Top Tips for Taming Tigers

APM South East Branch presentation 13 Jun 2012
Agenda

- Issues associated with managing project and programme interdependencies
- Stakeholder relationship management
- Programme manager and [enterprise] architect relationships
- Case studies from healthcare sector; cancer and diabetes
- Summary and lessons learned
Managing project and programme interdependencies

- Outputs v outcomes
- Types of dependencies – causal (logical), resource, discretionary
- Critical path (and contingencies)
- Risks (and issues)
- Change – business change manager [s], ... eagles, sheep and donkeys
Intelligence Breakdowns

- Creating new products with no markets
- Creating markets without products to fit
- Failing to adapt to changing markets
- Failing to adapt to changing technology
- Persisting with outdated products
Intelligence Breakdowns – Overcome by Strategic Risks

- S&P 500 – 85% failed over 40 years
- 50% of top 1000 firms lost 20% Cap value in 1 month over 10 years
- 35% of fatal strategic risks came from unforeseen directions
Stakeholder relationship management

Stakeholder identification - map

Stakeholder analysis - needs, concerns, wants, authority, common relationships, interfaces

Stakeholder matrix - positioning stakeholders according to the level of influence, impact or enhancement they may provide to the business or its projects.

Stakeholder engagement - focused at getting to know and understand each other, at the Executive level.

Protocols may be established including security and confidentiality classifications
Benefits Management

- Effective management of the benefits across several projects (or programmes) allows management to make strategic adjustments in resources to ensure strategic objectives are being achieved, even when surrounded by change.
- This control is typically achieved using Portfolio Management – viewing the total set of projects (or programmes) within an organisation and adjusting the commitment of resources and investment in order to prioritise and deliver the organisation’s goals.
- It can also provide an opportunity to re-deploy resources freed up through the efficiencies being delivered, to derive new benefits in flight and to minimise unwanted side effects (dis-benefits).
Deliver an evidenced, scalable model of genetic testing for the NHS which will support further research.

Benefits Dependency Network (BDN)

E1
Deliver an evidenced, scalable model of genetic testing for the NHS which will support further research.

F1
A network of clinical and technology hubs

F2
Sample collection and analyses

F3
An informatics solution

F4
A partnership between industry, government and CRUK

F5
Monitoring and evaluating framework

F6
Communications and Stakeholder engagement

F7
Improved protocols for genetic testing service and sample collection by sharing best practices

F8
Develop a centralised consent approach

F9
Research database with extraction service

F10
Standard recording and flowing of clinical and genetic data

F11
Agreed key performance indicators and monthly meetings to monitor these

F12
Links to DH/NHS ensuring that the programme fits with DH/NHS plans

A1
Work with all sites to identify the issues and test solutions

A2
Collect 9000 tumour and matched blood samples and clinical data

A3
Routine patient consent for their samples and excess diagnostic material to be used for research and data purposes

A4
TSB funds data capture and panel assay development

A5
Collect and analyze monitoring data

A6
Communicate with stakeholders on progress and outcomes

A7
Analyze DNA samples for markers/mutations

A8
Further analysis of patient samples by partners

A9
Produce anonymised cohorts of data for other purposes

A10
Link and analyze pseudonymised data

A11
Develop multi-gene test panel

A12
Plan for Phase 2

A13
Support and engagement with programme when making plans for Phase 2

T1
High quality genetic testing in clinically relevant times

T2
More high quality, robust research data

T3
Information systems that can link and extract genetic data, treatment and demonstrate better outcomes

T4
Higher number of samples and markers that can be tested simultaneously

T5
Robust technology platforms for national roll-out

T6
Support and engagement with programme when making plans for Phase 2

T7
High quality genetic testing in clinically relevant times

B1
Improve number of genetic tests available in NHS

B2
Improve prediction of response to treatments

B3
Design more tailored cancer treatment

B4
Reduce inequality of patient’s access to services

B5
Enable new genetics research developments

B6
Cost effective treatment for all cancer patients

B7
Enable better stratified medicine collaboration

J1
To facilitate a national molecular diagnostic service for cancer patients to treat them with more targeted treatments and improve clinical outcomes

J2
Evidence that targeting treatment for cancer through analysis of good quality clinical and genetic data, improves survival

J3
Attract investment and innovation for Stratified Medicine in UK and acknowledgement of CR-UK key role
Programme manager and [enterprise] architect relationship

The recipe for Enterprise Architecture (EA) success has short cycles that deliver a clear vision including:

• an actionable roadmap
• architectural blueprints (building blocks)
• a pragmatic path from the current environment to the target (implementation plan)
• governance that facilitates change and delivers business results
• measurement and effective communication of results
The Open Group Architectural Framework (TOGAF) - Model
Case studies:

1. Cancer Research UK – Stratified Medicine Programme

2. National Diabetes Partnership and Programme
Understanding the genetic changes in an individual cancer can help treat the disease

- All life is based on a set of instructions carried in each cell
- These 3 billion data points are stored in the molecule DNA, which forms our genes
- But DNA can be damaged, which affects how our cells behave and grow
- Sometimes the DNA changes combine to make a cell become a cancer cell
- We can target those changes to treat cancer
The challenge: drugs don’t work for most cancer patients

Drug Response Rate, %

Source: Spears et al., Trends Mol Med, 2001; Lazarou et al., JAMA, 1998,
Stratified Medicine

Targeted treatment no more effective than placebo overall

Targeted treatment more effective than standard treatment if mutation is present

Targeted treatment less effective than standard treatment if mutation is not present

Is the NHS ready for new targeted therapies?

Personalised medicine requires basic research, clinical trials and service delivery.
But some service delivery questions are best answered by demonstrating that it can be done
This plan was supported by pharma, the government, diagnostic and IT companies.

