

# Synplex Case Study

## Making it Better in the NHS

“Making it Better” represents a transformation of maternity, children’s and neonatal services across Greater Manchester. As a first key step in implementation, the Synplex process has been applied to help in “clearing the decks”, creating a solid foundation for successful delivery.

The objectives for Making it Better are higher quality, more child-oriented services closer to home, with increased choice for mothers, all backed up by centres of excellence with a concentration of highly skilled and experienced staff. It has taken more than 5 years, and the biggest public consultation in the history of the NHS, to reach a decision to go ahead. The change involves 12 Primary Care Trusts, 8 Acute and Foundation Trusts, and a wide range of other organisations, including the Clinical Networks, Local Authorities, the voluntary sector, the Ambulance Trust and GMPTE.

*The challenge now is implementation.* The Children’s, Young People and Families’ NHS Network, the body charged with this responsibility, turned to Complexity Solutions for help. Initial challenges included

“How can we work together in a cohesive, constructive and co-ordinated way?”, and “How can we create an effective network across the existing organisation barriers?”

Following initial discussions, Chief Executives of the Trusts were invited to a 2-day workshop, in which they were able to raise their individual concerns. By using the Synplex process they were able to distill the critical factors that would need to be managed to make this implementation a success. In a subsequent 2-day workshop, they were able to create a list of 11 specific objectives, each with an owner and an end-date, which would be required to “clear the decks” for implementation.

## Complexity and the NHS

We all understand that the world is becoming more complex and inter-related, and nowhere is this more evident than in today’s NHS. We also know that there are limits to the complexity that people can manage without specialist tools and techniques, and yet in most cases we continue to attempt to “muddle through”. However, learning from the emerging set of sciences labelled as “Complexity” is beginning to point the way, with the emergence of pragmatic tools and techniques for managers faced with otherwise intractable challenges. This is the story of the application of the Complexity Solutions Synplex process to the kind of complex transformation that is becoming increasingly prevalent, in the NHS and beyond.

*“I found both the process and the delivery of the workshops, high quality with tangible outcomes. I would, and have, recommended the methodology to colleagues faced with resolving complex problems with multiple stakeholders”*

Ann Barnes, Deputy Chief Executive, **Stockport Foundation Trust**



## “Making it Better”

Making it Better covers maternity, children’s and neonatal services throughout Greater Manchester. It will shift the focus to providing care at home where appropriate, and see the creation of eight centres of excellence for in-patient maternity and children’s services with neonatal care provided at three large, specialist Neonatal Intensive Care Units. This major transformation of services affects a population of 3.5 million.

## Where do we start?

With any complex situation, some initial discussion is required on where to start. In discussing the implementation of Making it Better, it became clear that the biggest barrier to success was that the Trusts were going to have to work together in a coherent way, as a network rather than a set of “silos”. Any problems in implementation could trigger a natural reversion to focusing on the needs of an individual Trust, to the detriment of the whole network. The Chief Executives and their senior teams naturally had real concerns about the transition, and there needed to be a process whereby these could be addressed. A symptom of this situation was that although senior people said “yes” in formal meetings, this often became a “yes, but...” in private conversations.

At the initial planning meeting the decision was taken to invite the Chief Executives themselves to a Synplex workshop at which they could raise their concerns in a structured way, and start to see the patterns of concerns that emerged, on the principle that once these concerns were clearly visible, they could be managed.

## The Trigger Question

“Given the change to a new model for services for children, young people and mothers, what are all the issues, problems and challenges we face as managers of PCTs, Acute Trusts and Foundation Trusts in preparing for an effective and efficient transition to our innovative new model?”

A “Trigger Question” was sent to all the participants, who then responded over the next few weeks with answers to the question. All responses were captured in the Synplex software tool, and Complexity Solutions spent some time prior to the workshops analysing the responses.

