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NHS Improvement

First steps towards quality improvement:

A simple guide to improving services

IMPROVEMENT. PEOPLE. QUALITY. STAFF. DATA. STEPS. LEAN. PATIENTS. PRODUCTIVITY. IDEAS. REDESIGN. MAPPING. SOLUTIONS. EXPERIENCE. SHARE. PROCESSES. TOOLS. MEASURES. INVOLVEMENT. STRENGTH. SUPPORT. LEARN. CHANGE. TEST. IMPLEMENT. PREPARATION. KNOW-HOW. SCOPE. INNOVATION. FOCUS. ENGAGEMENT. DELIVERY. DIAGNOSIS. LAUNCH. RESOURCES. EVALUATION. NHS. PLANNING. TECHNIQUES. FRAMEWORK. AGREEMENT. UNDERSTAND. IMPLEMENTATION. SUSTAIN.

FIRST STEPS TOWARDS QUALITY IMPROVEMENT: A SIMPLE GUIDE TO IMPROVING SERVICES

CONTENTS

INTRODUCTION

If you are involved at any level in improving health or social care, this resource will provide the information you need for your first steps towards making quality improvements, giving your improvement project the best possible chance of success.

Whether you are experienced at running improvement projects or not, this blend of project management and improvement tools, combined with practical know-how and first hand experience gained from working with NHS teams, should prove invaluable.

Before implementing a solution and changing your service, it is essential to understand your current system by mapping the process, collecting and analysing the service data, along with asking patients and staff for their views in order to determine where improvements can be made. Don't rush into implementing whole system changes without testing and measuring small incremental changes. Learn from experience and be prepared to be flexible as your first idea may not be the best or the right solution.

This resource is not intended as a complete guide but provides a short overview with the most relevant tools and other resources signposted for further exploration.

If you want to deliver sustainable improvements with greater speed and confidence, this resource will help you take the first steps.

"Every system is perfectly designed to get the results it achieves"

Paul Batalden

CHAPTER 1

Improvement models

There are many models which can support your improvement project; however, we promote two such models: a five step approach to successfully manage the change project from initial concept to completion, and the Model for Improvement to provide a framework for developing, testing and implementing changes.

Five step improvement approach
NHS Improvement has defined a five step improvement approach to provide a systematic framework from the beginning to the end of your improvement project which will give your project a greater chance of sustainable success.

- **Preparation**
- **Launch**
- **Diagnosis**
- **Implementation**
- **Evaluation**

The **preparation** phase incorporates everything you need to do before the official start of your project. This includes defining your project aims and objectives, collecting baseline data for your service,

understanding what you are going to accomplish, identifying a core team to undertake the work and a team to support the direction of the work along with identifying patients and carers to be involved. Work should be aligned to both local and national objectives together with structured plans to measure improvements.

The **launch** phase is the official start of the project. The team should be formed; project plans, communication plans and data collection plans should be in place and an executive sponsor identified to support the project.
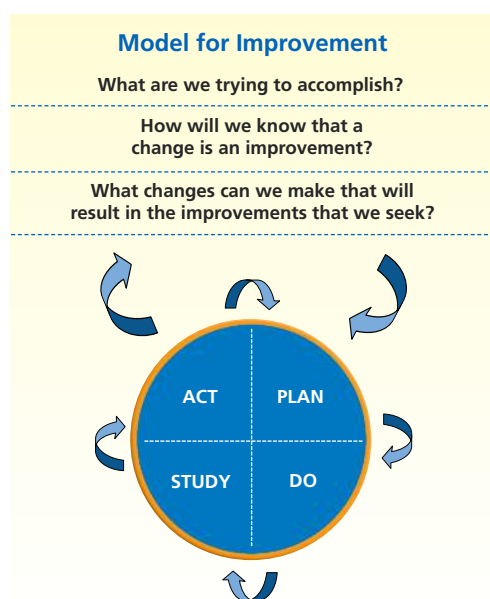
The **diagnosis** phase is about understanding the current process, dispelling assumptions, using data to define the problem and to build upon the baseline data.

The **implementation** phase tests and measures potential solutions using a Plan Do Study Act cycle (chapter 9), implements the best solution and introduces standard work and mistake proofing for a quality sustainable process.

Do I really need a model to improve things?

Very often, it is clear that we need to get on and improve things and you may be tempted to leap in and do so. However, a very high proportion of projects fail, and one way to increase the chances of your own project succeeding is to adopt a more systematic, tried and tested approach such as those outlined on this page. Quality improvement requires the will, the ideas and the execution of those ideas to succeed – very often, we have the will to make things happen, but by using models such as these, we can ensure we develop the best possible change ideas and approach implementation in a planned and systematic way to enhance our chances of success.

The final phase is **evaluation** where achievements are celebrated, learning and principles are captured and the improvement becomes the norm.

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in the improvements that we seek?

The Model for Improvement
The model for improvement is incorporated into the five step approach and was designed to provide a framework for developing, testing and implementing changes that lead to improvement. To achieve improvements we need to take the time to plan change and test it out and resist the temptation to rush into wholesale changes to systems. This way, we will know what is working well, and what is not so successful. Small scale changes can be undone and replaced by alternative ideas.

The sum of all of the change ideas that are tested and successfully implemented will be the effective redesign of processes or ways of working.

The framework, which was developed by a team at the Institute for Healthcare Improvement in the USA, includes three key questions to ask before embarking on a change programme, supported by a process for testing change ideas using Plan, Do, Study, Act (PDSA) cycles.

What are we trying to accomplish?
- Clear and focused goals that focus on problems that cause concern for patients and staff
- Consistent with local and national outcomes, plans and frameworks
- Bold and aspirational
- With clear numerical targets.

How will we know if a change is an improvement?
- What can we measure that will change if the system is improved?
- How can we obtain this data? Is it available in existing information systems, or will we need to collect this manually?
- What is the best way to display the data we collect so that we can decide whether we are improving the system and whether the improvement is sustainable?
- Measure the baseline – how is the process or system performing before the change is made?

- Measure regularly during testing – what is the impact immediately, and what is the impact over a period of time?
- Continue to measure after the improvement is implemented, to ensure that the change is sustained.

What changes can we make that will result in improvement?
- Many change ideas are generated at process mapping events (See Chapter 8)
- Use techniques of creative thinking and innovation to generate ideas and to sort them into those to be tested
- Learn from your colleagues – we know that there are many examples of good practice currently available.

The Model for Improvement is a tried and tested approach for implementing any aspect of change in health services. Address the three questions before embarking on service redesign, to keep the work focused and relevant and to ensure that you can measure the impact of changing the system. Use PDSA cycles (chapter 9) to test out ideas on a small scale and to win commitment before implementing changes across whole departments, processes and systems.

Further explanation of the Five Step Approach and Model for Improvement is detailed in later chapters.

CHAPTER 2

Defining the change idea and developing aims

A clear and accurate project definition is one of the most important tasks to ensure the success of any improvement project.

When starting out, begin by focusing on the problem you are trying to solve, rather than a solution you are trying to implement - no one likes change for change sake!

Analyse the problem by talking and listening to those involved, collect baseline data and recognise the impact of not changing anything at all. Once you have a clear understanding of the problem, it is vital to obtain agreement and support from those involved as you will find that different people have different knowledge based on their past experiences. Agreement will also increase team engagement and will provide a stable platform to take the next step in developing the scope of your project with focused aims and objectives.

Project scope

When defining your change idea, take time to consider and clearly document what is within the scope of your project as well as what is out of scope.

The scope should include information about the project boundaries and key deliverables, however be cautious of the size of the project scope. A large wide ranging project scope may mean the work does not have enough focus or detail, or may achieve very little by trying to do too much; whereas a narrow focused scope may lead to a project that does not make a significant difference and cannot be transferable or able to scale up.

A well defined project scope is critical to prevent a project creeping out of control. 'Project Creep' is when the scope of a project grows from its original parameters into something more or different from the original intention. Implications of a changing scope could include project failure, unclear deliverables, confusion, increased budgets and expanding timeframes.

Project aim

A project aim should be aspirational, measureable and consistent with local and national priorities and plans.

A good aim statement should include:
• What we are trying to achieve
• For whom
• How much
• By when
• Compared to what
• And why?

Examples of poorly written project aims

We will improve cancer services
This aim doesn't clearly state what the change will actually improve and who would be responsible in improving the services. Are the improvements are for every cancer patient or just patients with certain types of cancer (e.g. breast cancer) or for all types of cancers for a specific group of patients (e.g. children and young people)? The project aim must stipulate how much the service is going to be improved, when it is going to be completed and what is the impact of the improvement.

We will achieve a 20% reduction in emergency admissions for heart failure patients by July 2013
This example does provide a clear a numerical target to aim for, but what is the 20% measured against? Is it 20% reduction from the previous year? Is it realistic? Could it be achieved?

All practices need to use a care planning approach for all patients with a long term condition
'Need to' is not an improvement aim. Is this all practices across the country or all practices in the consortia? Which care planning approach should be used? When should this be completed and what will it achieve?

A good aim may look like this
100% of patients on our list with a confirmed diagnosis of COPD will have a comprehensive review and will have an individualised care plan developed with the lead GP or practice nurse by March 2013. This will ensure that they are optimally cared for and better able to manage their condition, thereby reducing the frequency and severity of exacerbations and the need for possible future hospital admissions.

What is the purpose of a clear aim or objective?

To ensure everyone is working towards the same goal and everyone has the same expectations. It is important to define this clearly, so that you can also identify what it is relevant to measure and to help avoid project creep as your work progresses. A good aim statement can help to motivate people about your project as being something worthwhile, measurable and achievable.

