

## EXPERT GUIDANCE:



# Applying project management skills

Already a good organiser and time manager, Satty Boyes was surprised to discover the extra benefits of learning about and applying project management skills to real-life projects, big and small. Here, with her management consultant husband James, she explains how the experience can enhance personal development and everyday practice and ultimately lead to better outcomes.

## EXPERT GUIDANCE:

- ✓ CHANGING PRACTICE
- ✓ COMPREHENSIVE PLANNING
- ✓ DELIVERING OBJECTIVES

One of the Allied Health Professional ten key roles identifies a role in managing projects (DH, 2003). Consequently, there has been an increasing focus on developing project management training and skills for allied health professionals. Although it is clear why managers may need project management training, it may seem less obvious why clinicians would benefit.

Allied health professionals undertake many developments that require them to structure and plan their time. They do that largely without realising that these could be managed as projects. Instead, they try to rely solely upon their organisational and time management skills. Unfortunately, without an understanding of how to manage projects, those developments often become complicated, never-ending and stressful. I have learnt that using those 'traditional' skills isn't always enough. The more complex the job, the more value the **project management** approach offers.

In April 2004 I was seconded to a project team to develop a competency-based postgraduate dysphagia course. Initially, the project team was confident that we had planned the project very well. We felt we were very clear about the tasks ahead of us.

My husband James is a director of OLC (Europe) Ltd, a management training and consultancy company that specialises in project management. I talked our plans through with him and he suggested that we might benefit from formal project man-

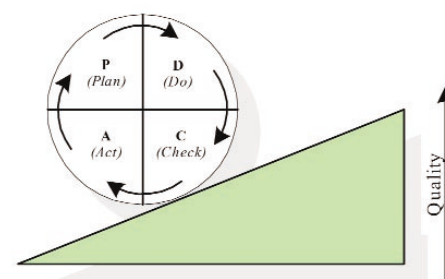
agement training. While the team was somewhat sceptical of the benefit of the training (after all, we believed we had already planned the project very well!) we took up James' offer. Although before the training we were confident about our 'plans', after the training we realised the enormous impact that a carefully planned approach would offer both to **managing the project** and to the **outcomes** it would ultimately deliver. On a broader level, the **skills** developed from the training have **transferred** easily into my everyday work as a clinician, transforming the way I manage tasks and **service development**. For example, the project management approach has enabled me to structure more clearly the way my personal appraisal objectives are achieved which has greatly aided my own personal development. The training has also enabled me to develop strong project plans for service improvements such as introducing dysphagia screening across the hospital.

## A. WHAT IS PROJECT MANAGEMENT?

The Oxford Dictionary defines a project as: "a plan; a scheme ... a planned undertaking". Planning is therefore integral to effective project management. That sentiment is expressed by the Quality Guru Juran who argues that "planning is the most basic and important managerial function" (Juran, 1992, p.1).

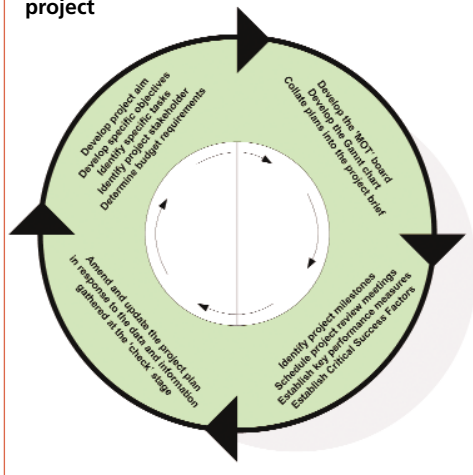
Good planning is also integral to **quality improvement** as shown by Deming's cycle of continuous improvement (1992). Effective managers start by **planning** their actions. Those plans are then **put into practice**. Next, the manager **monitors progress** to check the plan is delivering the desired result. Finally they **act** upon the result, either by implementing the plan more widely or changing it as required. When used repeatedly, that cycle improves quality over time (see figure 1).

Figure 1 Plan-Do-Check-Act cycle for continuous improvement



The project management methodology works in just the same way. To show that, in figure 2 each P-D-C-A (Plan-Do-Check-Act) phase is discussed using our own project as an example.

