THE SPREAD AND SUSTAINABILITY OF QUALITY IMPROVEMENT IN HEALTHCARE

A practical insight into spreading and sustaining change in an acute clinical setting

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NHS SCOTLAND

Quality Improvement Hub

Healthcare Improvement Scotland
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Acknowledgements also to C. Arnott, L. Birch, J. Hansen, J. Watters from Healthcare Improvement Scotland and the members of the spread and sustainability practice review short life working group.

This study was co-funded by the NHSScotland Quality Improvement Hub and NHS Fife.

Produced on behalf of NHSScotland Quality Improvement Hub

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First published March 2015

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BACKGROUND

The NHSScotland Quality Improvement Hub ("the QI Hub") is a national collaboration between Special Health Boards, Scottish Government Health and Social Care Directorates and the Joint Improvement Team.

Its purpose is to support NHSScotland to develop the capacity, capability and infrastructures to excel in quality improvement with the aim of delivering the highest possible levels of safe, effective, person centred, timely, efficient and equitable care.

In the autumn of 2012, the QI Hub consulted with NHS territorial boards to agree the focus of its 2013–2015 workplan. The need to support staff to reliably spread sustainable improvement across local systems was highlighted as a priority.

Following discussion with colleagues across NHSScotland it was agreed that the QI Hub would:

• develop an accessible resource to help healthcare practitioners understand the key factors that impact on the successful spread and sustainability of improvement. This narrative review was published in June 2014 as ‘The spread and sustainability of quality improvement in healthcare: A resource to increase understanding of the 10 key factors underpinning successful spread and sustainability of quality improvement in NHSScotland’.

• understand in practice which factors are already being addressed well and which are presenting particular challenges.

• develop and test approaches to support staff to overcome the challenges. This will be taken forward using the learning from the study.

This document summarises our findings from qualitative interviews undertaken with 47 frontline staff to help meet the second aim of understanding in practice the factors which are already being addressed well and those which are presenting particular challenges.
INTRODUCTION

Spreading and sustaining change is recognised as a significant challenge in healthcare systems around the world.

In order to understand what is happening in clinical practice, we wanted to hear from frontline staff about the challenges they face (see Appendix 1 for our methodology). These are the staff who are required to implement, sustain and support the spread of a change to other areas and yet are often not involved at the planning stage.

While we were expecting to hear from staff about how they spread and sustain change, participants’ responses revealed that there are elements of the implementation of the change which first need to be improved, in order to support spread and sustainability.

Some of these elements can be addressed by individuals, leaders and teams at ward/department level, but several need input and support from others, including senior management teams.

To ensure full and frank conversations with the study participants, we assured full anonymity of responses. In order to preserve the anonymity of the study’s participants, we have therefore not linked individual responses with participants’ identities.

The information within this document should be used to inform discussions with your teams and staff when planning and managing a change. This document could also be used as a basis for discussions with senior management about key issues affecting your staff and how you implement mechanisms to support staff in spreading and sustaining change.

Should you wish further information in planning your change, we would encourage you to contact your local improvement lead or the QI Hub, who may be able to advise you about additional tools and resources available to support you.

This study has provided a wealth of information which will be shared with a broad range of stakeholders across NHSScotland.

The QI Hub would like to thank the staff who took the time to engage with the study and participate in the interviews. The honest reflections and feedback are a valuable source of information and will be used to influence the design and deliver of future improvement support and QI capacity and capability building activities.

The QI Hub also has a wide range of tools and resources available via the QI Hub website: www.qihub.scot.nhs.uk.
OVERVIEW OF FINDINGS

The results of the study show that the 10 factors, which were identified in the narrative review, are relevant in frontline practice.

A theme raised by almost all participants was that the focus should be on successfully implementing a change in one area before spreading to other areas. Participants requested that they are involved in deciding when the change had been successfully implemented in their area before spreading to other areas. If the change is not implemented properly, and with the inclusion of staff, participants felt that sustainability of that change would falter.

Analysis of the results also highlighted five key areas which, if they were strengthened, would significantly impact on the successful spread of improvements. These themes did not exist neatly within one of the 10 factors, but relate to multiple factors.

