Change Management Setting up a new service

e.g. an OASI Clinic

Edward John

Bob Freeman

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Agenda:

Managing Leading Change

How to set up a new service?
· Non-mandatory service set up
· Mandatory service implementation

Measuring performance , process and problem solving

Teamwork – setting up multi disciplinary teams

Team Huddles and Performance Boards

Change Management

What is change management?

Change Management is not …..

….. telling people about the change

Change Management

'**Change management** (sometimes abbreviated as **CM**) is a collective term for all approaches to prepare , support and help individuals, teams, and organizations in making organisational change.'

Source: Wikipedia

Managing Change

The starting point for change is not the outcome but the ending(s) that you will have to make to leave the old behind. Most organisations try to start with the beginning rather than ending with it. Change can happen very quickly, while transition usually occurs more slowly.

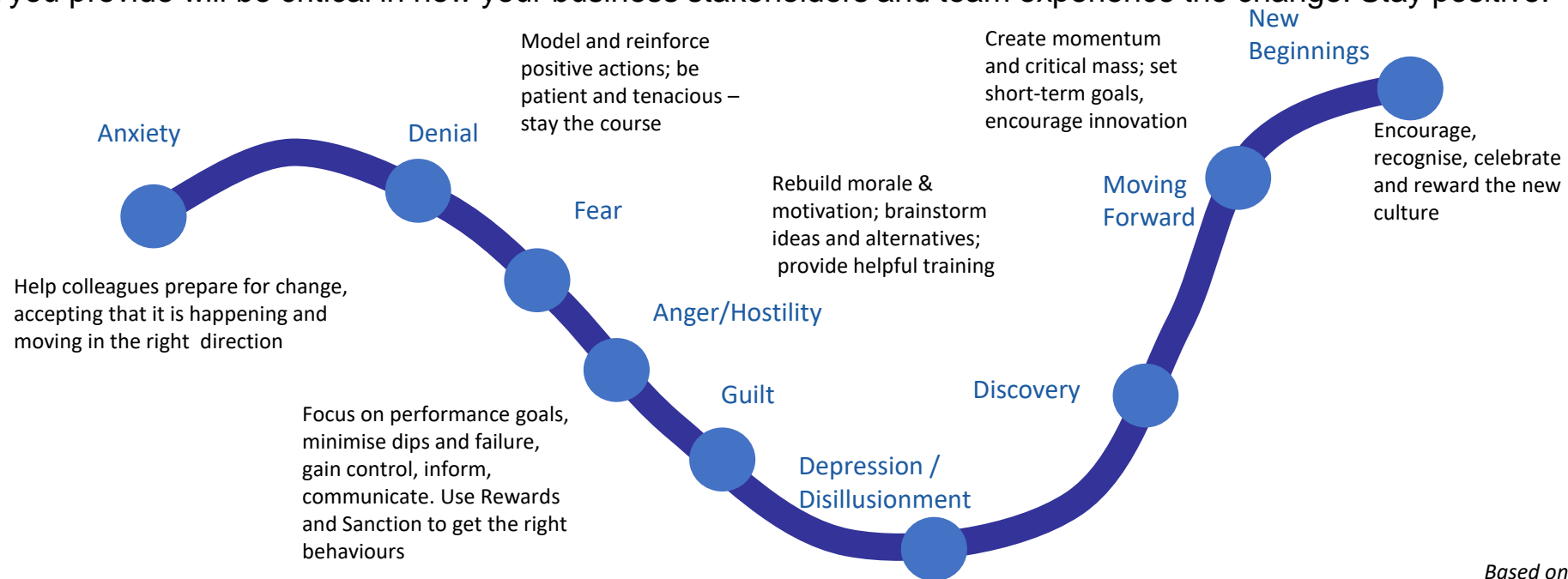Below are transitions stages that people may go through when change occurs.

- ENDINGS (Letting go):
  - Understand who is impacted and their concerns.

- NEUTRAL ZONE (bridging between the old and new):
  - Don't rush through the transition period
  - The old ways are gone and the new do not yet feel comfortable.
  - It can be a confusing and frightening time.
  - It is a time when reorientation and redefinition is taking place.
  - It can also be a very creative time - question the 'usual' and find new solutions.

