

Red Prints- The Perfect Way to Not Deliver Digital Transformation Programmes

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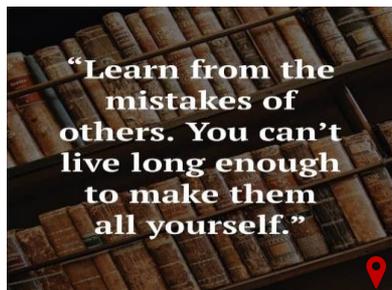
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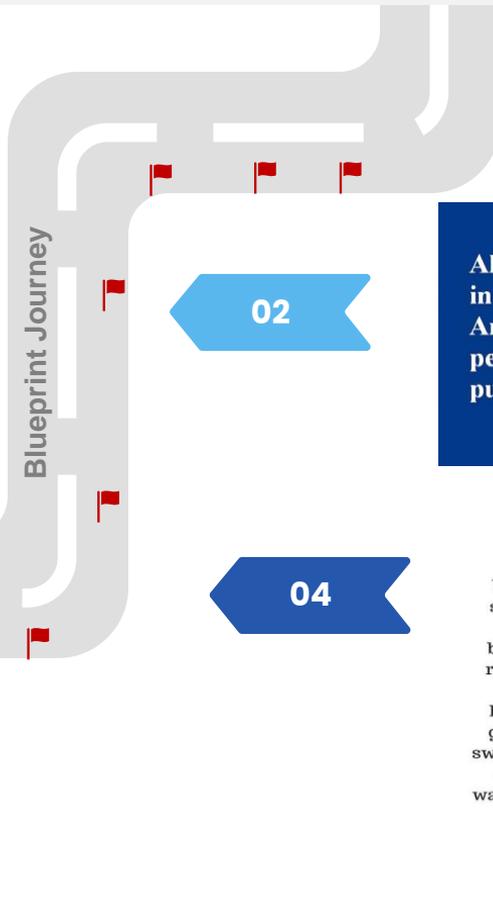
Seriously don't try this at home!



01



03



02

All characters appearing in this work are fictitious. Any resemblance to real persons, living or dead, is purely coincidental.

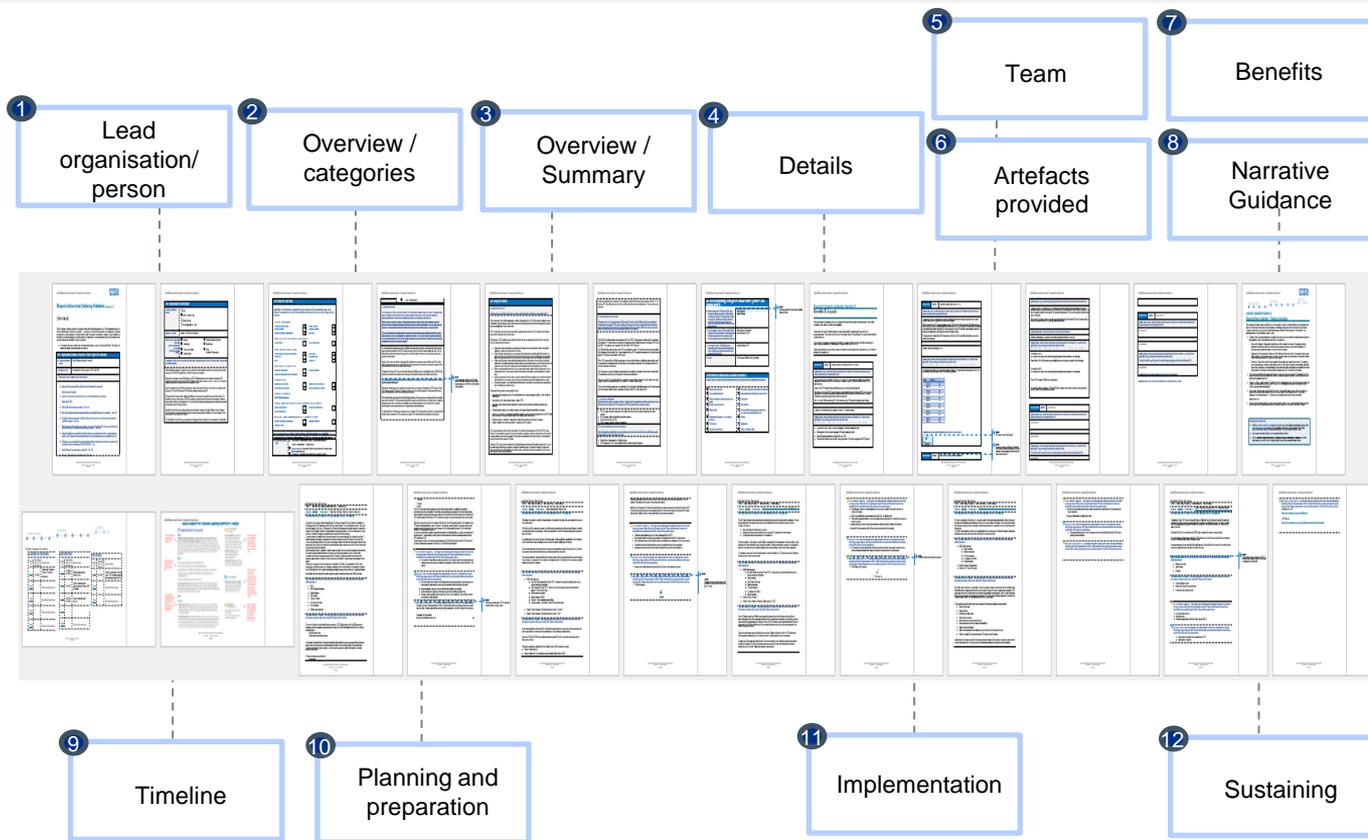
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NEVER HAVE I EVER