• **Focus on the why**
  - Staff said that they are motivated to engage with a change when it is explained to them how the change will improve patient outcomes. This was not consistently happening and staff reported often feeling that they are completing a tick box exercise, rather than helping to improve patient care.

• **Impact measurement**
  - Almost all staff highlighted a lack of routine feedback mechanisms on the impact that the change has had on patient outcomes.
  - Staff felt that lack of appropriate feedback on the impact of the change on patients can lead to a lack of confidence in the value of the change and a lack of commitment to sustaining it over time.

• **Planning for spread**
  - Participants commented that there is little or no spread planning with changes being introduced on a “just do it model”. If spread plans do exist they are not being communicated to the wards, which makes it difficult to inform staff about the change in advance of it happening.
  - There was little evidence of staff being supported to adapt changes to fit to their local context. Failure to adapt changes impacts negatively on the adoption and sustainability of the improvements.
• **Workforce capacity to engage with improvement work**
  - Participants indicated that vacancies, temporary staffing measures and absence were all seen as issues when trying to plan a change. Vacancies can lead to more day-to-day pressure on the existing staff and temporary staff are seen as harder to engage with the change.
  - Staff also identified their current workload as being a barrier to engaging with improvement work.
  - There was a positive response to learning opportunities being offered. However, staff reported that capacity issues, such as staffing and periods of high activity, made taking up these opportunities difficult. Staff at both sites reported doing study days and e-learning (LearnPro) in their own time.

• **Senior management leadership and communication**
  - Senior managers’ engagement seems to signify the importance of the change to staff, with staff reflecting that this positively influences their approach towards it and increases the likelihood of the change being adopted.
  - When asked to identify the executive sponsor for the Scottish Patient Safety Programme (SPSP), 85% could not name them.
  - More than half of all participants reported that communication about a change most often came from their senior nurse.

The two case studies provided by participants illustrate the above themes in practice: one instance where the change is successfully implemented due to the above principles being observed and one where the change was unsuccessfully implemented.
Implementing a ‘feedback board’ following participation in the Releasing Time to Care programme

Staff in a department participating in the Releasing Time to Care (RTC) programme wanted more feedback on their progress. There were also problems collecting accurate data about the interventions.

The RTC leads created a feedback board in their department with visual graphs and figures showing how the department was progressing in a variety of interventions.

Displaying and discussing the data, as well as including RTC as a regular agenda item at their staff meetings, encouraged staff to be more vigilant about collecting the data required to demonstrate improvement. Having accurate data enabled them to give meaningful feedback to the staff involved.

They have seen a steady improvement in data collection and, as a result, have been able to show how their interventions are improving patient care.

A member of staff said “We’re measuring what we are doing and evaluating what we are doing and [we are] making a difference . . . you have to share it though [information], otherwise it is meaningless.”
The senior charge nurse (SCN) noted that some patient nursing notes were not being kept up to date and that some staff were writing their nursing notes during meal breaks or after their shift had finished. Staff identified time constraints and high activity on the ward as barriers to completing the notes.

The aim was to have two one-hour windows set aside throughout each 12 hour shift to enable staff to write up their nursing notes. Time slots would be staggered to enable a trained member of staff to be available for patient care, whilst another wrote up notes.

The intervention was unsuccessful. Discussion in the team revealed the following barriers to success:

- there were not always enough staff available to allow suitable cover
- staff were called away from note writing to attend to patient care
- when patient dependency was high, staff were not free to use the allocated time
- staff felt “guilty” for sitting writing notes whilst other staff were busy
- some staff were reluctant to use the time appropriately (staff buy in), and
- some staff did not have good time management skills.

Case study 2 – example of unsuccessful implementation

Implementing protected time for completion of nursing documentation

The senior charge nurse (SCN) noted that some patient nursing notes were not being kept up to date and that some staff were writing their nursing notes during meal breaks or after their shift had finished. Staff identified time constraints and high activity on the ward as barriers to completing the notes.

