undermines data-driven evidence-based action. This is most at risk during times of live operational pressures. For example in ED, a small number of high impact changes were agreed (e.g. role descriptions for Nurse/Consultant in charge). Sticking with these interventions, even as performance dipped, rather than reverting to type was critical in embedding the required change
- Transparency around managing conflicting priorities; for example, the Trust had to balance delivering RTT trajectories alongside the need to deliver financial savings. Ongoing and frank dialogue between executives across the programme was essential to manage these trade-offs
# Achievements

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<td>► Completed clinic template validation, cleansing all Outpatient clinic templates on CHUFT systems</td>
<td>► RTT - Ophthalmology and ENT compliant with 18 week 92% standard as planned and for the first time since July 2015; Gastroenterology, Urology and T&amp;O significantly improved performance and reduced backlogs</td>
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<td>► RTT access policy revised and monitoring tool designed with CHUFT Business Informatics team</td>
<td>► Overall, 23.5% reduction in 5 priority specialty backlogs since December 2016</td>
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<td>► Completion of the Theatres and Outpatient Demand and Capacity model</td>
<td>► Improvement in % incomplete pathways &lt; 18 weeks (admitted and non admitted) – 84.9% (Sep 16) to 87.5% (May 17)</td>
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<td>► Plans for decommissioning theatre sessions completed to support achieving CIP</td>
<td>► Improvement in booking slot utilisation from 76% (Jun 16) to 81% (May 17)</td>
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<td>► Refreshed theatre governance in place with greater grip on productivity and ability to forward plan theatre sessions</td>
<td>► Improvement in theatre utilisation from 75% (Sep 16) to 78% (May 17)</td>
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<td>► Average case per list (ACPL) plans in place for all specialties to reach target ACPL</td>
<td>► CIP delivered YTD through repatriation of previously outsourced activity</td>
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<td>► Standard operating procedures in place for cancelled and dropped theatre lists</td>
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<td>► ED Frailty in-reach model implemented with Care of the Elderly consultant presence in the department 5 afternoons per week</td>
<td>► March 17 super week and subsequent embedding of key principles led to significant improvement in % of patients waiting less than 4 hours in A&amp;E - from 85.7% (Oct 16) to 94.6% (Mar 17)</td>
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<td>► Complex discharge hub model implemented across the Trust (18 referral forms to 1)</td>
<td>► Improved streaming rate from pre-trial 4.03% (3-4 per 12hrs) to 7.8% (3-4 per 8hrs); further 8.98% patients identified suitable for streaming</td>
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<td>► Implementation of the front door streaming model</td>
<td>► Beds programme identified opportunity of 23 beds, after right sizing against demand</td>
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<td>► Devised and agreed ward-level discharge targets to support LoS</td>
<td>► Allocation of £1m national capital funding to enable colocation of GP streaming; implementation underway</td>
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<td>► Developed all standard operating procedures for current ambulatory / MDU / EAU pathways</td>
<td>► Agency spend £566k below Agency ceiling of £22.85m for FY 16/17</td>
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<td>► Premium pay diagnostic and opportunity identification and ward purse tool developed to allow ownership and management tool of bank and agency costs within local budgets</td>
<td>► £100k premium pay reduction by identifying and transitioning a high cost Locum to substantive</td>
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<td>► New documentation including Division action plans and pay reporting review</td>
<td>► Identification of PA savings in clinical workshops (£50k Oncology, £100k COTE)</td>
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<td>► Job planning baseline and workshop outputs</td>
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<td>► Implementation of standardised nursing shift patterns with a split of 80% long shifts, and 20% flexibility for shorter shifts</td>
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<td>► Strengthened governance and data to support robust consultant job planning across the Trust</td>
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## Critical Success Factors

**Engage widely and set expectations on delivery**

Delivering financial balance is not optional and needs to be a priority for all managers and clinical leaders. Clear and consistent messaging from the Executive team is essential. The expectation of what needs to be delivered must be set out clearly with roles and responsibilities articulated and clear lines of accountability. This needs to be embedded into business as usual with a training and development programme that ensures people have the capacity and capability to do this.

**Utilise top-down and bottom-up approaches for identification of opportunity areas**

A combination of top-down and bottom-up identification of new opportunities will maximise the ability to deliver on objectives. The instinct and knowledge of operational and clinical Trust staff is crucial for generating locally owned schemes. Combining the need for financial savings with a clinical and operational improvement lens at a specialty level helps secure the buy-in to drive service change.