1 point for each

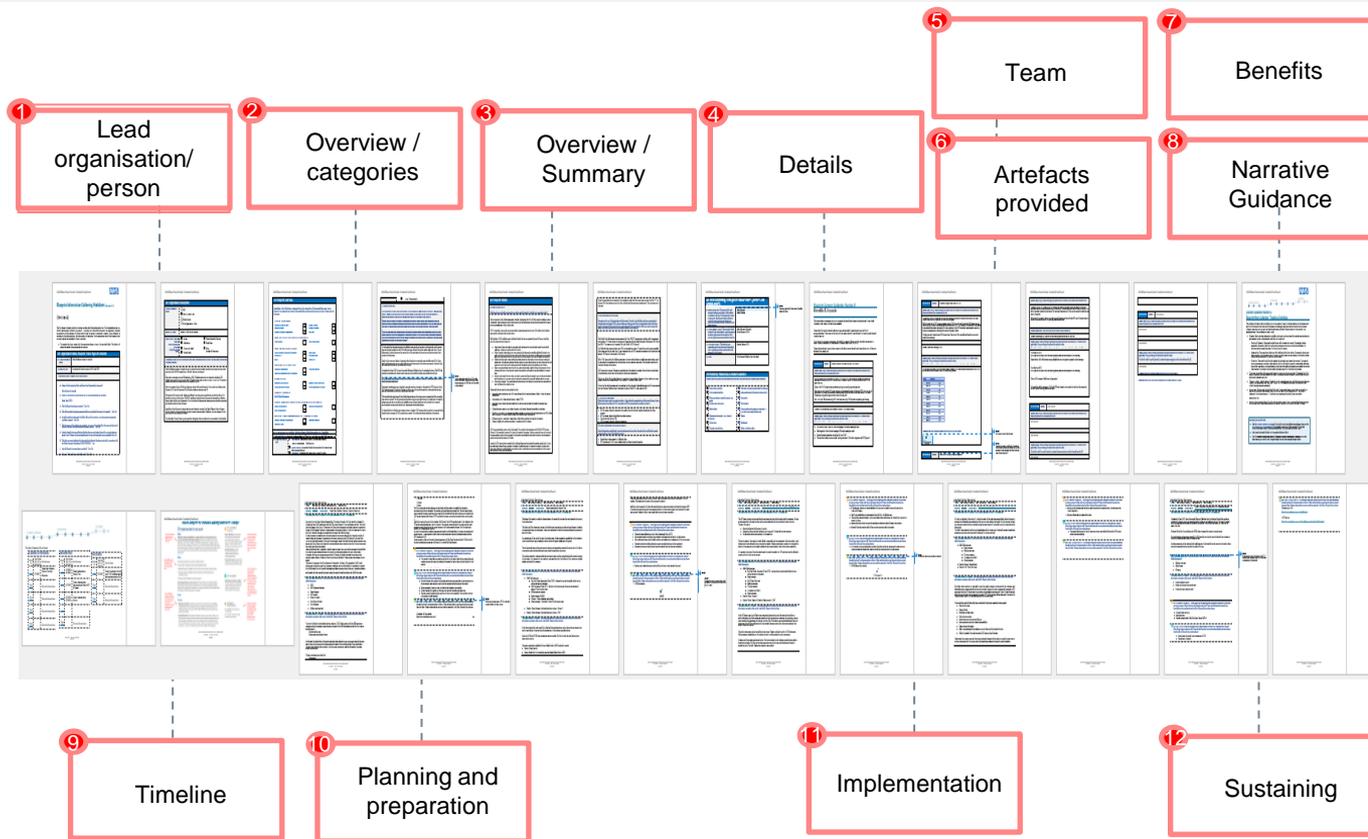
- | | |
|-------------------|----------------------|
| broken a bone | got a ticket |
| skipped school | gone scuba diving |
| fired a gun | eaten sushi |
| been skydiving | been to nyc |
| ridden in a limo | ran a marathon |
| had braces | got fake nails |
| had a massage | been on a train |
| gotten a tattoo | been in an ambulance |
| swam in the ocean | gone zip lining |
| dyed my hair | needed stitches |
| watched star wars | been camping |
| rode a horse | gone on a cruise |

