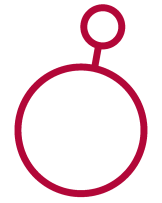
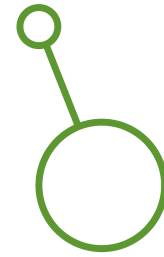
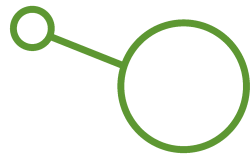
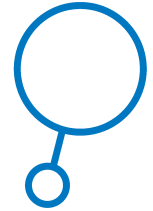
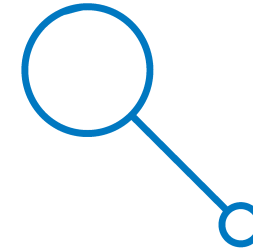
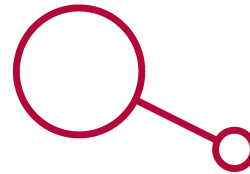
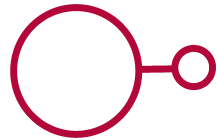




Sustainability

Guide





NHS Sustainability Guide

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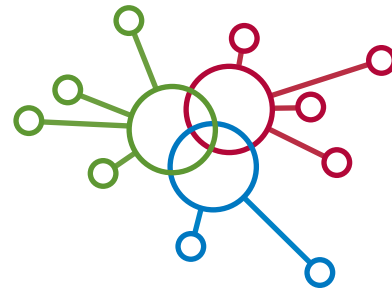
This document is a printed version of what appears within the CD contained in the NHS Sustainability Model and Guide. Therefore some of the referenced sections indicated throughout may not appear in this version.

This paper version of the NHS Sustainability Guide has been extracted specifically for use by the Viva Voce panel for Lynne Maher on November 17th 2006.

▶ Introduction

*Quality improvement often takes longer than expected to take hold
and longer still to become widely and firmly established within an organisation*

Ham et al, 2002



One of the primary reasons why quality improvement is difficult to integrate into an organisation is that many of the changes that are put into place fail to survive. Within the literature there is evidence of a high failure rate, up to 70%, of organisational change (Daft and Noe, 2000. Beer and Nohria 2001).

In an attempt to substantially increase the sustainability of improvements for healthcare services and patients, a NHS Sustainability Model and Guide have been developed for use by individuals and teams who are involved in local improvement initiatives. The Sustainability Model can be used to predict the likelihood of sustainability and guide teams to things they could do to increase the chances that the change for improvement will be sustained. The Guide provides practical advice on how you might identify opportunities to increase the likelihood of sustainability for your improvement initiative.

In undertaking this work we found that it was important to be clear about what sustainability means to the NHS and to this initiative in particular.

A short working definition of sustainability can be described as ‘when new ways of working and improved outcomes become the norm’. A more detailed version which includes the notion of ‘steady state’ in addition to promoting the desirability of continued improvement, is as follows::
“Not only have the process and outcome changed, but the thinking and attitudes behind them are fundamentally altered and the systems surrounding them are transformed in support. In other words it has become and integrated or mainstream way of working rather than something ‘added on’. As a result, when you look at the process or outcome one year from now or longer; you can see that at a minimum it has not reverted to the old way or old level of performance. Further, it has been able to withstand challenge and variation; it has evolved alongside other changes in the context and perhaps has continued to improve over time. Sustainability means holding the gains and evolving as required, definitely not going back”
(NHS Institute for Innovation and Improvement 2005)

Development of the NHS Sustainability Model and Guide

The **NHS Sustainability Model** consists of ten factors that play a very important role in sustaining change in healthcare. The Model has been developed with and for the NHS using a co-production approach. Contributors include; front line teams, improvement experts, senior administrative and clinical leaders from within the NHS and people with specific expertise in the subject area from academia and other industries. The development of the Model is based on the premise that the changes, individuals and teams wish to make, fulfil the fundamental principle of improving the patient experience of health services. Another important impact, that can be gained by using the Model, is the effective achievement of change which creates a platform for continual improvement. By holding the gains, resources, including financial and most importantly human resources, are effectively employed rather than being wasted because processes that were improved, have reverted to the old way or old level of performance.

The **NHS Sustainability Guide** was developed as a direct result of request from NHS staff who were using the Model.

'The problem is confirmed but I am not sure what to do about it'

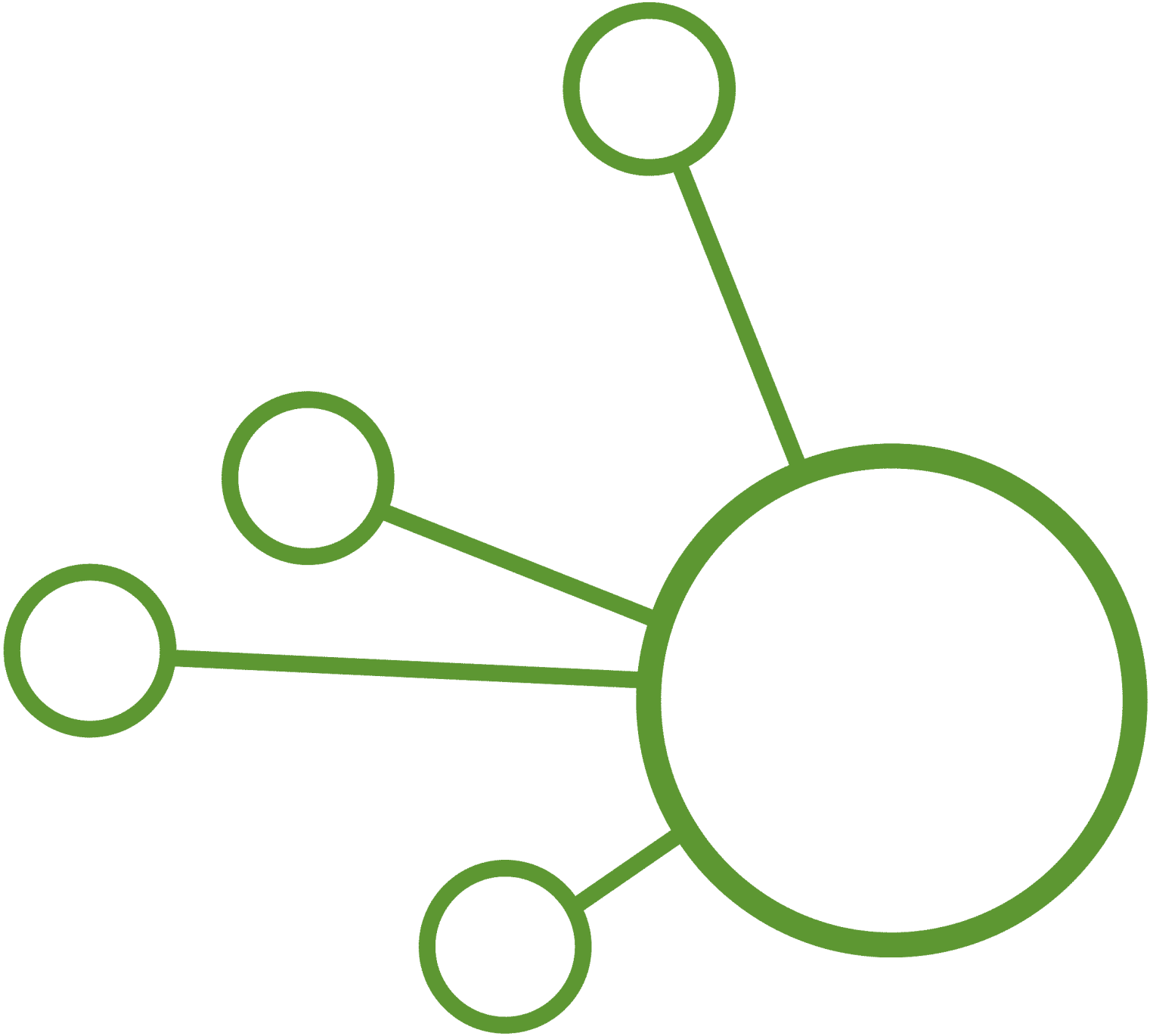
Project Director

'I now have an indication of where I should focus some effort but where do I get further advice?'

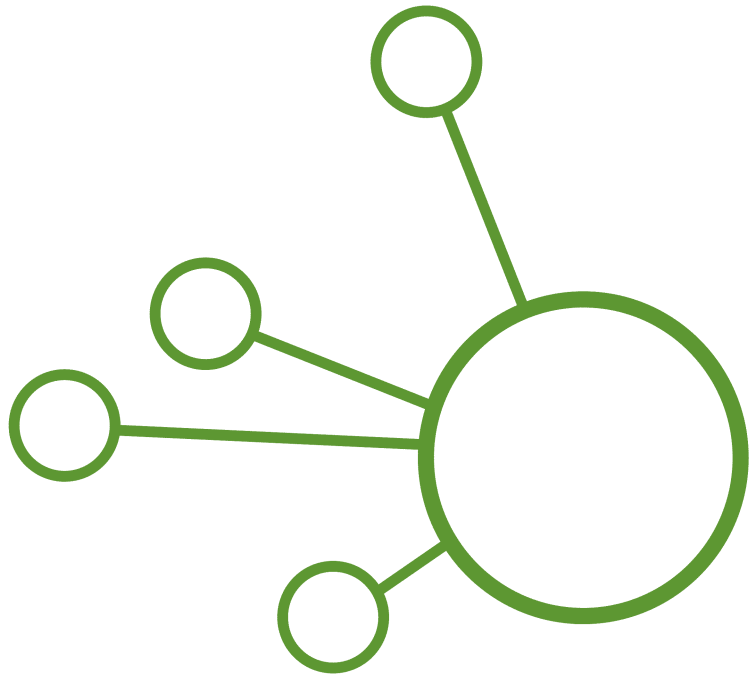
Service Improvement Manager

The structure of the Guide mirrors the ten factors identified within the NHS Sustainability Model. In doing so, it creates a comprehensive package consisting of a diagnostic model and guidance for sustainability. Information within the Guide was accessed from a variety of sources. These include the available literature on change and sustainability, discussions with experts within and outside the NHS and small research studies commissioned to explore specific learning from ongoing improvement programmes within the NHS.

We have provided, what we hope will be helpful, practical advice relating to each of the ten sustainability factors. We recognise that this is not exhaustive and that other sources of useful information do exist. If you find something that works really well for you and is not in the Guide we would be happy to hear about it.



2.1 Process



Benefits beyond helping patients

This section suggests some techniques to help recognise if the staff feel that the change is making their jobs more difficult (real or perceived) and suggests some actions to improve roles and efficiency of the process.



Credibility of the evidence

There are two key elements, which will help you demonstrate the evidence and benefits for this change. The first is **identifying the benefits** and the second is being able to **effectively communicate the evidence**.



Adaptability of improved process

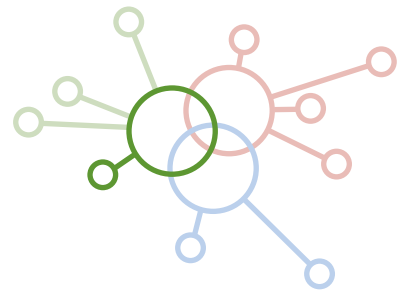
Adaptability can be very important in determining whether a new or improved process will be sustained over the long run. There are three situations where this adaptability can be very important:

- 1 during the design stage when you want to use an idea from outside the organisation but must adapt it to fit within your organisation
- 2 during a period when your organisation changes (e.g. changes in people, location, structure) and the relevance of the new or improved process is being questioned
- 3 over time as the new process itself becomes a candidate for further improvement.



Effectiveness of the system to monitor progress

When the improvement has completed its pilot testing and begins full-scale implementation, a baseline will have been established that will allow you to determine whether the desired level of improvement has occurred. The message within this section is that both measurement and communication must continue if you are to sustain or 'hold the gains'. If staff are not able to identify and document either ongoing improvement or slippage they will be unable to either take corrective action or think about how the process could be improved even more. There is a resonance in the saying 'we manage what we measure'. More than just maintaining position, measurement and communication help the team to look toward ongoing improvement of their processes beyond the point when the change is implemented.



Process • Benefits beyond helping patients



What is it all about?

Ensuring that the change does bring benefits to staff, patients and the organisation.

Why is it important?

It will raise awareness of the impact on staff roles and responsibilities.
It will illustrate areas of concern and areas for celebration.

How do we get it?

Be clear about the purpose of the change.
Ask staff for their input ideas and opinions.
Be prepared to act on these.





Benefits beyond helping patients



The change neither improves efficiency nor makes jobs easier

A principle in the NHS Plan (2000), which is central to improvement efforts, is to shape services around the needs and preferences of patients and to continuously improve efficiency and effectiveness through a cycle of quality improvement. The focus on improving the patient's experience of and journey through care is essential. The sustainability of a change will be greatly enhanced if, in addition to this, the staff can also recognise a benefit in their own role which may manifest itself in certain tasks becoming easier or making their role feel more rewarding. The likelihood of sustaining the change is reduced if jobs become harder, processes are less efficient or work flow becomes more complex. Even if the reality is that none of this happens, it may never the less be perceived to do so.

This section suggests some techniques to help you recognise if staff feel that the change is making their jobs more difficult (real or perceived) and suggests some actions to improve roles and efficiency of the process.

Changing roles

'It is well recognised that some changes may feel emotionally, physically or intellectually overwhelming to staff.'

(Venkatesh, 2000, Covin and Kilmann, 1990)

You need to be aware that as a result of the improvement initiative there will be changes to roles, relationships and working practices for the staff involved. It is essential that you include this as an important area within your project plan and thinking. In order to really understand the impact of the changes to roles, make sure that there is an understanding of what roles really look like before any changes take place. When examining processes and systems for change we often create a detailed map of what the process looks like, where there are things that go well and where there are difficulties. **Process mapping** has proven to be an important tool that helps staff to engage in the change process. Mapping helps to identify the detail in the whole patient process and often illustrates areas of duplication, waste or inefficiency that staff are unaware of. Staff should be encouraged to create their own map which links into the patient process map that was prepared for the change. They should specifically describe their roles and responsibilities at each step of the way. This provides a good visual display that can be updated as roles and processes change at each stage of the life of your improvement work.

Another useful method of recognising how roles change is to ask staff to keep a **diary** which could include how they feel during the improvement initiative as well as identifying changes. This does not need to be onerous but will provide important information even if a note is documented every two or three days or on a weekly basis. You should create the conditions, either within a regular or at a specific meeting dedicated to roles, for this information to be shared. The combination of role mapping (Figure 1) and a staff diary will provide a rich source of information in the form of data and feelings. This will ensure that this important aspect of change is given the priority and attention it deserves.

Example of a role / process map demonstrating the process for the patient and the tasks undertaken by a receptionist and a nurse. Note the two staff members undertake the same task twice which constitutes duplication and inefficiency.

Patient



Receptionist



Nurse



Figure 1. Example of role/process map

For more information on process mapping see the Improvement Leaders' Guides at <http://www.institute.nhs.uk/improvementleadersguides>

Getting staff involved

*'Tell me, I'll forget, show me,
I may remember but involve me and I'll understand.'*

Chinese proverb

The likelihood of sustainability increases if staff are involved in the change.

A Market and Opinion Research International (MORI) research study demonstrated that staff who feel that they are kept well informed are twice as likely to:

- feel involved with the organisation
- understand the overall objectives
- recognise the goals
- feel secure in their role
- feel that they can make the best use of their skills and abilities.

A feeling of involvement amongst staff and the opportunity to influence the change can in itself increase efficiency and job satisfaction. In addition to this, getting staff involved in the process will itself impact on their work and workload. Within their working day they will be needed to participate in new or extended meetings or discussions, to think about things in a different way and possibly undertake tasks that they had not previously had to do. Therefore, unless they can be fully released from their normal duties, there is usually some increased workload for staff which could lead to concern, dissatisfaction and disengagement.

Listening to the staff

You need to publicly recognise that during the change process there is likely to be an increase in workload and changes in roles. Encourage mechanisms such as **mapping** and **diaries** so that staff can collect and identify issues and concerns and provide **forums** so that staff can articulate the changes and any concerns that they have. There may need to be a number of different mechanisms for these forums including whole group meetings, individual meetings and a means for correspondence such as e-mail or memo.

It is a good idea to regularly ask for feedback on how the team feels about the change. You should encourage staff to identify both the things that are going well and the things that could be better. The following group approach may be useful to achieve this:

- get your team together for approximately 45 minutes
- give each team member a sheet of paper with a line down the middle, label the left column 'what is going well' and the right column 'even better if'
- begin by asking participants to take five minutes to individually list the most important aspects of each of the two areas
- ask for overall feedback about the most important thing(s) on the lists and record these on a flip chart with the same two columns as the individual sheets for all to see
- any concerns highlighted more than once in the 'even better if' column should be grouped together - the fact that they have been raised by more than one person means that they should be considered further
- if many different areas for improvement are generated, try asking each staff member to identify the three they think are most important - a **dot voting** technique is a great way of doing this and makes the results highly visible for staff
- the most nominated ideas should be the focus for action.

Dot voting - ask each member of staff to vote for the most important issue for them. It is often good to give participants up to two or three votes depending on how many issues you have listed. Sticky dots or marker pens can be used for this. See Figure 2.

An important fact to acknowledge is that you do need to act on the main concerns raised otherwise staff will become disengaged. Ask staff for help and ideas for those areas that require action and also make sure you feed back the outcomes of the meeting widely through the communication mechanisms that you have set up. You should also focus on what was considered to go well and identify commonalities or trends that you can use in the future, (see Infrastructure section on page 77).

Another useful approach that will help to illustrate the changes made and their impact on the process and staff is to 'walk through the process' or 'be in the staff's shoes'. Some of the most innovative organisations will, for a few weeks after a new process is implemented, place senior level managers inside the specific organisational unit to work side-by-side with the staff. The purpose is to experience and understand what they, and the patients, are going through. This activity allows you to fully understand any issues that have been raised about staff roles or inefficiencies in the process. This also provides an opportunity to identify and act on any unintended or unexpected consequences of the change (both positive and negative) that can be celebrated or corrected.





