Cindy Van Vaerenbergh, M.Sc., RN

Service Definition Document

Overview of Expertise

Cindy has 25 years' healthcare experience, the last 20 of which focused on leading innovative departmental and organisation-wide transformation and benefits realisation through IT implementations and the application of Six Sigma & Lean thinking.

A qualified nurse with two advanced degrees in Intensive Care and Emergency Care, and a master's degree in health services management, Cindy has published academic work on improving hospital throughput and change management across local health economies, alongside successfully programme managing some of the most challenging large-scale programmes ever undertaken in the NHS.

Cindy's facilitative approach is underpinned by her executive coaching experience and by strong interpersonal skills.

She motivates individuals and teams easily and ensures a fresh perspective from her substantial international experience, at both strategic and operational level.

Cindy has excellent diagnostic and engagement skills, which enables her to quickly understand people, culture, systems and processes, and to identify and implement opportunities for collaborative and partnership working.

Cindy's USPs:

- ✓ **10-year clinical experience (A&E and Intensive Care Nurse, paramedic) with current UK NMC PIN (Adult Nursing 18B0049C)**
- ✓ **Benefits and Change consultancy for NPfIT (2007-2010)**
- ✓ **Big 4 experience - Senior Manager for PwC Health Division (2010-2011)**
- ✓ **Independent contractor delivering Project and Programme Management across the full lifecycle of large IT implementations in the NHS, from SOC stage through to Post go-live optimisation. (2011- Present)**
- ✓ **5 qualifications, most recently M. Sc. (Honours) Health Services Management (Trinity College Dublin 2007)**
- ✓ **Academic publications on Change Management for Health Care**
- ✓ **Fluent in 5 languages**
- ✓ **Hobbies: project managing property refurbishments and developments in between contracts, tennis and cycling**

Core Skill set:

- Complex Programme Management across healthcare settings
- Advisory to hospital boards and EPR programme boards
- IT-enabled business change and transformation
- Stakeholder management and clinical engagement
- Building and managing high-performing teams
- Design and implementation of integrated care pathways across Local Health Economies
- Healthcare performance improvement
- Quality assurance and improving health outcomes through clinical excellence
- International Healthcare Benchmarking (Belgium, Aruba, Switzerland, Ireland, Australia and UK)

Supportive Skills:

- Driving Benefits realisation and optimisation for new and existing initiatives
- Programme and Project Management
- Facilitation and workshop management
- Effective Negotiation
- Executive coaching & Staff motivation
- Cost reduction
- Risk management and mitigation
- Client relationship building and Joint Venture initiation
- Systems thinking and rich picture facilitation
- Clinical Expertise
- Thought leadership publications on Change Management in Healthcare and Emergency Services Operational Effectiveness
- Multi-lingual (Dutch, French, English, German and Papiamento)

Core values:

Respect, Integrity, confidentiality, achievement, excellence, caring& patient centeredness

Key Engagements include (but are not limited to):

1. **EPR Benefits framework development for Channel3 Consulting (2022)**
2. **University Hospitals Coventry and Warwickshire NHS Trust (UHCW) (2022) – EPR Benefits case review and validation**
3. **East Suffolk and North Essex NHS Foundation Trust (ESNEFT) DA+ (2022)– EPR Business Case (Financial and Economic Case)**
4. **Tees Esk and Wear Valley NHS Foundation Trust (TEWV) (2021) – EPR Business Case**
5. **The Leicester, Leicestershire and Rutland (LLR) CCG (2021) – Digital Asset Optimisation**
6. **Welsh Ambulance Service NHS Trust (2020): Scope the Viability of Developing an In-House Portal Solution**
7. **(March- April 2019): development of Organisational Readiness Framework for large IT implementations in the NHS**
8. **London Ambulance Service (Jan-Mar 2019): EPR Full Business Case Support (Finance Case) -Under Channel3**
9. **Shrewsbury and Telford Hospital NHS Trust (Sept - Dec 2018): EPR Outline Business Case support (Requirements Specification) – under PA Consulting**
10. **(July-August 2018): develop a Regional Benefits Model for EPR delivery across Primary, secondary care, Ambulance and social care – under Intersystems Software**
11. **East and North Herts (April – June 2018): review of post-go Lorenzo EPR deployment and set out optimisation recommendations – Under Channel3**
12. **Wrightington, Wigan and Leigh NHS Foundation trust- A&E HIS Project Manager (June 2017- Nov 2017)**