- NEW BEGINNINGS (embracing change):
  - Beginnings are psychological, not just practical. Practical is quick, psychological is slow.
  - Beginnings are about the emotional commitment to do things the new way and see selves as new people.
  - Beginnings involve new understandings, new values, new attitudes, and new identities.
  - Beginnings are the final phase of transitions and follow the timing of the heart and mind, not a schedule.

Helping people through change

Leading and driving process change in periods of change requires understanding of how people cope with change (the change curve). People deal with change at different speeds.

Remember: you, as a leader of process change, may go through the change curve _before_ your business stakeholders and team; the attitude and support you provide will be critical in how your business stakeholders and team experience the change. Stay positive.

Model and reinforce positive actions; be patient and tenacious – stay the course

Create momentum and critical mass; set short-term goals, encourage innovation

New Beginnings

Anxiety

Denial

Fear

Rebuild morale & motivation; brainstorm ideas and alternatives; provide helpful training

Moving Forward

Encourage, recognise, celebrate and reward the new culture

Help colleagues prepare for change, accepting that it is happening and moving in the right direction

Anger/Hostility

Focus on performance goals, minimise dips and failure, gain control, inform, communicate. Use Rewards and Sanction to get the right behaviours

Guilt

Discovery

Depression / Disillusionment

Based on William Bridges Transition Model

Endings | Neutral Zone | Beginnings

Top tips for leading change:

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Anxiety
- Celebrate the past (acknowledge the end of an era)
- Communicate closure and new beginning rationale
- Use the compelling case for change

Denial / fear
- Display empathy, understanding and sensitivity
- Minimise shock
- Provide full and early communication of intentions, next steps, possibilities and overall direction of the change
- Pay attention to people's needs & concerns
- Practice patience

Hostility
- Don't suppress conflict or different views & emotions
- Help others weather the storm
- Remember this is not personal – people are attacking the process and outcomes – not necessarily you!

Depression / Disillusionment
- Guidance - Allow others (and show them how) to take responsibility and be accountable
- Encourage
- Create shared goals
- Coach

Discovery
- "Tell and sell" the personal "what's in it for me"
- Encourage risk taking
- Foster communication
- Create development opportunities

Gradual Acceptance
- Harness "early adaptors" and "centres of influence"
- Celebrate success and progress
- Reflect on experience

Moving Forward
- Stay focused and energetic
- Move on

An image that asserts that the future is worth living for will provoke actions that help create the fact.
William James.

Leading Change

As a leader of process change you can help others:

- Be a role model for leading the new change.

- Hold yourself accountable for successful implementation of change.

- Develop a compelling positive vision of the future.

- Set clear, specific goals and communicate the goals to each member on your business team.

- Double your communication efforts during periods of rapid organisational change.

- Focus on ensuring customer satisfaction, both internally and externally.

- Show unwavering commitment to the success of your business team and your organisation.

- Reward the messenger, even if the news is not good.

- Expect resistance.

New Service

A new service set up is dependent on the following:

- **Understand the value of service –** Why is it needed and what is the business case

- **Define your aims and objectives**

- **Understand the patient journey, define the process and understand the roles and responsibilities (including skilling and training)**

- **Effective Communication**

- **Measure, evaluation and quality assurance**

- **Facilitate ongoing improvement and managing challenges**

Business Case Content

To ensure the best chance of a commissioned service

- Evidence: best available

- Patient testimonials: important for commissioners

- Cost Effective – Set up cost, No of staff (admin, nurses, Clinic costs, Clinic availability, Equipment)

- Savings – physio vs surgery, repeat visits,

- Getting expert help (outside of your hospital)

Setting Up new service

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Do's and Don'ts

- Make a powerful case supported by colleagues, patients and managers

- Show it will be cost effective and help patients

- Must provide evidence of best practice

- Give examples of where it's worked elsewhere and why

- Low risk to Clinical Commissioning Groups (CCGs) with respect to cost
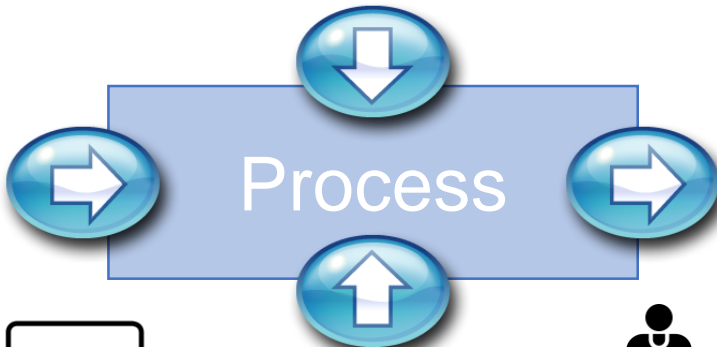
Process

What do we mean by process?