Figure 2. Example of dot voting

Understanding difficulties

Often, increases in workload or difficulty of the work are very real. It may be helpful to carefully study your initial aim and proposed changes with the intent of finding ways to make the staffs jobs easier. If concern is raised about roles becoming harder or more complex it may be helpful to ask someone who has not been involved in the change to help in a more detailed analysis. They will come with 'fresh eyes' and be able to ask questions that people familiar with the process would be unlikely to ask. Someone from personnel or human resource department might be able to assist you, involve patients or even look to an industry outside of health that has had a similar or related function or process flow. If you decide to engage someone like this, begin by explaining the changes within the process step by step. This may identify issues you may never have considered. Compare and discuss any points they have raised with those that staff have identified. There may be some immediate advice that can be actioned but we would also suggest going through the following steps with them and the staff involved.

Use the flow charts and / or diaries that have been created and either talk or walk through the new process identifying areas where roles have changed:

- try to view the whole picture, for example, one role may have reduced its workload while another may have increased
- describe the differences between the old and the new roles. Be sure to include any difference in the time it takes to undertake the roles or tasks
- identify any requirements such as desk moves, equipment needs or training and development opportunities
- identify possible changes to role descriptions: make sure you **involve human resource advisors** in this as terms and conditions of employment may be affected
- identify possible steps that can be taken
- devise an **action plan** to take these approaches forward.

Find ways to release more time for staff

If there are resources to release staff from their usual role this will be extremely helpful.

However, this is often not the case. Another option is to see if staff are undertaking tasks that are duplicated elsewhere, not required any more but have been continued as 'custom and practice' or could be delayed. Often the staff who are working within the system are in the best position to identify the sources of inefficiency or potential change to their role. In addition to using group techniques identified earlier in this section, the following questions might be useful:

- can we find and eliminate any of the following?
 - duplication of effort
 - unnecessary paperwork
 - unnecessary data collection
 - errors or routines that force tasks to be repeated
 - excessive waits and delays which hold up work.

Again the map that has been created can act as a prompt and with each task identified get staff to ask lots of questions for example:

- why does this task need doing?
- why do I do it rather than anyone else?
- why is it done at this time and this place?
- why is it done like this, if by hand could the task be automated?
- who else does this task?
- what benefit does it bring to the patient, the organisation or my work?

Joining forces with a larger community

You may discover that the new process does make a significant difference to role workload and complexity. This may be anticipated to last during the lifetime of the change initiative or extend to the implemented process. Both require examination and consideration of possible action or alternative approaches. One such approach is to **involve others** who may be beyond your initial target work group.

Ask questions such as; who else might benefit from the new process even in a less direct fashion? The patient will benefit, but how about family members, medical students, neighbours, other healthcare staff? Would any of these groups be interested in getting involved?

For example: look for ways for patients and families to become more involved. Many people are happy serving themselves at petrol stations, having access to automatic cash machines and booking their own plane reservations. While each of these innovations has actually increased the work for the customer, they are willing to do it because it offers benefits like speed, access 24 hours a day and it puts them in control. It may be that staff work can be reduced substantially by allowing the patient or family to complete certain tasks. Such innovations may require a substantial investment at the start, but lead to dramatic improvements for patients and staff in the long run. For instance, could patients schedule their own appointments over the Internet? If data collection from patients is taking too long, could patients complete the information themselves and either post in or send via the Internet?

Use the table (Figure 3) as a framework to identify who else may get involved and when and how this could happen.



Questions to ask	Who could be involved? List roles, names and contact details?	How could they be involved?	At what stage might you involve them?
Who currently benefits from, or is affected by, the new process?			
Who are the other groups or individuals that could benefit?			
What needs might be met by joining in this effort?			
Who are the key decision makers and opinion leaders who may take a more active role?			
Who are the key players who will take on specific roles and what roles could they take?			
What other groups and individuals are there who do not want an active role at this time but who wish to be kept informed?			
What new groups or new individuals could we increase awareness for?			

Figure 3. Involvement table
Adapted from Improvement Leaders' Guide, Working with systems, 2005, available at <http://www.institute.nhs.uk/improvementleadersguides>

Once individuals groups of people who are willing to help have been identified, meet with key representatives to discuss mutual interests. Make sure you formally specify the goals, responsibilities and commitment of the new affiliates. Formal recognition of these interest groups and the benefits they derive from the new process will encourage their continued support and be important in efforts to sustain it.

When adding new groups to your project it is very important to recognise that each will have their own interests and needs. Like anyone else, the level of importance they attach to this work is likely to determine how much they are willing to participate.

What if the change is not improving efficiency?

Any new change would aim to lead to a process that is well organised, productive and effective in terms of cost and waste. This can be applicable to roles and the overall process. Essentially if the new process is not at least as efficient as the previous process, staff will feel that their roles are more difficult or less rewarding. If the new process is believed to be inefficient you need to examine this as a new challenge by identifying the issues, searching for new solutions (staff may already have good ideas for improvement) and testing/implementing any new ideas. Be careful to identify the benefits that were intended at the outset of the improvement work and highlight those that have been achieved so far so that you can maintain a positive balance.

Reviewing, re-orienting and re-setting the clock.

All change initiatives work within an anticipated time frame and have specific goals and objectives. Whether you think there are difficulties or not, it is worth reviewing these at regular intervals with the staff group that are working with or are affected by the change. This effectively provides another forum where staff can voice where things are going well or not in terms of both their role and the general efficiency of the new process. After the change has been implemented, it is important to **maintain a forum** so that there is continuous assessment that can lead to continuous improvement. Whether reviewing before or after full implementation, it is useful to maintain a balanced view and the **Six thinking hats tool** identified in the Staff involvement section (see Page 43) may be helpful during these discussions (De Bono, 1999).

Some useful review points include:

- look for areas that are working well and try to learn from them
- identify areas where there appear to be difficulties and see where these can be better supported. For example, if the review is during the improvement initiative, try a more incremental implementation approach: break the change into smaller segments and implement some aspects later; identify additional staff that could help; identify information needs and support these. If the review is after the improvement has been implemented, break down the elements of any inefficiency and identify small cycles of change to bring in new improvements (see page 22)
- re-set the clock: if you are expecting too much, too quickly, think about expanding the time frame. Do you need to go back and improve some of the process even more? If so apply a new time frame to this
- re-organise or re-establish some timescales and milestones: identify interim objectives while keeping your sights firmly planted on producing or maintaining the full process change.

Remember full implementation of a new process can be traumatic and complex. Full attention and support should be given to unanticipated or unintended consequences that may occur. These might not happen or manifest themselves immediately, so continue to monitor, review and provide an effective forum for staff. Take a positive view of any problems and treat them as a step towards a continuous improvement cycle.

The key in all of this is that when a difficulty (of any kind but in particular difficulties that add complexity to staff work) is experienced, it is important to try to correct it as soon as possible. This demonstrates your commitment to supporting the improvements that staff are trying to make.

It is likely that some aspects of staff roles will change and they will need to make a transition to a new way of working.

'Every Beginning is a consequence. Every beginning ends something'.

Paul Valery, French Poet

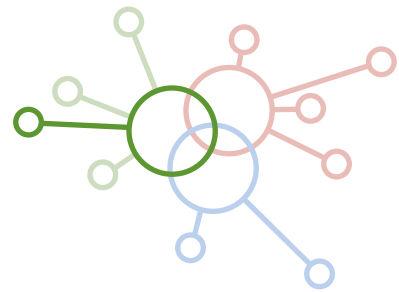


Managing the transition from old to new ways of working

William Bridges has described how you can make the most of change by managing the transitions (2003). He reminds us that before people can move forward to new ways, they usually have to let go of the old way of doing things. Transition starts with an ending, and we need to respect this as an important part of the change process. Remember that staff may have been working in the same way for many years and in fact they may have been involved in setting up the working practices and systems in the way they currently operate. Managing transitions involves the process of helping people through three phases:

- 1** letting go of the old ways of doing things which may include some of the existing roles and responsibilities. This first phase of the transition is an ending, and is the time you need to help people recognise the old way of doing things absolutely added value and benefit, but that the new way can build upon this and bring even greater benefits
- 2** going through an in-between time when the old way is gone but the new way is not fully operational. This can be called the 'neutral zone': it's when the critical physical and psychological re-alignments take place. It might be considered a high-risk time when things are not clear and staff might look back to the old way of doing things in which they feel confident and competent
- 3** coming out of the transition and making the new beginning. This signals the time when people should feel comfortable with their new work role and identity, experience the new energy and discover the new sense of purpose that makes the change begin to work.

(Adapted from Bridges 2003)



Process • Credibility of evidence



What is it all about?

Ensuring that there is evidence that the change will produce benefits that are obvious to all key stakeholders.

Why is it important?

Evidence of benefits above and beyond those gained through the existing process will give people reason to support, accept and participate in the change.

How do we get it?

Illustrate the differences between the existing and new process. Identify the benefits for patients, staff and the organisation. Communicate those benefits in a way that meets the needs of these different audiences.



Credibility of evidence

There is no evidence to support the value of the process and the benefits are not immediately obvious

New processes are more likely to be sustained if there is evidence to support their advantages over the existing or old processes. Staff need to be able to understand and believe that the new process has benefits and are more likely to support the change if at least some of these are immediately obvious. The material that follows offers suggestions on what you can do if the benefits are not immediately obvious or if there is limited evidence supporting the advantages and value of the change.

Put yourself into the position of the organisation or staff who will be affected by the change. Why would they support the proposed change initiative? It is important to be able to identify the beneficial impact of the intended change otherwise there is little or no incentive for participation and involvement. The harder it is for people to see the benefits for the patients, themselves and the organisation, the harder it will be to convince them to accept the proposed or new change.

There are two key elements which will help you demonstrate the evidence and benefits for this change. The first is **identifying the benefits** and the second is being able to **effectively communicate the evidence**.

Identifying the benefits

The more difficult it is to appreciate the benefits of a new or revised process, even if there is evidence to support it, the less likely staff will be to engage in the process of change. The more the benefits are immediately obvious, the more likely that staff will support the new change.

What is your current position?

If the change has been implemented but the benefits are not immediately obvious, you need to focus some effort on increasing the visibility of benefits and take the steps discussed below to make them more evident. If the change process is still in the design phase, you have an ideal opportunity to illustrate the anticipated benefits. If the change idea has been tested and implemented within another organisation, you will be able to use their experience to demonstrate the benefits gained. Remember, even though the idea may have been successfully implemented elsewhere, the area where you wish to apply it will almost certainly differ in structure, processes and/or culture. During your planning phase you will need to adapt the idea to the local culture and situation. This means that the benefits achieved may also be slightly different in your setting (also see Adaptability section on page 27). However, the experience in the other organisation/s will still serve as a good starting point. Later in this chapter you will see that one of the most effective ways to share those experiences is through **storytelling**.

What if the idea for change has not been tried or tested elsewhere?

Even if this is the case you will have a hypothesis about the potential benefit and this is what should be tested using small-scale change cycles. Conducting small-scale tests through a 'Plan, Do, Study, Act' (PDSA) cycle provides a useful and safe opportunity to try the idea and reflect on the outcome and then either change the plan or try it on a larger cohort of patients (Langley *et al.*, 1996). Each cycle of testing provides new information and evidence about the change idea which should be captured and shared with others. Through the use of these test cycles, information is provided in a number of different ways including through observation, physical action, data that is collected to form evidence about the test and then a thought process which assimilates all that has gone before and identifies a way forward. It can also act as a method to involve and gauge the opinion of others who will be involved with or affected by the change.

This style of small-scale testing has proven to be very popular with many business and healthcare staff engaged in change. Using the PDSA cycles is a good way to create stories that make the benefits more obvious - in fact they may even help you find unanticipated benefits.

PDSA cycle for learning and improvement



Figure 1. PDSA cycle

Repeated use of PDSA cycle

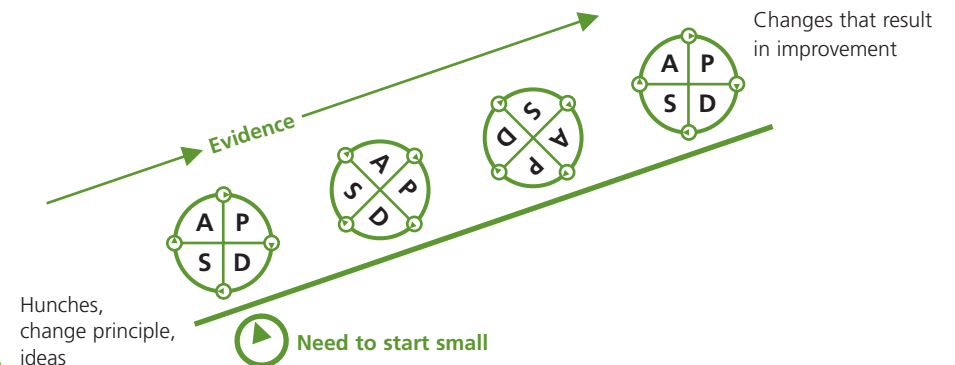


Figure 2. Repeated use of PDSA cycle
For more information go to the Improvement Leaders' Guides at <http://www.institute.nhs.uk/improvementleadersguides>

Case study

When breast cancer patients were trained over the phone to use the internet for health information, it was assumed by staff to be a less effective way to train than staff visiting the patient's home. But a brief PDSA test showed that people trained by phone used the internet more than those trained in person. The test demonstrated that the telephone training required the patient to actually use the computer more than when they were trained in person. So by the time the training was complete they had more experience with the computer and felt more confident about using it. Once that result was shown to the staff they all said 'of course!'. The point being demonstrated is that brief tests can identify benefits that, once experienced, will become immediately obvious.

Experiencing change from the customer's perspective

Another way to demonstrate the benefit of the improvement is by **walking in their shoes** or shadowing patients. Although the staff work within a process, over time they do not often have the opportunity to see and feel it from a user perspective or with a user, and rarely see the whole process from beginning to end. Walking in their shoes is a useful method to demonstrate what parts of the process could be improved and, after some changes have been implemented, what difference or benefits have been gained. It is important for staff to experience the process both before and after the change and for them to record both versions of the process.

A **process mapping** technique (see page 12) or **photograph board** would be useful at this stage. It would be interesting to ask a patient to take photographs which really depict their experience of the process. While a digital camera would provide more instant pictures, a disposable camera would work just as well. This type of documentation can form a visual stimulus for others, demonstrating the differences and impact that the change process has achieved. Experiencing the process as a patient also provides staff with a completely different insight into the care and service that they provide and often strengthens their level of engagement in the change process.

Case study

When a team decided to improve substance abuse treatment, one member of the team went through an admission for heroin addiction. Even though he had never used heroin, he went through all the steps that an addict does when trying to get care. After an initial assessment (which took over two hours to complete) he was told that there was no room for him in the inpatient facility and that he should call back weekly to let the agency know that he is still interested in getting care. Each time he called he got an answering machine that simply said 'leave a message'. On the voice mail tape there was no identification of the agency (so he was not sure if this was in fact the right number) and no feedback on whether he was making progress toward an appointment. This happened for six weeks in a row

The feelings of loneliness and rejection were palpable. After six weeks he concluded that even if an opening occurred he would not want to be treated in an organisation that dealt with patients this way.

A change was implemented that allowed callers to start treatment the day after their first contact with the agency. The team member went through that entry process as well. When he called the number a person answered the telephone rather than the voicemail. 'Can you come in tomorrow morning and we will get you into treatment that day' they said. What a different experience! Encouraging staff to experience the two processes really demonstrates the advantages and benefits of the new process. It is a powerful way of giving life to the data.



A few key measures

Gathering evidence of the continued effect of the improvement initiative can be very important to sustainability. It provides the frontline staff and other decision makers with the information to continue to support or spread a change. Often people feel that extensive data is needed, but this is not the case. It is often far better to have one or two key measures rather than a plethora of them. Three key questions that might be considered at this point are:

- who needs to see the evidence?
- what one or two measures will they be interested in seeing?
- how can it be best presented?

A guiding principle is to identify the most important customers for your data. It may be the staff opinion leaders who will influence others to either support or oppose the improvement. It could be the senior leadership team who will remove any barriers there may be to sustainability. It could be the administrative staff who are most affected by the change. It could be the patients themselves. Or it could be a combination of all of the above. The measures should address the key goals of the change but 'the fewer the better' is a useful guiding principle.

Case study

A patient has discovered a breast lump and her GP suspects that this may be a cancerous growth. The existing process includes being seen by a consultant or specialist who then orders a number of diagnostic tests. The patient needs to make an appointment to come and have the tests and then another appointment to come back and see the specialist for the results. This process is cumbersome and very stressful for the patient and takes a long time from beginning to end. The proposed process would involve a 'one-stop' approach to the patient's care. The specialist sees the patient and can have all the appropriate investigations undertaken on the same day. The patient can then choose if they would like to talk to the specialist about the diagnosis on the same day or come back within a day or two. This represents a huge change to the process for the patient and for the staff involved. You could choose many measures, but three key measures would be:

- overall waiting time for the patient. In addition to patients this would be of particular interest to clinicians and managers
- time from referral to diagnosis which is an important clinical indicator and will (in addition to patients) be of interest to clinicians
- the number of 'hands off' (the number of times the patient has to go from one healthcare professional to another and from one appointment to another) indicating need for a more streamlined process. This would interest the clinical team, administrative staff, patients and the senior leaders.

Effectively communicating the evidence

If benefits cannot be made immediately obvious a **marketing campaign** may be needed. One of the most effective strategies is to develop stories showing how the new process improves things for staff as well as patients. A quote from Andy Goodman (2003), *'numbers numb, jargon jars'* and *'no one ever marched on London because of a pie chart'* reinforces the power of stories. Research suggests that stories are much more effective means of communicating than data. However don't forget that you do need to influence those who like and respect data more than stories. Optimally a combination of methods or specific communications targeted for specific people needs considering. McKee (2003) has suggested a framework based on **seven questions** that will help create a great story.