    Delivery of Phase 2 of the Trust's HIS roll-out. Taken over from previous manager after the design stage and ran the project until go-live, inclusive of post-go live activities (optimisation, BI returns, Lessons learnt)

13. **Warrington and Halton Hospitals NHS Trust – Lorenzo Programme Manager (Nov 2014- June 2015)**
14. Whilst initially only being tasked with the business case support for this multi-million-pound project, the role quickly evolved into the setup of the full programme including governance, budget planning & control, and recruitment & leadership of a high-performing team.
15. Subsequently it was then followed by the full day-to-day programme management of the first 2 (out of 5) phases before facilitating full skill transfer and handover to the newly established local team

16. The full EPR project across both hospitals was successfully implemented within budget & time, and with 90% of the initially recruited team retained. The programme has delivered substantial strategic change as well as improved the overall efficiency and cost. The main focus throughout the programme was business transformation including process redesign, change activities and carefully planned stakeholder management, supported by complex technical integration and historical data migration.

Ascribe Management Consulting (April 2012 - Oct 2014)

17. Support the HR department of a regional Ambulance Trust in its objective to centralise its operations with an HR hub and fit for purpose IT and telephony infrastructure. Key activities included rich picture (systems thinking) facilitation of its current regional operations, Business case development, Feasibility study and requirements analysis (ie organisational dashboard performance measures).

18. Symphony (ED Solution) **implementation and optimisation**. Key role is to ensure the IT solutions supports the achievement of CQUIN targets, such as reduced attendances and improved clinical outcomes & staff performance in particular.

19. Develop Patient centred **benefits realisation** capability across all IT solutions, in particular HAP (Health Application Platform) as a core foundation for centralised data sharing. The critical success factor in this assignment was collaboration with other parts of the business to ensure alignment with strategic corporate priorities.

PricewaterhouseCoopers UK & Australia – Senior Healthcare Consultant and Partner Manager (2010-2011)

20. A milestone project that Cindy facilitated successfully during her time at PwC, was a diagnostic review of a major academic teaching hospital following a significant challenge by the regulators which was of keen interest to (inter)national media. She facilitated a number of workstreams resulting in a report now being shared across the NHS and beyond.

21. A local market analysis for the planned care market and modelling of the patient flow within its local health economy, following the opening of a new tertiary care centre. Since we only got involved after its build, this project provided additional challenges to redirect patient flows.

22. Patient Experience project in Liverpool based hospital. We ensured that the elective care centre now provide both, patient and visitors with an excellent service experience and that staff have the confidence and capabilities to provide that experience, in support of the overall INSPIRE programme. The timing of this exercise was during the planning stage of a new Elective Care Centre development which allowed findings to be included in the floor plans. Key stakeholders invited in this initiative were Governors to the Trust, community representatives, primary care clinicians and a cross-section of Trust staff.

23. Cindy has led the nurse rostering account for over two years and managed the Allocate alliance on behalf of PwC. She has built a team and subsequently won major contracts both, nationally and internationally where she implemented the Nurse Rostering software as a tool for effective workforce planning through a combination of data analysis and effective senior management, middle management and frontline staff engagement combined. Apart from substantial savings,

she equally focused having 'right staff in the right place at the right time', on improved safety levels of care provided, and improved workforce retention, amongst others. Her clinical engagement skills proved critical to get the programme adopted successfully.

24. Design and recommendations for an Integrated Care Organisation (ICO) Business Case.
The key opportunities for the Trust and PwC were a newly commissioned organisation, improving health outcomes, effective partnership and integration, transformational and clinical change, partner centred and leading edge resulting in a positive and sustainable future.
The key considerations were: clinical governance and accountability, consultation obligations, conflicts of interest, risk & incentive alignment, provider autonomy & sustainability, corporate finance implications and a form driven by operational requirements.
We delivered this engagement with a co-ordinated, multi-disciplinary team by selecting strategic partners.