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- when patient dependency was high, staff were not free to use the allocated time
- staff felt “guilty” for sitting writing notes whilst other staff were busy
- some staff were reluctant to use the time appropriately (staff buy in), and
- some staff did not have good time management skills.
This table summarises the 10 key factors, together with the main themes that have emerged from participants’ responses.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Themes</th>
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</table>
| Engagement           | **Understanding the reasons for the change.**  
Most staff want to better understand the reasons for the change; they understand the “how” but not the “why”, and the intended impact on patient outcomes.  

**Rewarding work and a positive impact on patient care.**  
For most staff the incentive which encourages engagement in the change is that the work they do is inherently rewarding and has a positive impact on patient care.  

**Contribution is felt to be valued.**  
When their efforts were valued and given recognition, this encouraged staff to participate and maintain engagement.  

**Understanding different motivations.**  
Taking pride in their work and feeling that they have done a good job is important to staff.  

**Engagement in the implementation of the change.**  
Staff felt that it was important to them that they were informed and included. Shift systems can present particular challenges to communication, but it is important to ensure mechanisms are in place for communicating and engaging everyone in a team. |
| Leadership           | **Senior lead.**  
Senior managers were not generally identified as leaders by staff; they identified the SCNs as leaders and senior managers as “management”.  

**Change leaders are encouraging and supportive.**  
SCNs need to be supportive and encouraging to staff when implementing a change, listening to ideas and open to suggestions.  

**Role model.**  
There was recognition that the person leading the change needs to role model the change.  

**Engagement from senior management.**  
There was a feeling that senior managers need to listen to staff on the frontline more and ask their opinion on changes when they are being introduced and during implementation. |
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<tr>
<th>Factor</th>
<th>Themes</th>
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<tr>
<td><strong>Evaluation</strong></td>
<td><strong>Outcome/Impact measurement.</strong> Staff said that they understand the “how” of the change. They get graphs and run charts showing how effective they are at doing the tasks required for the change. However, these do not explain “why” the change is being undertaken or adequately explain the effect on patient outcomes. Systems need to be in place to ensure those making the changes get information on the impact of those changes.</td>
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<td></td>
<td><strong>Allow staff to feedback.</strong> Feedback maintains staff motivation and interest. Staff at the frontline have valuable feedback to give as their experience allows them to see what does and does not work in practice. Processes, such as plan, do, study, act (PDSA) cycles, need to be in place to allow changes to be adapted in response to that local feedback.</td>
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<tr>
<td><strong>Culture</strong></td>
<td><strong>Subcultures.</strong> There was evidence of different subcultures between staff groups at ward level, which can enable or hinder improvement work. Charge nurses need to concentrate on developing reflective learning cultures.</td>
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<td><strong>Investment in staff.</strong> Three quarters of staff interviewed felt that investment in staff by the organisation, either through professional development opportunities or time away from the ward to undertake necessary training and education, was a positive part of their culture.</td>
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<td><strong>Learning culture.</strong> Staff both valued and engaged in personal reflection following reported incidents. However, there is a need to strengthen the formal mechanisms for reviewing incidents and ensuring any key learning leads to actual improvements across the system.</td>
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<td><strong>Change Management</strong></td>
<td><strong>Capacity.</strong> Most staff interviewed (72%) identified workforce capacity issues as the main issue affecting their ability to effectively engage with improvement work. A common theme emerged of staff feeling that too many initiatives were being introduced at once and in an unco-ordinated way.</td>
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<td>Factor</td>
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<tr>
<td>Measurement</td>
<td>Monitoring improvement outcomes.</td>
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<td>Staff discussed the positive value of feedback of results and using them</td>
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<td>to inform and improve practice. Staff spoke about sharing the results to</td>
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<td>improve motivation and using the data to check performance against</td>
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<td>agreed goals.</td>
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<td>Proportionate levels of data collection.</td>
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<td>Staff said that there needs to be a balance between the time it takes</td>
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<td>to complete monitoring data and the time that takes them away from hands</td>
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<td>on patient care. Systems need to be in place to recognise when reliable</td>
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<td>implementation of an improvement has been achieved and measurement of</td>
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<td>that intervention can be reduced.</td>
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<tr>
<td>Empowerment</td>
<td>Ownership of the change.</td>
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<td></td>
<td>Having freedom to act in managing or adapting a change was important</td>
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<td></td>
<td>to a few staff. Others identified being given responsibility for an aspect</td>
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<td>of the change in their own area and having trust in their judgement was</td>
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<td>a positive way to engage and empower staff.</td>
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<td>Staff feel able to suggest changes.</td>
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<td>Staff reported that on the whole they did feel that at ward/department</td>
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<td>level their views are listened to and that they would be able to approach</td>
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<td>their senior nurse with ideas about a change, which would be tested and</td>
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<td></td>
<td>adopted.</td>
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<td>Human Factors</td>
<td>Keep it simple.</td>
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<td></td>
<td>Keep it simple was a point raised by almost half of the staff interviewed.</td>
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<tr>
<td>Knowledge into Action</td>
<td>Local and clinical contextual knowledge and skills.</td>
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<td>Staff are willing to develop or adapt a change to fit into the context of</td>
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<td>the area they work in. It was felt that while the core value of an</td>
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<td>intervention was important, being able to adapt it for use in their</td>
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<td>specific area was important to staff so that the correct information was</td>
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<td>collected and time was not wasted collecting information which was not</td>
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<td></td>
<td>relevant.</td>
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<tr>
<td>Innovation</td>
<td>Being creative about implementing knowledge into practice.</td>
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<td></td>
<td>Although staff did not specifically talk about innovation, they did</td>
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<td></td>
<td>speak of ideas and projects which they had introduced or been part of</td>
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<tr>
<td></td>
<td>which were innovative.</td>
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<td>Small changes to the way they work can have a big impact on staff and</td>
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<td>almost without realising it they are evaluating and suggesting</td>
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<td>adaptations to the way they work all the time. Staff want support with</td>
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<td>new ideas to maintain motivation and effort in thinking about new ways</td>
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<td>to do things.</td>
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ANALYSIS OF THE 10 KEY FACTORS