- 1 who will be the hero?
- 2 what is the hook to capture the reader's attention?
- 3 what surprise(s) will keep it interesting?
- 4 where is the conflict?
- 5 what telling details set the scene?
- 6 what emotional experience will the reader get from it?
- 7 what is the moral lesson that comes from the story?

McKee (2003)

Effective communication is a theme that runs through many of the sections in this guide. In addition to the information below you will find more about communication in the Monitoring progress section (see page 35) and the Infrastructure section on page 77. Once you identify the evidence that demonstrates the benefits of the proposed change, the next thing to consider is how you are going to communicate this and to whom. We touched on this above when deciding what measures will mean something to different groups of people. Now you need to decide what format will be easiest for them to relate to. Examples may include:

- **patient stories** describing the healthcare process, including highlights and difficulties. While performance data is very important, data alone may not convince all staff. Credible stories of patient and staff experience with a new process will help staff appreciate the benefits. Ideally you would talk to several patients and several staff members who have been involved in testing and using the new system to understand their feelings and opinions. It is important to gain a balanced view so that both positive and negative aspects of the new process are presented. If there are problems or issues within the new process you must identify and acknowledge them in a transparent way. Verbatim quotes from those interviews can be more powerful than summary statements by interviewers. If possible, **tape the interviews** for future reference. You may be required to seek **ethics committee permission** for taping and you should always seek the permission from the interviewee. One way to involve potential sceptics is to invite them to participate in the interviews. Patient and staff stories can be very powerful as a way of making benefits come to life; of making the benefits immediately obvious.
- **graphs** that indicate the time when the process was changed, provide a highly visual representation of change over time. It is even more compelling if the graph takes the form of a **statistical process control chart** (see Figure 3). Graphs can provide statistical data for the audience who like numbers and statistics and provide a useful visual aid as part of a verbal presentation.

Number of days patients wait for a routine MRI

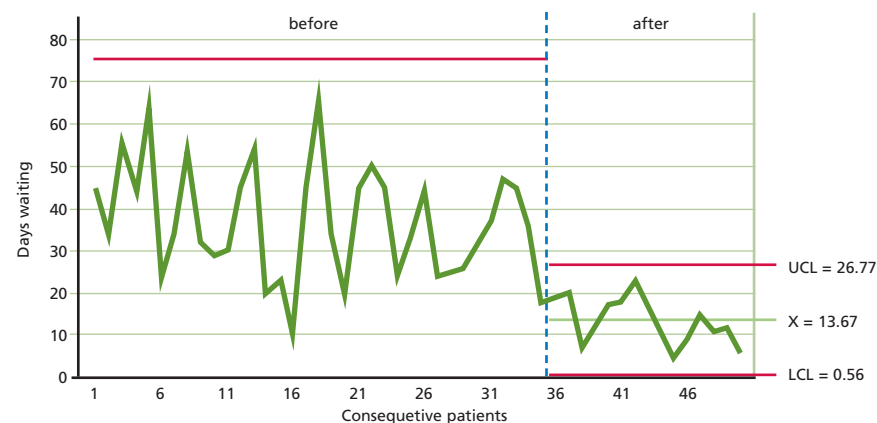


Figure 3. Repeated use of PDSA cycle
Statistical process control (SPC) chart illustrating a reduction in waiting time for MRI scan
For more information on SPC charts go to www.institute.nhs.uk/servicetransformation

- A diagram or picture depicting the change and benefits
Simple diagrams can be quite powerful when demonstrating the before and after of a change. A process map is one type of diagram that can be used and a diagram depicting how the patient has to travel between healthcare professionals and/or organisations is also powerful.

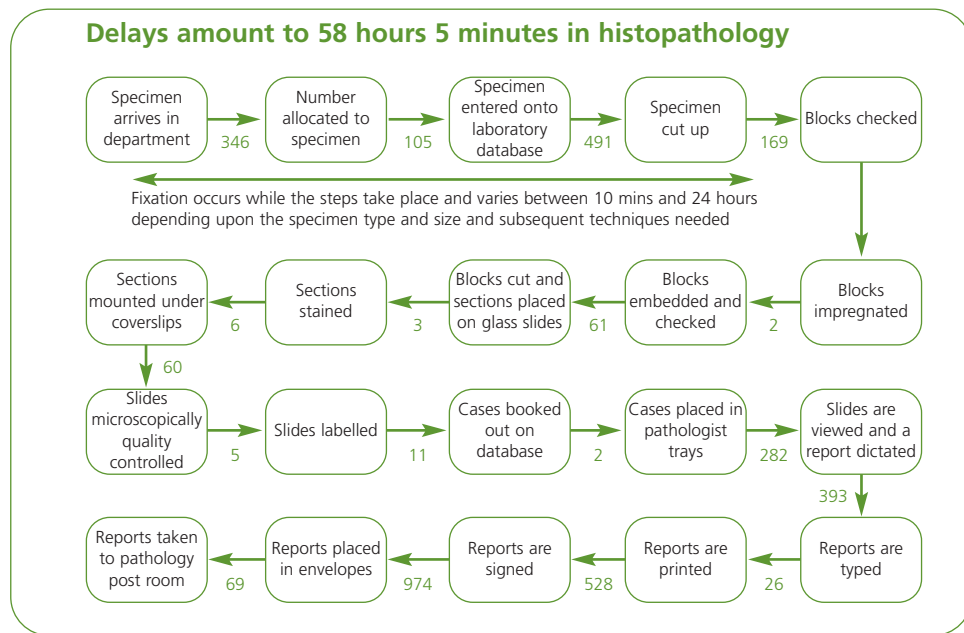


Figure 4. Process map for histopathology before changes

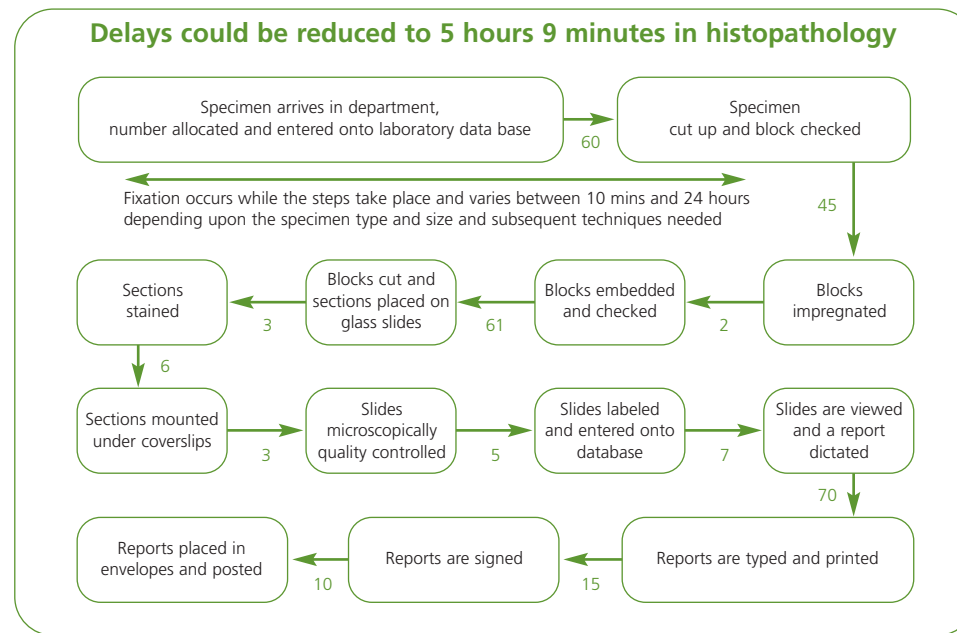
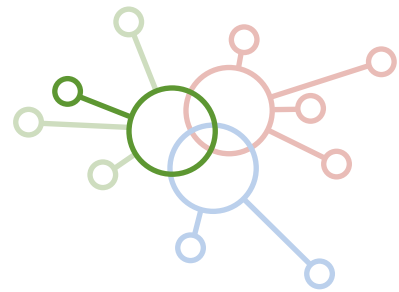


Figure 5. Process map for histopathology after changes

Of course, you may need to use all three methods if your target audience is varied. Typically a table is the worst way to present data because it forces the reader to analyze the data themselves whereas a chart or graph emphasizes the key point you are trying to make. People often find tables much more difficult (than charts or graphs) to understand and interpret.

Summary

Being able to both demonstrate the potential or actual benefits of an improvement is critical in terms of both starting your project and holding onto the gains once the change has been implemented. There are two key elements to this section; identifying the evidence and communication the benefits. A number of tried and tested tools and techniques are available including small-scale testing using Plan, Do, Study, Act (PDSA) cycles, patient shadowing, process mapping and patient stories. These all complement each other and can be used together as well as alone. It is important to remember to tailor your communication methods to the different audiences you want to reach.



Process • Adaptability



What is it all about?

Ensuring that the change can continue in the face of ongoing changes in staff, leadership, organisation structures, etc.

Why is it important?

Ensuring that your improvement is flexible to the surrounding systems will help make it sustainable and become a platform for continuous improvement.

How do we get it?

Be aware of potential organisational or staff changes.
Look for the opportunities these could bring and be prepared to change your original improvement plans.



Adaptability

Process cannot adapt to organisational changes and there is no system for continually improving the process.

Adaptability can be very important in determining whether a new or improved process will be sustained over in long run. There are three situations where this adaptability can be very important:

- 1** during the design stage when you want to use an idea from outside the organisation but must adapt it to fit within your organisation
- 2** during a period when your organisation changes (e.g. changes in people, location, structure) and the relevance of the new or improved process is being questioned
- 3** over time as the new process itself becomes a candidate for further improvement.

1 Adoption and adaptation of ideas from others

There are many examples of health service improvements ranging from condition specific (e.g. Action On Dermatology) through disease specific (e.g. Cancer Services Collaborative 'Improvement Partnership') to whole system changes (e.g. Pursuing Perfection) which all provide a resource that you can draw upon for your own improvement work. The concept of sharing improvement ideas has been, quite correctly, encouraged with slogans such as 'steal with pride'. It is important to recognise that not all changes which are successful in other organisations, will be either fully replicable or successful within your own. Without careful adaptation, that takes into account the unique characteristics of the adopting organisation, changes may not be sustained.

Rogers (1995) identifies five categories which increase the likelihood of a sustainable change. The new system will:

- have a relative advantage compared to the current system
- be compatible with existing practices of the adopting organisation
- be easy to understand
- be observable in demonstration sites
- be able to be tested and revised to fit local needs.

(Rogers, 1995)

Locock (2001) stresses the important influence of the local context. Unless those involved in the local change process can see that the change will improve their current process, and is something that they can adapt to fit their own unique organisation and local practices, they are unlikely to be persuaded. We would add that unless all those things happen, the change is not likely to be sustained either.

Steps in adapting another organisation's ideas

Will another organisation's process really work in your setting?

Before adopting another organisation's successful solution it might help to:

- 1 gain an overview of both organisations to understand key differences and similarities
- 2 identify the essential elements of the improvement idea
- 3 find some way to allow even rigid processes to be adapted
- 4 take one step at a time.

Gain an overview of both organisations:

It is important to gain a view about the similarities and differences of the organisations and specifically the area of the organisation which you are trying to change. If possible, **arrange a visit** taking with you key staff who can represent the team e.g. administrative, nurse, doctor, manager. Ask for a similar mix to be available in the host organisation and think about the questions to ask before the visit. Make sure you explore any key differences and similarities in structure, process and culture as a starting point. If a visit is not possible, a series of **telephone calls** will provide some helpful information. Those involved should then discuss the results and identify both the opportunities and potential difficulties. The specifics of your setting may be quite different from those in which the process was first developed. As a result, the details of their solution may not be entirely appropriate to your setting. It might be useful to identify differences and similarities through a **process map**. Another method could be **walking through** the process thinking about how each element of the change would impact on your current system.

As you are doing this you might also ask yourself and other staff questions that identify special aspects of your organisation's culture. For example, how do decisions get made and how do people go about their work? If someone were to mention one thing that is different about the way work gets done around here, what would they say? This information will allow you to look at the processes used in other organisations and estimate how it would be accepted in your setting.

Identifying the essential elements of the improvement idea. It will be useful to find out what **key elements** absolutely must be present in the potential process if it is to be successful in your organisation. When you examine how others have achieved improvement, the precise details of their solution will be less important (and in fact may be distracting) than a few fundamental principles or key ideas. You need to identify those key ideas and then decide how they might be adapted or best fit in your own unique organisation. Adjust the idea so that it will really work in your setting.

For more information on process mapping go to page 12 and the Process mapping, analysis and redesign Improvement Leaders' Guide at <http://www.institute.nhs.uk/improvementleadersguides>

Case study

One hospital was attempting to reduce the incidence of decubitus ulcer. They found a clinical protocol that described how to accomplish that objective. But it was 93 pages long! They knew their consultants would never accept this detailed process created by someone outside the organisation. After reviewing the material they felt that only two things were really essential in the whole 93 pages:

- 1 measure and record the size of the ulcer and
- 2 change the position of the patient every two to four hours.

Using those principles, the healthcare team were involved in creating their own clinical guideline which was subsequently adapted for use.

Find a way to allow even rigid processes to be adapted:

Some processes from other organisations may be very hard to adapt. Those based on information technology may feature in this category. The content, structure and operation of IT programs can be difficult and expensive to modify. However it would be rash to believe that they will be accepted without the potential for local modification. Again, it is critical to **involve all staff** and allow them to examine the program carefully and identify changes that would make it function more effectively in your organisation. It is possible that these changes could be very minor and yet make a big difference in whether the change is sustained or not. For instance, the front page could be personalised so that your organisation's name was prominently displayed. The point is that as organisations change or as solutions are spread to different parts of the same organisation, it will be important for sustainability that adaptations are encouraged as long as they don't violate fundamental premises of the new system. Even when implementing rigid systems, search for aspects of the new system that can be adapted. It will be essential to obtaining and retaining buy-in.

Adaption of ideas

Finding these key ideas will be a challenging but very important task. But it is often better not to rush into a solution. It may be more helpful to learn HOW another organisation went about their improvement initiative rather than WHAT solution they came up with. Make sure you, or better still some members of the change team, speak with two to three people who have made the original change. Ask the question *'if they were taking this idea into another organisation what aspect(s) would they want to keep and what aspects would they be willing to discard or modify'*. Look for the commonalities in their answers as these are probably the key ideas. Now consider your own organisation again. What factors do you have no control over? Are there things such as environment, history, timing and other idiosyncrasies - which will affect the success of the proposed improvement?

Sometimes it is possible to find an organisation whose successful change fits the characteristics of your organisation. Their plan has already been developed, implemented and tested. Adopting it as a template can save time and energy and allow you to reap the rewards of the improvement sooner than if you had to pioneer your own change plan.



2 Major organisational changes

Within the last decade there has been considerable organisational change which has affected operational and managerial structures within the NHS. This can have an impact in several ways:

- senior leadership attention is diverted away from the local initiative
- key members of the change team are recruited to work elsewhere
- there is uncertainty for the future which affects staff attitudes to the local change
- plans for departmental or organisational mergers can impact on the scope of the change initiative.

Each of these issues will be discussed in more detail below.

Senior leadership attention diverted.

Try to identify how much support or interaction the senior Leaders can still provide. You may find that because leadership support has been established, the change can continue with reduced input for a while. However, it will be very important to think again about what specific kinds of senior leader support is still needed to maintain the change and to **prioritise** so that the most important activities are the ones you are still asking the senior leaders to do. If you feel the diversion of attention is having a negative impact on your project, you should communicate this to the leader with specific examples and seek alternative ways to gain the support you need. As with any changes to the timescale or scope of the change initiative, you should **fully document actions** taken. A summary should be forwarded to the project sponsor/ leadership team (it will also be helpful to read through the Senior leadership section on page 59 and Fits with goals and culture section on page 71).

Changes to the team.

As a change moves into the mainstream within the department or organisation there may be changes of staff especially if some members were specifically selected to work on this project/initiative. Think about **potential opportunities** arising from this. Members of the group who have played a less active (although supportive) role may wish to become more specifically involved. This may be a time where job descriptions require reviewing and the specific roles and skills needed in terms of improvement and sustainability can be identified. It is important to recognise that some staff will enjoy designing and implementing change more than having a high focus on ways of sustaining the improvement. It is advisable to identify key staff with interests and skills in each area early on in the improvement work. This may be a good time to re-communicate the changes and benefits gained which may create renewed enthusiasm for the work. (See Infrastructure section on page 77).

Organisational uncertainty affecting staff attitudes.

Any change has the potential to produce uncertainty and often a level of anxiety amongst staff. If this happens individuals may question the point of continuing the work on the local initiative. The importance of communication cannot be stressed enough. The senior leadership sponsor may be able to help clarify the organisational position and reinforce the continued need to sustain the change for the benefit of both patients and staff. In addition to this, celebrating achievements to date and reiterating the aims of the work have been found to help keep staff focused.

Change in scope of your initiative.

Large organisational or departmental mergers have occurred in the NHS over the last decade. While some can be disruptive to sustaining a change, they can also be beneficial. A merger could provide improved links with parts of the process that were previously difficult. This may also result in fresh enthusiasm about the different way of working and the benefits that could be achieved for patients, staff and the organisation. The merger could bring together two areas that are both working on similar initiatives and increase the potential for collaboration. It could of course create a diversion to the work. It is important to sit down and review what is happening.

Look for opportunities, talk to people to gain insight and to keep them informed. Use the **Sustainability Model** as a framework to identify a list of the key factors which positively and negatively impact on sustainability. Identify people who may help and create a plan for going forward. Sometimes it can help to enlist someone from outside the organisation who can take an objective view since you and your team are likely to be very close to the situation.



3 Over time as the new process becomes a candidate for improvement

We live in an ever-changing world and should expect that the improvement we have made will also be able to be improved further at some stage. This creates a climate for continuous improvement. It is important to support and encourage local staff to recognise when a process could be improved even further and to have the skills and knowledge to explore the potential for doing so. Planning ahead with the goal of building local capability is central to continual improvement.