NHS Connecting for Health – Business Change Consultant

Mouchel (previously Hedra) as a member of the CSC Alliance provided new IT systems, business change, and training for three of the five regional clusters. Mouchel's role was to help the NHS deliver benefits through effective IT-enabled business change.

Cindy has helped several primary, secondary and tertiary care settings and Ambulance Trusts to improve their clinical and administrative business processes. The target benefits included improved value for money, achievement of government targets, and better risk management. Cindy's role involved running organisation-wide and departmental process mapping workshops with senior and operational stakeholders to define, implement and optimise improved ways of working. Cindy's clinical process knowledge has allowed the Trust to generate quick wins to build momentum and support for the larger transformational changes. As a result of her engagement, she has developed a skilled, self-sustaining NHS change team through individual coaching and effective workshop facilitation in each of her clients. That critical skill transfer ensured that the Trust retained a structured and repeatable way of transforming their services and those teams are still operational now several years later and are teaching process mapping within the organisation to new joiners.

To ensure incremental benefits were delivered, Cindy worked with local SHAs to ensure optimisation and benefits realisation of legacy systems and ensure its integration with the newly deployed solutions across their Health Economy.

Products included:

- SystmOne (GP, Comminity, Hospice, Prison Health)
- iPM (Primary Care and Secondary Care)
- iCM (Acute Trusts)
- Ormis (Theatre)
- Evolution (Maternity)
- Choose and Book (Outpatients)
- ECS (Emergency Care Solution for Ambulance Services)

Clients included:

- Yorkshire and Humber SHA (Strategic Health Authority)
- West Midlands SHA
- North West SHA
- North Cumbria University Hospitals

- West Midlands Ambulance Service
- North West Ambulance Services
- Yorkshire Ambulance Service
- St Rocco's Hospice, Warrington
- Preston, Garth and Wymott Prisons (Central Lancashire)
- Dudley PCT and Walsall PCT (Primary Care Trusts)
- Wakefield District PCT and Community Nursing
- Hebden Bridge Group Practice (GP)

Adelaide and Meath University Hospital Dublin – Process Improvement Consultant

Working as an external consultant, Cindy improved throughput for the Emergency Department of a major Dublin Academic teaching hospital through the application of Lean techniques. Starting with the high-level value stream, she worked closely with all key stakeholders from front-line staff to the CEO to identify, assess and realise the benefits of Lean thinking for the Emergency Department. She identified and removed 'waste' (time, materials and movement) and supported the implementation of workarounds. As a result, patients now flow smoothly through the entire emergency care process and waiting times are greatly reduced. The hospital is now better able to demonstrate to commissioners that their provider arm is implementing real service improvements and is becoming more customer-focused as an organisation.

Acute Trusts – Bed Management and Nursing Manager

Using Lean techniques, Cindy assessed the patient journey throughout the hospital from a bed management perspective. To streamline the process and support a better patient flow, she launched the 'discharge lounge' initiative, reducing both waiting times and delays at the front-end. She based her work on removing non-value added activities such as unnecessary waiting, batching, transportation, non-value added processing, excess motion and underutilised staff.

While managing a major A&E department, Cindy identified and initiated significant departmental transformation by implementing a Manchester Triage system to increase the value-add time and reduce waste for the patient and increase clinical effectiveness. In addition, she introduced the acquisition of local GP services to deal with non-emergency attendances.

Starting with a comprehensive assessment of service performance, a programme of ongoing front-line staff involvement led to process bottlenecks being identified and removed. This project delivered a core team of skilled individuals within a sustainable transformed service, as well as significant reductions in patient waiting times, delays and clinical risk and an improvement of clinical outcomes.