> **"If you don't know where you are going, you are likely to end up somewhere else!"**
>
> **Yogi Berra**

Ensure your scope and aim is clear to everyone involved. The language we use in the NHS is sometimes ambiguous and can be interpreted in different ways by different people, for example "Self Management Plan" - Is this a piece of paper with generic information given to all symptomatic patients or a personalised care plan for each patient? It is really important that you are clear in your aim and don't leave anything to chance.

Why should I get consensus about the problem before starting the project?

There are numerous reasons why you should discuss the problem and achieve a consensus before starting your project. Different people will have different ideas about the problem, so it is important that you understand their perspective (as you might learn something new) and for others to understand your perspective. See the elephant analogy in chapter 3; very few people will understand the full story as their perspective is based on their own experiences. This process of gaining consensus, talking and listening to the people involved in the process will assist with engagement and support for the project.

An adaptation of a Hindi proverb

Five visually impaired people touch an elephant to learn what it is like. Each one feels a different part.

"Hey, the elephant is like a tree trunk," said the first man who touched the elephant's leg.

"Oh, no! The elephant is like a snake" said the second man who felt the trunk.

"Oh, no! It is like a rope," said the third man who touched the tail.

"It is like a brush" said the fourth man who rubbed the elephant ear.

And the fifth man said "It's soft and mushy…"

They began to argue about the elephant and they all insisted they were right. They all were right in what they were saying as they had all developed an understanding based on their own experiences and perspective. However, they did not have an understanding of the whole elephant.

Imagine the elephant to be a patient. Different clinicians and health care staff see the patient in different ways, all of them correct, but by not seeing the whole patient pathway, their understanding is limited. Make sure you understand the entire process/patient pathway before starting any improvement project.

CHAPTER 3

Managing a successful project

Starting out on any improvement project is an exciting time, and you are likely to be full of enthusiasm and optimism. However, things don't always go entirely to plan and it can be hard to maintain impetus and progress with enthusiasm alone.

For a project to be successful, it is important that an adequate amount of time is spent on managing the project.

Spending time getting the preparatory work right first time will be beneficial later in the project. Preparatory work includes:

- Getting the right team (Chapter 5)
- Having a good relationship with your executive sponsor (Chapter 5)
- Having a solid project plan (Chapter 3)
- Having a robust communication plan (Chapter 7)
- Understanding the current service (Chapter 2 and 8)

- Collecting baseline data and having a data collection plan (Chapter 10 and 11)
- Understanding your customer requirements (Chapter 6).

A **project plan** is fundamental to the establishment of the project. It sets the contract for improvement and establishes the mandate, priorities and resource availability. In other words, it spells out clearly what, how and when is to be done, so that everyone is aware of their commitments and how they will impact on the project's success. It can be tempting to ignore this element as "bureaucratic" or "administrative" but it is an essential tool for ensuring there is clarity about the project and that expectations are managed. This need not be an onerous process, but the plan does need to clearly spell out the key areas.

What makes successful projects?

- **Getting the right people involved from the start of the project**
- **Having a clear aims statement**
- **Planning, monitoring and control**
- **Having a real understanding of the current issue or problem**
- **Measurable improvements which are achievements not just activities**
- **Having clear links to local and national objectives i.e. a clear reason to do it**
- **Involving patients and carers, (ideally) from the beginning**
- **Displaying effective communication.**

The plan is developed in the preparation phase of the project and enables decisions to be made with regard to modifying or cancelling the initiative in situations where the required support for the project either changes or is lacking. The plan is used throughout the project for monitoring and control.

A project plan should specify:
- Aims and objectives
- Background to the project
- Scope of project
- Expected deliverables
- Timescale
- Analysis of risk
- Resources
- Budget
- Method/process
- Accountability
- Identification of the project sponsor
- Data and measures
- Dependencies (i.e. links between one action and another)
- How the work is going to be sustained and spread to other areas.

Project plans come in many different styles, but each should set out all the actions that have to occur to achieve the improvement, as well as clearly stating when these will happen and who is responsible for doing them.

Why do projects fail?

- **Project aims and objectives not clearly defined or articulated**
- **Little or no top level support and leadership for the project**
- **Lack of effective engagement with key players and patients**
- **Poorly planned projects**
- **Inadequately monitored, controlled and managed**
- **Failure to take account of local and national priorities e.g. QIPP**
- **Poor communication**
- **Failure to divide the project into small manageable tasks**
- **Unable to collect and analyse data.**

Is my work a project?
A project is a temporary piece of work with a defined start and finish, and will not continue indefinitely. Project work is also designed to deliver a defined outcome or benefit from doing the work.

Does someone need to project manage for a project to be successful?
Yes, within the project team, someone needs to be responsible for the role. Without someone to undertake this role, it is unlikely that even the smallest project team will deliver what it sets out to achieve within the agreed parameters.

Isn't project management just unnecessary bureaucracy and administration?
Good project management is not just bureaucracy. It is about ensuring there is consistent co-ordination, drive and evaluation of the project so that it remains focused and effective. Not having someone to manage the project usually means that no one takes overall responsibility for ensuring that all the components are being delivered – and the project may then falter or fail.

What is the difference between a research and improvement project?
An improvement project is about testing ways to implement evidence based care and find out the best way for a service to be organised and delivered. It is about testing innovation or new ways of working and not about testing whether treatments or interventions actually work.

What is the role of a project manager?
The role of a project manager is to have oversight of the entire project and take responsibility for controlling and monitoring each aspect, along with reporting the successes, learning and failures of the project. Not every project needs to a dedicated project manager, but every project requires someone to undertake the roles and responsibilities of a project manager (see chapter 5).

CHAPTER 4

Levers and drivers - framing the work for a wider audience

Changing established systems of any kind is difficult. It is particularly challenging within healthcare because of the complex relationships between a wide range of organisations, professionals, patients and carers.

Certain factors may help to foster an environment that is conducive to change and improvement. An organisation where there is strong leadership and everyone is focused on improving patient care is more likely to develop motivated staff with a desire for continuous quality improvement. However, barriers to changing established practice may prevent or impede progress in all organisations, whatever the culture.

Sometimes a great idea can be presented with various barriers and challenges to change. Often taking time to identify the barriers in order to overcome these is essential to securing engagement and sustainability of the work. It is also important to look at the context of work you may be undertaking in terms of understanding both the local and national drivers for change and levers for improvement.

Drivers are those forces for change that are outside the projects scope of control. Drivers derive from a variety of sources, including policy, that will change the way in which the service may operate. **Levers** are those forces for change and improvement that are within the projects scope of control.

In parallel, linking with what is first seen as primarily a small improvement project with local and national drivers for change can enable a project to be further supported, successful and sustainable. Quite often teams undertaking improvement projects focus purely on delivering isolated outcomes for their work areas. Levers such as reducing admissions or length of stay may be a local priority for a number of organisations in your area. It will help raise the profile of your improvement work if the work is aligned to such initiatives, however small.

Look for similar current work already underway within your organisation. Consider framing your work to the National QIPP agenda in terms of quality improvement, innovation, productivity gains and prevention work. You may be surprised by how much difference your improvement work contributes towards reducing costs, enhancing productivity, enhancing quality and increasing patient safety.

What levers and drivers could be relevant to my work?
You might need to do some research about local and national priorities. Quite often these are obvious and you can begin to 'frame' your work to align to these. For example, you might be undertaking a project in primary care to reduce the number of emergency admissions to hospital where the local priority is to reduce bed days. There would be a clear link to the local initiative and the work you would then undertake.

How do I link my work to local priorities?
Talk to the local stakeholders about the work you propose and understand how it fits in. A number of these stakeholders may already be part of your project steering group, so take time to discuss and explore this further with them. Your local clinical network may also be able to help you link to local priorities.

There are a number of local and national initiatives looking to improve local services including calls for case study examples of good practice. It is worth spending some time investigating what drivers are aligned to your work, similar work within your organisation and opportunities to gain additional support where it may be appropriate.

How can I get wider engagement to support my work?
Raising the profile of the work, particularly if the work is aligned to local priorities will increase the chances of wider engagement and support for the work. Talk to the service stakeholders and try to secure project sponsorship from the chief executive or board level director within your organisation. Also discuss the work with other management and clinical colleagues but remember that these individuals may span wider than your immediate project group and include, primary care, social care, acute care, commissioners and the ambulance service where relevant. Your local clinical network may also be able to assist with wider engagement and support for your work.

What is QIPP?
QIPP stands for **Quality, Innovation, Productivity** and **Prevention** and originates from the White Paper 'Equity and excellence: Liberating the NHS' which sets out the government's vision for the future of the NHS. The QIPP agenda is all about ensuring that each pound spent is used to bring maximum benefit and quality of care to patients. The QIPP initiative has been increasingly important in healthcare and looks set to continue as the NHS needs to make savings because of increasing demand from an ageing population and the increasing need for long term condition management. The NHS needs to achieve value for money and the best possible quality of care so that patients get the greatest benefit.

More information can be found on www.improvement.nhs.uk/qipp

What is a clinical network?
A clinical network is a local NHS organisation made up of clinicians, managers and commissioners who work together to improve care. They provide a forum to share multi professional advice, influence and learning, to maximise knowledge and deliver better outcomes for patients. They do this by bringing together primary care, secondary care, commissioners, patients, social care and other stakeholders with a common interest, to enable the local NHS to work in a collaborative and co-ordinated way for its population, to best meet local needs and priorities.

How can a clinical network help?
Networks focus on solving problems for patients wherever they are in the system, stepping outside organisational boundaries and seeking instead a whole system approach to service improvement. Networks will also share information, best practice, guidelines, and clinical learning to achieve greater impact than would otherwise be possible. They can also influence commissioning decisions about priorities, availability and use of resources, to deliver optimum care to local people. If your project demonstrates significant scope to improve care, efficiency and outcomes a network can help you spread and sustain your work.