This section provides an analysis of the findings, with examples of the challenges and opportunities identified by staff that will impact on the effective implementation of any change initiative.

Evaluation  Leadership  Engagement  Change Management  Empowerment

Human Factors  Measurement  Culture  Knowledge into Action  Innovation
The spread and sustainability of quality improvement in healthcare

**What the literature said**

The key to success is to develop plans from the outset to understand how activities, outputs and outcomes link, and ensure learning and feedback loops are in place for staff.

**What participants said**

In response to the question “What is the best way of evaluating a change and making sure that it is part of practice all the time?”, the following themes were identified by participants.

1. **Feedback** – Staff noted that when they know the rationale for the change and the positive impact it has on patient care, they are far more likely to sustain a change, even during challenging times. There was recognition from all staff of the value of providing feedback to staff:

   “In terms of keeping staff interested it might be just showing these staff that it’s beneficial . . . I think if you show the staff member that we’ve changed this, that this is happening now and it’s beneficial towards patient care and patient safety . . . I think that individual would continue to drive that forward.” - Support staff group

Participants expressed frustration at a lack of feedback when they put such effort into collecting the data and then do not know what is done with it:

   “I know we have all these graphs on the wall that show us our compliance. I don’t know much more than that. I know that our graphs show how well we’re doing with the [surgical] pause and how we’re complying with it but I wouldn’t know if infection rates have dropped or not.” - Nurses and therapists group

Some staff also said that their only measure for knowing whether the change was successful or not was the visible evidence, such as run charts or monthly results displayed at ward level.
2. **The patient voice** – Participants stated that they value feedback from patients as an additional measure of success. Participants felt that staff were embracing what they learn from the Caring Behaviours Assurance System (CBAS) and clearly want to know that their efforts have had a positive effect on patients and the patient experience.

3. **Tools** – When prompted to discuss how a change might be evaluated, 23% of senior nurses and nurses and therapists referenced PDSA cycles as a method of evaluating a change.

“If you’re looking at systems and how we approach things and it isn’t working we try to encourage people to say ‘Let’s do something different.’ We do small tests of change and PDSAs and things. Because if it isn’t working and people aren’t happy with it, let’s look at what alternatives we can find.” - Senior nurses and AHPs group

Participants also spoke of the need to include the whole team when discussing the change, as listening to staff’ opinions encourages engagement with the change. The whole team should also be involved in evaluating the success of the change and small tests of change should be discussed as a team.