**Figure 2 Plan-Do-Check-Act cycle for our project**

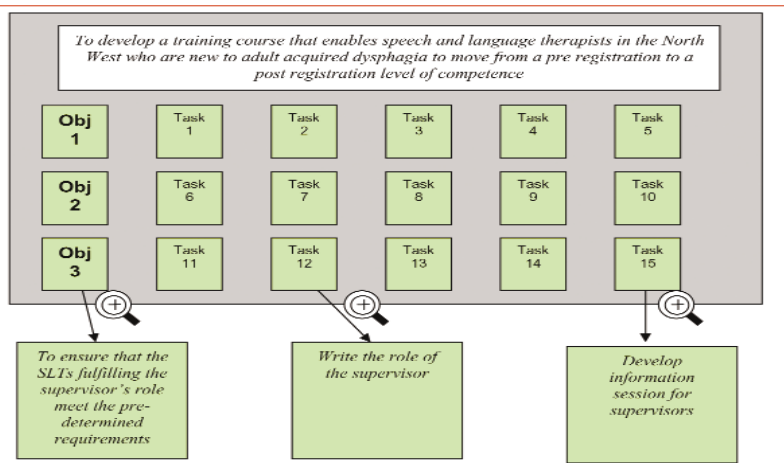


## B. PLANNING

We began the project by describing our overall objective in one sentence. James asked questions (who, what, when, why, where, how) to ensure clarity. We adopted that sentence as our **mission statement** (figure 3). Next, we identified the project **stakeholders** and checked that they were in the **steering group**. That was important because, for any project to work, it is vital that the people who need to support it are identified and signed-up to it. That allows everyone to take responsibility for the project's success and accept ownership of it.

The next step was to map the project out. In order to 'draw' the project onto paper we first had to understand it and its complexities very well. Ultimately, you cannot manage what you don't understand. We started by using our **mission statement** to develop specific project **objectives**. We then identified **tasks** for each objective. We used Post-it® notes and a board to do this - our mission went at the top, objectives went underneath while tasks were listed by objective. Post-it® notes could be moved about and made our 'drawing' easier to change. That became our MOT board (Mission, Objective, Task). As we worked, we saw our project grow and develop structure (figure 3).

**Figure 3 The MOT (Mission-Objective-Task) Board**



The next stage involved **mapping tasks against time**. We re-used our Post-it® notes by putting them into the order that they would need to be completed in (rather than grouping them by objective). That showed us which tasks could run concurrently and helped us to graphically map out the work ahead of us in a logical and time effective sequence (this formed the basis of our Gantt chart shown in figure 5, p.12). The project had initially been set a time-frame of 16 weeks. It quickly became obvious that that deadline was arbitrary because the time-map showed that the realistic minimum projected duration was 23 weeks. We built in some buffer-time and concluded that the project would need at least 25 weeks to complete. We then approached the steering group with comprehensive plans and successfully negotiated more time. The alternative was to drop some objectives thereby limiting the project's scope.

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Despite us believing (before training) that we had fully planned the project, our new approach vastly improved our understanding of what was required, in what order and how that would actually be done. Without training we would have committed to the impossible job of doing 25 weeks' work in 16 weeks. We would have risked failing to deliver the project on time.

The next task was to develop **measures to check performance**. We reviewed each task and identified when chunks of work would be finished (for example, 'course content completed'). Those events became **project milestones**. We used those to **timetable meetings** with the steering group. Rather than meeting at regular fixed intervals we

met just after the milestones. That made review meetings very productive. We were able to review our progress at crucial project stages and approach the steering group only when decisions were needed or feedback required.

Next we established how to **measure our success**. We listed factors crucial for project success and defined how each could be measured (see figure 4).

**Figure 4 Sample project critical success factors (CSFs) and key performance indicators (KPIs)**

**CSF 1** Number of questionnaires filled in correctly and returned promptly

**KPI 1** Number of acceptably completed questionnaires returned as a percentage of those sent out

**CSF 2** Sufficient numbers of participants and supervisors apply to enable the course to run

**KPI 2** 100% of course participants have allocated supervision

**CSF 3** Sufficient admin support is available to support planning and implementation

**KPI 3** The admin support required by the project team is able to be met by the 7 hours per week funded

The final stage involved **risk assessment**. We identified threats to the project and ranked them based on their likelihood of occurring and their potential impact. By thinking about risk in advance we were able to minimise those threats. 'Priority' threats were dealt with by adapting the project plan (for example, providing supervisor training) while some (such as staff sickness) could not be influenced. In both cases the team felt more in control; forewarned is forearmed!

Finally, the plans were condensed into a single document – the **Project Brief**. This identified:

- Stakeholders
- Project manager and team
- Project start / end date
- Critical success factors and key performance indicators
- Objectives, tasks and deadlines.

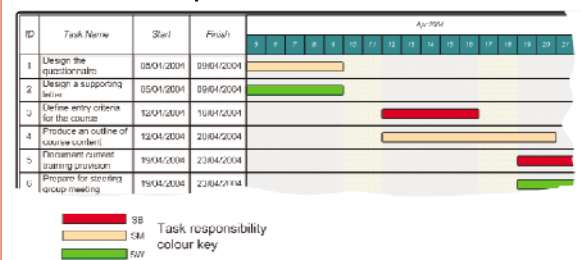
We distributed the brief to all stakeholders and used it to communicate our plans and the expected outcome.