What is the Structure of a Blueprint



The 'golden' process when developing blueprints

What is the Structure of a BlueRed Print



What could possibly go wrong?

1 It's a good idea for an organisation which is **newly formed** or going through a **merger to also invest in a major digital programme** of work. Whilst sometimes it is necessary, to merge systems for merging organisations for example, problems are much more likely to occur if everything else around you is changing too.

2 If you can help it **Clinicians** should **not be involved** at all, let alone lead projects, if you can help it. They don't understand how difficult it is to get the technology to work and anyway if the programme is as unsuccessful as we hope, they will never get to use it – or they will need to find ways to work despite the solution they have been offered.

3 It is exciting to bid for **funds** and when you **win**, it is like the lottery – never mind that it **isn't core** to what the **organisation wants** to do, it will be great to post your lucky win on twitter



"IF YOU CAN KEEP YOUR HEAD WHILE ALL ABOUT YOU ARE LOSING THEIRS, THEN YOU OBVIOUSLY DON'T UNDERSTAND WHAT'S GOING ON."



Project Summary and Details

Red Print Advice



1

Always be as **vague** as possible as this will allow **wriggle room** when the project goes off track and you need to **justify** the **twists and turns** of project change control

2

What – preferably mainly/entirely technical and **not easily understood** by Board members and clinicians

3

Why – we got the **funding**, someone saw something shiny, we got a **great discount!**

4

When – **never, ever, ever be clear** on this one – if you have to be then be really ambitious

5

How – **focus** on the **technology** again – leave the change, benefits, training, engagement to other non-technical projects

6

Where – probably the easiest one to answer – Ward 15 usually!

7

Who – not me but every body else, to encourage **diffuse ownership**

‘ I keep six honest serving men: They taught me all I knew: Their names are What and Why and When and How and Where and Who’ Rudyard Kipling 1865-1936

Pilots – a particular favourite!