"The work performed within a defined set of interrelated activities to transform inputs into specific, measurable outputs for customers and other stakeholders that satisfy their needs and expectations"

Governance controls

For example:
- Quality Indicators
- Nice guidelines
- Policies & Standards
- Plans (scheduling)
- Contracts
- Skills/ Competencies

- No of patients
- Orders/ Requests
- Queries
- Raw material/data

Inputs/ Expectation

Process

Outputs/ Goal achievement

Patient
(as a recipient of the process/ pathway)

- People
- Finance
- Data
- IT
- Facilities
- Equipment

Enabling Resources

- Patient outcome
- What your service is trying to achieve and what the patient needs.

Continual Improvement

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A continual improvement process, is an ongoing effort to improve products, services, or processes.

They can be incremental or transformational.

Processes are constantly evaluated and improved in the light of their efficiency, effectiveness and flexibility.

The aim is to optimise the 'value' of the service from the patient's perspective.
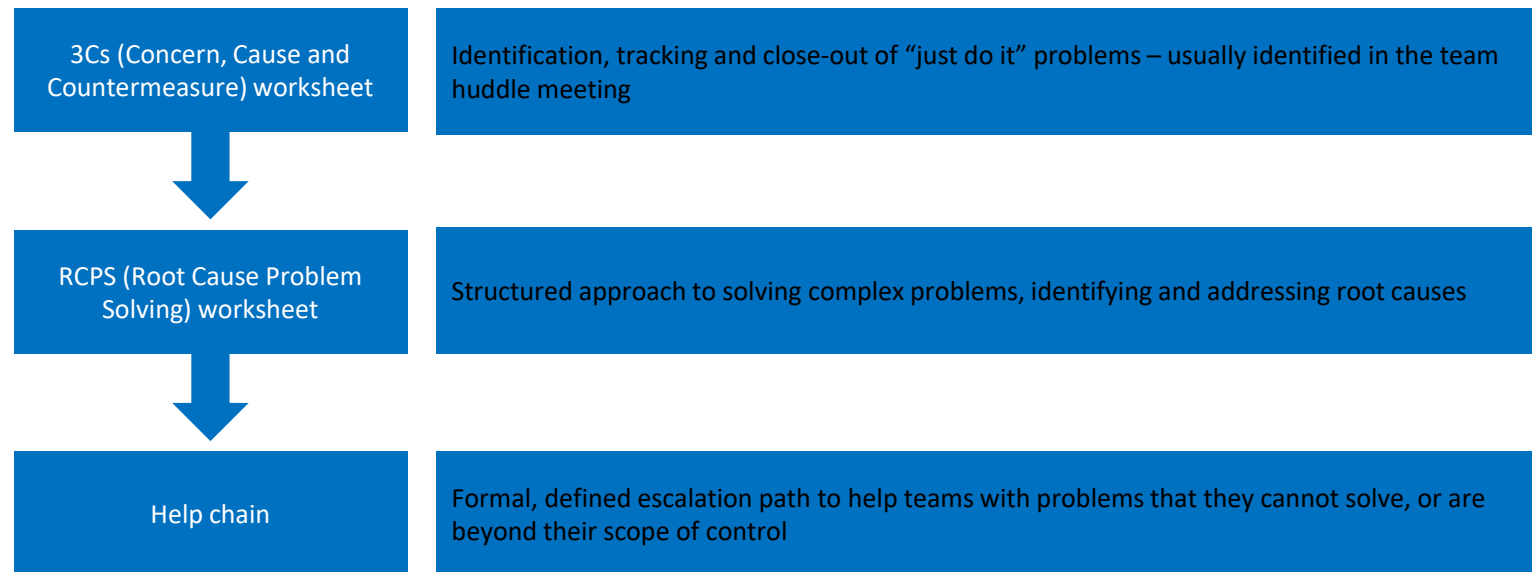
Patient Value = Any activity which improves the customer / patient's health, well being and experience.