CHAPTER 5

Getting the right people involved

Some of the biggest risks to any project can come from within the team. It is important that the team has people with the right skills and abilities to do the job and will be able to give continued support to the improvement initiative.

Having the right people involved from the beginning with the right expertise will give your project the best chance of sustainable success. If the right people are not involved from the start, it will be much harder to engage and involve these people at a later date.

A **project sponsor** and involvement from the top of your organisation (Chief Executive or Executive Team) is necessary to champion your project and provide strategic direction to the project. This type of involvement also provides support to discuss issues, celebrate achievement and provide access to human resources, finance, analysts, communications, estates and IT teams when required.

Why do I need an executive sponsor?
Executive sponsors should be chosen from the top of your organisation, ideally the chief executive or someone from the executive team. This person will champion your project, provide strategic support to the project, help to discuss and resolve issues, celebrate achievement and provide access to HR, Finance and IT teams when required.

Why is clinical and managerial leadership important for my work?
Clinicians and managers provide different perspectives, experience and support to your project. They will help ensure that your project is appropriately targeted and relevant. Also they can ensure that the changes you are testing are practically supported and promoted across different staff groups.

How do I keep colleagues engaged?

Once you have built the relationship and engagement has been achieved, continue to work at it by:

- **Staying in regular contact**
- **Keeping people involved and updated**
- **Having meetings with a purpose, actions and outcomes**
- **Delivering what you have agreed to do.**

Every project should have someone with an overview of the project who is responsible for the role of **project manager**. You might be fortunate to have a dedicated project manager to support your project, however a project member may be required to take on the responsibilities of this role where this is not possible. It is advisable for just one person to be accountable and have ownership to lead the project, ensuring decisions are made, actions taken, and measurable, timely progress is made.

Within the **project team** it is necessary to have a variety of individuals, some whose role will be to make decisions and others to carry out actions.

When establishing a project team, consider individuals or groups who are interested and enthusiastic about the work, and those who are in a position of power and influence. It is also worth involving people or groups who do not have direct interest in your project but have a key position of power or authority to make decisions.

Involve all stakeholders and grades of staff (clinical staff, GPs, porters, commissioners, reception staff, managers, pharmacists, clinical support staff, data analyst, medical secretaries etc) as they will have different experiences, knowledge, skills, opinions, ideas and concerns.

The involvement of patients, carers and charities is vital as they will be able to give a different perspective on your service and proposed improvement plans.

CHAPTER 6

Involving patients and carers in service redesign

Patients and their carers are the reason the health service exists and therefore they should be at the heart of our services.

Service improvement and redesign generates opportunities to involve users and their carers who can provide a different perspective to enable a better understanding of whether our improvements make any difference.

A patient's experience of our service can be very different to what we intend or assume it to be and they can tell us what works, what doesn't and what could be done better. We might 'know' we are doing a good job, but it needs to meet the patient's requirements.

Only when we understand a patient's needs – by asking them, not second guessing – can we work in a way that meets those needs and ensures they get maximum benefit from our service.

Care should be about the patient . . and carer

This should wrap around ME - NOT the other way round!

COPD · ASTHMA RESPIRATORY CONDITIONS

graham@ogilviedesign.co.uk

Why should I involve patients when I know what I need to do?

Patients' experience of what we say, do or mean can be very different to that which we intend. By actively involving patients, we can find out how what we do actually affects them, what really happens day to day and what we could do to improve patients' experience, reduce wasteful processes and improve quality.

Why should patients and carers be involved in the improvement of services?

- Raised awareness of how the service really runs from the patient point of view, not just how the service providers think it runs
- Different perspective on improvements and priorities
- Opportunity to discover what really makes a difference to a patient's experience
- Understanding what makes it difficult or easier for the patient to manage their condition effectively
- Suggestions to make things quicker, cheaper, easier or better to improve services and experience for patients and carers
- Learning more about the patient's actual experience and so providing a better understanding of their needs and priorities
- Improved service user relationships with healthcare professionals
- Opportunity to raise issues of importance to patients, carers and the public
- Improved and increased staff morale from providing care to patients that they want, in a way they want

Planning before involving

Planning is imperative to ensure that the healthcare provider fully understands what they want from the interaction and how they are going to meaningfully involve patients and carers.

The following planning steps should be undertaken before interaction with patients and carers:

- Be clear about what you want from interaction and what you are trying to achieve
- Address any staff concerns about patient involvement/engagement
- Consider what previous patient involvement has taken place and if this was successful. If not, why not?
- Decide on the type of patient – someone who is well informed about their condition, newly diagnosed patient, recently discharged etc.
- Decide where are you going to enlist this type of patient?
- Decide on the level and method of involvement you are going to use – i.e. direct, indirect questioning
- Ensure you have enough resources in place, e.g. time, finances, training
- Consider any practical arrangements that need to be made
- Test the method you propose to use, then amend where necessary
- Establish plans for evaluating your approach.

Where can I find patients and carers who may support my work?

There are many ways in which you can interact and contact patients and carers who would like to be involved in service improvement work. You can approach people in your clinic, through hospital departments, nurse specialists and patient groups.

Some organisations which can support the placement of volunteer patients and carers in service improvement work in the NHS include:

- Local Involvement Networks (LINks) / Local HealthWatch (www.nhs.uk)

I want to know more, where can I find detailed information?

NHS Improvement has years of experience in involving patients and their carers. Information can be found on our website: (www.improvement.nhs.uk/ppe) along with information about Discovery Interviews™ which is an innovative technique designed to improve care by gaining insight into patient and carer needs and experiences: www.improvement.nhs.uk/discoveryinterviews.

- Charitable organisations such as the Stroke Association, MacMillan Cancer Support and Asthma UK (find local information on the charity websites)
- Local support groups
- Patient Advice and Liaison Service (PALS).

You may also like to consider advertising your improvement work and asking for volunteers through:
- Posters in GP surgeries, outreach clinics, hospitals or other NHS settings
- Posters in libraries and pharmacies
- Social networking sites such as Facebook and My Space.

What are the considerations for involving patients and carers?

Sensitivity – the patients actually suffer from and live with their conditions / illnesses and sometimes service redesign work may take a depersonalised approach. This should be considered if patient representatives attend meetings or improvement events.

We should never forget the Carers

I want to stay as well as possible

And I want that for you . . and ME . . too!

graham@ogilviedesign.co.uk

Cost – undertaking some forms of patient involvement may incur a cost for the patient. It is reasonable to expect that patients and carers should receive reimbursement for the costs they incur – travel, parking etc.

Representative sample – there is often a challenge in finding patients who are representative of the service you are working to improve. For example, if meetings are arranged during working hours it is highly unlikely that people of working age would be able to attend because of other life commitments such as work and children. If you wish your patients to be truly representative you may have to consider a number of methods.

A range of opinions – patient engagement may elicit a different or even opposing opinion to the work you are undertaking. It is important to know from the outset how to manage expectation realistically but also to genuinely incorporate views and make change.
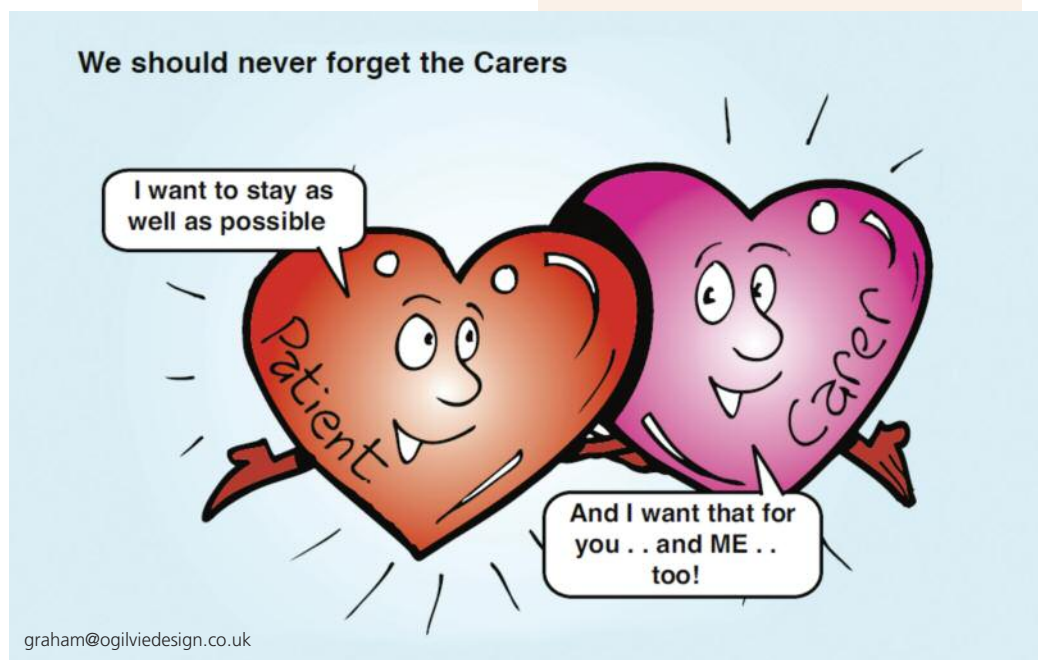
Examples of techniques to involve patients and carers

Direct methods	Indirect methods
Interviews	Questionnaires
Focus groups	Surveys
Workshops	Suggestion boxes
Face to face meetings with individuals	Analysis of complaints
Patient reps on project groups	Public meetings / open days
Patients attending service improvement events	Social networking

Top tips for involving patients
- **Listen**
- **Find ways to involve the seldom heard groups, those who find it difficult to access health services or people who may not routinely get involved so that you get a real understanding of different experiences**
- **Take time to understand the issues, don't assume you know the answer or the solution**
- **Use appropriate language, not jargon**
- **Be clear about why you are undertaking involvement work and how you will deal with what it reveals**
- **Be clear about any areas that can not be changed or are not for discussion (e.g. national guidance), this ensures that the valuable time is spent discussing what can be changed and that patients expectations are not unduly heightened**
- **Always provide feedback to the patient and what has happened as a result?**

CHAPTER 7

Communicating the right things to the right people

Communication not only keeps everyone up-to-date on the project progress, but raises the profile of your project and facilitates engagement and ownership of the vision and service changes. To ensure the success of a project, information including the aims, objectives, expectations, deliverables, timescales, progress, risks, challenges and achievements need to be communicated on a regular basis.