### Top tips

- Feedback from staff, patients and carers will give valuable information on whether a change has resulted in the desired improvement.

- When you are planning a change think about the activities required, the staff you need to engage with, how you will feedback to them and how often. Also think about what the short, medium and long term outcomes will look like.

- Regular evaluation of the change is needed to ensure that it is being sustained. Once sustained, periodic evaluation of the change will highlight any issues and allow investigation of change in practice.
**LEADERSHIP**

A good leader makes the status quo feel uncomfortable (push) and the future look attractive (pull)

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**What the literature said**

Leadership needs to combine technical QI skills with effective interpersonal and relational skills.

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**What participants said**

In response to the question **“What were the qualities of leaders in this project, which enabled and encouraged staff to adopt the change?”**, the following themes were identified by participants.

1. **Characteristics of a leader** - Change leaders need to be encouraging, supportive and approachable and open to suggestions and feedback, in order to engage staff in the change process.

   Communicating their role in the change and acting as a role model for change were identified as important requirements of a leader.

   “. . . our ward sister is very hands-on so she will lead by example. That makes it easier for everybody else to follow suit because she’s not just coming out saying ‘This is what you must do.’ She’s actually saying ‘This is what we must do.’ And she does it, and everybody follows suit.” - Nurses and therapists group

   “You need to lead from the top down. And if staff aren’t sure, give them time, answer questions, and show them sometimes what you’re wanting them to do or how it needs to be done.” - Nurses and therapists group

Senior nurses, in particular, noted that understanding the skills and knowledge of their staff and targeting these attributes when introducing a change, was important for the successful implementation of a change. These participants also stated that making certain staff accountable for elements of the change in their area was seen as a positive way to encourage engagement from staff.
2. **Engagement from senior management** - Half of all participants felt that engagement from senior management within the organisation was important to demonstrate that a change was important; however, when prompted, 85% of all participants could not identify who the executive lead for the change was. Staff did not refer to senior managers as leaders, but spoke about them as “the management” and did not seem to identify them as leaders.

“... You can’t really go about making a change and improving things without the opinions of the people that are going to be doing it. It can’t just come from management down, it has to involve everybody.” - Nurses and therapists group

<table>
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<th>Top tips</th>
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<tr>
<td>• As a leader, demonstrate your commitment by your involvement in and communication about the need for change and the positive impact on patient outcomes.</td>
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<tr>
<td>• Ensure a feedback mechanism is in place for staff to communicate with you their ideas or concerns about the change and then ensure that you listen and respond. This may mean making adjustments to the change in response to their feedback.</td>
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Large-scale engagement is the best way to guarantee large-scale changes

What the literature said
Ensure everyone has a vested interest in the change, across all levels and roles, and feels that they have a voice in the change process.

What participants said
In response to the question “How do you understand what matters to people in their work and how do they use formal and informal networks to maintain motivation for change?”, the following themes were identified by participants.

1. **Understanding the reasons for the change** - Most staff interviewed identified that ensuring staff understand the reasons for the change is a significant requirement in getting staff to engage with the change process.

   “I think having the staff buy into it and understand why it’s not just a paper exercise, it’s there for a reason, it’s keeping patients safe and giving the staff the information to make that choice themselves, it’s not just ‘here’s another paper, fill it in’. ” - Senior nurses and AHPs group

   Ensuring that staff who are on days off or on leave are included in communication about the change was highlighted as important, otherwise it could lead to staff being missed, resulting in inconsistent application, confusion and fear of the change. This can result in staff becoming disengaged and more likely to create errors in the system.

2. **Incentive** - Participants recognised that improving quality was a part of their role and see patient care as the most important part of what they do. More than half of those interviewed mentioned the importance of improved patient outcomes as being an incentive for change. Identifying and understanding what motivates staff can facilitate the implementation of a change.
“... when staff start to realise that we’re not causing harm, we’re preventing harm or mortality’s down because of it, that interests them. But putting that information in front of them, rather than just numbers, that’s what they’re interested in.” - Senior nurses and AHPs group

3. **Engagement in the implementation of the change** - Those interviewed identified that being involved, informed and educated about the change before implementation improved their engagement in the change. Participants noted that when staff were involved earlier in the change process they became engaged quicker and felt that the change process was more positive.