- **TSB grantees, £5.6m**
- **£5.5m**
- **Technology Strategy Board, £5.6m**

**CRUK, Pfizer and AZ** fund the clinical and tech. hubs.

**TSB and grantees** develop new IT and panel tests.

**DH CMO & NHS**
Cancer/Pathology NCDs “approve” programme.
Lessons Learned

1. Have a clear vision (with manageable scope)
2. Define benefits and manage proactively
3. Share risk in particular costs
4. Never underestimate the need for continuous stakeholder management
5. Regular communication (F2F and teleconferences) very important
6. Tackle one major increment (with its issues at a time)
Partnerships and Workstreams

PORTAL DEVELOPMENT
✓ NDIS Portal Development Work Stream (NHS IC)

TOOL / TOOLKIT DEVELOPMENT
✓ Health Needs Assessment Tool Development Work Stream (NHS IC, Innove, YHPHO, Diabetes UK)
✓ My IC Patient Toolkit Development Work Stream (NHS IC, NHS CIH - HealthSpace)
✓ My IC GP Toolkit Development Work Stream (NHS IC, NHS Choices)

DATA STANDARD AND METRICS DEVELOPMENT
✓ Diabetes Patient Experience Project (NDIS)
✓ Inpatient Metrics Development Work Stream (NDIS)
✓ Data Standards Work Stream – NDRD Project (NDIS)

DATA SOURCE DEVELOPMENT
✓ Information Governance Work Stream (NDIS)

NDIS Non-Dependent Work Linkage

PORTAL DEVELOPMENT
✓ Diabetes InfoBank (Diabetes UK)
✓ Diabetes Data Dictionary (YHPHO)

TOOL / TOOLKIT DEVELOPMENT
✓ Commissioning Toolkit Development (NHS Diabetes)
✓ Community Profile Tool (YHPHO)
✓ Children Profile Tool (YHPHO)
✓ Prevalence Model (YHPHO)

DATA STANDARD AND METRICS DEVELOPMENT
✓ Diabetes and Pregnancy Project (Innove)
✓ Foot Metrics Project (....)
✓ Foot Content Development (East Midlands SHA)
✓ Retinopathy Data Standard (National Screening Programme)
✓ Diabetes Continuing Care Reference Dataset (NHS IC)
✓ Vascular Checks Dataset (NHS IC, DoH)

DATA SOURCE DEVELOPMENT
✓ Prescribing Work (NHS IC, YHPHO)
✓ National Diabetes Audit (HQIP/NHS IC)
✓ DiabetesE (Innove / Connecting for Health / BT)
✓ QOF (NHS IC, NICE)
Effective Requirements Gathering

>>> Ensuring support for National Service Framework (NSF) implementation and delivery of patient centred care: DiabetesE, QOF, National Diabetes Audit were compared against policies and used to define generic business requirements and information model for the quality of care

>>> Alignment of primary and secondary use for consistency and reduction of duplication in the recording of diabetes data: Existing data were analysed against NICE Guidelines and other national policy documents, to produce a logical data model aligned to the information model. This was mapped to a data model and assured by the Expert Reference Group (over 100 professionals)
Programme Development Context

**Diabetes Information Systems for Secondary Use**
- Diabetes Care Assessment / Reporting / Performance Monitoring Information Sources (such as sources for QOF, PBS, National Diabetes Audit, DiabetesE, NSF Illustrative Assessments, NHS Comparators, & Better Metrics)
- Diabetes Care Information Provision Sources (such as Diabetes Infobank, Commissioning Toolkit, YPHO Diabetes Data Dictionary and others)

**Diabetes Information Systems for Primary Use**
- Diabetes Clinical Records (Records of care structures, processes and outcomes of diabetes care)

**National Standards**
- (Diabetes NSF Standards, Diabetes National Screening Standards, NICE Guidelines, Darzi Review)

**Information Measure Definition**
- Dataset Reference Definition
- Record Structure Definition
- Record Query Definition

**Performance / Assessment Measure Guidance**
- Dataset Development Guidance
- Record Definition Guidance

**Diabetes Care Assessment / Reporting / Performance Monitoring Information Sources**
- Diabetes Information Provision
- Diabetes Information Request

**Diabetes Care Information Provision Sources**
- Diabetes Information Provision
- Diabetes Information Request

**Diabetes Non Clinical Records**
- (Records of Leaders, Workforce, Services, Systems, Care Delivery Plans and other non clinical information)

**Diabetes Clinical Records**
- (Records of care structures, processes and outcomes of diabetes care)

**Primary User**
- Diabetes Information Provision
- Diabetes Information Population

**Secondary User**
- Diabetes Information Provision
- Diabetes Information Request
Diabetes High Level Information Model

Including alignment to European Framework of Quality Management (EFQM)
Welcome to NDIS

Welcome to the National Diabetes Information Service (NDIS), where you can find a comprehensive range of diabetes data, tools and information via one web portal. NDIS provides people with diabetes, providers of diabetes care and health commissioners, with information to aid decision making and improve services.

If you have any queries, suggestions, or would like to receive our email update please contact us at info@diabetes-ndis.org

Help us to improve this website by completing a short survey.

Updated Diabetes Footcare Activity Profiles
- The Diabetes Footcare Activity Profiles provide a summary of inpatient activity for diabetic foot disease. They have been updated (January 2012) to include data for 2010/11.

NHS Atlas of Variation - A diabetes themed atlas will be available in March.

Last Updated: Monday, 20th February 2012
Lessons Learned

1. Well defined partnerships do work and can be greater than the sum of their parts
2. Strong leadership is essential – with executive decision making power
3. Task oriented activities tend to realise better stakeholder engagement and achieve more tangible results
4. Release products in an incremental fashion and for a clear purpose with strong user community
Questions now or later?

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