Through two way communication, you will probably find that the staff who work in the area are fully aware of changes that can improve the service. Through involvement, empowerment and listening, staff generated ideas and solutions are generally most effective and sustainable. Following meetings with staff, make sure you take action and communicate the progress you have made. Small improvements can ignite momentum for the project and start to get people interested.

How often are you going to communicate?
• Daily, weekly, monthly.

Who is going to be responsible for the communication?
• Project manager
• Executive sponsor
• Named people
• Everyone.

> "You can have brilliant ideas but if you can't get them across, your ideas won't get you anywhere."

Lee Lacocca

Why should I invest time to communicate what I know?

Don't assume that other people (including your staff and colleagues) know what you know. Everyone connected to the service needs to understand what you are doing and why, and the impact it is having.

Keeping the improvement at the forefront of people's minds when things are going well will ensure they remain engaged and committed which will make it easier for you to gain support when you need it.

Don't expect people to drop everything to help you if they have heard nothing from you for the last six months! By communicating what you are doing to others in your department or organisation, you might also find out information which you were not already aware of that may have a positive or negative impact on your work.

The first step to effective communication is to understand who you need to communicate with
• Who do you need to keep informed and obtain information from? Staff/patients/carers/executive board?
• Who needs to know what is happening / changing?
• Who do you require support from?
• Who will be directly and indirectly affected?

What do you need to tell or ask? What does your audience need to know?
• What the current service looks like
• The vision, aim, deliverables
• The problems, issues, risks
• Changes to the project
• The benefits.

How are you going to communicate to all the relevant people?
• Regular meetings
• Internal and external newsletters
• Memo's
• Local press
• Websites
• Emails
• Letters
• Reports
• Presentations
• Support from the communications department?

Communication Plan

Team:		Completed by:		Date:
Who are you going to communicate with? e.g. Project teams, exec sponsor, NHS Improvement, steering group, SHA lead, stakeholders, patients etc.	**What are you going to communicate to them?** e.g. Improvements, risks and issues, measures, data, project scope, news etc.	**How are you going to communicate?** e.g. Weekly meetings, presentations, events, email, letters, handouts etc.	**When are you going to communicate it?** e.g. Daily, weekly, fortnightly, monthly, annually	**Who is responsible for communicating the message?** Name and role

Communication plan
A communication plan is an easy way to actively address the interests and concerns of the key stakeholders and ensures this is done in a timely manner.

In a changing environment with organisational structures being transformed and staff moving roles, a documented communication plan will support the progression of an improvement project.

Example of how a team at Hinchingbrooke Hospital communicated their work in the local press

What is the best way to communicate the progress and outcomes of my work?

Remember that you will need to adopt different approaches and styles for different audiences and stakeholders. Try not to develop a whole industry of reporting around your project but use existing channels wherever possible. Involve your local communications team as they will be able to suggest some possibilities. Regular reports to your executive sponsor, board or management committee are useful at the higher level, but make sure you also use local newsletters, forums and meetings to provide ongoing updates.

CHAPTER 8

Improvement tool: Process mapping

A process is made up of series of actions or steps taken to achieve a specific result. Process mapping is a technique used to identify all the interconnected pathway steps and decisions in a process and coverts this information into a highly visual diagrammatic form.

Process maps can cover a short and simple sequence of actions by one person (such as point of care testing or phlebotomy) or it could be a complex set of activities involving many different people over time, (such as the End of Life patient pathway).

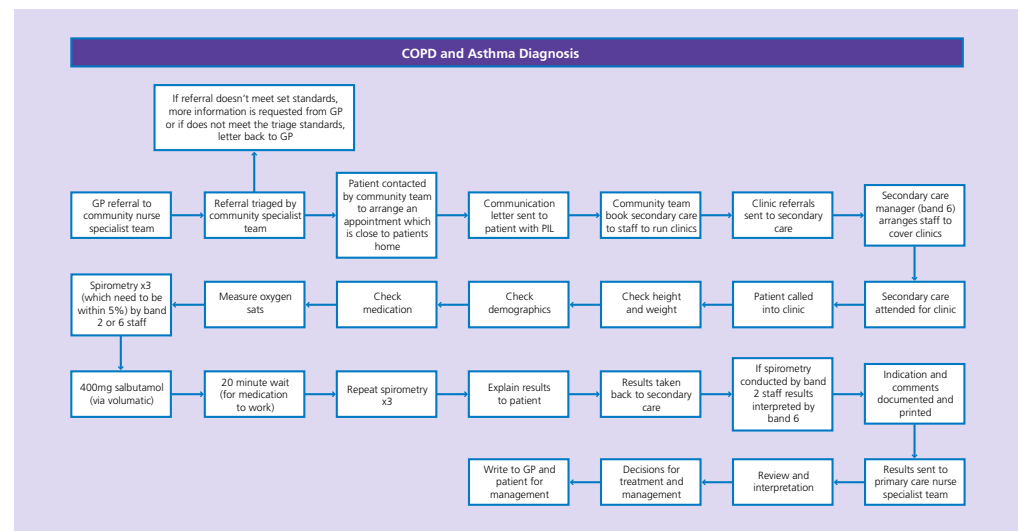### What are the benefits of mapping the process?

- An overview of the complete process from beginning to end, helping staff to understand, often for the first time, how complicated the system can be for patients
- Allows staff to see the pathway from the patient's perspective
- A starting point for your improvement project

People's views about the process tend to change and develop following a process mapping exercise as individuals have an idea (a 'mental map') of the process, but as the process map is developed, it becomes clear that their personal view is different from that of others in the same process. The map of the current process may differ from the mental maps that individuals in that process have always believed. Agreeing the current process is an important step in moving forward to redesign and developing a new process that will work better for patients and staff.

What does a process map look like?
The map below is of a diagnostic pathway for chronic obstructive pulmonary disease (COPD) and asthma.

COPD and Asthma Diagnosis

- The opportunity to bring together people from primary, secondary, tertiary and social care from all roles and professions
- Identifies problems, delays, areas for error and confusion, blockages and bottlenecks
- A point to create a culture of ownership, responsibility and accountability for improving the process
- An aid to help plan where to test ideas for improvements that are likely to have the most impact on services
- Draws out ideas to help redesign the pathway – which particularly from members of staff who don't normally have the opportunity to contribute to service planning, but who really know how things work
- An interactive event that gets people involved, motivated and talking to each other
- An end product – the process map – documents who does what, when, and how long it takes, is highly visual and easy to understand.

Once the above map was completed, the team could see that the process was over-complicated, and included many unnecessary steps, bottlenecks, wasteful activities and avoidable delays. The process was redesigned following the mapping exercise the new process below was created. As well as being simpler, the new process is much quicker for the patient, takes less administrative and clinical time and costs less.

Community Spirometry Management
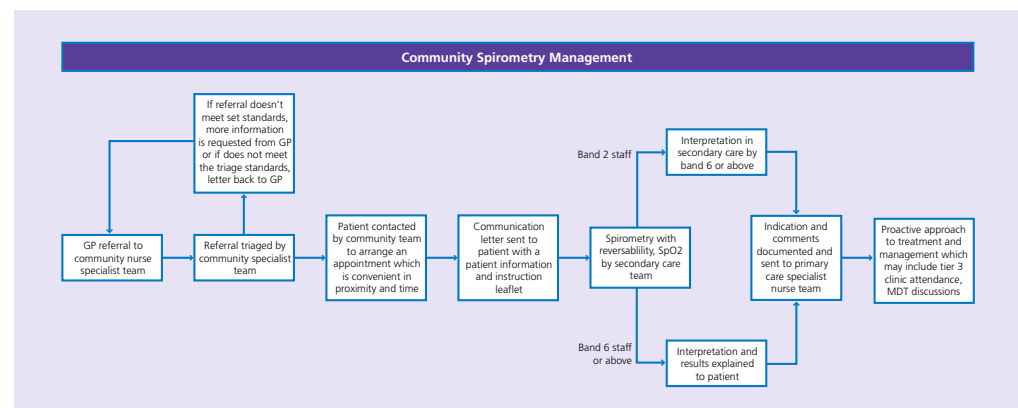
How to organise an event and generate a process map

Preparation
- Define the objectives, scope (start and end points and level of detail) and the focus of the process mapping workshop
- Start is with a process that involves high numbers of patients
- Organise a half day event to draw the map and a half day to analyse and look for improvement opportunities. You can run these together as a full day event or as two half days but not more than two weeks apart

- Meet with managerial, clinical and service leaders beforehand so that they feel involved in the process. Use these meetings to agree the scope that you will work on and the three or four basic steps that you will explore in detail at the workshop
- If you have the opportunity, an independent facilitator, not connected with the pathway, can be really useful. Choose someone with service redesign skills and experience.

Who and how to invite

- You need to invite people who support, deliver and manage the entire scope of the process you wish to map. This might include people from primary, secondary, tertiary and social care from all roles, grades and professions
- Consider how staff will be released from their job for the mapping event
- You may wish to invite patients and carers to give their perspective and ideas
- The invitation should come from your project sponsor
- The invite include information on the background to the event, aim of the event, expectations, scope of the mapping etc
- It is advisable to request that the invited participants walk through the pathway which is going to be mapped before the event.