*“I found the approach especially helpful because it stimulated an intelligent debate between people coming at the issues from different perspectives, but was successful at distilling a consensus on what really matters”*

Ann Schenk, Director of Service Development, **Bolton Hospitals NHS Trust**

## The first workshop (What are we facing?)

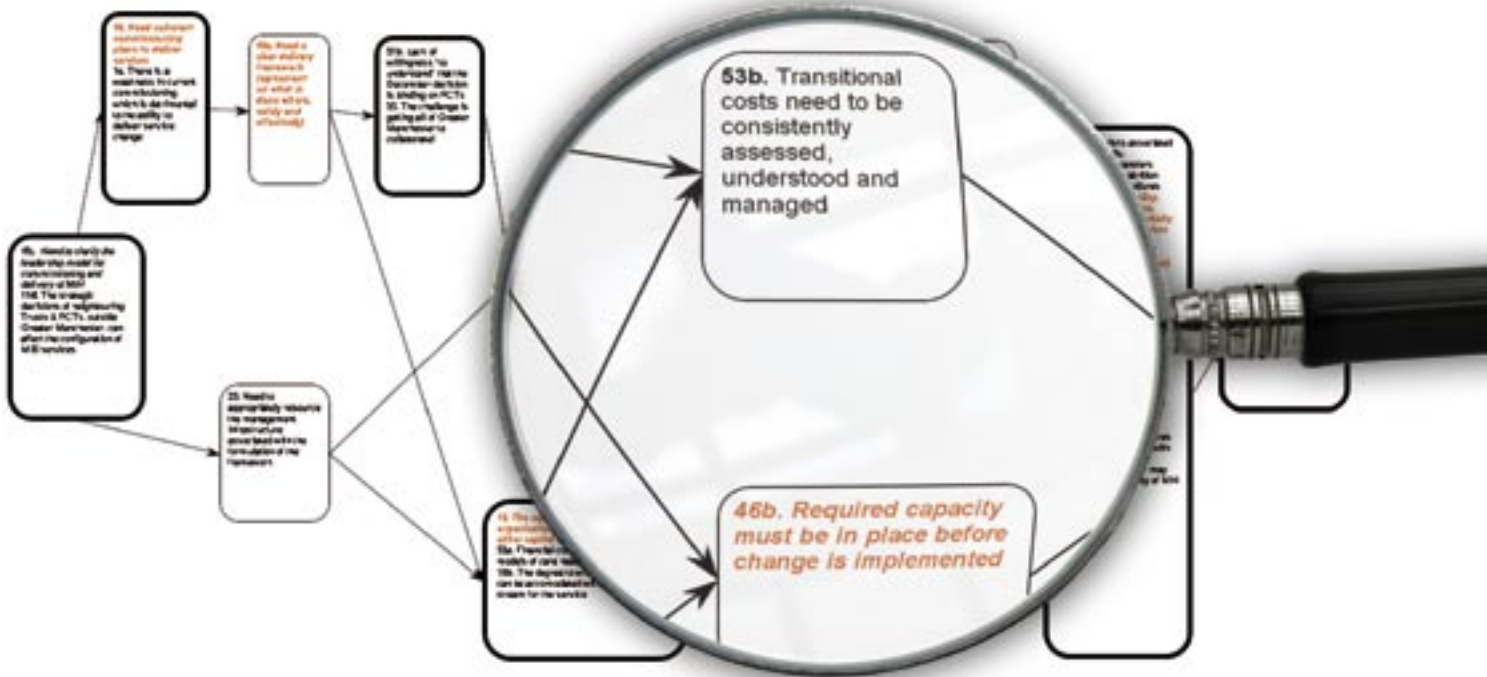
The workshop convened at Chancellors in South Manchester in May 2007. The first part of the Synplex process is to clarify the responses to the trigger question where necessary (helped by the pre-analysis). The starting point was a list of 114 issues, this is fairly typical. Following the clarification process, in which some issues were split and people thought of new ones, the list grew to 160. Participants then selected which of those 160 they were most concerned about as individuals (with coloured voting dots), a step which can be repeated later in the process.

The main part of this process is called “Influence Mapping”. This involves comparing pairs of responses to the Trigger Question, and voting on whether people see an influence from one to the other (everyone has a Yes/No card). This part of the process may seem trivial, but in fact this is where the “magic” happens. People vote differently because they have different things “in their heads”. Sometimes the factors have to be re-worded along the way, or one factor has to be split into 2 or 3 new ones. Differences of understanding and opinion are discussed until there is a strong majority voting one way or the other. By this time, there is reasonable confidence that the participants are now using the same words to mean the same things. This may sound simple and obvious, but it is the key to mutual understanding. No time is wasted when people agree, but when they disagree, as much time as necessary is taken to clarify what people are thinking, and to make sure the words match the ideas. A very wide range of discussion topics can be covered in a few hours, each of them very focused. Step by step the collective understanding of the group is increasing, with the results represented on the Influence Map generated by the Synplex software.

An Influence Map was built up, step by step, as more factors were selected by the group for analysis. This 2-day workshop concluded with an Influence Map with 27 factors displayed, and a room of key people who had co-produced and agreed it.