Many ongoing improvement programmes report a lack of staff continuity, and when a key staff member leaves, improvements can regress (Ham, 2002). Fortunately, it is possible to anticipate and plan for some staff changes. But even if a staff change surprises you, it is important to consider how those changes might influence the effectiveness of the process changes. What effect will the staff changes have on the skills and knowledge that exist within the team? What training will new staff require in improvement tools and techniques as well as in specific process changes that have been made? How should the new staff become involved in change initiatives?

These points should not be limited to new staff. All staff could benefit from a reminder of the reasons why a process was changed. This will help to reinforce and celebrate the significant progress that they have been part of. They can also benefit from opportunities to enhance their improvement skills, such as process mapping. It may be useful to add these to your department's or organisation's standard induction process. Make links with your training or human resource department who may welcome some help or expertise in offering this type of training. Members of the change team may welcome the opportunity to help develop training materials. Formal recognition for staff who have extra skills and competencies is also important.

Early thoughts about succession planning will be useful. What would happen if the leader for this improvement were to leave the organisation? Would other members of the improvement team be able to continue the work and lead further improvements? Consider how the knowledge and skills continue to exist.

When engaging others in the tasks that you have been doing, you need to ensure that staff see the value and gain recognition rather than feel that they have just taken on more work.

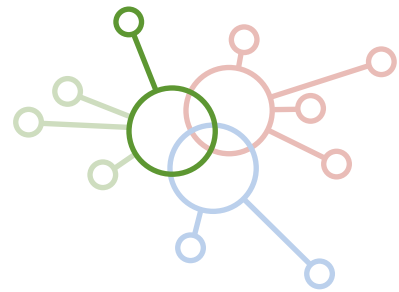
A change in organisational leadership.

The Senior leadership section on page 59 emphasises the importance of senior leadership in sustaining change. So what if the leader leaves? While you may have one person identified as a key link person or board sponsor it is critical to have the change initiative clearly understood and supported by as many board members and other senior leaders as possible. Attention to communication methods will be very important - see also Staff involvement section on page 43 and the Infrastructure section on page 77.



Summary

Whether looking for a new change idea from others, facing major changes within your organisation or planning for the future success of continuous improvement, it is important to consider **adaptability** as a key factor for sustainability. There are many improved services that you can draw on for ideas and inspiration but remember to consider and adapt them to fit with your own organisation. Unanticipated organisational change can disrupt your improvement initiative but also try to focus on the opportunities that these can bring. Prepare for the future by **succession planning** for the next opportunities to improve services even more for patients, staff and the organisation.



Process • Monitoring progress



What is it all about?

Ensuring that you have a system in place to continually and effectively monitor the progress of change.

Why is it important?

Measuring keeps us informed about success and identifies further areas for improvement. In the absence of feedback, serious flaws or 'slipping back' may go unnoticed.

How do we get it?

Find out what is already being collected by others.
Build measurement into current reporting systems.
Communicate the impact and benefits widely.





Monitoring progress

Effectiveness of a system to monitor progress of improvement

There is no system to monitor progress and act on it.

When the improvement has completed its pilot testing and begins full-scale implementation, a baseline will have been established that will allow you to determine whether the desired level of improvement has occurred. The message within this section is that both measurement and communication must continue if you are to sustain or 'hold the gains'. If staff are not able to identify and document either ongoing improvement or slippage, they will be unable to either take corrective action or think about how the process could be improved even more. There is a resonance in the saying 'we manage what we measure'. More than just maintaining position, measurement and communication help the team to look toward ongoing improvement.

We celebrate improvement efforts but maintaining performance is less glamorous

Like all aspects of sustaining a change, the ongoing measurement and analysis functions are much less exciting than they were during the design and testing phases. Earlier everything was new and there was an element of surprise as teams did not know what would happen as they tried different potential improvements. Once successfully implemented the expectation is that the change will be integrated into the everyday life of the organisation. To do this, performance needs to be measured on a routine, ongoing basis.

'The first step (toward improvement failure) is to measure whatever can be measured easily. This is OK as far as it goes. The second step is to disregard that which can't easily be measured or to give it arbitrary quantitative value. This is artificial and misleading. The third step is to presume that what can't be measured really isn't important. This is blindness. The fourth step is to say that what can't easily be measured really doesn't exist. This is suicide.'

Charles Handy

There are two key functions to consider the **monitoring function** and the **action function**.

The monitoring function

This involves routinely collecting and presenting information that demonstrates the continuing impact of the change.

In order to increase the likelihood of sustainability, measures should be routinely collected in order to illustrate what is happening (e.g. are we continuing to achieve the reduction in waiting time?). Reviewing the measures that were used during the design and testing phases of the project is a good place to start when deciding what to measure to support the improvement beyond the formal end of the project or initiative. However, you should aim to collect data that will give you the best picture and keep things simple and minimal. Think about which measures were most useful during the implementation phase; which was the best measure in terms of identifying overall improvement; which measure did the team relate to most; and which measure would give the senior leadership team the best information overall. The following principles from the Improvement Leaders' Guide to Measurement (2003) provide a useful framework:

- seek usefulness, not perfection, in measurement
- be sure you use a small set of measures that reflect goals and aims
- keep measurement simple
- write down operational definitions of measures
- consider measuring small, representative samples
- build measurement into daily work.

A concern often raised is that 'we already have too many things to measure'.

This is an important consideration when deciding on which measure(s) to choose for ongoing reporting. Here are some things to consider when selecting the measure(s) to employ:

- does it accurately and reliably measure performance of the changed process?
- can the measure(s) be easily incorporated into the mainstream fabric of reporting?
- can the data be easily collected by the team?
- can existing measures be used to monitor sustainability?
- are we currently measuring something that is not used or useful?
- is there anything we can stop measuring?

The action function

This involves three activities:

1 Understand

If a problem is found or the improvement is not being maintained, you need to understand exactly why this is happening. Sometimes the reason will be apparent and action can be taken to resolve it. At other times you will find that you need more information in order to be clear about the cause. For example, is waiting time deteriorating for particular types of patients or on particular days? Is capacity and demand in balance? This extra data collection should only be in place for as long as it takes to understand the source of the problem. It can take many forms including interviews with patients or staff, review of the process map or analysis of information collected for other purposes.

2 Communicate the data in a way that will support the continuation of the change

The data needs to be communicated in a way that will motivate people to sustain the change and take action to improve if a problem is found. Regular communication must be offered to staff across the whole system within which the changed process sits, and to others within the wider system - for example, other clinicians, senior leaders and patients.

When deciding how to communicate your information, you need to think about your audience and you may need to illustrate progress in a **number of different ways** in order to make it attractive to a number of different people. See also Infrastructure section on page 77.

Visual display of measures/data is a very powerful way to communicate the improvements and graphs and diagrams provide a good mechanism for demonstrating trends, data and flows. They can tell a powerful story and provide a way of continually building up your improvement evidence. It is important however to make graphs and diagrams clear and very easy to understand so that everyone who sees it is able to quickly appreciate the message. The example below has been used to keep staff within the surgical services departments of a hospital informed of continuing progress toward their goal of reducing cancellations of operations. Note how the upper and lower process limits (depicted by the red and blue lines) make it easy to see when the change resulted in the desired improvement and how it is sustained over time.

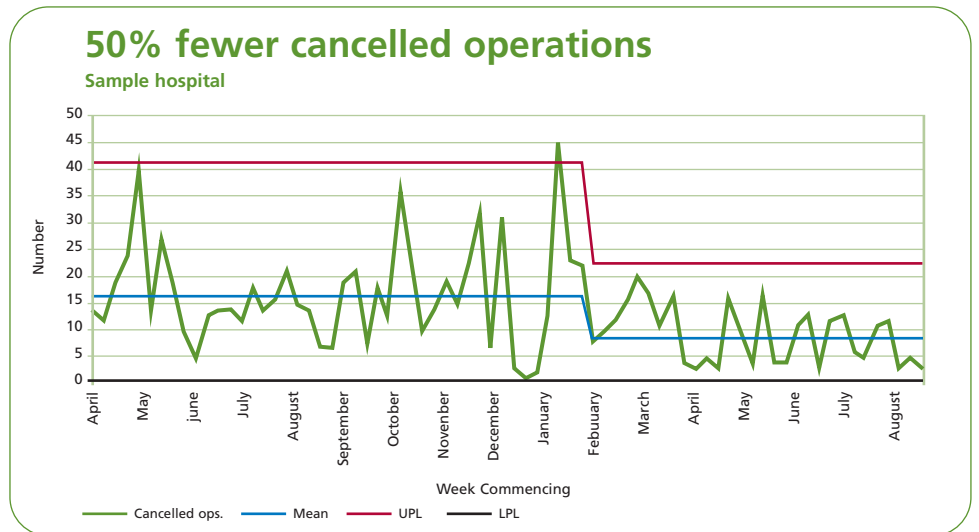


Figure 1. Improvement Partnership for Hospitals
Statistical process control chart

A very effective way of maintaining involvement is by establishing a real time measurement system. If there are systems and skills in place to monitor and continually evaluate the impact of the change, it is more likely to be sustained. (Greenhalgh et al, 2004).

More specifically, a team might create a visual **data wall** within a ward or department which plots progress over time to report performance and process information. Perhaps there is a measure that can be plotted at the end of every shift which will provide a continual indicator of front line improvement. For example, one substance misuse treatment agency was concerned about the number of clients not showing up for assessments and treatments. They decided to implement a process of making reminder calls to the client, during which they would identify any barriers the client faced in getting there, help them find a way around those barriers, and ask for a commitment to attend the session. They collected data on the percentage of clients not attending. They divided the clients into those who had received a call and those who had not. They waited two weeks before implementing the change, during which time they collected pretest data. The no-show rates for each group was plotted at the end of the shift on each day. The chart was displayed in the staff area and provided a clear indication of progress.



While charts and graphs are a good primary means of communication, additional information (such as verbatim patient comments) can be included in the form of text. See examples in the box below.

I am very impressed with this new system. I can now plan childcare well in advance for when I am in hospital.

The new way of doing things means that I have the right level of information at the right time and I can now phone the nurse for advice whenever I want to.

What a difference from the last time I needed help. I get to speak to a person rather than a message service and everyone is so helpful.

I am still a bit confused when I get the information leaflet. Can anything be done to simplify it?

Figure 2. Voice of the customer

These can be displayed in different ways for examples within **speech bubbles**:



Figure 3. Example of speech bubble layout

Another way to display quotations is by presenting them **alongside a picture** of the person who provided the quote. This may be a patient or staff member (you should always seek permission to take and use photographs).

When you have designed the format of your communication, you also need to think of the method that you will use to get the message across. Again you should plan to **use more than one method** and preferably use many. The list below will give you some ideas:

- staff meetings
- organisational briefings
- newsletters
- local press, radio etc
- bulletins and flyers on notice boards
- presentation at conferences
- formal reports for the senior leadership team or management board.

Kotter (1995) reports that under-communicating is ten times more likely to occur in transformation efforts that fail. Alongside stressing the importance of using every available communication channel, he also says it is critical that staff and leaders 'walk the talk' by demonstrating the importance of the change in both words and deeds. For more information on communication planning see the Infrastructure section on page 77.

3 Plan and act

Agree a plan and identify key staff who will carry out the actions, whether you are at the beginning of your improvement work or whether you have identified that the improvements are not sustaining. It is important to ensure that continual monitoring of your improvement is carried out and that staff have responsibility for working through any problems in order to continue to maintain the gains from the improvement.

Who should be responsible for continual monitoring? Is it the departmental team, organisational information department or one individual? This is a question that you need to think about while being aware of the local context. What will work best in this area? Points to consider include:

- if an individual is responsible for monitoring, what plans are in place to cover annual leave or sickness and what succession plans can be identified
- if the central information team is collecting the data, how does this get transferred to the departmental or project staff and who will reflect on changes in the information provided?

What can you do if the information gathered through the measurement system indicates that the improvement has not sustained or is at risk of not sustaining? The first action is to understand what the problem is, the second action is to ensure continued measurements and effective communication and the third is to identify an individual or small team who will take responsibility for undertaking any corrective action required.

As you design this system for acting on the monitoring function, think about the following issues:

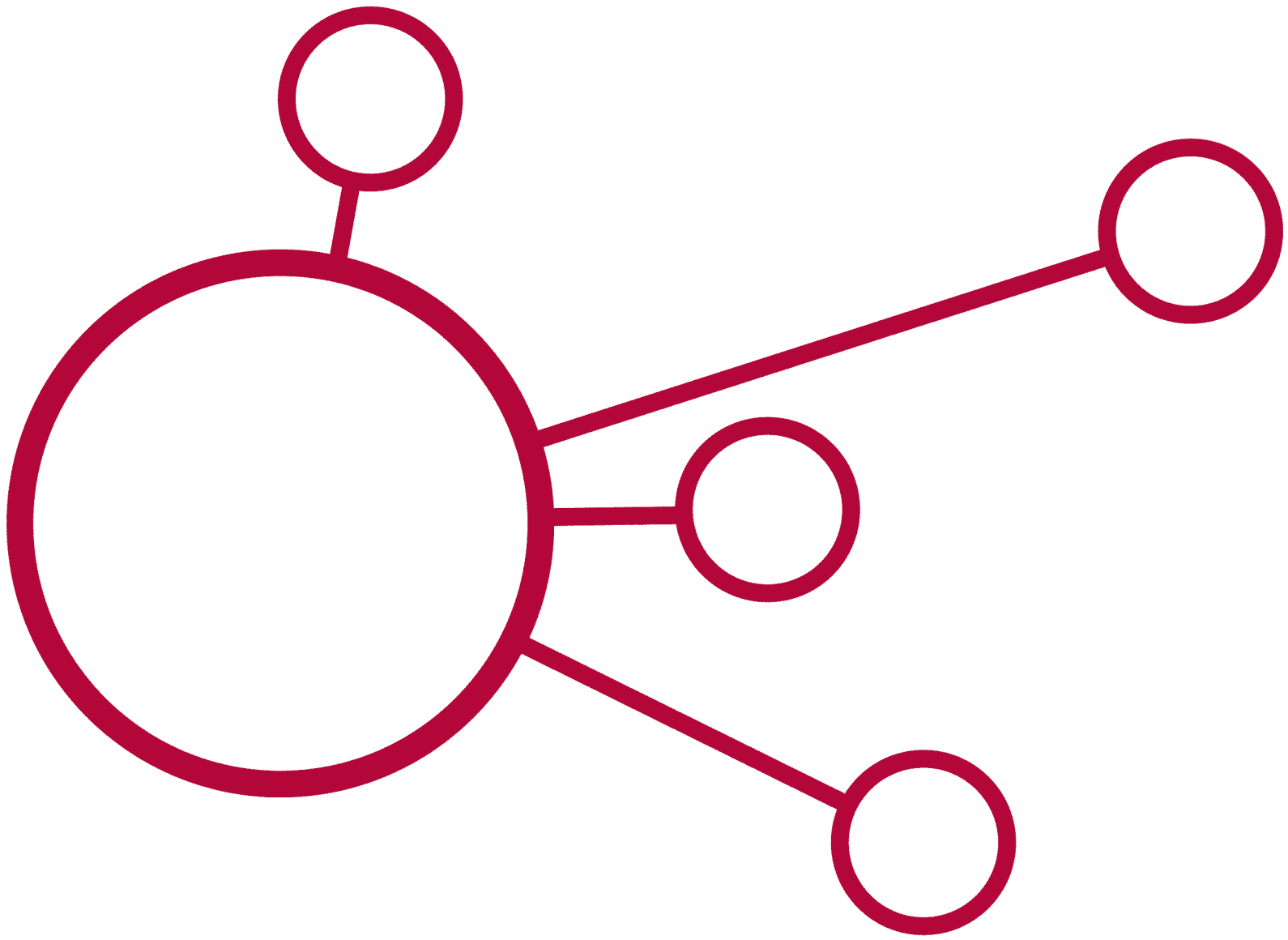
- be clear about who is responsible for what in terms of sustainability of the improvement
- help other staff to understand that change can be hard to maintain and that the goal is to put in place a process that will support sustainability and continual improvement
- help the team to communicate regularly and gain reward for their continued success
- ensure that time is allocated to sustaining the change just as it was to creating and implementing it. Ensure that the data used to monitor it is widely available for others to see. This will encourage continued support for the work.

Summary

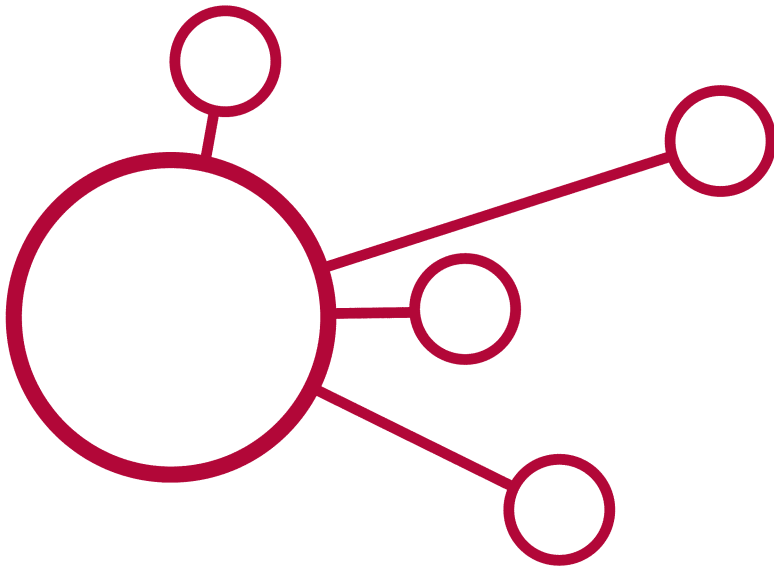
Five elements are needed for a system to monitor performance and plan actions to correct problems that might threaten the success of the improvement:

- 1 a process for routinely measuring performance,
- 2 a mechanism in place to detect the source of any performance problem that is found,
- 3 a vehicle for communicating the results of the performance monitoring and analysis,
- 4 a team empowered to act on any problems that are found and
- 5 rapid and specific feedback to help the organisation respond effectively to problems identified (Greenhalgh et al, 2004).