Venue

- Arrange a suitable venue, preferably off-site, as this will provide a neutral setting and people are less likely to be interrupted and it will be easier to concentrate on the task in hand. Don't forget to organise some refreshments – process mapping can be thirsty work!

Equipment

- You will need a long roll of paper (wallpaper lining or a roll of brown paper), coloured post-it notes, lots of marker pens, sticky tape and two flip charts, preferably with stands.

- Write each step on an individual post-it note and stick them to the backing paper. The benefit of post-it notes is that you can move them around if you need to add some extra steps
- Concentrate on what happens 'most of the time' rather than what occasionally happens
- If problems or issues are raised which cannot be resolved in the room or in a defined timescale, e.g. 10 minutes, write them on your 'Car Park' flipchart ready to be addressed at a later date.

I've already process mapped - Do I need to do this again?

Review your map. Is it valid? Have you checked with all those involved, including patients? What changes did you make after you completed your map? Sometimes process mapping is seen as an end in itself – it is not. You need to use your map as a tool to identify where and how you can start to make changes and how you can evaluate their impact.

What level of detail?

You may map a process at 'high level' to obtain a clear outline of the major steps involved:

Or at a more detailed level to identify the complex steps in one or more stages of the journey.

Set up

- Use a roll of brown paper or wallpaper, fixed firmly to the wall
- Write 'Ideas' on one flip chart. This flip chart can be used to capture all ideas that arise throughout the mapping exercise
- Write 'Car Park' on the other flip chart. This is used to capture all issues that can not be resolved in a defined amount of time or are not directly relevant to the map but need to be addressed.

Start of event

- Ask one of the lead clinicians or your project sponsor to open the event, emphasising their own commitment to the event and redesigning the process
- If everyone doesn't already know each other, have a round of introductions
- Set some ground rules – these may include; listening to each other, no opinion is wrong, no blame will be cast, it's the process not individuals that is at fault.
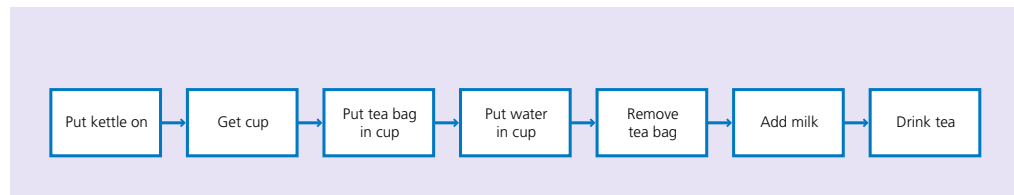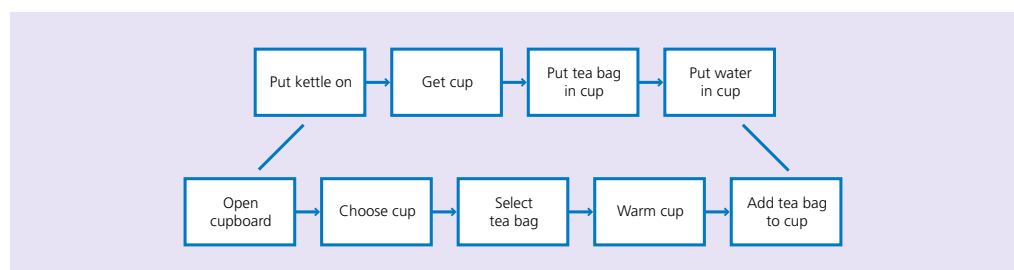
Mapping the process

- Review the agreed start and end of the process
- Agree the level of detail. It is best to start at a very high level and then drill down to the detail where necessary
- Start with some main headings mapped out on the paper – these might include: 'presenting symptoms', 'referral', 'diagnosis' etc. – the 'high level' steps in the process. This can help to remind people that the purpose of the event is to map the whole of the journey, not just the elements they are familiar with

Analysing your map

- From your process map you will be able to identify where the significant problems occur. This might be the most prevalent waits, delays, duplication, bottlenecks, constraints or inefficiencies together with the presence of any 'non value adding' activities such as unnecessary hand offs (where the patient is passed from one person to another), transfer to queue or excessive administrative checks:
- There are four main techniques to redesigning your process map:
  - **Eliminate**
  - **Combine**
  - **Simplify**
  - **Sequence.**

Where possible, try to eliminate any process steps. If it isn't possible to eliminate any steps, look to combine steps. After combining, consider where the system can be simplified. Once steps in the process have been have been eliminated, combined and simplified, review the sequence of events to promote efficiency:

- Measure or time the process steps in order to set the baseline for improvement
- Revisit those issues and ideas that were generated in the mapping event
- Identify where processes that are part of another service area have an effect upon your service
- Generate action plans from the map, to test improvements using the Plan Do study Act Cycle (Chapter 9).

Following completion of your map

- Agree the next steps
- Agree which parts of the process need to be mapped in more detail and how this should be arranged
- Agree who should communicate with people who have not been able to attend the event
- Agree when and how change ideas will be generated and tested
- Tape the post-it notes to the backing paper. The post-its will start to fall off the backing paper after a few hours in a hot room!

Following the event

- Type up the process map (Microsoft Word, Excel or specific software like Visio can be used, but make sure other people are able to view and/or amend any electronic files you create)
- Check the typed version with those who attended, and with others who were unable to attend the event
- Send a copy of the notes and agreed next steps to each participant and to those who didn't attend
- Review the agreed actions with the participants at regular intervals to assess progress, capture learning and address problems
- Arrange a follow up meeting.

CHAPTER 9

Improvement tool: Plan, Do Study Act (PDSA) Cycles

Change on a large scale can be daunting but that should not deter you. Before implementing a full proposal for change a Plan, Do, Study, Act (PDSA) cycle can be used to test out an idea on a small scale.

New ideas should be introduced only after sufficient testing (or evidence) on a smaller scale has proven to have a positive effect. PDSA cycles allow ideas to be introduced an idea in a safe, controlled way which will have less resistance, be less disruptive and use less resources. By building on the learning from each PDSA cycle, new processes can be introduced with a greater chance of success.

Plan the trial
- Define the objectives
- State the scope of the PDSA
- What, Why, Who, How & When?
- How long will the PDSA continue?
- Are there any circumstances when you would stop the trial?
- Does everyone understand their role?

- How will you communicate with these people?
- How will you know if the PDSA is a success?
- What data collection methods are you using?
- Who will collect the data?
- How will you feedback to the team?

Do - carry out the trial
- Encourage continual feedback - you may wish to set up midpoint meetings to discuss progress
- Motivate, reassure, encourage and support the staff
- Collect information.

Study the results of the trial
- Examine your findings
- Review and compare information from before, during and after the trial
- Reflect on what was learned
- What did it feel like? Did staff and patients notice an improvement?
- Was the process shorter or longer?
- Did you achieve your objective? If not, why not?
- What went well?
- What could be improved?
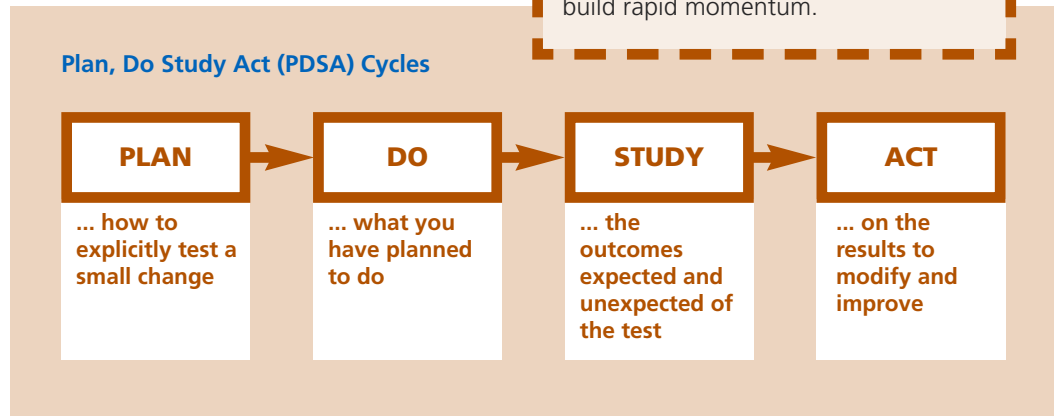
I want to improve my whole service – why start small?

People are more likely to trial small changes rather than a full scale change. People also find it easier to adopt and build on small changes in behaviour so that these become the norm.   Bear in mind that starting small inspires confidence and can build rapid momentum.

Plan, Do Study Act (PDSA) Cycles

PLAN	DO	STUDY	ACT
... how to explicitly test a small change	... what you have planned to do	... the outcomes expected and unexpected of the test	... on the results to modify and improve

Act upon the results of the trial
- Use the information that you have gained
- Do you need to modify & retest?
- Do you have enough information?
- Does the trial need to be longer?
- Can you implement the change immediately?
- Who do you need to share your findings with?

- Can other areas benefit from your knowledge?
- How will you performance manage the process in the longer term?
- Implement the new process!

To develop an idea into a tested improvement proposal, you may need to perform a number of PDSA cycles. Some cycles may lead to nothing, where as others will lead to a positive improvement which is ready to be rolled out across a whole system.

Value of PDSA
By using PDSA's to test changes you can:
- Minimise risks and expenditures of time and money
- Make changes in a way that is less disruptive to patients and staff
- Reduce resistance to change by starting on a small scale
- Learn from the ideas that work, as well as from those that do not
- Generate larger improvements through successive quick cycles of change
- Increase the numbers as the idea is refined
- Test with people who are willing and happy to innovate and participate
- Implement the idea when you are confident that you have considered and tested all the possible ways of achieving the change
- Learn from the ideas that work, as well as from those that do not.