Those interviewed recognised that all of the team need to be involved from the start if the change is to be more readily accepted and successful.

“It’s making everybody aware of the change and what it’s for and how we can implement it and what difference it’s going to make.” - Nurses and therapists group

4. **Engagement with senior management** - Almost all staff knew about senior management ‘walkrounds’, but felt little engagement with them. A few staff noted their relief when they were not on duty the day they happened or made an effort to be “busy” to avoid them. When prompted, participants indicated that this was partly due to staff not feeling comfortable with senior managers because they do not know them and have very little interaction with them.

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**Top tips**

- Understand what motivates staff, provide the necessary education and involve staff in the change.
- Communicate the reasons for the change to staff and the benefits to patients. Even better, involve them in the process of identifying what needs to improve in the first place.
- Encourage staff to give feedback and be involved in evaluating, adapting and managing the change.
Change management is how you transition individuals, teams & organisations to a desired future state.

What the literature said
Ensure people are supported to understand the problem that a change is attempting to fix, and are involved in designing and testing the solutions.

What participants said
In response to the question “How do we find out what motivates people and what are the best ways to communicate with them about changes?”, the following themes were identified by participants.

1. Capacity - Most staff had concerns about the effect of staffing levels including sickness absence and vacancies (especially the length of time it takes to fill a vacant post) on their ability to manage change. Acknowledging that vacant posts can be filled with bank staff it was noted that vacant posts reduce the level of expertise on the ward and temporary staff are perceived as not being engaged, or are trained and then move on.

   Excessive workload was a concern for almost half of all participants, where it was noted that the volume of documentation can negatively impact on patient care.

2. Communication to the whole team - Nearly half of those interviewed raised communication as an issue, particularly communication of the change and the change process to the whole team. Staff felt that face to face is the best way of informing and educating staff about changes.

   “It’s quite difficult when you’ve got all the other pressures of staffing and bed management and everything. But communication and ward meetings . . . just get everybody on board - if you want to make a change you have to communicate it.” - Nurses and therapists group
In terms of planning for spread, it was noted that staff did not feel that the changes were discussed with them in order for them to input into the process.

“It’s being open and transparent about why the changes are happening . . . I think there’s not enough of that, it’s as if we don’t go and talk to them it will be all right. Let them get on with it and it will settle down in time. But I think people will be more receptive to it if they get all the information as to why it’s happening, when it’s happening, how is it going to affect me and they want to know that, they want to know: how is it going to affect me? Is my job going to be any different? These are the important things to staff, I think.” - Senior nurses and AHPs group

3. Learning and development - Both sites were identified, by their staff, as having a positive culture regarding education, stating that opportunities are available, but time to attend was often an issue for staff.

“I think I’m encouraged to learn, whether I get time to go out and learn it is a different matter. I’m certainly not discouraged. If I went along to say I want to do something I’m sure I would be allowed to but it’s actually getting the physical time to do it.” - Nurses and therapists group

Senior nurses identified relevant training before implementation is important in order to spread the change throughout their areas.

More than half of all participants felt that sharing experiences and learning about the change was important to enable staff to effectively implement the change and spread the change to other areas.

**Top tips**

- Consider if there are any local capacity issues which may compromise implementation of the change and seek ways to resolve these before implementation. As the change is managed, this element needs to be reviewed regularly.
- Plan how to manage training and staffing requirements.
- Plan to communicate with staff in a variety of ways to ensure that the message gets to them all, for example newsletters, email, posters and ward meetings.
EMPOWERMENT

The degree of person-centredness in a system is reflected in superior decision making, design and care

What the literature said

Hearing, listening and responding to the voices of staff, patients and carers when attempting to improve services is key to ensuring the successful implementation of a change.

What participants said

In response to the question “How much do you think people feel that they have the knowledge and expertise to make Quality Improvement changes in their area?”, the following themes were identified by participants.

1. **Staff feel able to suggest changes** - Nearly half of all participants said that being able to suggest changes and influence their systems and processes was important to them. Whilst they felt able to do this at ward level they did not feel that it was possible to suggest changes at an organisational level.

