

# Waltzing with an octopus

*Sheila Roberts, Director of Training and Operations CUPE Ltd, discusses the importance of a clear framework for successful project management...*

I am passionate about project management in the NHS. I spent 17 years in the NHS experiencing patient recovery (and loss) in ITU and many projects, from winning a market test bid to grappling with medical records, in management positions. Now that I know much more about project management, I recognise many areas of the subject that would have made my past projects more successful and less stressful. Before I begin, let me state that most managers doing projects in the NHS are very hard working and conscientious. However, the lack of a structured project environment makes life difficult for humble project managers.

## Getting started

As funding is often tied to initiatives to be delivered through projects, each project needs a business case that is strong enough to justify allocating taxpayers' money to it. This can be where the problems begin.

Many business cases I have seen (and continue to see) for NHS projects are based on the anticipated outcomes rather than the reasons the project is needed and the problems it will address. The benefits often show savings or efficiencies that are not realised. In addition, some costs are underestimated while others are not identified. This can lead to a sub-optimal prioritisation of projects.

Risk management is another consideration. While I know that an assessment of the risks facing projects should always be balanced against the anticipated benefits, it was only after my PRINCE2™ training that I considered risks at the beginning of my NHS projects. By this time I had completed several multi-million pound projects. From my current work with the NHS I know this has not changed.

People are another issue. Selecting the most appropriate people to be involved in a project is not only a challenge but is also critical to success. Often, considerable thought is required to involve the right individuals and gain their commitment. Busy clinical and managerial agendas make this an achievement in itself. However, much more would be gained if these individuals had a clearer understanding of their role and its associated responsibilities. The structure of the project management team impacts directly on communication in the project by making it clear who is responsible for what. Poor

communication has been shown to be the biggest risk in projects – and this is certainly true in the NHS.

Clinical teams, which seek to improve patient care and clinical outcomes, are increasingly involved in projects. These teams need to give focused inputs at key points in the project, rather than being constantly involved. Clinical input needs to be supported without impacting on clinical care.

Planning is another area I realise could have been done better. While major projects are usually quite well planned, others vary from 'just get on with it and see how it goes' at one extreme to identifying every detail up-front and then re-planning regularly at the other. This can result in delay and recrimination.

Plans provide a basis for control in projects. Without a plan you cannot track where the project should be. Thus, you cannot exert control.

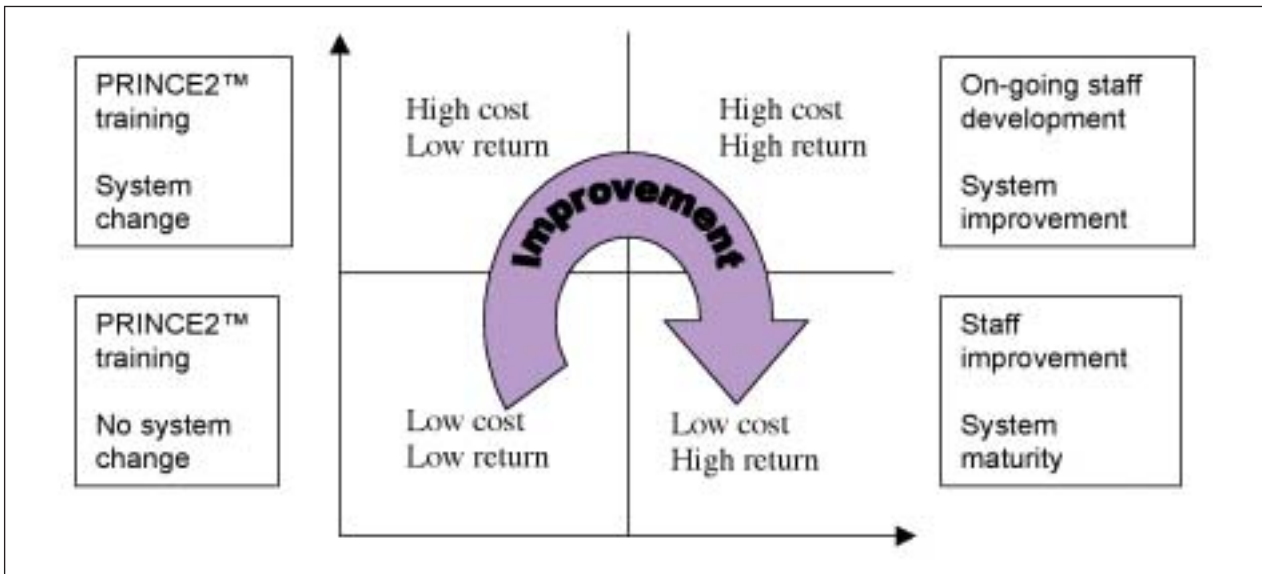
A lack of comprehensive planning leads to additional tasks being required that have not been resourced or scheduled. NHS staff are always busy and rarely have spare capacity or budget to do these extra tasks.