TRADITIONAL WAYS OF WORKING	CONTINUOUS IMPROVEMENT WAYS OF WORKING
Monitors historical performance only	Monitors performance frequently, and makes adjustments to adapt to variations in demand
Predominantly uses temporary fixes to overcome issues	Seeks to understand the root causes of issues, and works with the team to develop sustainable solutions
Measures predominantly focussed on productivity	Robust and purposeful key performance measures in place
Team members do their job, with little awareness of overall performance achievement	Team members involved in daily communications and understand performance

Team-based Problem Solving

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Connected with the Team Performance Board and team huddles, team-based problem solving empowers local teams to identify and solve problems for themselves, using appropriate methods

Three Aspects Of Team-based Problem Solving

3Cs (Concern, Cause and Countermeasure) worksheet	Identification, tracking and close-out of "just do it" problems – usually identified in the team huddle meeting
RCPS (Root Cause Problem Solving) worksheet	Structured approach to solving complex problems, identifying and addressing root causes
Help chain	Formal, defined escalation path to help teams with problems that they cannot solve, or are beyond their scope of control

New Service Case Study

- Post-partum OASI (Obstetric Anal Sphincter Injury) clinics

  Challenges – Commissioned and funded, roles agreed, managing existing views

  Outcomes – Continued investment, patient expectations

- Performance Monitoring Examples:

Lead Metrics	Lag Metrics	Outcome
Staffing and hours No of patients Time to treat DNA and Why - Cancelled appointments	Cost Patient Feedback/ Satisfaction (Survey) Waiting times	Successful treatment and long term prevention Positive patient expectations

Where do you see the challenges?

Service and Team Performance Boards

Team Performance Boards promote collaborative team working, and enable effective performance management. They also help to initiate and track problem solving activities.

A visual display of:
- Purposeful metrics for the team / operation
- Continuous Improvement activity, e.g. problem solving
- Team resource planning and skills development
- A place for the team to review performance, plan work, and discuss improvement opportunities
- Used to facilitate daily huddles
- Located near the team (or virtual in some cases)

Team Huddles

When used in tandem with the Team Performance board, team huddles can quickly become the most valuable meeting you have each day – effectively connecting leadership with day-to-day operations

Characteristics Of An Effective Huddle

▪Frequency aligned with performance "drumbeat"

▪Take place as early as possible in the working day

▪All team members attend and actively participate

▪Not longer than 15 minutes

▪Simple agenda:

1. Review of yesterday's performance
2. Plan for today
3. Any issues or improvement opportunities

Break Out Session – 25 mins

- Break into groups of mixed disciplines and discuss:

    - Examples of services and practice changes that you have or want to set up and agree on one

    - Write down the steps you envisage for this service or practice change and how the patient travels through it

    - Review the boards and decide what your performance measures will be for

        - People - Staff Measures e.g. availability, skills, cover

        - Process - Number of patients, complaints, wait times, outcomes of investigations and treatments,

        - Problem Solving e.g. issues, solutions, further investigation

        - Admin: Standard agenda, actions taking and completion

    - For problem solving, think of some examples of the challenges that you have as part of your day to day management of the service

    - If there's time we will try a huddle!

Any Questions?

If you would like further information then please contact me:

       Edward John
       MRE Consultants
       edward@mreconsultants.co.uk

Some useful links:

https://www.england.nhs.uk/ourwork/part-rel/ahsn/

https://www.networks.nhs.uk/nhs-networks/continuous-improvement

Workshop outputs

Performance Board Example Measures to support OASI clinic management and evidence gathering:

PEOPLE

- Names of your multi-disciplinary team (MDT) and availability calendar.
- NICE guidelines/updates pinned to board have they been read?
- MDT skills matrix and knowledge share plan
- Communication plan e.g. service review time and date

PERFORMANCE

- Service audit results
- Maternity dashboard/ sharing findings of OASI clinic with MDT
- Patient journey touch points with physio, obstetrician, urogynecologist, midwives, specialist nurses, colorectal etc
- Patient testimonials and feedback to roles in patient journey
- Outcome measures
- Causes of the patient trauma over time

Continuous Improvement & problem solving

- Trauma root cause
- When discovered
- Patient intervention point & feedback