2.2 Staff



Staff involvement and training to sustain the process

Individual employees within your organisation play a crucial role in healthcare improvement whether they accept and participate in the change, resist it or simply ignore it. Having a team of staff who willingly take on change and do all they can to make it work is key for success and continuous improvement, but unfortunately this ideal is often absent from many organisations... **so why is this?**



Staff attitudes toward sustaining the change

The staff, their feelings, attitudes and beliefs are central to any effort to achieve and sustain a change. One important aspect is the extent to which the staff themselves believe that the change will actually be sustained. *'Scepticism at any level is important in practical terms because it may manifest itself as resistance'* (Modernisation Agency, 2002).



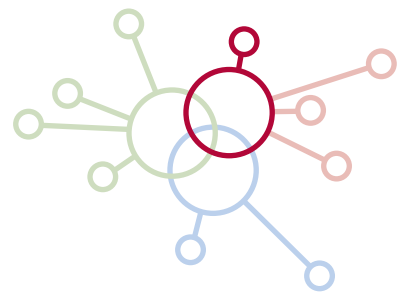
Senior leadership engagement

Countless change programmes have faltered despite well-argued logic because people in positions of power and authority wavered in their support.



Clinical leadership engagement

Because any profession is most likely to listen to advocates who understand their values and challenges, a clinical leader will be very important in gaining the support of other clinicians.



Staff • Involvement

What is it all about?

Ensuring that key staff at all levels who are affected by change, can contribute by being involved from the outset and trained in any new skills needed.

Why is it important?

Staff who feel valued are more likely to be motivated to make change work. Aggressive resistance can be detrimental.

How do we get it?

Work as a multi-level team.
Ask, listen, value and act on staff comments and concerns.
Regularly communicate in ways that will meet the needs of multiple audiences.



Involvement

Staff have not been involved from the beginning and not adequately trained to sustain the change.

Giving front line staff the opportunity to think and work differently to solve old problems in new ways is the only way to deliver the improvements set out in the NHS Plan. Staff need to be involved in decisions which affect service delivery.

Individual employees within your organisation play a crucial role in healthcare improvement whether they accept and participate in the change, resist it or simply ignore it. Having a team of staff who willingly take on change and do all they can to make it work is key for success and continuous improvement but unfortunately this ideal is often absent from many organisations...

so why is this?

One of the main reasons cited for hesitancy and resistance by staff is lack of involvement. Involvement can be defined as motivating, training, informing and enabling staff to contribute to the improvement process.

‘Employees improve their performance through experiencing more control over and involvement in their work, leading to an increase in personal commitment to management aims’.

(Cunningham, Hyman and Baldry, 1996)

Meaningfully involving frontline healthcare staff is considered one of the biggest challenges facing healthcare organisations looking to make improvements.

The absence of involvement may be characterised by:

- a discouraging environment
- evident conflict between staff
- staff feeling disenfranchised, unappreciated and ignored
- low morale and high turnover
- lack of participation in meetings
- scepticism about the change.

There are a number of reasons that have been cited by staff who feel sceptical about change, these include:

- having insufficient information about the nature, purpose and significance of the change
- perceiving that the change has been a politically inspired, ‘top down’ initiative
- believing that there are other competing priorities that should take precedence
- feeling that the change has been presented in a way that is unfamiliar and irrelevant
- believing that the change will not be beneficial to staff, patients or the organisation
- fearing that the change will be threatening to individual power and status.

(Modernisation Agency (2002) From scepticism to support - what are the influencing factors?)

How to create a culture of involvement

The following guidance will help you to maximise the potential for achieving and sustaining your change program through active participation and involvement. To achieve change in healthcare processes, there will need to be a change in work processes and behaviour by staff. It is this behaviour change that may require time and understanding in order for individuals to achieve a sense of real involvement.

Talk and listen to staff

- Ask, listen and act.
 - use **focus groups** to encourage staff discussion around key issues
 - use **discussion sessions** for individuals to:
 - find out how much involvement they want and what they want to be involved in
 - find out what they really think of the change from both positive and negative perspectives. The **Six thinking hats** framework designed by Edward De Bono may be helpful in keeping the conversation balanced rather than heavily leaning towards a negative perspective. See the end of this section for further information.
- Identify your most discouraged staff and **talk to them**:
 - find out *why* they are discouraged
 - find out what they want/need versus what they are actually getting
 - value the perspective that these staff bring as they will identify the possible pitfalls that need to be taken into consideration

You may find that this is the first time they have been asked for their opinion on the change and this alone will help them feel involved.
- Identify your most encouraged staff and talk to them:
 - find out *why* they are encouraged
 - find out if they have any ideas about how to encourage other members of the team

This will provide tips on how to engage the discouraged staff and make the encouraged staff feel even more valued as part of the organisation.

- ▶ It is critical that the staff recognise that some action is being taken as a result of your conversations with them. You can use the information gathered in a number of ways:
 - to identify strengths and weaknesses that could affect the improvement work
 - as the basis for communication to the whole team via email, newsletters, bulletin boards, verbally at meetings
 - as a platform to examine the strengths and use them as a building block while also acknowledging and developing action plans around the weaknesses
 - to start to develop a **needs assessment** (for guidance about completing a needs assessment see Staff involvement and training section on page 43).

Inform staff about plans to involve them

- ▶ You may wish to develop a more formal approach by creating a local **staff involvement policy** which may be particularly helpful in large change projects but can also provide useful tips for smaller initiatives. This will help to clearly explain your intentions to involve staff and should be developed with input from the whole team involved in the change. The document should include:
 - a simple definition of staff involvement
 - a statement of intent about involving the workforce, including a locally agreed joint statement of responsibilities
 - identification of key groups and individuals and their specific roles and responsibilities
 - a description of the wider involvement infrastructure which may include other departments, other organisations, trade unions, patient groups. It should also include information about planning, time off and cover arrangements
 - a system of training/personal development planning for all staff in relation to the improvement
 - a system for reviewing and improving communications
 - details of review arrangements for the improvement initiative.

Share the sustainability model and guide with staff

- ▶ This will help to raise awareness of tools and techniques to support improvement:
 - encourage staff to familiarise themselves with the sustainability model and guide, to give them an understanding of why it's important for them to become involved in and support change
 - provide time and facilities for staff to consider the local implications of this guide, and to start discussing the factors within their teams.

Be aware of the level of staff involvement and their feelings about the change

- ▶ Review your progress in involving your staff:
 - encourage staff to start discussing how they can be better involved locally
 - regularly monitor staff involvement using the **NHS involvement self-assessment tool** and involve staff in this process.

Introduce regular cyclical communication

- ▶ Improve communication methods and systems:
 - set up strong links between staff at all levels within the wider organisation (top-down, bottom-up and horizontal)
 - develop a communication plan to outline the roles each individual will play in maintaining communication.
- ▶ Keep staff informed about the progress of the change effort and wider organisational successes (go to Infrastructure section - communications plan on page 83).
- ▶ Arrange meetings so that they are convenient to the maximum number of staff but also be aware of those who are regularly unable to attend:
 - raise awareness of the decisions that need to be made
 - enable staff to influence the decision-making process
 - raise awareness about the whole change initiative rather than only the part that directly affects them.
- ▶ Encourage staff to **write about the change**. This may be from a personal perspective or jointly with others, including patients. These could regularly form part of the communication material for the project and could be published in the organisational newsletter, local paper or professional magazine. This may be useful for their own personal development portfolio:
 - each member of staff should have the opportunity to write at least one summary. They may choose to do this jointly with others
 - develop a schedule so that perspectives are written at different stages of the project
 - provide support if needed. Your local communications manager may be able to help
 - be aware of any key issues that arise through this process and add them to your list of issues to address and feedback on.





Case study

South Tyneside Healthcare NHS Trust

Project – Matrix Groups

The Trust has undertaken a number of projects in an effort to boost staff involvement. One of the main pieces of work has been the establishment of 10 Matrix Groups covering recruitment, workforce planning, lifelong learning, reward and recognition, health and welfare, organisational development, communications, Investors in People, fairness at work and performance management.

Any member of staff is able to join the groups and staff representatives in particular are encouraged to join. There is at least one staff organisation representative on each group.

Other initiatives include drawing up a formal staff involvement strategy (agreed jointly with trade unions), and the in-house development of a staff attitude survey. By involving staff in the Matrix Groups, relations between staff and management have further improved to the extent where staff representatives feel their voice is effectively heard.

Six thinking hats

Adapted from Edward De Bono (1999)



Green

Think of growth and vegetation; creativity, new ideas
Ask: what is the idea?



Yellow

Think of sunshine; optimism, positives, benefits, goodness
Ask: what is really good about this idea?



Black

Think of the stern judge; risks, caution, warning
Ask: what might manifest as problems?



White

Think of white paper being neutral; data, information
Ask: what information might we need to help make the decision?



Red

Think of fire and warmth; feelings, intuition
Ask: what is our gut feeling about the idea?



Blue

Think of the sky above; big picture, exert direction
Ask: given the discussion so far, what should we plan to do now?

What is the 'Six thinking hats' tool?

A tool that enables individuals or members of a group to explore a topic from a variety of perspectives and in ways that may differ from their preferred way of thinking. Edward De Bono, who developed the concept, suggests that by metaphorically wearing different 'thinking hats' we can direct our thinking in specific ways.

By giving each hat an equal amount of time and consideration (De Bono suggests about four minutes) it enables us to avoid prematurely jumping to a negative conclusion or making a decision with insufficient information.

How to use:

To use the hats someone in the group 'puts on' the blue hat as the leader of the session. The blue hat will act as the chair person and will also keep a check on time. A set time should be allocated for each discussion and around 3-5 minutes is a good benchmark. Once you have ended the round of discussion it may be helpful to repeat it as new ideas or questions are likely to have emerged.

The hats have natural pairings:

- yellow is positive whilst black is more negative
- red is emotion-driven whilst white is data-driven.

In general, if you use one hat of a pair, you should always use the other one as well for balance.



For example:

Imagine that the idea we want to take forward is that of introducing a one-stop clinic for multiple diagnostic tests. In a discussion group we might use the hats as follows:

Hat	Comments about one-stop clinic idea
Green hat	Our creative idea is to implement a one-stop clinic in a service area where this has not yet been explored
Yellow hat	Beneficial for patients – only needing to visit the hospital on one occasion, rapid diagnosis, co-ordinated care, integrated approach
Black hat	Possibly too fast for patients particularly if diagnostic tests confirm a very serious diagnosis. Risk of 'carve-out' if several professionals pulled into one clinic setting to the detriment of other services
White hat	Additional information about protocols for delivering bad news to patients would be useful. Capacity and demand work to understand impact on other services. Survey of patient views...
Red hat	Despite the disadvantages our gut response is that this will better serve our patients. We are anxious about how these service changes will affect us
Blue hat	Survey patient views and co-create additional information on delivering bad news with patients. Test proposals in small scale PDSA style and review in four weeks.

When to use the 'Six thinking hats':

As the example illustrates, this is a particularly useful tool when discussing new concepts as it enables us to broaden our understanding of the idea, helping us decide whether the it is feasible.



Case study

Birmingham and Black Country Strategic Health Authority

Over a week long period, teams generated nearly 2000 ideas. We used the 'Six thinking hats' technique to help us select the ideas that we thought had most promise. After the event, participants reported that they felt they had been able to express their thoughts and opinions on all of the ideas. Most importantly they felt that all perspectives had been given and valued, rather than just the dominant opinion. There were frequent references to 'openness', 'co-operation' and 'involvement'.

This technique can be used in any context where a well-rounded view from a variety of perspectives is necessary - for example, during a management board discussion about services and even when choosing a new suite for your bathroom!



Staff • Behaviours



What is it all about?

Reducing scepticism by increasing belief in the change and helping staff to feel empowered in their work.

Why is it important?

Negative beliefs lead to negative outcomes.

How do we get it?

Meet regularly with staff to identify barriers and concerns.
Use data and stories to demonstrate the positive impact of the improvement.





Behaviours

Staff don't feel empowered by the change process or believe the improvement will be sustained

The staff, their feelings, attitudes and beliefs are central to any effort to achieve and sustain a change. One important aspect is the extent to which the staff themselves believe that the change will actually be sustained. *'Scepticism at any level is important in practical terms because it may manifest itself as resistance'* (Modernisation Agency, 2002)

**Staff do not believe that the change will be sustained:
Why the scepticism?**

An important first step towards understanding scepticism about sustainability is to try to understand why staff believe the change will not sustain. There may be many potential reasons and these need to be understood at the level of the individual and can relate to complex personal, organisational and social reasons. One very important fact to remember is that sceptics often have a very good reason why they believe the change will not sustain and these should be considered constructively. Some scepticism about sustainability of the change may originate from staff involvement during the change itself and the points listed below should be considered.

During the change programme:

- did staff have enough information about the nature, purpose and significance of the change programme?
- was there a perception that the change was a 'politically' inspired, top-down initiative?
- did staff believe that there are other competing priorities that are more important and should take precedence?
- did staff feel that the change has been presented in a way that is unfamiliar and irrelevant?
- did staff believe that the change is not beneficial for patients, the organisation or themselves?
- was there a fear that the change is threatening to individual status and power?

Adapted from Modernisation Agency Report 2002:
From scepticism to support - what are the influencing factors?

There is recognition that every change situation and individual team member is different. We have identified below a range of concerns highlighted by staff which could impact on the sustainability of the improvement effort. These have been drawn from practical experience and relevant literature and you may find they reflect concerns expressed by staff you are working with.

Possible concerns which may affect sustainability of the change:

- the change will prevent staff from achieving their personal goals
- the change will not help the organisation achieve their key goals
- the old process is just fine; there is no need for the change
- the change has made daily work more difficult/complex
- staff don't really understand the new process or why it is needed
- staff feel under-appreciated
- staff feel inadequately trained or insufficient in numbers to sustain the change
- the right people are not involved
- staff have 'change fatigue'
- the information systems, equipment or materials are inadequate to sustain the change
- there are powerful staff who will not support the change over the long run
- the organisation leadership team does not have the will to sustain a change.

All the points listed above are important and there may be more that you can add. You need to really understand any reasons why staff do not feel that the change will be improved and consider these seriously. Of course the best way to find out is to ask those involved. This may be something that you do yourself but also consider someone outside of the process. You may be able to gain help from a colleague within the human resource department who could bring a fresh perspective. Always take comments very seriously and do not dismiss them as complaining otherwise you are likely to lose trust and confidence.

Explore key concerns

When you have an understanding of the overall concerns you should delve even deeper to ensure that you have the whole picture. A key step in this process is to **ask simple questions** until you can build that whole picture. It is very important to understand what is behind each reason given. For example, suppose the primary reason of concern is change fatigue. You should consider the following questions:

- why do staff have change fatigue?
- is the pace of change too fast?
- are too many changes being pursued at once?
- are other demands on their time preventing staff from helping on this one?

This type of exploration can be undertaken at team level, but it will often need to be at the level of the individual. With either approach you must ensure that it is a sincere attempt led by someone who is respected and trusted and is coupled with a commitment to do something about the concerns raised. While you may not be able to address or remove all of the concerns, the staff will expect you to address or remove some. Staff will often be able to help by identifying a number of options.

How can I address or overcome staff concerns

We have taken the list of common concerns that we had previously identified.

In the example that follows we offer some steps that may help resolve them.

In addition to this, look at the Improvement Leaders' Guide to Managing the Human dimensions of change working with individuals:

www.institute.nhs.uk/improvementleadersguides

Concerns causing scepticism

Steps to take:

The change will prevent staff from achieving their personal goals

Identify staff's personal goals and priorities that may be threatened by the change. For instance, a change in working hours or times could be a problem for those who have childcare to consider or have dependants at home. It is important to appreciate these challenges and values and make a sincere attempt to adapt the change to meet these real needs and values. In addition to this it is important to try to align the individual's personal goals with the goals of the improved process. You may need to discuss this together with their line manager.

(Also see Infrastructure section on page 77)

The change will not help the organisation achieve its key goals

Staff can have sincere philosophical differences with the new process; differences manifested in a conviction that the new process will not help the organisation to achieve those key goals. Because these values and philosophies are the center of conflict, it is important to directly address them. A variety of strategies can be employed. Initially you will need to ensure that the organisation's key goals are known and visible. Try to identify alignment of the changed process with the goals and values from a number of different perspectives. For example; from the patient point of view, from the individual or team point of view and from the management board's point of view. A next step can be to test or re-test the change in a small but visible way so detractors can judge for themselves whether the change works. It is also possible to help the staff see why there is reason to expect that the change will work. For instance, if the system has a direct effect on patients, it can help resistors to hear patient reactions to the new process. It might be helpful to engage those who are resisting the change in process mapping. See Benefits section on page 09.

www.institute.nhs.uk/improvementleadersguides



Concerns causing scepticism

The old process is just fine; there is no need for the change

Steps to take:

There is a need to understand that staff may have been working within their roles for many years. They may have even incorporated their own changes to the 'old' process investing commitment, time and effort. It is important to value the past while establishing the new process. There are two aspects to this: clearly recognise and highlight the best points from the old process while providing evidence that the new way has created improvements. Information on both of those issues also needs to be provided in two ways: as robust data and as stories, especially those from patients. You should ensure that the data is in a format that is easy to understand, otherwise you could risk further alienation. Put the stories in first person so they are easy to read or talk about. Make the stories bring to life the benefits of the new way of working, but also be brutally honest. If there are weaknesses in the new way (e.g. the process has failed to achieve goals under certain circumstances) and strengths in the old, be sure to acknowledge them. It is better for you to do so than for someone else to point them out later. You should also consider how involved the staff member was in the original project; minimal involvement originally often leads to anxiety and concern later. Try to involve the person or team by asking them to help with an important or influential task.