The Influence Map for Making it Better:



## The second workshop (Now, what are we going to do about it?)

The group reconvened in July 2007 for this 2-day workshop, focused on developing and agreeing a set of key actions to break through the complexity of the original situation.

The group examined the Influence Map, and chose a set of issues to tackle (as a general guideline, factors to the left of the Influence Map have the most influence, and so that is the place to start). These are called the Critical Factors, and the group selected 9 of them.

Focusing on these critical factors, the group then developed 11 objectives to address them. The Synplex tool was then used to check for timing dependencies between these objectives, this is vital to understanding how they interact. The group made initial time estimates, and an “owner” was appointed to each objective. Much of this workshop was spent with small groups working in tables, then reconvening as a plenary group.

The result of this workshop was a “Breakthrough Plan”, designed to “clear the decks” for the implementation of Making it Better (see overleaf).

Note that at this stage there is no attempt to develop a plan to resolve every issue raised (remember the initial list of 160!). Firstly, this is not possible or practical in the workshop. Secondly, experience shows that if the carefully selected group of workshop participants focus on the factors that have the most “leverage”, and develop solid plans to address these, then what is left becomes much more tractable, and can then be dealt with outside the workshop.

*“The Complexity Solutions’ approach is disciplined and rigorous and genuinely does provide a means to see a clear way through even the most challengingly complex projects and programmes”*

Chris O’Gorman, Associate Director of Joint Commissioning, **Manchester PCT**

	plans to deliver services	tertiary services what (ie how much, at what cost, where, to what benefit, and by when) will be commissioned to implement MIB		
O95a	Need a clear delivery framework (agreement on what is done where, safely and effectively)	The FFS has ensured that each provider organisation has in place by end March 2007 detailed delivery plans in line with commissioning plans, which specify what is done when, where, at what cost, safely and effectively, which realise agreed benefits	has produced by Sep 07 the supporting structure and accounta	51b, 96
O1d	Need to have a clear organisational framework & structure which can support successful delivery of MIB	The NSB has produced a model, supporting structure arrangements, to implement MIB. This document has been endorsed by the Association of GM PCTs and the Provider Chief Executives	The NSB to commission from the workforce delivery group an integrated training and development plan to be completed by end of Dec 07, with the final quantified plan which is consistent with the service model (eg numbers of training places) by end of May 2008	
O5a	Need to ensure that clear training and development plans & programmes are in place to deliver the skills needed when future models are in place	The NSB to commission delivery group an integrated development plan to be completed by end of May 07, with the final quantified plan which is consistent with the service model (eg numbers of training places) by end of May 2008	All GM CEs have agreed (by end Oct 07) the principle that no planned MIB service reconfiguration is implemented before signed off by the NSB	
O46b	Required capacity must be in place before change is implemented	All GM CEs have agreed the principle that no planned reconfiguration is implemented before signed off by the NSB		
O51b	The clinical governance obligations of each organisation need to be clear	Greater Manchester CEs have agreed a clinical governance group to specify the clinical governance obligations where they lie among organisations. This document to be approved by CEs by end of May 07		1d
O12	The capital investment for some organisations may not be affordable in either capital or	The NSB commissions a programme of Directors of Finance to assess the capital, revenue and the transition costs; determine initial affordability (to be completed by Dec 07); and	6th August 2007	96a

## Future opportunities

The continuing transition to an NHS which is "patient-centred, clinically-led and locally accountable" will require stakeholders of many different kinds (including service users), to work together to co-develop the joined-up, integrated, coherent services that will be required.

Making it Better is one of the first major reconfigurations of its kind in the UK, so people across the NHS are looking to see how it is implemented and learn from it. This initial NHS application of Synplex has been seen as a very positive learning experience and has already generated significant interest by other NHS groups facing complex multi-stakeholder situations.

*"The process works so well as it is immediately engaging and involving. Collectively we quickly gained insight into the significant issues that we needed to resolve to ensure successful implementation of a major service change"*

Sue Assar, former Project Director, NHS North West

## About Complexity Solutions

Complexity Solutions was founded in Canada in 1989 and has applied Synplex successfully with leading FTSE 250 and Fortune 500 companies as well as US and UK government departments and agencies. Complexity Solutions Ltd was formed in 2004, and is based in Manchester, England. UK clients include the Ministry of Defence, Rolls-Royce plc and Knowsley MBC.

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