## Controlling the project

Managing many projects in the NHS felt like trying to waltz with an octopus! While I usually delivered the objectives as agreed, I was always trying to get hold of a slippery tentacle that was getting out of control. It was not a merry dance at all and when the project was completed we were too exhausted to celebrate.

The aforementioned problems lead to the recognition of a need for a structured approach to project management. Within the NHS, PRINCE2™ is the government mandated methodology for undertaking projects and I have now worked on PRINCE2™ projects for seven years. While there are lots of reasons for using PRINCE2™, the most important one is that it works. It is flexible and it can be tailored for use on any size of project in any environment – be it clinical, departmental, hospital or community-based.

PRINCE2™ is a project management method for the real world. In the NHS, some people still remember the original PRINCE® with its four volumes of manuals, inflexibility and



*The journey to project success*

bureaucracy. Do not judge the current PRINCE2™ by these standards. It has taken only the best from original PRINCE® and added tailoring and flexibility. This is why it has been welcomed as the global gold standard and many international companies run their projects using PRINCE2™.

PRINCE2™ provides a framework for running projects. It identifies why a project is needed, what is to be done, when it will be done, who should be involved and how to approach the work. The days of 'PINO' (PRINCE In Name Only) projects should be history!

Understanding how to utilise PRINCE2™ flexibly is critical to its successful application. PRINCE2™ begins by asking whether a project is viable and worth doing, using the PRINCE2™ process 'Starting Up a Project'. A well designed organisation structure ensures that roles and responsibilities are clear. This happens before investing time in planning it using the PRINCE2™ process 'Initiating a Project'.

The Project Board, as the major decision-makers, will have representation from the suppliers, users and business. This structure enables rapid decision-making, which balances the differing needs and views of the major stakeholders. Project Boards may require training and/or support to deliver their roles effectively.

The Project Manager is responsible for the day to day running of the project on behalf of the Project Board, with clear agreement about when to escalate issues to them. This means that the Project Board can control without needing to be involved on a day to day basis. The Project Board are involved only when major decisions are made and don't need to attend routine progress meetings.

**Improving project effectiveness**

As with any tool, managers need to know how to use it in order to gain maximum benefit from it. This begins with

training. The examined PRINCE2™ courses are comprehensive and intense. People often return to their work suffering from information overload and feel that the environment does not appear to encourage use of PRINCE2™.

After my training I was the only qualified PRINCE2™ practitioner in a trust with 11,000 staff. Implementation of what I had learnt was daunting. Like many others, while I was able to implement some of the principles, I did not gain all the possible benefits. Neither did the trust or patients. Working together using the same language and principles is as vital for management teams as understanding clinical terms for clinicians. Only now is this being recognised.

So how should the NHS make the most of PRINCE2™ to improve the success of projects? Delivering successful projects with PRINCE2™ requires investment in the project environment and in the people. Staff need to be supported in the initial period of implementation so that they are able to maximise the benefits while minimising bureaucracy. By investing in systems and people, the organisation will progress through the cycle of improvement until there is a high performance culture with projects delivering the expected benefits.

Nothing succeeds like success!

CUPE LTD



**Sheila Roberts**  
Director of Training and Operations  
enquiries@cupe.co.uk  
www.cupe.co.uk