"All improvements are changes, but not all changes are improvements."

Eli Goldratt
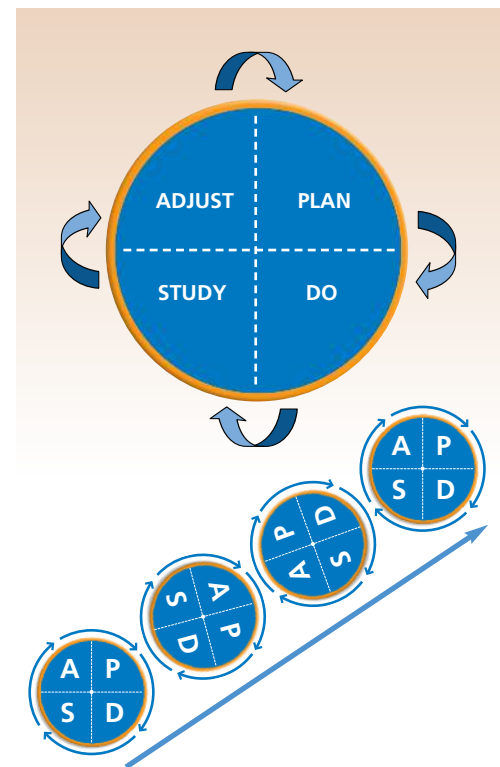
I want to improve my service but don't have the time to trial things first.

Unfortunately, when ideas are not tested and a solution is implement, we can find we spend more time putting things right and redoing work afterwards. Investing the time up front to find out what works and why can help avoid costly mistakes and wasted time in the medium term.

CHAPTER 10

Measuring your efforts

Many people begin to feel uncomfortable with the idea of 'data' and 'measurement' but they are essential if we are to demonstrate that change has occurred or needs to occur and whether the change is an improvement. Whether the change was a success or didn't demonstrate the anticipated outcomes, it is still necessary to demonstrate its effect and learn from it.

To establish what data you need, it is essential first to understand what outcomes you are aiming to achieve as this will help determine your measures. You should consider which measures will best demonstrate whether the changes you introduce demonstrate a difference. Defining your aim in terms of the size of the improvement and the timescales you are aiming for will help you to determine appropriate measures. Try to avoid the 'ICE' approach:

- **I**dentify everything that is easy to measure and count
- **C**ollect and report the data on everything that is easy to measure and count
- **E**nd up scratching your head thinking "What are we going to do with all this data?"

Measures
Project measures might include:
- Reduction in admissions and readmissions
- Reduction in outpatient appointments
- Reduction in prescribing
- Number of patients treated/diagnosed
- Patient experience
- Waiting days between interventions
- Turn around times
- Response times
- Staff morale.

Once you have agreed on your project measures, clearly articulate your operational definition. An operational definition is a clear, concise, detailed definition of a measure, so that exactly the same information is collected before and after an intervention. Even simple measures need an operational definition - for example, if I asked you to measure my arm, where would you measure from and to? Would it be from my shoulder, neck or armpit to my wrist, finger or hand?

Where can I find data for my improvement project?
There are a number of freely available data sources which can be used to frame your improvement project and compare your services to others both nationally and in the local area. For example:

- Programme Budget Interactive Atlas - www.nchod.nhs.uk
- Quality Outcomes Framework (QOF) - www.qof.ic.nhs.uk
- NHS Comparators - www.nhscomparators.nhs.uk
- Hospital Episodes Statistics (HES) - www.hesonline.nhs.uk

These data sources are beneficial to set the context your project, however the data provided by these tools may often be months or even years in the past.

Improvement projects benefit from current, real time data to provide a clear understanding of the service and the impact of any small scale PDSA cycles. To get this information, you may need to explore the information available from the local databases or consider collecting the information manually.

Individual patient level data is often valuable for improvement projects as it will allow you to see the variation between patients, and can provide an insight into a process that are often hidden within aggregated and averaged data. For example, consider looking at the variation in length of stay; You might identify unnecessary short stays in hospital, or some particularly long stays both of which would be hidden when using an average.

Establishing a baseline
Establishing a true baseline of current service delivery is a major part of service improvement. Without knowing what the position was, it will be difficult to know whether an 'improvement' is an improvement and has any impact on the process or outcomes for patient care.

It is essential to know your starting point i.e. the current state and standard of current performance. This is your baseline data, against which you will measure the impact of any changes that you make over the course of your project. This helps determine the areas you need to focus on, what you need to measure and how much impact your project is having.

How do I know what data I need?

Ask yourself what you trying to achieve? What would tell you that you had achieved it? What would you need to have in place to know you were making progress towards that aim? These questions should help you identify what you need to measure and therefore what data you will need. You don't need reams of complicated data – just enough to tell you whether you are making progress or not.

" **Measurement is the first step that leads to control and eventually to improvement. If you can't measure something, you can't understand it. If you can't understand it, you can't control it. If you can't control it, you can't improve it."**

H. James Harrington

I can't get any data – what are my next steps?

First try your information team to see what is routinely available and whether you can use this information. Ask your executive sponsor for advice or help. Consider what data you can easily collect manually for the purposes of the project and look at other national sources which are freely available.

Monitoring the project

To support your improvement work, it is important to monitor and use data throughout the project and in your PDSA cycles. Using and reviewing data should be a regular part of your project work and can both motivate and focus continued improvement work. Think about the dashboard in your car, the "vital signs" on a hospital life support machine, or simply the clock in your kitchen! Having data available and visible is an important motivator, can influence behaviour and motivate improvement activity.

Presentation of data is a science and art in itself; however some simple thought into how you present your information can improve the delivery, and usefulness of the information. Consider your audience carefully, remember not all project members may be experts in data and you may need to structure the presentation of data carefully to "tell the story" and guide project members through what the data may show. Also consider the format that you present the data – don't always assume data requires a complex spreadsheet, sometimes a presentation, or a simple graph may be what your audience requires.

Data collection plan

A data collection plan is useful to bring clarity to the data collection and measurement aspects of the project. A plan should include:

- A specific question – What do you want to know?
- What data do you require to answer this question?
- Where will you get this data from?
- Who will collect the data?
- How often will the data be collected?
- Do you foresee any problems collecting this data?
- How are you going to analyse the data?
- Who will be responsible?
- When is the raw data and analysis required?

I have some data – what do I do with it?

Your data should provide you with an understanding of how well you are doing at present, it may indicate where there may be problems in the system and how much impact any changes is having. There is a number of tools to help you analyse and interpret your data on our improvement system on our website – www.improvement.nhs.uk/improvementsystem. Your local information team or management team may also be able to advise you. When you have identified what the data is telling you, share it with your project team and use it to decide whether you need to continue with what you have done so far, change your approach or add to it.

Don't forget "better" is not measureable, "soon" is not a timescale and "some" is not a number! "More", "faster", "safer" or "cheaper" can all be measured but only if you know how many, how fast or how expensive things were to begin with.

Data analysts

Data analysts are a valuable resource and where possible they should be an integral part of your project team and their skills utilised from the very start of your project. Benefits of having a data analyst on your project team include:

- Support the design of project goals, ensuring the aims are measureable and achievable
- Help to understand what you need to measure, baseline and monitor
- Have access to data sources (such as your local patient admissions system)
- May reveal other sources of information or approaches which may be unknown to the project team.

A top tip is to explain what you are trying to demonstrate rather than what you think you want as they may be able to suggest alternative or better indicators.

Data Collection Plan
Team: **Completed by:**   **Date:**

Specific question	What data do you require?	What source will be used to get the required information?	Who will collect the data?	How often will the data be collected?	Do you forsee any potential problems?	What is you analysis plan?	Lead	Date due

I don't have access to a data analyst, who else could I ask?

Try looking more widely for some support. People with access and expertise to data may not always be in analyst roles. You could contact a performance manager, clinical coder, data manager or a contract manager, who could assist you with access to data and analytical expertise.

CHAPTER 11

Improvement tool: Using statistical process control (SPC) charts

Statistical Process Control (SPC) is a simple and visual way of observing variation in your systems and processes. Every process is subject to variation but generally speaking, the more variation there is in a system or process, the less reliable it is, and the less certainty there will be that the process or system will produce the outputs or results expected or desired. SPC can help to identify variation as a first step in trying to reduce and control it.

There are some basic statistics and simple maths involved, but SPC is much more than statistics... SPC is way of thinking.

An SPC chart is essentially a run chart with statistically calculated lines of variation with the main aim to understand what is 'different' and what is the 'norm' within a process. By using these charts, you can then understand where the focus of work needs to be concentrated in order to make a difference.