Concerns causing scepticism

Staff don't really understand the new process or why it is needed

Steps to take:

Change agents have the responsibility to ensure that staff fully understand why the change is needed, why it is an improvement and how it will work. Implementing the improved process using PDSA cycles (see page 22) enables ownership and understanding and gives time to make adjustments to the new process. **Reviewing process maps** of before and after the change is a helpful reinforcement of the pre/ and post/ change benefits. If staff are not well informed or if they are not well trained then it will be much harder to enlist their support. You will need to develop an action plan to improve communication, raise awareness of the benefits of the new process and to provide adequate training and support for staff. See Infrastructure (page 77) and Benefits (page 09) sections for more detail on staff training.

Key resources e.g. information systems, equipment or materials are inadequate to sustain the change

It can be very difficult to sustain a change if the resources to do so are not in place. Resource may be in the form of finance but this is often not the primary need. Other resources such as people, time or equipment may be required to maximise the benefit of the improvement. Often change projects receive 'pump priming' to establish the change and it is the responsibility of the project team to identify the need for any ongoing resources through a **cost/benefit analysis**. When preparing this, particular emphasis should be made on benefits for the patient, staff and the organisation. See Infrastructure section on page 77. Healthcare staff committed to the new process will often be able to identify ways of establishing the change as mainstream, finding resource from elsewhere or creating safe and efficient alternatives.

Concerns causing scepticism Steps to take:

Staff feel under-appreciated

We need to remember that staff are already working very hard within their 'day job'. Often at the beginning of a change process there is a lot of attention and excitement, especially if the team can report changes that have led to improvement. So, making the change is often thought to be the fun part. Sustaining the change over time does not attract the same attention, glamour and positive feedback. It is essential that leaders find ways to sincerely recognise staff contributions and create an environment that encourages staff to sustain the change. (Plsek, 1999) A Ford Motor Company study found that 83% of staff who feel sincerely recognised and appreciated are satisfied with the company, while only 27% feel that way if their efforts are not sincerely recognised. The majority of the staff who feel recognised for their efforts believe that continuous improvement is encouraged. Of those who feel under appreciated, only half believe that continuous improvement is encouraged.

Be genuinely interested in the progress of the improvement. Frequently ask 'how is it going' and fully recognise staff for their continued efforts. Communications that reinforce and recognise the hard work of teams in sustaining improvements will also help.

Concerns causing scepticism Steps to take:

Staff have change fatigue

Find out why they have change fatigue. Depending on what you find, the following may help:

- we need to fully understand what staff are being asked to do. Are we asking them to take on more and more without assessing what is already involved in their role? Could this be undertaken by someone else? Ask staff to identify exactly what they are doing and establish a review process for each part of their role. Helpful questions are:
- why is this task/role being undertaken?
- what benefit does it bring to the patient, process, team, organisation or individual?
- does it need to continue/is anyone else also doing this?
- does this person need to continue doing it or could someone else perform this role or task?
- is there another way of performing the task, for example, can information technology help?

In our experience this exercise has regularly identified tasks that either no longer need to be undertaken, can be achieved in a different and easier way, or can be undertaken by another member of staff which would benefit their personal development.

- focus on ensuring the changed process makes jobs easier or more fulfilling
- the senior management team should reinforce and support the notion that this change will become mainstream to the organisation - 'the way we do things around here' and the norm rather than the exception. They should also reinforce that improvement is an essential way forward for the organisation and will bring benefits to staff and patients
- if the individual is very fatigued it may be appropriate to reduce their input at one stage while keeping them informed and to reintroduce them at a later stage.



Concerns causing scepticism Steps to take

There are powerful staff who will not support the change over the long run

One of the most important things you can do in any change is identify and work with opinion leaders by asking staff who they most respect or listen to. It does not matter whether they hold a formal position of authority as many opinion leaders don't. The people who most influence the opinions of other staff can strongly influence sustainability. Hence it is vital that you are aware of their position with regard to this change. Of course, if you are able to get their support it will significantly help with sustainability and you might like to use some of the information provided in the Staff involvement section on page 43. You must try to understand the opinion leaders' points of view and then find a way to address some if not all of their concerns. The Improvement Leaders' Guide to Human dimensions of change will be helpful. If you are unable to influence someone who is opposed to the idea, you may need to gain support from the leadership sponsor or the senior management team.

The organisation does not have the will to sustain a change

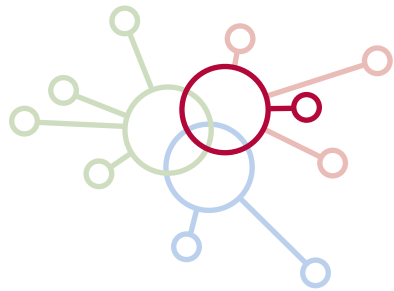
'Will' means the willingness of the organisation to stand behind the new process over the long term. Sometimes the focus of the leadership team shifts onto other things and support for this area of improvement may wane. The first thing to do is to make sure that the principle of the change continues to fit with the organisation's core values and then reinforce the benefits of the improved process. It is also worth exploring how this change process could support other proposed changes or even problem areas within the organisation, thus reinforcing the value of the improved process. Sometimes there is an inaccurate perception that the leaders lack the will to sustain. It may be helpful to ask the leadership team to overtly reinforce the messages about supporting the improved process.

Stories abound of the positive effect that staff empowerment has on attitude and ability of an organisation to thrive. For example; a leading hotel chain allows the desk clerks (without prior approval) to compensate customers (up to a predefined limit) for errors that have been made in service, room allocation etc. Similarly an addiction counsellor - when a patient did not show up for treatment - called the patient and drove to their house to pick them up.

In each case the member of staff knew what needed to be done. But they also knew that the organisation would support (and even celebrate) their taking these actions to meet the need of the customer. It is easy to see where the root word 'power' comes from in empowerment. It comes from a trust that employees will do the right thing if they are given the opportunity to do so.

When a new process has been implemented, staff will be the first to know if and when it does not work. And in many cases they will also know how to fix it. Empowerment will enable staff to make new changes to the improved process to smooth out any unforeseen issues or challenges that have arisen without needing to seek approval through numerous layers of management. What they must do though is communicate the change and work with the team to review the routine reporting system, working practices and impact on patients, staff and the organisation.

Empowerment is important for sustainability and continued improvement. Over time it is usual to expect more changes to be implemented to achieve more benefits for patients.



Staff • Senior leaders



What is it all about?

Engaging senior leaders and encouraging them to engage in mutually - respectful interactions with staff and take responsibility for sustaining change.

Why is it important?

A respected leader who has invested in the improvement will be influential and help overcome barriers.

How do we get it?

Identify the significance of the leader's involvement.
Identify the benefits of the improvement.
Regularly communicate these in a meaningful way.



Senior leaders

Organisational leaders don't take responsibility for efforts to sustain this process and staff typically do not share information with, or actively seek advice from, the leader.

Countless change programmes have faltered despite well-argued logic, because people in positions of power and authority wavered in their support.

Organisational leaders don't take responsibility for efforts to sustain

Context

The research in developing and implementing organisational changes emphasises the importance of support from senior leaders. Similarly the theme of leadership has also been specifically identified in terms of sustaining change. Ham (2003) identified 'organisational leadership' as a significant factor for sustaining improvements. When interviewed, improvement project leads said that in their experience a main factor in ensuring sustainability was 'clear and credible leadership, providing support and ensuring continuing priority of service improvement' (Research into Practice Team, 2003b). While further independent research also cites the presence of strong local leadership which includes the chief executive, other senior managers and clinicians as being essential for mainstreaming modernisation efforts (Matrix, 2003). Senge (1999) also comments on the importance of leadership in sustaining change, with the focus on continual improvement so that we build organisations that are able to continually adapt and reinvent themselves.

There is a strong recognition that leadership is not necessarily hierarchical and leaders can come from different levels within organisations. This also supports the view that change in modern organisations cannot be led by one individual. That many people are required to help with the leadership task within their sphere of influence and activity. Many commentators reinforce this notion by describing the importance of having leaders at every level within the organisation (Kotter, 1995, Shortell, 2002, Senge, 1999). More recently, the Research into Practice team (2003b) identified a trio of project manager, clinician and chief executive as an effective leadership combination with different but complementary roles:

- **the chief executive** who offers strategic level support ensuring a high profile within the organisation
- **the project manager** who steers the project, provides operational support and expertise, and influences teams to take and maintain ownership of the change
- **the clinician** who endorses the change, provides continuity if and when the project manager leaves, influences sceptical colleagues and gives the change credibility among other staff groups.

Retaining senior leadership engagement

Any improvement initiative should have a senior sponsor and this sponsorship should continue as the initiative enters the sustaining phase. The start of a change initiative is often surrounded with celebration and enthusiasm, while the sustainability of the change is often perceived as less interesting and perhaps less dynamic. A consequence of this is that people become less involved in sustaining and building upon the new process.

If the leadership sponsor does not appear to be engaged or appears to lose interest, what can you do? The first step is to understand why they might have become disengaged. Is it because they see the work as finished or their help and support not needed any more? Could it be that they are not receiving information and updates about the continued success of the work? Does the senior leader think that this does not fit with their own objectives any more or are they just too busy?

Think of the senior leader as your customer (because they are) and try to understand the reason why they are not engaged or taking responsibility for the sustainability of the change. A discussion would be helpful and you need to ensure that you make the best use of this opportunity by being really prepared. What do you need to know?

- are they continuing to receive updates and information about the changed process?
- is this presented in a way that they prefer to receive information? How do they like to communicate and what styles frustrate them? Some leaders prefer to receive paper documentation. Others prefer to have face-to-face discussions. Still others prefer to use email. What kind of written materials do they prefer? Some like very brief written summaries prior to a meeting. Some won't have time to read anything substantial before a meeting but would like a brief bulleted list at the beginning. Some like details while others like broad overviews. Some like to participate in problems solving while others like to have you propose exactly what you want them to do
- have their role or objectives changed and does this area of work still fit?
- what issues are very important to them right now?
- think about how your work can help them with their own work objectives, issues or frustrations.

Are leaders receiving regular communication updates in a way that is useful for them?

As with many areas of organisational life, communication is critical. You need to ensure that leaders are receiving regular communication about the changed process in a way that is useful and attractive for the reader. Also see Infrastructure section on page 77.

The suggestions below will help you identify how you can improve communication with the leader and make a positive difference in developing or maintaining relationships and input to the improvement. The first step is to determine how the leader likes to receive information. A good source for this may be their secretaries and it is well worth having a discussion with them. An alternative approach is to examine previous methods of communication and identify which you think were well received and which were not. You could use the framework below as a helpful guide to identify key focal points:

- what form of communication does the leader use, for example verbal, written, email?
- if documents, what do they look like, were there tables, diagrams, bullets or plain text?
- if a conversation, was it pre-arranged or in the corridor, was it formal or relaxed, how long did it continue?
- is there a time that seems to be more appropriate - for example, morning or afternoon, beginning or end of the month, just before a board meeting?
- what are the common denominators for the most successful communications, type, time, person who sent it?

Enable leaders to be involved and updated

Make it easy for leaders to become or remain involved.

Think about their working pattern as well as yours in terms of the timing of meetings and communication. If you arrange meetings or send communications at the same time as the regular management or executive board meeting, then senior leaders are less likely to attend to your needs. Plan and schedule any meetings well in advance.

Be very organised when you have a meeting with senior leaders. Have a **written agenda** and know exactly what responses or actions you are seeking from them. **Practice** your presentation and **validate** the appropriateness of what you seek by asking advice from someone who understands the senior leader very well. This is not to say that you should not ask for something that will be a stretch for the leader. But if you do, be sure you have identified and decided in advance how you will respond to any objections and concerns that they might raise.

If you have papers on which you would like comments or suggestions, provide at least two to three weeks' notice of this and be very clear that you are anticipating a reply. Also **be very concise** in any writing you send to senior leaders. They are expected to read so many things and, like you, are typically very busy. Try to keep documents to a maximum of one or two pages. Use bullets and **bold** to highlight key points you want to make.

Send regular but very brief updates of progress. If you can prepare these around ten days before a board meeting, the leader may be able to include the information in their own update for the board. If you are hoping that they will do this, be sure the material you send is in a form that can be shared with the board. Again, it may be useful to have someone who knows how the leader thinks or reviews early drafts of your materials before sharing them.

As with all team members, regularly acknowledge the leader's contributions so that they maintain a sense that they are helping or making a difference.



Do you need to broaden the range of senior leadership involvement?

As with all change, it is very important to be clear about the intended impact of the improvement and how this fits with the overall strategy for the organisation. Aligning the improvement intentions in this way will help you identify how this change can contribute to the strategic direction. This is a strong and useful message. Spending a little time understanding the strategic intentions will also help to identify those senior leaders who have responsibility for different aspects of the organisation's objectives and who might help to influence the sustainability of the change.

All staff members, including leaders, have dedicated areas of responsibility. Find out what areas each leader is responsible for and determine how the improvement initiative can support the objectives of one or two leaders. You may need to enlist someone else in the organisation to help you think this through.

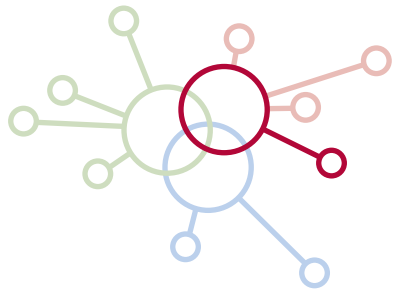
Once you understand how the change can help different leaders, you can begin to develop a plan on how to raise their awareness. That plan should include identification of the benefits that have been achieved so far and how this might link back to their objectives. For example:

- **access:** how will the change support the organisation's overall ambitions of improvements to access?
- **patient safety:** how will the proposed changes improve patient safety, e.g. by reducing the number of 'handoffs' between departments or professionals, increasing the accuracy of documentation or information sharing, or reducing the likelihood of medication errors?
- **improved patient experience:** what will the benefits be for patients? Is there likely to be reduced visits to the hospital, increased choice or more involvement in their own care?
- **increased staff skills:** how will staff benefit? Will they learn new techniques for change, have access to information technology support and training to simplify some of their current tasks, or have increased networking ability across the organisation or health community?

Ensure that the leaders know how important it is for them to be involved

Identify a specific role for the leader so that he/she is clear about how they can uniquely contribute and who is best able to contribute. It is important to make sure that each senior leader is aware of how they can make a difference. Listed below are a few of the ways in which senior leaders can help. Look through them and see if you can identify who within your leadership team could help with each of the points:

- offer practical experience to help set the change agenda but also to generate and maintain ongoing support
- be the spokesperson who helps staff understand how the improvements link to the wider strategy and vision for the future of the organisation
- act as a communicator to other senior leaders so that the change remains high on the agenda even after the first rush of enthusiasm has waned
- help remove barriers and threats to the ongoing success of a change
- free up time needed by individuals and teams to do the things needed to sustain the change. For example, data may need to be collected, analysed and communicated in order to understand how well the change is being sustained. While it is important to make these measurement tasks very simple, they may still take some time. A senior leader will be able to help ensure that this time is made available.



Staff • Clinical leaders



What is it all about?

Engaging clinicians and encouraging them to be involved in the project's success.

Why is it important?

Clinicians are powerful actors in change; without their support, sustainability will be difficult.

How do we get it?

Involve them from the time of design and throughout the process.
Demonstrate the benefits of the change for patients themselves, other staff and the organisation.
Demonstrate the impact that their involvement would bring.



Clinical leaders

Clinical leaders are not engaged and do not take responsibility

An important factor in ensuring sustainable change is the engagement of clinicians in the redesign and improvement of services. While evidence suggests that many clinicians are committed to improving services in principle, present levels of engagement within the clinical field could still be improved. Clinician scepticism and the relative scarcity of clinicians willing to take on the challenges and responsibility of clinical leadership for improvement are significant risks to sustaining improvement.

Redesigned systems of healthcare delivery almost always require clinicians to change the way they work, both at an individual level and collectively within their professional groups. It is therefore vital to engage clinicians in the redesign process, ensuring that new ways of working take account of clinicians' priorities and needs (Kilo 1999).

Because any profession is most likely to listen to advocates who understand their values and challenges, a clinical leader will be very important in gaining the support of other clinicians. Clinical engagement for either individuals or groups of clinicians could be described as developing along a range or continuum. (See Figure 1 opposite). You might use this continuum as a gauge of where you feel clinicians are now, and then later in your project to identify the movement towards 'champion of change' or 'leadership of change'.

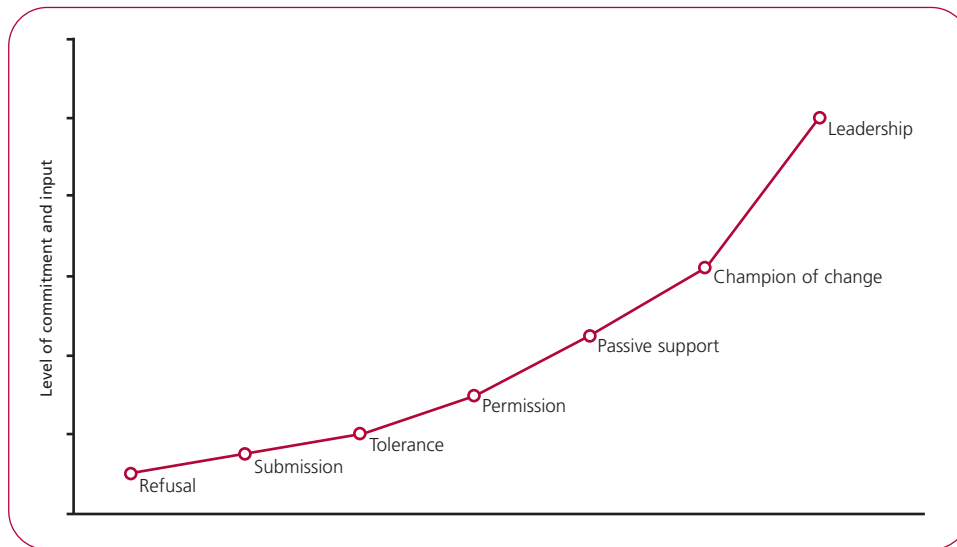


Figure 1: Clinical engagement continuum
H Rogers - 2003

Understanding the clinician's perspective

In order to engage clinicians, an understanding of the components of clinician behaviour is essential. Recent work has highlighted how doctors are increasingly stressed and have low morale (Edwards, 2002).