25. **A separate appendix is included to provide an detailed overview of relevant <u>clinical</u> experience prior to 2007**

Qualifications

Accredited Diploma in Life and Business Coaching (2006-2007)- Graduated with Honours

Master's Degree in Health Services Management (Trinity College Dublin Ireland, 2003-2005) - Honours

Advanced Degrees in Intensive and Emergency Care Nursing (Aalst Belgium,1997-1999) – Both Graduated
Simultaneously with Honours

Formal Ambulance Care Registration Urgent Medical Help awarded By Ministry of Health (1999), Belgium (Badge Number 19741)

Bachelor Nursing Degree (Ghent Belgium, 1994-1997)

Publications

Academic Publications

- *'A systematic Literature Review on Managing Change in Healthcare' (2006) co-authored with the Director of the Department of Health Policy and Management of Trinity College Dublin, Eilish McAuliffe, PhD.* (https://www.hseland.ie/lcdnn/Portals/0/pdf/Guiding%20change%20in%20the%20Irish%20health%20system.pdf)

- *'A Mixed Method Study on Operational Efficiency Within an Acute Hospital Accident and Emergency Department, Identifying Factors that Influence the Patient Flow through Staff Involvement'* (Health Services Mangement Research Journal, October 2009). (http://hsm.sagepub.com/content/22/4/170.abstract)

Other

- *'From University Hospital to Tropical Aruba, from Swiss Topcare to… An Enriching Journey!' Published in Newsletter University Hospital Ghent (2004)*

- *'An adventure abroad. From Caribbean Papiamento to Swiss hospitality', published in Health Care Management Magazines and translated in Dutch and German (2003)*

APPENDIX: CLINICAL EXPERIENCE PRIOR TO 2007

Clinical Nurse Manager Bed Management – (Acting) **(March 2006-September 2006)**

St. Vincent's University Hospital, Dublin, IRELAND
Allocation of in-patient beds in a 500-bedded hospital. Dealing with competing demands for emergency, elective, outpatients and interhospital transfers. Developing database for hospital-wide overview of the bed capacity. Launching initiative for identifying opportunities to improve bed-turnover.

Clinical Nurse Manager Out of Hours- (Acting CNM3) **(January 2006-February 2006)**
St. Vincent's University Hospital, Dublin, IRELAND
Providing hospital-wide management for the entire nursing division daily from 3pm-10pm and during weekends. This role included bed management, staff allocation, dealing with infection control issues and responsibility for the pharmacy and the mortuary. A unique role in external relations such as transfers of critical patients to other hospitals and dealing with media enquiries complemented the role.

Nursing Practice Development (Staff Associate/ CNM2) **(April 2004- December 2005)**
St. Vincent's University Hospital, Dublin, IRELAND
Facilitating Change in Practice. Development and implementation of Policies and Procedures hospital-wide, lead on multidisciplinary evidence-based policies for critical care areas, Plan and deliver tailored programs of training, information and education that achieve continuous improvement in care to patients such as Audit of Nursing Care Plans (incorporating legal aspects) and developing database for same, Organisation of Care Conferences, developing assessment tools.
This role was complemented by A&E staff nurse position to stay up to speed with clinical skills.

Clinical Nurse Manager Intensive Care Unit (CNM2) **(February 2003-March 2004)**
Santa-Maria Hospital, Visp, SWITZERLAND
Management of the more complicated cases, such as ventilated patients after recent surgery or based on internal pathology. This while taking charge of the ward and other staff members at the same time. Lead nurse on work group for orientation programmes.

Team leader, Emergency Care Unit (CNM1) **(January 2002-January 2003)**
Dr. Horacio E. Oduber Hospital, Aruba, DUTCH CARIBBEAN
While working at Dr. HOH-Hospital my responsibilities included supervision of daily operation in a multicultural environment, on the job training and quality improvement projects i.e. introducing and set up of procedures etc. of triage service to the ER, special role in International recruitment, conflict management/resolving and department transformation

Staff Nurse Emergency Department **(October 2001- December 2001)**
Dr. Horacio E. Oduber Hospital, Aruba, DUTCH CARIBBEAN

Staff Nurse Emergency Department **(July 1999-September 2001)**
University Hospital Ghent, BELGIUM
Emphasis on internal and external top-emergency Care (trauma team), disaster management and regular updating (at least once every two weeks). Life Support (BLS) instructor internally and externally to the hospital.

Staff Nurse at the Neurosurgery High Care Unit **(July1997-June1999)**
University Hospital Ghent, BELGIUM
Beginning Staff Nurse. Monitoring 2 or 3 patients and providing holistic care for patients first days post neurosurgery.