Following root cause analysis, the next step would be to reduce the variation between the data points by small scale incremental improvements – (PDSA Cycles, Chapter 9)

SPC charts are used:

- **As simple tool for analysing data - measurement for improvement**
- **As a tool to help make decisions**
- **As a tool for the ongoing monitoring and control of a process**
- **To focus attention on detecting and monitoring process variation over time**
- **To help improve a process to perform consistently and predictably over time**
- **To provide a common language for discussing process performance**

What does an SPC chart look like?
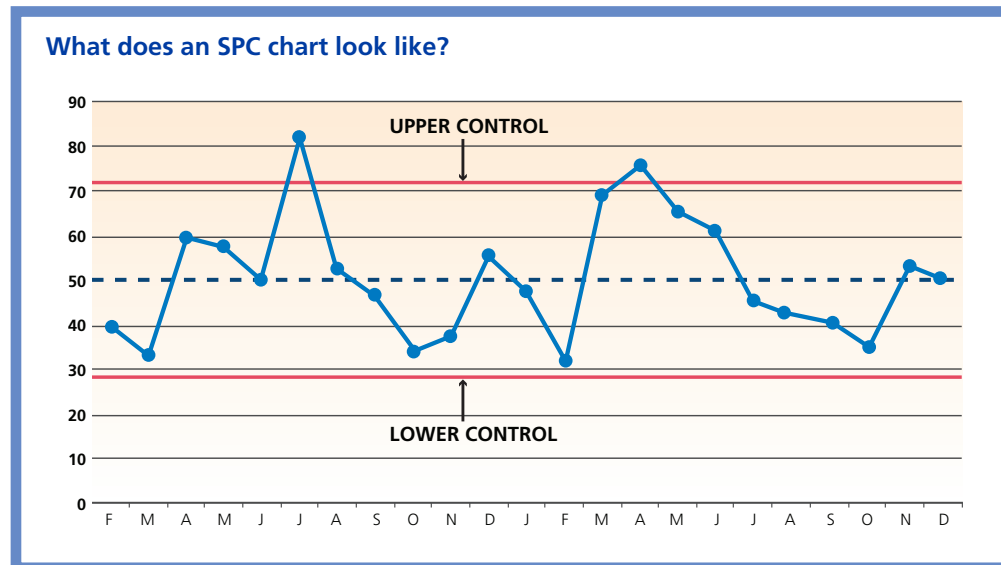
We can also use SPC charts to determine if an improvement intervention is directly improving a process (as opposed occurring to chance) and to predict statistically whether a process is capable of meeting a set target.

The inherent strength of these charts is that they provide a visual representation of the performance of a process by establishing data comparisons against calculated limits (known as the 'upper and 'lower' control limits). These limits, which are a function of the data, give an indication by means of chart interpretation rules as to whether the process exhibits either predictable variation or there are special causes. The charts also visually demonstrate the spread of the variation being generated within any given process.

Improvement projects would first seek to remove anything above or below the control lines in order to create a stable and in control process. Any data points outside these lines should trigger a form of action to truly understand why it is occurring **(Root Cause Analysis)**. Finding the real cause of the problem and dealing with it is imperative to improvement projects rather than simply continuing to deal with the symptoms / consequences or add another stem to solve the problem.

Why focus on variation?

There is variation in every process. However, the less variation there is in any process, the more reliable it will be, in terms of safety, quality and outcomes. By understanding the type of variation, specific action can be taken to reduce the difference. A large amount of variation shows that the process is out of control and there is a lot of uncertainty. A process with a limited or no variation is in control and will deliver standard results.

Why not just use averages?

Averages can be misleading and do not show the full picture of what is actually happening. The average of a set of numbers can be created by many different distributions, so presenting data using averages and aggregates may lose the richness and impact of individual data points and the variation between the data points. For example, an average waiting time for an appointment could be six weeks but when you look at the variation between individual patients, some patients might be seen in two weeks and others in eleven weeks. An improvement project would firstly strive to see a reduction in the variation of time that people have to wait for an appointment, which in time would reduce the average.

It is important to know that reducing the variation, making the process stable and in control, could increase average waiting times and if you were just looking at averages, your project could be misinterpreted as having a negative impact.

A SPC generator is available on the NHS Improvement System.
www.improvement.nhs.uk/improvementsystem

SPC chart showing step changes each month following incremental project improvements
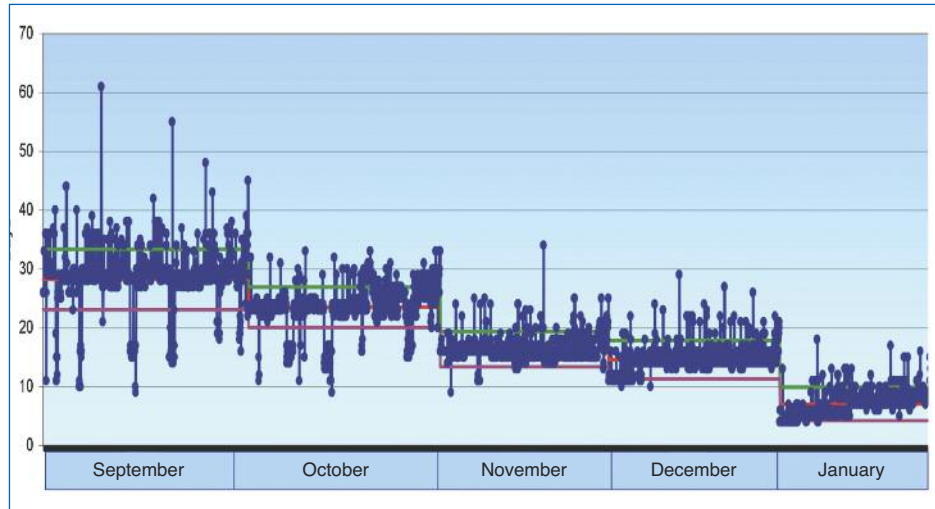
Why should I use control charts rather than any other chart?

Using aggregated data and summary tabular formats are only really useful for judgment, not for improvement. Control charts are the best tools to determine whether or not your improvement efforts are having the desired effect. SPC charts are more sensitive than all other charts as other charts cannot detect special causes due to point to point variation or use rules for detecting special causes. SPC Charts have the added feature of control limits which estimate natural variation and define how capable and stable a process is; therefore allow us to more accurately predict the process behavior over time.

CHAPTER 12

Human dimensions of change

Different people have different reactions to change. Some people are enthusiastic and look forward to the challenge and new experiences offered by change. Others however are much less enthusiastic and see change as threatening and destabilising – something to be avoided at all costs! And of course there are people who are somewhere in between, and people's response will vary according to the situation or the change being suggested.

Understanding the 'human dimensions' of change can help teams to find ways of effectively implementing change and progress the improvement work in a timely manner.

Ownership of the problem
One of the first steps in change management is to start with the problem, not the solution.

People respond better when they are presented with a problem that affects them and that needs a remedy rather than being presented with a solution that is going to be implemented. By identifying and starting with the problem, the team will be engaged in finding a solution that will make a difference to the people affected.

For change to happen, it has to be worthwhile. The people who are being asked to change need to understand or be experiencing the inconvenience or problems generated by the current way of doing things.

Share the vision and journey to the vision. Everyone is different; some people can see the big picture and can work towards a vision where as other people need to see individual achievable steps before they buy into a vision. Develop and share the vision for the future with the team, articulating what it will look and feel like.

I want to do things differently but my colleagues are reluctant. What can I do?

If your colleagues are reluctant, show them the problem and once they understand what is wrong they may be more willing to consider change. If you are trying to sell a vision to them, break it down into small steps or stages. Making each step manageable and achievable may stop some people feeling discouraged and reluctant.

Consider personal styles

Different people have different personal styles that affect how they respond to information and how they communicate thoughts and ideas. Having an appreciation of the different personal styles can help to minimise conflict and ensure that everyone gets the right message the first time. It is important to remember that no one style is right or wrong.

When faced with decisions, some people will 'ask' and some will 'tell'. People who ask will gather data and ask other people questions about what should be done. People who tell, will tell other people what they think should be done.

People's preferences for facts or feelings will also influence their decision making processes. People who base their decisions on facts often prefer to control emotion and might be perceived by others as remote or detached. Those who base their decisions on emotions are happier to show their feelings and are often perceived as warm or approachable people.

One model from Merrill and Reid R H (1999) (Personal Styles and Effective Performance: Make Your Style Work for You' CRC Press, London) suggests that there are four broad personality types: analytical, driver, amiable and expressive.

Each type has its strengths and to utilise the team's potential, it is important to play to the strengths and understand the differences of each personality type.

'Analysts' tend to like facts and figures and are systematic and methodical. They respond well to being given plenty of relevant information and time to consider it.

'Amiables' place value on relationships with others and are often perceptive and supportive. This group will want to consider the impact of any changes on other people and how they might feel about it. 'Expressives' are enthusiastic, full of optimism and energy, good with people and like to talk about their ideas. They respond well to opportunities that are new, exciting and innovative. 'Drivers' like getting things done; they like action and results and can often be decisive, direct and pragmatic. This group will want to know what is going to be done and how soon it can be achieved.

Know yourself

For someone who is leading change it is important to recognise and acknowledge your own attitude and approach to change, then recognise other people's personality types to ensure you use the right approach to achieve the best result.

Communication

Communication is a vital aspect in effectively managing human dimensions of change. It is important to be inclusive and to communicate the message in a way that will engage all the different types of people.

Diffusion of Innovators

Research suggests that for an improvement or change to 'take hold' within a team, department or organisation, approximately 20% of those individuals must be engaged with it. Once this group has adopted the change the rest will follow.

Rogers (1995) suggests that all groups of people have five categories that make up the Diffusion of Innovators bell shaped curve; Innovators, Early Adopters, Early Majority, Late Majority and Laggards.

The innovators and early adopters like change and quickly get onboard with any new project and will help make up the critical 20%. The early majority and the late majority subsequently follow and become engaged when they observe the project developing and progressing. The laggards are the most sceptical group and are generally resistant to change.

There has been a great deal of change in my organisation already. How could I persuade colleagues that improvements are still required?

Identify and demonstrate the problem: if they understand what is wrong they may be more willing to consider change. All improvement is change but not all change is improvement. People can become exhausted by change or anxious about its implications for them as an individual, so try and build on what is in place already rather than suggesting this is further change for change's sake. Identifying the following factors is beneficial to overcoming this: What are the things that matter to them? How can you demonstrate that these areas are not as good as they could or should be?