Studies about clinicians and managers show a lack of alignment between management and clinical perspectives (Degeling et al, 2003) with clinicians being less committed than managers to linking clinical decisions to resources and working in teams. It is therefore important to understand the difference between the clinical perspective and the change leader's perspective in order to start to bring the two closer together.

When people resist change they are fighting to preserve something they care about, something they know, something they are good at and enjoy (Senge, 1999). With this in mind you can see resistance or scepticism in a way that aids a greater understanding of the clinician's viewpoint.

Some reasons for scepticism or resistance may include:

- having insufficient information about the nature, purpose and significance of the change
- perceiving that the change has been a 'politically' inspired, 'top-down' initiative
- believing that there are other competing priorities that should take precedence
- feeling that the change has been presented in a way that is unfamiliar or irrelevant
- believing that the change will not be beneficial to staff, patients or the organisation
- fearing that the change will be threatening to individual status or power.

(Modernisation Agency, 2002)

Resistance or scepticism to change should not always be considered negative. It is important to listen and allow concerns to be expressed. There will be a reason for the challenge and it is important for the resister to be heard. You may find that concerns are completely valid and that something is identified that would hinder the effort to sustain the improvement. You may also discover that the clinician has not fully understood what you are trying to achieve. One method that you might use to engage clinicians is to create an environment that will **attract** clinicians, rather than one that is seen to **push** them into change and sustainability (Plsek and Wilson, 1999). Make a list of possible attractors which could include:

- the benefits for the patient, clinician and their team
- how this improves any areas of frustration that the clinician is facing
- how could/does this link in with their current professional interests or priorities?
- how could this form an interesting study for the clinician or another member of their team?
- how could the clinician gain recognition for their efforts/involvement?
- how could/does this improve their speciality performance when compared to others?
- how could any efficiency gains be used to improve another area or work pattern?

When you have your list, think carefully about the best ways to communicate these to the clinician - see also Infrastructure section on page 77.

'If you find that you really have to 'push' to get a clinician's attention, then you need to stop what you are doing and find a different approach; pushing is only going to generate resistance. If you fail to interest clinicians by sharing information, connect the change to a deeply personal interest or need. There is no right way and no one way works for all clinicians. However no amount of effort or exhortation will result in successful change if clinicians do not feel a deep sense of the need for change'.

(Sliverson and Kornacki, 2000)

Local engagement

In order to create attraction towards change, which in turn will support sustainability, the basic change idea or initiative must be sound. Factors that are crucial to clinical engagement at local level include:

- local identification of potential champions and early adopters - which clinicians seem to create or strive for change and who are the ones that are eager to try the change once it has been tested?
- making the actions that early adopters or opinion leaders take highly visible within the organisation - use all of the communication methods (see Infrastructure section on page 77) available to herald and celebrate actions taken
- ensuring that the issues are aligned with the clinician's perspective, enabling them to more easily engage with the agenda - how is this going to make an improvement for the patient; make a difference to the clinician's role; make a difference to his/her team?
- providing robust evidence in the local context - make sure you have lots of evidence and communicate this in a number of different ways
- identifying key issues for individuals which are critical to progressing change - what might be causing problems for the clinician; could these be resolved in order for them to pay attention to the improvement?

(Adapted from The Improvement Leaders' Guide: Managing the human dimensions of change)

What do clinical leaders do?

A clinical lead is a person with a clearly defined role to activate, stimulate, nurture and sustain service improvement. Successful clinical leads have legitimacy among their clinical colleagues, and are opinion leaders. They work in partnership with managerial leaders at both strategic and operational level. A key characteristic of a clinical leader is that he/she retains active clinical commitments so that he/she remains a peer of other clinicians. However it is usually necessary to reduce clinical commitments to allow time to take on the lead clinician role.

How can we enlist support?

There are three key factors that influence a clinical leader's support for sustaining a change:

- 1 whether they actively participated in planning the change's implementation
- 2 their confidence that they could do the things they needed to do to sustain the change
- 3 their belief in the relative advantages of the change.

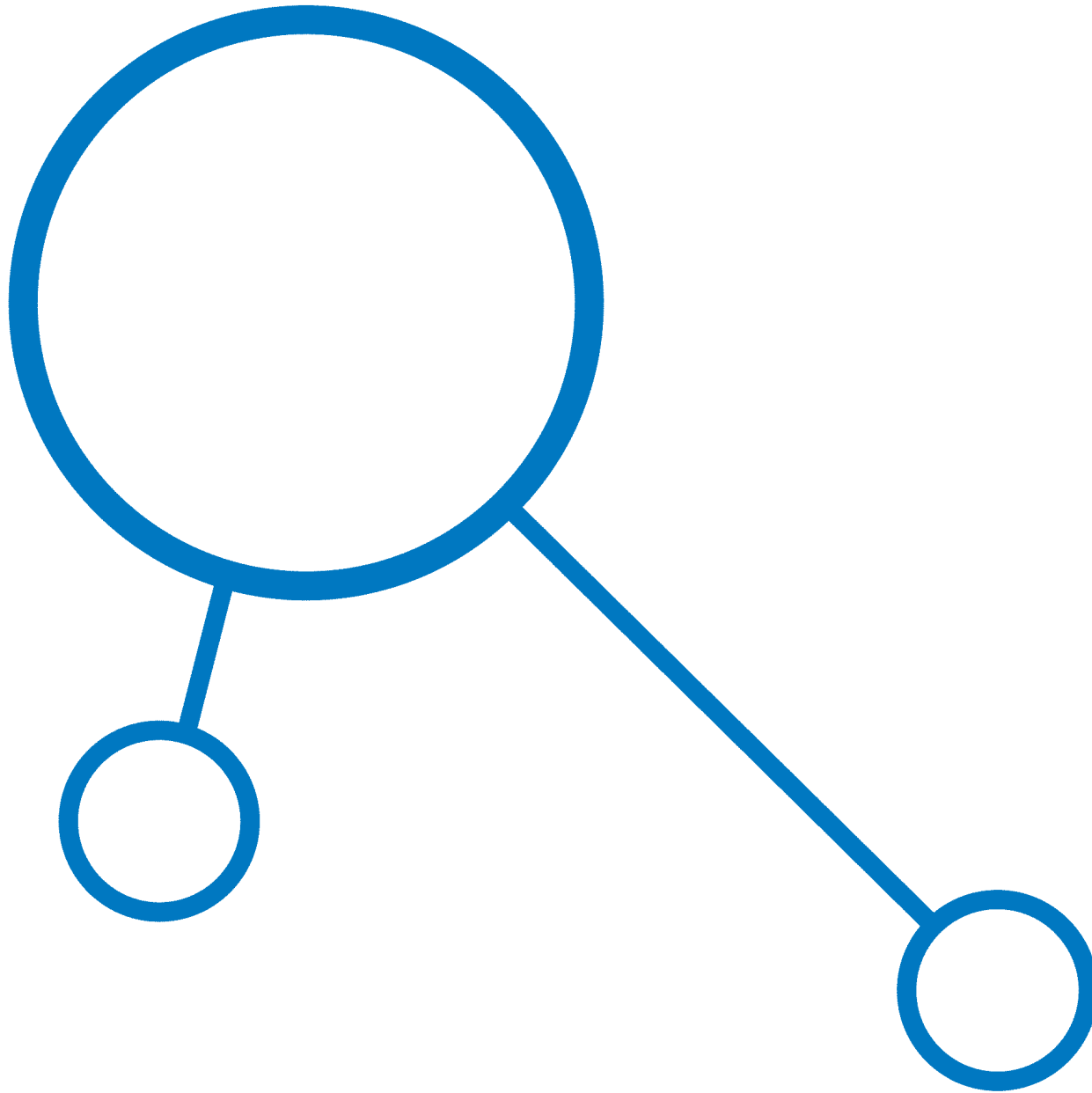
Listed below are five characteristics (initially suggested by Rogers 1995) that influence clinicians to change their practice and these may help to tailor your approach when communicating with them and other staff:

- 1 does the changed process have a clear advantage compared to the current process?
- 2 does it make things more simple for the clinician and/or the patient?
- 3 is it compatible with their current vision and values?
- 4 has it been easy to test before full commitment?
- 5 is it easy to observe the change and its impact on services?

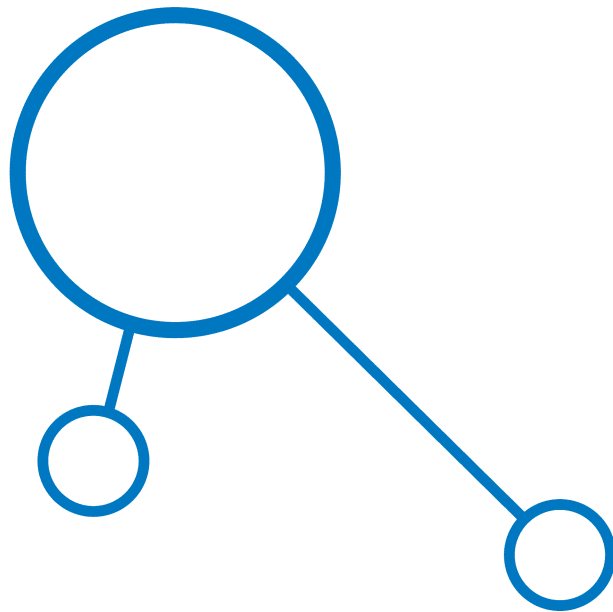
Once a change is fully implemented, it may be too late to do much about involving the leader in planning the change, but there are several things that might be done to increase their confidence in their ability to carry out their role. In fact some clinical leaders may not be aware of what roles they could play to support the continuation of the change. This could be due to the fact that they have not been involved from the beginning, but could also be due in part to not having formal management training.

As with all staff involved in the change, you need to create an awareness of the benefits of the change and make it as easy as possible for clinical leaders to carry out their roles. This can be done by keeping clinicians informed of what the new process is and how well the process is performing (by giving them evidence and examples they can use not only to evaluate performance, but to help them celebrate the success of the process). You might also want to identify key people (especially other clinicians) who are supporting the activity and describe what they are doing. For instance, if the clinical leader is going to be talking to a group about the importance of sustaining this change, make sure they have the most up-to-date information on progress, benefits and frequently asked questions or challenges.





Organisation

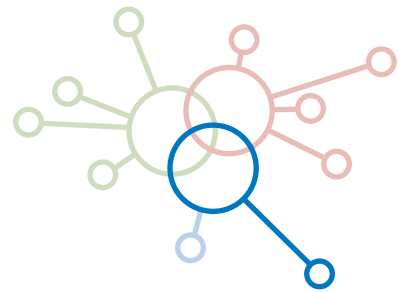


Fit with the organisation's strategic aims and culture

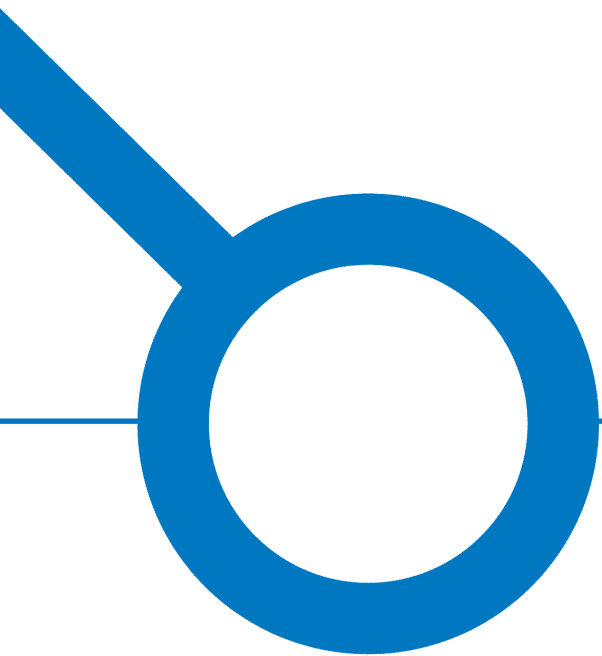
Individual employees within your organisation play a crucial role in healthcare improvement whether they accept and participate in the change, resist it or simply ignore it. Having a team of staff who willingly take on change and do all they can to make it work is key for success and continuous improvement, but unfortunately this ideal is often absent from many organisations... **so why is this?**

Infrastructure for sustainability

The staff, their feelings, attitudes and beliefs are central to any effort to achieve and sustain a change. One important aspect is the extent to which the staff themselves believe that the change will actually be sustained. 'Scepticism at any level is important in practical terms because it may manifest itself as resistance' (Modernisation Agency, 2002)



Organisation • Fit with goals and culture



What is it all about?

Ensuring that there is synergy between the improvement and organisational goals and vision.

Why is it important?

Clear links with the organisational goals and vision support longterm success for the improvement.

How do we get it?

Identify the relationship between the organisational goals and the improvement.
Demonstrate the impact of the improvement.
Communicate widely but especially to the senior leadership team.



Fit with organisational goals and culture



The improvement and organisation goals are inconsistent and there is no history of successful sustainability.

Improvement of healthcare services to achieve better quality for patients and better working lives for staff is a major theme for the NHS. The range of organisational change required in order to achieve improvements and better quality within the UK is identified within The NHS Plan, National Services Frameworks, Raising the Standards and other Department of Health documents. In order to achieve improvements change is inevitable and this will include people and their behaviours, clinical and managerial processes and organisational vision and culture.

Culture includes the values, beliefs and norms of an organisation, all of which influence the actions and behaviours of the people within that organisation. A helpful way of looking at it is through these three short statements:

- culture is about how things are done within your workplace
- the way things are done within your team is heavily influenced by shared but unwritten rules
- cultures reflect what has worked well in the past.

Case study

The chief operating officer of a healthcare organisation became excited about a new computer based health information system and wanted to implement it quickly in order to start achieving the benefits he thought it would bring. He informed the organisation that they were going to implement it. There was little involvement or participation by staff in designing the necessary change process. Within this particular organisation, the culture was one of participation and staff were not used to a low level or lack of involvement. After a considerable period of unsuccessfully trying to implement and sustain the use of the computer system, the project was stopped. The new system was never really accepted by staff who had not been fully involved in the early discussions about how it would work and what benefits would be achieved. If the leader had invested time in involving staff, the system may have been fully implemented and benefits achieved. Instead this turned out to be rather a costly initiative that brought no benefits to staff, patients or the organisation.

This example demonstrates that the introduction of this change was not aligned with the way things were usually done, not paying attention to the unwritten rule about staff involvement and not taking into account the lessons from previous successful change.

The organisation lacks a history of successfully sustaining change

If an organisation has been involved in change previously, but it has not been able to sustain those changes, there is an increased risk that any current or new improvement efforts will not be sustained either unless some effort is put into understanding why (Ham, 2000). Important factors are previous experience of change; a state of readiness; and a level of pre-planning. Other indicators of this sort of receptive context include:

- values of the organisation towards change
- behaviours of staff
- existing policies and rules
- reward structures
- informal and formal networks
- attitude towards risk and learning.

As in so many of our responses to the problems that plague sustainability, the first step needs to be to find out why the organisation has a history of being unable to sustain change. Once the answer is known, it becomes possible to develop a strategy to overcome it. Organisations who have difficulty in sustaining change may also have difficulty in the general delivery of successful healthcare and five common cultural themes have been identified as having a significant impact on these organisations:

- inadequate management/leadership - improvements can be made by sharing vision and values, being action orientated, demonstrating a no-tolerance policy on bullying and high visibility of leaders
- ineffective use of systems and processes - improvements can be made by effective team working, a culture of no blame, meaningful feedback, providing evidence of improvements made, purposeful training and development
- poor communication - improvements can be made by articulating clear vision and values, transparent processes, understanding who does what and why, taking individual's views seriously, high-level commitment to communications
- lack of connectivity - improvements can be made by enabling better organisational collaboration, developing a strong corporate identity, integration of clinical and managerial agendas, balanced priorities, accessible senior leaders
- disempowerment of staff and service users - improvements can be made by supporting staff with a 'can do' attitude, dismantling 'old boys clubs', creating a flat organisational structure, supporting innovation and new ideas, taking a balanced approach to conflict.

(Bevington, Halligan, Cullen. 2004)

Goals and vision are not clear or not aligned

One of the reasons often cited for change initiatives that do not sustain is that there is no clear vision or strategy which identifies how the change 'fits' into the organisation. Therefore the culture of the organisation is not receptive to the change and the culture does not support staff to be receptive to change. Every organisation should have a clear stated vision for the future and goals, which will enable movement from the current state towards the vision state.

Organisational strategy, policies and actions must reinforce what is communicated. Behaviour must match the rhetoric, adding legitimacy to the improvement work.

Clear links with organisational strategy can help turn modernisation from a short term to a long term goal.

Matrix Consultancy 2003

Improvement must be embedded within the organisation's business planning and longer-term strategic planning process. One way of doing this is to first look at how the changed process links with and affects other day-to-day work practices. Define a route or mechanism where it can be clearly demonstrated that the improvement supports the achievement of organisational goals which in turn support the vision. See Figure 1.

Identify the goals and vision for your organisation and list the goals and improvement aims for your improvement project. Demonstrate the relationship between the two. Figure 2 provides a useful framework.