## C. DOING

Our enjoyment of 'doing' the project was greatly increased by the planning we had already done. With hindsight I can see that we may have a tendency to

## EXPERT GUIDANCE:

Figure 5 Extract from the Gantt Chart showing tasks, timescales and responsibilities



### PRACTICAL POINTS: Project management

- ✓ Project planning promotes the delivery of specific objectives within realistic timescales through the comprehensive forward planning of all activities.
- ✓ Project management skills are as useful to clinicians as they are to managers.
- ✓ Effective planning is best achieved when a team adopts a structured approach.
- ✓ The P-D-C-A (plan-do-check-act) cycle leads to continuous quality improvement.

◀ jump straight into the doing phase of a project and we suffer as a result. To guarantee success you have to plan - doing becomes much easier and less stressful if you know what to expect in advance. We used a **live Excel spreadsheet** to document the ongoing project. We listed every objective and task, and created a **Gantt chart** (figure 5). As we completed tasks we crossed them through, thereby charting progress over time.

#### D. CHECKING

We identified our checking mechanisms very early on – **milestones, steering group meetings, critical success factors and key performance indicators**. By planning those in advance, all of our measurement tools were quickly in place. That allowed us to focus on doing the project to the best of our ability.

#### E. ACTING

As the project progressed we **acted** on our **checks** – the project plan was changed as we went.

Ultimately, we were able to evaluate our strengths and weaknesses. That has enabled us to **learn** from our experiences and **improve** (and start the P-D-C-A cycle again). I have also been able to **apply** my learning more broadly to my everyday work – this is continuous improvement in action.

#### F. BENEFITS

The team delivered its project **on time** and **within budget**. Planning helped us break a complex project down into **manageable chunks** and **work together efficiently**. Planning made us more productive, gave us greater clarity about the project's scope and allowed us to use our time more effectively. A comprehensively planned approach reduced the potential stress the project could have caused and allowed us to enjoy the work we did.

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#### Acknowledgements

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## news extra

### Tinytalk nursery first

As baby signing classes continue to attract interest and debate across the UK, one provider, TinyTalk, has announced its first accreditation of a nursery in Scotland. Scottish TinyTalk Nursery teacher Nicki Sinclair provided the training for staff at the Small World Nursery in Brechin. The package includes ways of recording and reporting children's progress, and is set in the context of SureStart's 'Birth to Three – Supporting our Youngest Children'.

Lyn, the manager and owner of the nursery, says she is "delighted with the progress shown in the baby room within a few short weeks". Katie Mayne, founder of TinyTalk, adds "Baby signing bridges such a wide gap, between when babies can understand so much (from around 6 months old) until when they can actually verbalise their needs (generally between 18 to 24 months). Baby signing reduces the frustration levels of both the babies and their carers as babies have a way of making sense of what people are saying as well as a means to be understood."

*For more information about the initiative contact the TinyTalk Nursery Programme Coordinator, Lucy Marriott on 01285 770899 or email [lucym@tinytalk.co.uk](mailto:lucym@tinytalk.co.uk)*

### Call for standard information

Parents of under fives want more information about their child's communication development according to 'the charity that helps children communicate'.

As part of its awareness-raising *Make Chatter Matter Week*, I CAN commissioned a survey of 476 UK parents of children under five. More than half said they received no information on communication development during their child's first year, and eight in ten respondents said they would find it "essential" or "very helpful" to receive information about the stages of their baby's communication development.

I CAN is calling for parents to receive standard information on communication development as part of the material they receive as new parents.

[www.ican.org.uk](http://www.ican.org.uk)

### Welfare concerns

The National Autistic Society has expressed concern about the Welfare Reform Green Paper, published in January. While the charity welcomes the focus on providing additional support to help people into employment, evidence from the Society's employment consultancy Prospects shows that helping people with autism find work often requires specialist, ongoing support – and the Society is doubtful that this support will be available, or that staff involved in the assessment process for accessing benefit will be sufficiently trained in autism.

Mia Rosenblatt, Policy Officer for Adults, says, "The NAS is concerned that individuals with autism may be penalised for not appearing to be fully 'engaged' in the proposed work preparation process, when their behaviour is a consequence of their disability. NAS research has shown that existing knowledge of autism among Disability Employment Advisers is low. Only 33 per cent of Advisers felt they had sufficient knowledge to support clients with autism to find work."

The NAS has information packs available for people with autism who are looking for work and for employers with advice on supporting an individual with autism in the workplace. To download information packs, visit [www.autism.org.uk/employment](http://www.autism.org.uk/employment).