**Question accepted ‘norms’ and leave no stone unturned**

Opportunities for improvement can be difficult to identify, especially when an organisation has cost improvement fatigue. Exploring operational challenges that lead to financial pressures and understanding any deficit drivers at specialty level will highlight opportunities. Curiosity and challenging the status quo will generate new ideas, and new models or approaches to delivering care should be explored. Every idea should be scoped through to an evidenced conclusion.

## What worked well at Colchester

- A combination of cross-cutting and Divisional workstreams helped deliver efficiencies and economies of scale with Executive leadership
- Instilling financial rigour and discipline from line-by-line challenge on budgets through to application of controls
- Starting CIP identification early for April delivery supported a forecast outturn over 60% greater than the previous financial years achievement. This process should be continuous throughout the year
- Creating simple, relevant dashboards with useful, actionable information helped teams focus and prioritise efforts e.g. premium pay reductions

## Learnings for next time

- Consider sustainability of the transformational work early to ensure there is an equipped resource to drive and enable CIP identification and delivery post any external support; aligning PMO / transformation capacity early
- Capacity needs to be created to enable operational teams to deliver on the financial agenda despite any ongoing operational pressures; again, aligning PMO and transformation capacity early to provide consistent support
- Executive teams need to have the time to agree the high risk schemes they are willing to pursue at the outset (in the context of the overall risk profile of the organisation) to avoid scheme ‘drop-out’ part way through the year, for example, bed reconfiguration
# Achievements

## Qualitative impact

- A baseline of the CIP programme and governance framework enabled strengths to be recognised and areas for improvement to be addressed
- A suite of controls was established quickly to reduce the run rate expenditure across pay and non-pay in parallel to CIP development and delivery
- Increased Trust focus, understanding and engagement on CIP
- Developed updated approach for key CIP governance processes including Quality Impact Assessments (QIAs) to ensure robust and streamlined process
- Increased ownership and accountability for delivery of CIP
- Provided immediate bandwidth in the divisions to properly structure and deliver CIP schemes

## Quantitative impact

- CIP and run rate controls have collectively supported the achievement of a challenging 2016/17 control total
- A CIP target double the size of 2016/17 has been set for 2017/18 totalling £17m with £14.1m identified and Divisions meeting their control totals at a bottom line month on month. Specifically:
  - £12.4m schemes (73%) identified (£8.8m Green, £2.2m Amber and £1.4m Red)
  - Additional pipeline of hopper schemes of £1.7m
  - Run rate at month 2 only marginally off plan
Future focus against the supporting principles

The EPED Programme was designed to ensure a holistic approach to improvement across quality, performance and finance. CHUFT and EY recognise that the improvement journey is work in progress. Broadly, the next phases of the journey are:

- **Clinical Quality & Governance**: Continue to ensure that the Board critically challenge their governance credentials and are able to make well-informed decisions based on high quality information, and that the Divisional Governance continues to evolve with progress evaluated.

- **Operational Performance**: Continue to build on improvement interventions to date by ensuring that these are embedded as part of the day to day running of the hospital, moving away from the perception that initiatives are ‘on top’ of the day job and embedding these improvements into the core business.

- **Financial Balance**: Develop a medium-term plan which will involve more innovative and transformational thinking to deliver savings required, including the long term partnership with IHT.

1. **Leadership, Decision-Making, and Accountability**
   - Embed STAARR behaviours of leadership: Sustainability, Timeliness, Attendance, Accountability, Rigour and Resilience (see Appendix A) will be used to drive the right behaviours across the organisation and ensure continual challenge to the improvement programme.

2. **Culture, Capability and Capacity for Change**
   - Agree and implement an organisational development strategy that will:
     - Ensure that development is pragmatic and applied to the organisation’s current context and needs, rather than development in abstract.
     - Develop of a targeted engagement strategy for the Trust’s staff and patients to inspire motivation and enact changes drive high quality patient care, building on the ‘Every Patient Every Day’ brand.
     - Set out and articulate for the organisation (and NHSI) how the Transformation Programme will encompass important elements of organisational and cultural development, as an integrated, rather than a separate exercise.
     - Support the three Clinical Divisional Directors and their teams to succeed in their roles and accelerate delivery through the divisions (the Trust has recently gone through a major divisional restructuring).