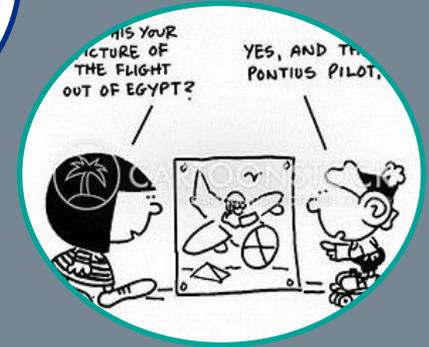
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What **kind of Pilot** are you:

- Pilot, Pathfinder, demonstrator, vanguard, Developer, an Innovation
- Or there is “no pilot there is only do”
- What happens if the pilot is not successful? (Typically you should not then kill the pilot unless you are forced to try something else.)
- Even worse what happens if it is successful? Who would have guessed it? Now what?

2

“Think Small, Start Big and **Scale slow**?!”



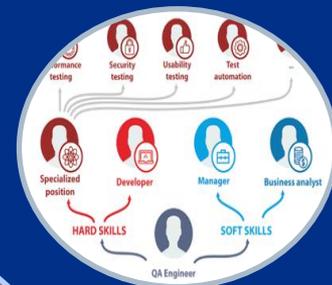
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- **Contractors** as far as possible
- SROs – you'd better have one
- Technical people and **project managers**
- Suppliers

2

Avoid:

- Clinicians
- Operational managers
- Front line
- Clerical staff
- Patients



1

Documentation is for **Wimps**

2

There's nothing more **inspiring** than a **blank sheet** of paper (of the back of an envelope)

3

Alternative **strategy** is to flood the **project** with documents



1

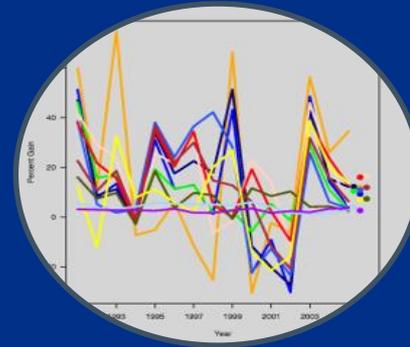
Huh? OK if I must

- Do **not** try to **gather** too much **evidence** before during or after the project it only cause problems as they prove much harder than you want to pursue

2

Other useful phrases

- It will get **worse before** it gets **better**
- You can **lead a horse to water**
- Digital should lead on benefits realisation



“If you can’t measure it, you can’t manage it”

Peter Drucker

1

2

3

4

5

6

<p>Really!?</p>	<p>We haven't worked out the details to be able to plan it accurately</p>	<p>When would you like it to be delivered</p>	<p>Lots of things have happened during the project that we didn't expect</p>	<p>We do not know how long it took last time so we don't really know</p>	<p>All good things come to he who waits?</p>
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Planning and preparation

Red Print Advice



1

Driven by **deadlines**

2

Begun before ready

3

Previous estimates for resource consumption **do not exist** or are ignored as inconvenient

4

Driven by the **supplier**

5

New things come up all the time – we like **surprises**

6

They were on the **risk log** come to think about it

7

The plan was approved but the **funding wasn't** challenges your creativity



1

Just do it

2

Don't tell too many people

3

Agile or Waterfall?

4

You **can't do** PRINCE and MSP

5

Document afterwards

6

Set **milestones**, and **gateways** and then go straight through them

7

Who is responsible for **Clinical Safety** – i.e. which individual ?

8

You don't need a **DPIA** until the very **end**

'Everyone is responsible and no one is to blame'



'Quality is everyone's responsibility'

1 Project **people** will be **fine to support** the **solution long term**

2 The **help desk** is there to **react to problems** not prevent them

3 You can **worry** about this at the **end** of the **implementation programme**

4 I got the capitalnow you want me to **work out** how to **pay for it** in the long term?



HAVE YOU
TRIED TURNING
IT OFF AND ON
AGAIN?



Outcomes

Red Print Advice



1

Never look back!

- I **don't reflect** – I prefer the adrenalin rush I get when implementing stuff I love the **surprises and twist** and turns

2

Every **project** is **different**, what good is the rear view mirror?

3

The **business case** was for **10 years** but no one goes back to check – do they?