Diffusion of Innovators Bell Shaped Curve (Rogers 1995)

Diffusion of Innovators Bell Shaped Curve (Rogers 1995)
Innovators 2.5%
Early Adopters 13.5%
Early Majority 34%
Late Majority 34%
Laggards 16%
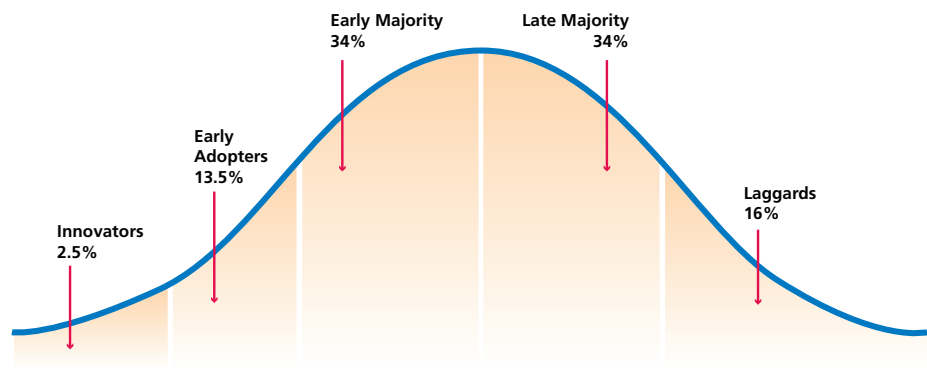
It is important to note that each group will require a different approach to ensure effective change. Consider where your project team and stakeholders are on the bell shaped curve and start by engaging the critical 20% who will in turn bring the early majority on board. In the initial stages of your project, listen to but try not to let the laggards drain your enthusiasm.

CHAPTER 13

Sharing your success

At the end of a project there can be many mixed feelings for a project team and the project manager including: elation, pride, sadness, satisfaction and maybe even relief!

There is a great temptation to take a break from the intensity of the project work, or even to move on to the next challenge, especially when resources are stretched and time is precious.

But before you do this, consider that the project end date is not necessarily the end of the project. If improvements have been made then they should be recognised and celebrated for the recognition and morale of the people who have been involved - as well as for the benefit of those out there who would love to know about your work and what they can learn from it for their patients.

Whatever your aims and objectives were, however big or small your project – success should be celebrated and shared.

The phlebotomy team at St Helens and Knowsley Teaching Hospitals NHS Trust celebrate winning the Trust Award for 'Excellence in Support Services'.

Letting people know about your achievements is a major part and a duty of improvement work. There are many ways in which you can share your findings or results and below are some suggestions as to how you could go about it.

However, the first step in the process is actually not about sharing at all, it's about:

- Reflecting on what worked, what made an impact and what didn't
- Understanding the learning
- Rationalising the principles
- Documenting what happened throughout the lifetime of the project.

Before you decide to undertake any kind of publicity or let people know what you've done, you need to decide what you're going to tell them, what your key messages are and how you are going to deliver the message. Much of this can be taken from your Project End Report if you have one but if not it really helps as this stage to write a short summary of where you were at the start, what your aims and objectives were, what you did and then the results. It is also useful to include your key milestones, how you managed risks and what worked particularly well - as well as anything that didn't work. We can learn as much from our mistakes and failures as our successes. The key is to learn from your mistakes, and everyone else's, preventing the same mistake being made time and again.

The next step is to consider all communication vehicles available for publicising your work. Here are some ideas:

The project team
- Get a slot on a Trust meeting agenda e.g. Trust Executive Board Monthly Meeting, Executive Directors meeting (often weekly). For more details on your own Trust contact the PA of the Chief Executive
- Make an appointment to see the Chief Executive of the Trust and go in ready with all the information on your project.

Internal publicity
- Get the work known throughout your own organisation through: articles in the staff newsletter, articles on the staff intranet, word of mouth and via your staff at any meetings
- Hold an event within your team office, department or ward to celebrate the work you have achieved and invite everyone who has had a contribution or vested interest in the project
- Create an information board about your project and display it somewhere prominently within your building.

External publicity
- Use your communications team to write a press release for the local and regional media e.g. newspaper, radio etc. Be proactive and take photos of patients/ the team (with consent) and then follow up after the press release has been sent
- Consider writing your results up into an abstract or article for publication in a journal or at a conference
- If your project or improvement has demonstrated 'QIPP' potential, submit it as a case study on NHS Evidence at www.evidence.nhs.uk/qipp. **NHS Evidence - QIPP** is a collection of real examples of how health and social care staff are improving quality and productivity across the NHS and social care.

I've finished my project, what next?

Don't stop there! Continue to measure what you have done to ensure the improvements are maintained and sustained. Look for other opportunities to make positive changes that can improve quality, safety, efficiency and staff morale. Show colleagues how you improved your service to build capability and a culture of continuous sustainable improvements.

The clinical community
- Contact your network leads and offer to write a paper/ present your findings to the next network meeting or email round to the members
- Contact the Strategic Health Authority (perhaps via their communications department) and let them know the improvement work you have undertaken and the results achieved; offer to be a spokesperson of best practice in order to share your model.

Share your achievements and learning with NHS Improvement

Finally, make sure you record all the ways in which you have publicised your work e.g. press clippings, minutes of meetings so you have an ongoing record of the ways in which you shared your success.

This is great evidence in terms of:

- Making a business case for future improvement work
- Personal development and adding to CVs
- Enthusing new staff about your team or department as a place of success
- Demonstrating to patients you really care about improving outcomes.
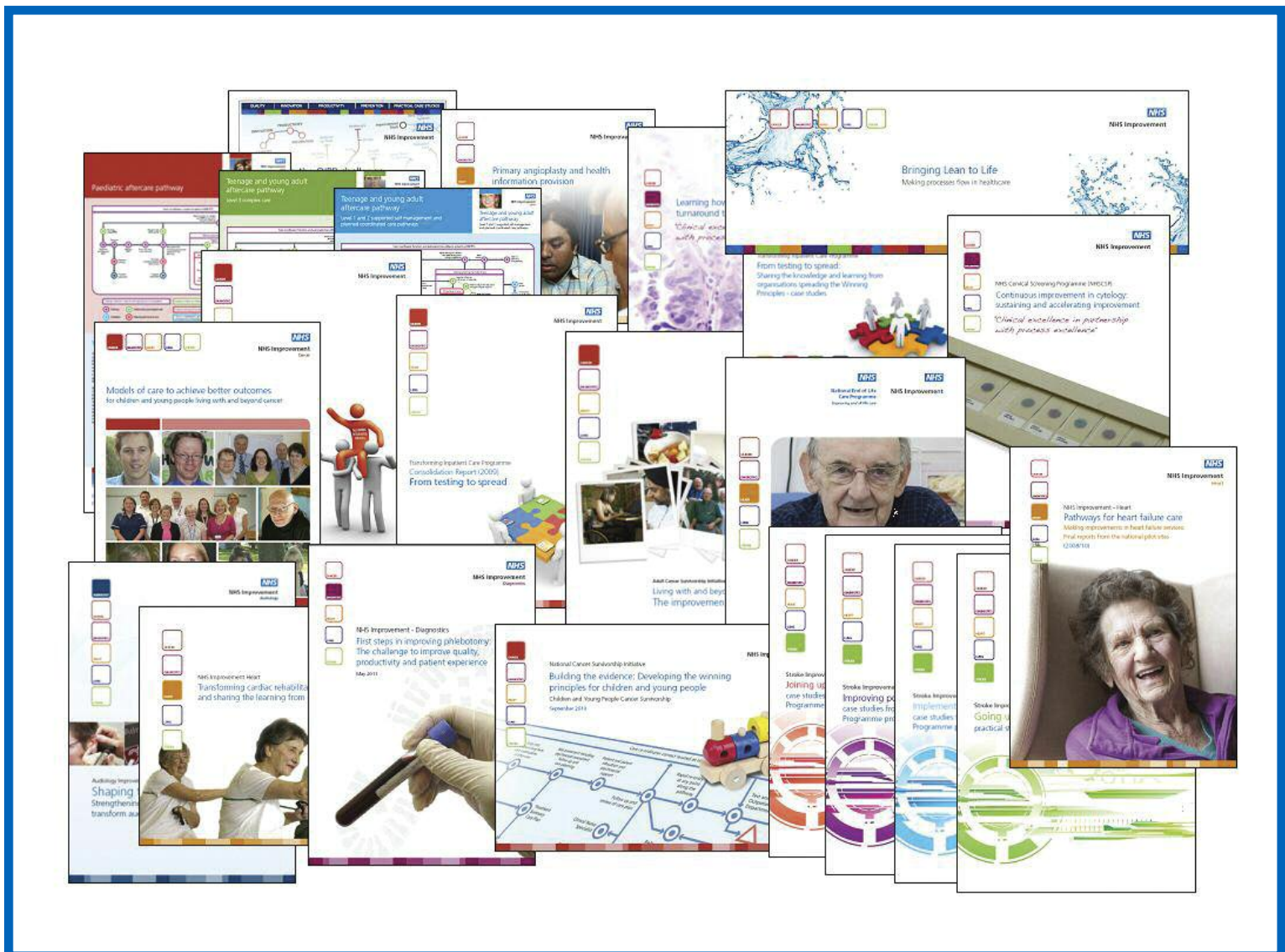
RESOURCES

NOTES

NOTES

CANCER

DIAGNOSTICS

HEART

LUNG

STROKE

NHS Improvement

NHS Improvement's strength and expertise lies in practical service improvement. It has over a decade of experience in clinical patient pathway redesign in cancer, diagnostics, heart, lung and stroke and demonstrates some of the most leading edge improvement work in England which supports improved patient experience and outcomes.

Working closely with the Department of Health, trusts, clinical networks, other health sector partners, professional bodies and charities, over the past year it has tested, implemented, sustained and spread quantifiable improvements with over 250 sites across the country as well as providing an improvement tool to over 1,000 GP practices.

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