3. **Analytics and Management Information**
   - Self-service analytics will be used to encourage inquisitive thinking and support improvement.
   - Statistical Process Control will be used to ensure assurance is only gained when a significant improvement is achieved.

4. **Process and Programme Management**
   - Continue to drive rigorous programme management through the new Improvement Team, ensuring alignment to the Trust’s corporate objectives.
   - Leadership and robust challenge to workstreams to ensure ongoing progress and control in anticipating risks and issues, and continued rigour and discipline in programme reporting.
It is vital that all 3 components (clinical quality and governance, operational performance and financial improvements) are integrated and implemented together. Although it’s been hard work, it has led to quicker, equal improvements across all elements, taking the wider staff with the programme on the improvement journey.

This approach is integral to the running of the Trust, such that during the course of the programme, the appetite for change to drive patient care has become Business-as-usual. Bringing knowledge across each of the three key areas and sharing the learning has been vital e.g. Cross-cutting and CIP have worked closely together to drive a coordinated approach to delivery.

Dr Shane Gordon
Director of Integration

During this programme of change, the benefit has been in embracing a structured approach and the support, experience and perspective that independent parties can bring. The capacity and bandwith EY brought allowed us to drive and kick start the programme.

Dawn Scrafield
Director of Finance

The following worked well:
• Introduction of structure in to the improvement process
• A good rhythm to the PMO work, reporting etc.
• Good engagement by the departments / divisions
• Confidence built with external stakeholders
• Clear progress in some areas

Going forward, we need to:
• Keep up the rhythm and clear reporting
• Ensure focus on delivery
• Track the outcomes and change tack if things are not working
• Ensure all the supporting resources (transformation, OD, quality improvement, BI, IT software development, recruitment, training etc.) are aligned to the areas of priority

Dr Barbara Buckley
Managing Director

"EY have brought with them the bandwidth, discipline, rigour, analytics, knowledge and PMO to help drive an integrated programme of change across the Trust to delivery high quality patient care. The key has been working with EY individuals that have clinical experience which has been vital to implementing improvements; they’ve been able to understand what and why there are barriers to change and how to overcome them, and Trust individuals identify with them as a result.

Dr Barbara Buckley
Managing Director"
Transformation requires collaboration for sustainability. The improvements at Colchester were only achieved through a combination of experience and expertise of NHSI, the Colchester Hospital University Team and EY.

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## Appendix A: STAAR Behaviours of Leadership

### What Executive SRO behaviours should we exhibit to ensure sustainable and innovation solutions at scale and pace?

| S – Sustainability | Leaders’ actions should consider sustainability in decision-making – an assessment should be made of any short-term or interim measures put in place, how these will be addressed in the longer term and encourage review of dependencies for a holistic programme view. We should be mindful of the over-reliance on ‘work arounds’.
| T – Timeliness: | Leaders should consistently ensure there are timescales by which improvement should be measured. – this should be aligned to the accountability for delivery, how this will be measured and the forum by which the action will be updated. For anticipated delays, this should be communicated in advance with alternative timings proposed.
| A – Attendance | Leaders should ensure attendance and prioritise decision-making forums across the organisation – the delegation of responsibility for attendance at core meetings needs to be agreed and adhered to – any likely non-attendance by senior leaders should be delegated with the expectation that delegates are briefed to represent the nominated lead appropriately, ensuring consistency of message and progress.
| A – Accountability | Leadership behaviours should make clear the accountability required at every level for their areas of responsibility – accountability for actions should be well articulated and transparent at all Leadership and Operational levels across the Trust.
| R – Rigour | Leadership should rigorously and constructively test, analyse decisions, actions, and performance agreed KPIs – all leaders should take responsibility to constructively challenge that verbal and written reports are representative and have been tested. This should be delivered via a positive challenge that is integral to innovation and problem solving.
| R – Resilience | Leadership should promote and ensure both system and people resilience – all leaders should ensure that systems, people and processes can withstand the pressure that come to bear in the context in which they work, e.g., the processes by which clinical standards are met need to be resilient enough to withstand busy periods. Personal and professional support should be routinely factored for individuals as part of management supervision and development. This enables role modelling, prioritisation and strategic thinking to permeate the organisation.

About EY
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