Checklist

Red Print Advice



Organisation

- Is the organisation stable?
- Is governance mature?
- Does the culture support/embrace digital change?
- Is clinical leadership evident ?
- Is the project core to the Organisation's service/digital strategy?
- Is funding sustainable after the capital is spent?
- Does the project rely upon relationships between organisations?



Project

- Clear definition -What and Why and When and How and Where and Who
- Structure and organisation evident
- Technical and Business Change clear and allocated to the right person/part of the organisation
- Accountability and responsibility.
- Be Smart



Pilots

- Definition – why is it a “pilot” and what happens afterwards
- Criteria for success and failure
- Who is judging it?
- Think Big, Start Small, Scale Fast



Team

- SRO – not a token
- Right mix of people – technical clinical and operational
- Permanent and contractor
- PMO, Subject matter experts and users
- Supplier as partner
- Patients



Artefacts

- Plagiarise with pride – but don't skip too many steps
- Documentation is critical to knowledge transfer and being a learning organisation
- Design the documentation for the reader not the author
- Don't over do it



Benefits

- Business case contents
- Baselines and targets
- Learn from others
- Be realistic
- Measure
- Do not expect immediate results
- Keep tracking to outcomes



Planning and Preparation

- Readiness
- Drivers – the Why or the Who or the What ?
- Risks and Issues expected?
- All parties in agreement
- Contingency
- Structure – Waterfall/Agile?



Timelines

- What happened last project ?
- How are time estimates produced – deadlines or resource based?
- Time Contingency or absolute deadlines – eg contract expiry and burning platforms
- Expectations management
- Time, Quality and Cost triangle



Implementation

- Controls
- Resources
- Communications
- Technical, Clinical and Operational
- Flexibility needed
- Safety
- Information Governance
- Equality and Digital Inclusion



Sustaining

- Plan at the very beginning
- Readiness for BAU
- Who is going to support
- Service desk training
- Supplier SLA etc
- Ongoing funding for the BAU state



Outcomes

- Plan at the very beginning
- Readiness for BAU
- Who is going to support
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- Supplier SLA etc
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BLUEPRINTING IN 2021

NHSX has worked with NHS Trusts to produce Blueprints - step-by-step good practice guides showcasing digital transformation across the health system. Designed to help health organisations deliver technology more quickly and cost effectively than possible in the past.



ENGAGING



2,717 Platform users

12,471 Unique homepage views

10,473 Unique Blueprint page views

102 Trusts engaged

EDUCATING

164 People attended 11 training workshops



10 National events presented at, including HETT and HTN

4/5^{*} DAs responders used Blueprints in their digital plans

*HSJ survey data

WHAT GOOD LOOKS LIKE



Good practice Blueprint examples for each dimension

EXPANDING

186 Blueprints



2,970 Project artefacts

146 Blueprints on a page

114 New Blueprints agreed

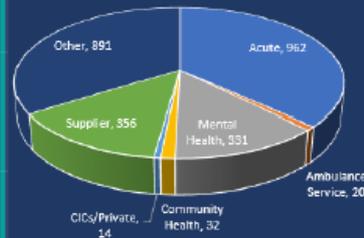
EMBEDDING

794 New joiners to the platform



565 Blueprints downloads

3,280 Supporting documents downloads



* Breakdown of all platform users

NHSX would like to thank the Blueprinting Steering Group, NHS Trusts and other key stakeholders for their contributions over the past 12 months. Now, as part of the What Good Looks Like function, the Blueprinting Team looks forward to providing even more support to NHS organisations in 2022.

To access the Blueprints please email blueprinting@nhsx.nhs.uk



Overview of the Blueprinting workstream



Background to Blueprinting

Aims:

Increasing the knowledge and use of Blueprints among NHS organisations will enable quicker and more cost effective digitisation leading to better health outcomes for patients and improved staff experience

Blueprints will form a key part of the 'support offer' for frontline trust staff as part of the What Good Looks Like guidance.