Figure 1. Mechanism to incorporate improvement into organisational goals that support the vision



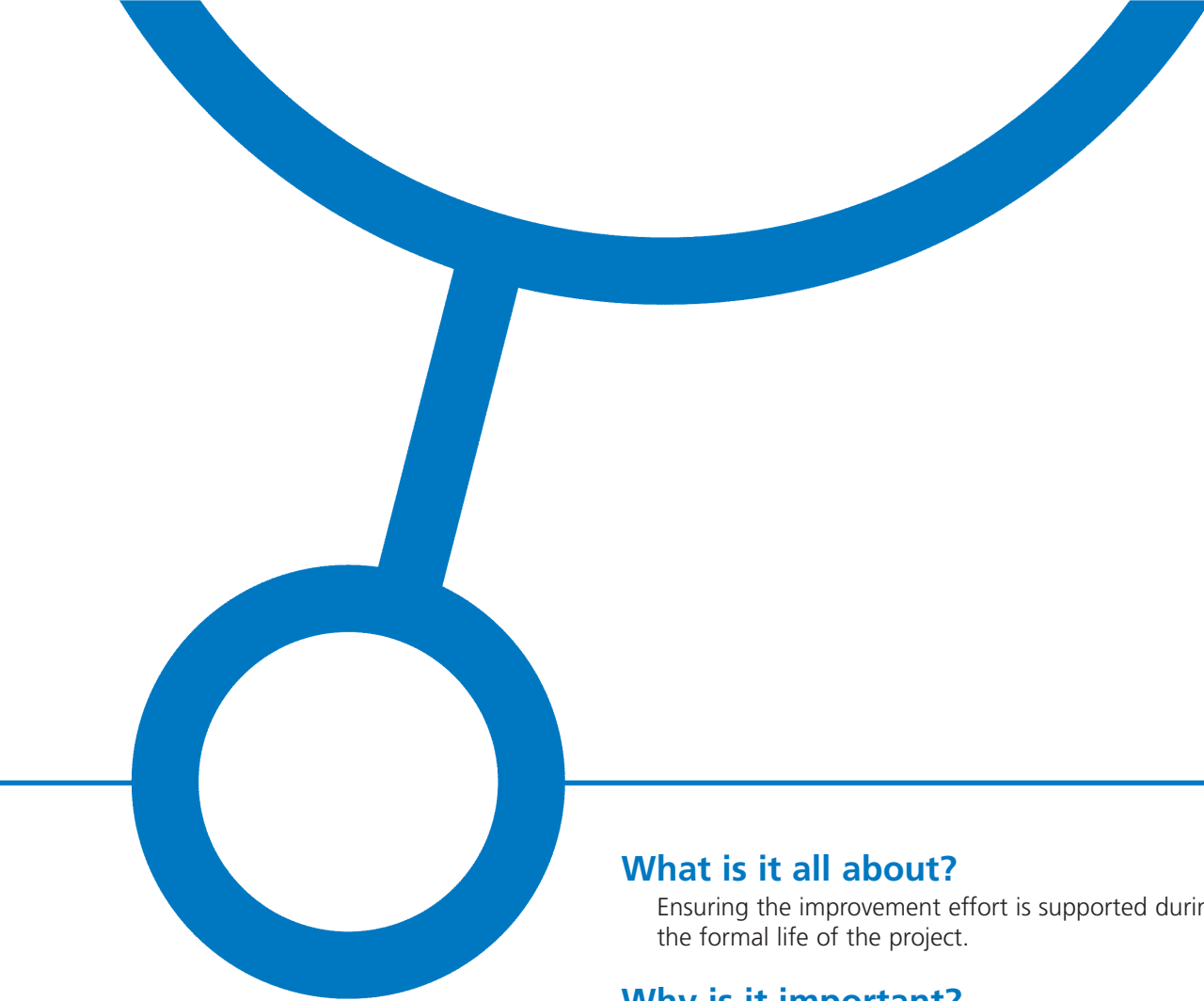
Goals of the improvement work	Goals of the organisation	Vision of the organisation
Reduce the amount of time that an elective patient waits for an appointment to see a specialist	All elective patients will see a health professional within 24 hours	All patients will be seen at an appropriate time and place according to their needs
Co-design care with service users	Keep the patient voice central to all improvement work Set up improvement initiatives that comprise 50% patients or carers and 50% health staff	To provide a world class service for patients and their carers
Build capability and leadership for improvement within the out-patients department	Build capability and develop leaders for improvement throughout the system	To be recognised as a leading organisation for the transformation of healthcare

Figure 2

When you have completed a framework like the one above, it is important to communicate this widely. Remember to use multiple communication methods and routes in order to appeal to the largest audience. See Infrastructure section on page 77.



Organisation • Infrastructure



What is it all about?

Ensuring the improvement effort is supported during and beyond the formal life of the project.

Why is it important?

In order to reinforce the improvement as, 'the way we do things around here'.

How do we get it?

Review and create role descriptions, policies, procedures and resources to support the improvement.



Infrastructure



The job descriptions, policies and procedures, as well as the staffing, equipment and communication systems, are insufficient for sustaining the change.

A change is much more likely to be sustained if it is embedded in the organisation. Systems and the infrastructure surrounding the change should also be modified in such a way that they support the new process. There are several elements to the infrastructure, including staff, facilities, equipment, job descriptions, policies, procedures and communication systems. All need to be examined (and possibly modified) to ensure that they support the new process.

How to develop job descriptions, policies and procedures

Job descriptions:

When a new process is implemented, the roles and responsibilities of staff are likely to change. It is important for both employees and managers that job descriptions actually reflect roles that are being carried out. This also creates a tangible sign that the new process or way of working is the 'way of doing things around here'. You should always seek advice from human resource or personnel colleagues about changing role descriptions.

Some would argue that job descriptions limit organisational flexibility; that a fast changing organisation would be constrained by documenting job requirements. But structure does not imply immobility. Instead accurate role descriptions help staff know where and how to focus their time and energy.

Job descriptions are important for many reasons. They help determine the appropriate salary for the position, set standards for accomplishing tasks, serve as the basis for evaluating performance and are a way to summarise work unit responsibilities. Job descriptions should help define success and also areas where support or development is needed.

Clarity is essential:

- when possible try to state tasks in a specific, measurable way so that they can be an effective guide to performance evaluation. For instance, it is better to state: *answer an average of ten customer service hotline calls per day* than it is to state *answer customer service hotline calls*
- focus on what function you want the employee to carry out and not what you want them to be, for example: *identify and implement improvements which will reduce customer complaints by 5%* rather than *be a friendly person*
- if the job description includes a goal, be sure to state the date, time and level of performance expected
- be realistic: don't expect too much from employees and don't expect too little. Be sure these expectations are clear and take time to ensure that staff understand what is expected of them.

Procedures:

Job descriptions help people know what to do. Procedures help them know how to do it. In order to ensure that the new process is carried out in a consistent fashion and to demonstrate to people that the new process is now the standard way of doing things, you need to develop a written description of how the new process will be carried out. You might find it helpful to fill in the table below as you describe the new process. Except for row four, most of the elements can be described in one or two sentences.

Name of element	Description of element
1. Purpose	What is new process intended to accomplish?
2. Need	Why is a new process needed?
3. Results expected	What measurable results are expected from the process?
4. Steps of the process	Draw a flow chart of the process.
5. Conditions changing process	Under what conditions should this process be replaced with another?
6. Who does the work	Who is responsible for carrying out each step?
7. Information to be used	What information is needed for the process and who provides it?
8. How long each step will take	An estimate of the time required to complete each task.
9. Data to be collected	What data is collected from the process and what is done with it?
10. Equipment and facilities needed	What equipment and facilities will be provided to do the process?

Incentives:

People are more likely to adopt new practices when they can see the benefits for patients and staff. Incentives can also support or create barriers to this adoption. Within organisations you will usually find a set of formal and informal incentives that influence different behaviours from staff. These include pressure from co-workers, responsibilities from home (such as the need to collect the children by a certain time), words of encouragement, increased autonomy or conversely the possibility of disciplinary action. When a change is made in how staff are to work, the current incentives may become disincentives to performing work in the new way. We suggest three steps to address incentives:

- identify the current incentives that make it in an employee's best interests to adhere to the old process. What pressures are likely to come from peers to resist the change? What pressures from home will make it difficult to adopt the new process? What messages will they be receiving from senior leaders? What positive or negative factors are added to their daily work life by changing to the new process?
- modify or add to those incentives to encourage commitment to the new process. Are there ways in which the new process can make things better at home? Are there ways in which peers can encourage each other to stick with the new process? What incentives can leaders provide to encourage commitment? Keep in mind, however, that whenever one single person is recognised, it sets them apart from others. It should be recognised that in many cases the high performance of that one employee is due to the willingness of others to perform functions that may be less glamorous and less likely to be noticed. When possible it is better to recognise a whole team rather than an individual
- make sure staff understand the new incentives. Ensure that teams and individuals know how they might be affected. Will the new process make child care/collection easier? What are the positive and negative factors? How is the work to sustain the new process going to be recognised? How will the rest of the organisation be aware of the success of this team?

Structure and relationships:

Changes in processes go hand in hand with changes to structure and relationships. Organisational or departmental staff structures may alter in terms of hierarchy, skills sets and/or responsibilities. This is important in terms of staff feelings, especially if a staff member feels that their responsibilities or position are less or more than they were before. Very specific consideration must be given to how staff can continue to feel valued and if a responsibility is moved, what can take its place or enhance their role. Often the staff member will be able to articulate this very well, so you might not need to spend too much time working it out for yourself.

Especially important is the change to relationships and interactions. If people who have strong relationships and day-to-day contact are now working in different areas where there is less chance to see each other, they may display strong emotions. Alternatively if people are put together when they have previously had little contact, new relationships will need to be formed over time. One tip is to ask staff to look at this issue themselves and come up with a few alternative solutions that can be considered. You will find that they will produce good ideas that help to maintain the integrity of relationships and therefore promote a more contented work team.

Equipment and staffing:

Often improvement initiatives are supported with additional funding. This is often used to release staff from some of their duties so that they can undertake the thinking and actions needed to bring about change. The funding is usually time limited and stops at the formal end of the work. The fact that the funding stops should not be a surprise to change teams, but often seems to be. Robust planning on how the new process will continue when the additional funding ceases is critical. If the new process is more resource intensive, attention needs to be given to understanding and communicating the benefit and/or impact of the change. This **cost/benefit** analysis is usually undertaken at the beginning of an improvement initiative as part of the overall plan and expectations. It is rarely repeated at the formal end of the project, but repeating it will provide a good platform for continuing support (see Figure 1). Benefits can be described in many ways. For example in terms of patient throughput, reductions in waste, increased safety or reduction in errors. It is also important to note any quality improvement or cost reductions in other parts of the delivery system that have occurred as a result of your work.

New equipment may have been purchased as an important part of enabling the new process. It is imperative to calculate the potential 'on costs' of this which may include consumable parts, servicing, wear and tear. Again, use a cost benefit analysis framework to help.

Another helpful method to use in your analysis is to **match capacity to demand**. Read the Improvement Leaders' Guide to Matching capacity to demand for great ideas on how to determine the optimal level of staffing and equipment that is needed to operate the improved process properly. This analysis can be used over time to update your projections and associated resource requirements as things change around you.



Resource	Original cost	New cost	Difference	Benefits achieved	Impact
Cystoscope	4 at £4,000 recurring cost of £400 per annum for servicing	1 additional Cystoscope at £4,500 Recurring cost of £120 per annum	One-off cost of £4,500 Recurring cost increase £120 per annum	Able to increase operating capacity from 10 patients per week to 15 patients per week with no extra operating theatre capacity	Reduction in waiting times by 28 weeks over a six month period
Booking clerk 0.5 whole time equivalent	Not previously in post	Salary and 'on costs' £9,000 per annum	Recurring cost of £9,000 per annum	Able to fully maintain booking and choice for patients in day surgery (10,000 per year)	Reduction in 'did not attend' patients from 7% to 1% thus reducing wasted theatre time by 11 sessions per annum, which enables 55 additional patients to be treated, thus supporting the reduction in waiting time
Computer and printer	One currently in place with on costs (mainly associated with stationery) of approximately £250 per annum	Purchase cost £800 Stationery will be approximately £50 as this PC will mainly be used for booking appointments	£800 one-off cost plus £50 recurring	Able to provide online booking for patients	Supports reduction in 'did not attends' (DNAs) and reduction in waste as above
Expenditure and benefits			One-off costs £5,300 covered within project resource Recurring £10,700 per annum	Ability to offer full booking and choice service for patients in line with national targets	Increase in operating capacity Reduction in waiting times Reduction in DNAs and in time taken to re-schedule appointments Reduction in wasted theatre sessions

Figure 1. Example cost benefit analysis framework

Communication plan:

One of the key elements to successfully implementing and sustaining change is to have an effective strategy for communicating the intent, design, testing and implementation of the change. When key people feel informed they are much more likely to support the change. So you need to develop the elements of your communications plan before beginning to implement your change. The development of this plan will focus on identifying: 1) the audience, 2) the objectives, 3) the message, and 4) the means of delivering the message. Let's take a look at these:

A good place to start determining your communication approach is by assessing the existing communication system as well as the 'communication culture' within your organisation. There are four important questions to ask:

- who are the primary audiences with whom you need to communicate for the improvement to be successfully sustained and what message(s) should they receive? People to be reached include the CEO, team members, staff and board. However, each may be interested in different aspects of the project and may need to be reached by different methods
- what resources currently exist to support communication? Often existing meetings and taskforces can be used as well as a corporate newsletter, web site or communications specialist. You may find that some people are already communicating by email. If the improvement team is using email that is great. If not you might consider offering them email access in order to speed up the communications process
- what is the most common method of communication inside the organisation? Different organisations communicate in different ways. Some rely on meetings that the team can use to update key people. Some rely on written reports while others are overburdened with written materials. Some are comfortable using the web or email while others aren't. Just be sure you use a communication mechanism that fits the person or group you are trying to reach. It is OK to try new strategies. But test them to see how well they are working
- how can information be shared with external audiences? Organisations have much to learn from the improvement experiences of others. Consider your target audience(s) and the best ways to reach them. Sometimes the senior leaders need to share the experiences. Other times team members are the best ambassadors. An external newsletter can be an effective communication medium to an audience that is likely to read it, while press releases may help reach groups who would not otherwise know about the agency or their activities.

Case study

As one organisation began its change effort, it focused on communicating the essence of the improvement program to each member of staff, the improvement team, board and peer organisations. One means of generating buy-in was creating a **name and logo** that reflected the nature of the project and using them in all communications. The name 'Darwin' was chosen to imply an evolutionary, rather than revolutionary, program of improvement. Later in the improvement process, maintaining a high level of support from key organisational members was crucial. To communicate this, specialised strategies were designed.

The message to senior leaders (provided via PowerPoint presentations) was that Darwin was an innovative approach that placed the organisation at the cutting edge in seeking ways to better serve clients and staff. But a more personal strategy (where the project manager met with the CEO) was used to test willingness to support project ideas, to list problem areas and to seek feedback on the project's direction and speed.

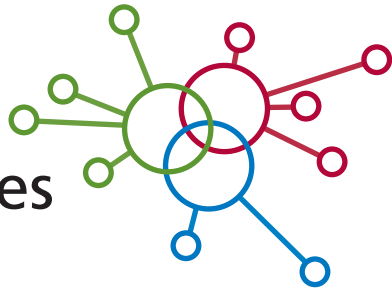
The Darwin team found that using a table (Figure 2) was helpful in planning their communication strategy. Column 1 lists the audience the communication is intended to reach. Column 2 lists the objective of the communication. Column 3 lists the key message to be communicated. Column 4 lists the medium and means by which the message will be communicated.



Purpose of communication - leverage leadership			
Audience	Objective	Message	Medium/means
Senior leaders	To promote shared responsibility and accountability for sustaining the solutions	'Senior leadership support of the sustainability effort is expected and is important to its success'	Project manager helped identify issues for senior management discussion CEO brought information from project team to senior management meetings as needed for discussion, final approval and support
Purpose of communication - gain peer support			
Middle management	Convey the on-going value of the Darwin project Spread changes across the organisation Provide change leaders and team with an opportunity for recognition	'Darwin continues to be an important part of the agency's work... this is the progress we've made'	CEO requests time at middle management meetings. CEO recognises individuals and acknowledges value of work done. Then improvement teams give updates using PowerPoint, verbal updates, supporting handouts
Purpose of communication - create awareness			
Staff/customers (Note: Darwin customers were largely internal and the end recipients of improved work processes)	Create awareness of project and importance to the organisation Demonstrate commitment to quality care Demonstrate commitment to change/improvement Share project content and progress Recognise work of peers	'Darwin changes infrastructures to support staff and better serve clients' 'Improving our work will improve client service' 'Organisation will be a better place to work because of this project' 'What does this project mean to me?' 'Many staff are working together to make change'	Project manager and team leaders submit articles to newsletter Darwin featured in CEO's monthly newsletter column 'Staff to staff' presentation at staff meetings by Darwin team members. PowerPoint, handouts Word of mouth
Purpose of communication - create awareness			
Team members External consultants Policy colleagues	Sustain change initiatives Show management commitment to on-going improvement Show success and thank staff Promote similar efforts	'The 'project' is ending but improvement effort continues as part of daily work' 'Darwin was successful in creating infrastructure to support change; here is how' Thank you for your help. Here is what we did and what we learned' 'This effort is necessary for healthcare organisations'	Special meeting to signify 'end' of Darwin project and formal transition to on-going improvement efforts. Teams review success and challenges, discuss how Darwin made a difference and review and prioritise remaining work Gave tangible rewards: day off, paid training, 'thank you' letters to staff by CEO. Written summary of project and lessons learned for team members and leadership boards

Figure 2. Communication strategy

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Further Reading

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For additional information on staff involvement refer to the following useful Department of Health resources:

- The report of the NHS Taskforce on Staff Involvement <http://www.doh.gov.uk/pub/docs/doh/stafinv2.pdf> outlines 11 steps to get an involving culture
- The self-assessment tool <http://www.doh.gov.uk/pdfs/staffinvself.pdf> developed by the NHS Taskforce for Staff Involvement identifies numerous essential ingredients for achieving staff involvement
- The Department of Health's resource pack, 'Staff Involvement Better Decisions - Better Care' <http://www.doh.gov.uk/hrinthenhs/staffinvolvement/resourcepack.pdf> provides support to NHS organisations to promote and implement this way of working as the norm.



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