The 7 success measures of What Good Looks Like

What is a Blueprint



Benefits of Blueprinting



3

Key documents



Full blueprint

The core Blueprint outlining the full detail of the project supported by relevant artifacts. This tells the full story of your digital solution, providing an in-depth look at the process, successes and challenges faced that will act as a valuable tool for colleagues embarking on a similar project or programme of work.

Audience

Programme or Project Managers, Delivery Teams, Clinicians, Benefits Leads, Business Change Teams



Blueprint on a page

The one-page summary of your digital solution, providing an 'at-a-glance' view of the key insights and benefits achieved. This will be written before the completion of the Core Blueprint.

Audience

CEOs, CIOs, CCIOs, CNIOs, Directors of Finance and other senior teams and key decision makers



Technical annex

A more detailed technical guide in implementing technical solutions and roll out

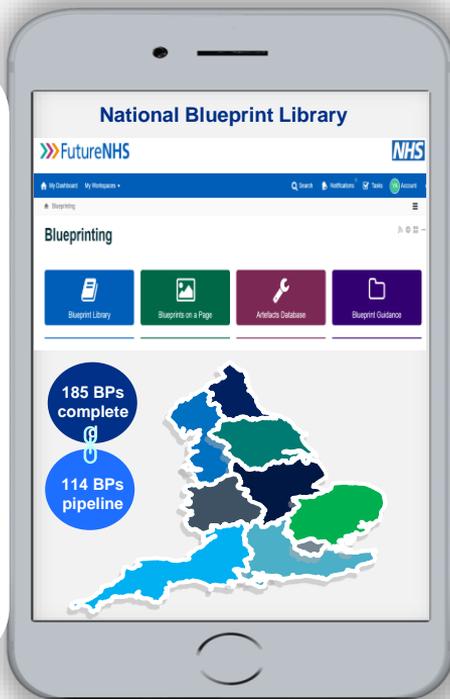
Audience

Programme or Project Managers, Delivery Teams, Clinicians, Benefits Leads, Business Change Teams



- Kiosks
- E- Prescribing and Medicines Administration
- Clinical Noting
- e-observation
- 'Process' Blueprints
- Order Comms

- Bed Management
- Integration
- Single sign on
- e-Comms
- Robotic Process Automation
- Apps
- Cyber Security



- Digital Inclusion
- Digital Pathways
- Artificial Intelligence
- Remote Monitoring & Virtual Wards
- Intelligent Voice Recording
- Patient White Board

- Digital Immunisation & Vaccination
- Home Blood Pressure
- Video conferencing and instant messages for staff
- Digital cloud solutions

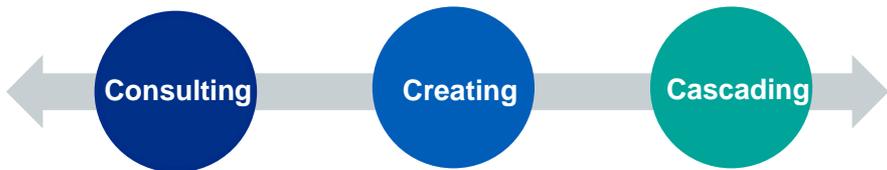
Blueprints available within FutureNHS

Blueprints currently in development

Join and support, spread and share and accelerate digital transformation

FutureNHS

NHS



1. Ensure you have signed up to access the **Blueprinting platform** - if not, please email blueprinting@nhsx.nhs.uk and we can quickly set this up.
2. Get involved in the **Blueprinting Steering Group**. We want to bring more **clinical members** to the group— it is a great personal opportunity to provide a voice at a national forum and shape Blueprinting at our meetings every six weeks.
3. Get involved in the **User Reference Group** which will meet virtually every quarter.
4. Become part of a **shared learning system** with us. **Consult** the existing Blueprint library, **create** your own new content or offer to be a **reviewer** and then work with us to **share** it more widely with others.
5. Potentially work with us more in the future. Please involve us in your local or regional **forums / networks / events**.

Connect with us



Programme: Blueprinting

Email: blueprinting@nhsx.nhs.uk

 [FutureNHS BP link](#)



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**Thank you for
attending**



Digitise



Connect



Transform