2. **Ownership of the change** - There was recognition across all three staff groups that staff want to be allowed to adopt and adapt the change to suit their local context.

   “I think they do feel quite empowered by it, especially if we’re wanting to implement a change with anything, not just patient safety, and they’re included, they feel empowered by that. This is their area, this is their ward, and if they feel that they’ve been included in decisions and things that are going on then they take a sense of pride and empowerment from that. And I think you get a better performance out of them.” - Nurses and therapists group

   “I think the key people in moving it forward are the staff on the wards. And I think that hasn’t always been recognised which maybe gave it a bit of a slow start, and I think we’re not quite there yet in making them the owners of it.” - Nurses and therapists group
They also want to be able to feedback on whether they feel a change has been a success or not. This approach motivates staff and enables them to gain ownership of a change, building capability to allow staff to become local knowledge experts, which can be used to spread change to other wards/departments.

3. **All involved in the change** - Identifying staff who are enthusiastic about the change was thought to be an important step to facilitating the change being spread and sustained in a ward/department.

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### Top tips

- Identify which staff have the knowledge and interests to assist you in planning, implementing and sustaining the change and create opportunities for staff to become involved in the change.

- Involve your senior management in feedback and discussions with staff whenever possible to demonstrate their commitment to the change, for example a regular column in the newsletter.
Understanding why errors occur and tackling poor design and procedures is key to improvement

What the literature said
It is important to understand why common errors are happening within a system and then redesigning processes with steps in place to prevent these errors.

What participants said
In response to the question “How can we ensure that improvements are spread and sustained at individual, team and organisational levels?”, the following themes were identified by participants.

1. Keep it simple - Nearly a third of all participants discussed the concept of “keep it simple” when discussing making changes to systems and processes. Staff felt that small changes can make a big difference.

   Staff identified that having complex language and systems can slow down the change process, limit engagement and prevent sustainability.

   Staff said that there needs to be balance between the time it takes to complete the paperwork in a bundle, for example, and the time that takes them away from hands on patient care. The volume of paperwork associated with the changes can be stressful.

   One staff member said that sometimes there is so much going on in terms of change that it is hard to grasp it all. Another noted that although they had identified and tested an adaptation of a change in their ward area, it was waiting to be “passed” as suitable. Meanwhile another staff member had heard about this change and wanted to use it, but was unable to do so while it was in this process.

   “. . . the complexity of what it is you’re auditing and how the paperwork’s laid out. Some of them are really straight forward, some have you scratching your head, and they’re the ones that you’re going to lose the staff on if it doesn’t get rectified or the information’s not rolled out.” - Senior nurses and AHPs group
2. **One change with multiple benefits** - A quarter of participants identified that making one change with multiple benefits was important to them, noting that simple changes, in particular can make a big difference.

3. **Risk management** - All participants knew about the Datix system and said that they were encouraged to report risks, potential risks and incidents. However, staff reported that reflection is used on an ad hoc basis to review incidents and neither site had an identified formal process for feedback and learning from incident investigations, which can be reported back to staff.

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**Top tips**

- Keep the design of your change as simple as possible avoiding unnecessary or repetitive documentation.
- Discuss the design and planning of the change with staff in the early stages to encourage engagement and ownership.
- Be clear about elements of the change which cannot be changed and identify where adaptations may be appropriate.
MEASUREMENT

All improvement will require change, but not all change will result in improvement.

What the literature said
A key to successful implementation and spread of change is allowing staff to use real time data to drive improvement.

What participants said
In response to the question “Was measurement data regularly generated on performance and how did you display, share and use this data?”, the following themes were identified by participants.

1. Data collection - A quarter of participants described being comfortable with the concept of measurement in the context of clinical practice and had good awareness of a variety of measurement tools.

   Participants referred to data collection and analysis as time consuming, with the perception from some staff that it can take time away from patient care. Staff suggested keeping it as simple as possible, which may engage more staff in the change process.

   Having goals and targets was seen as useful, but staff noted that often initiatives are being measured long after they are shown to have resulted in an improvement, meaning staff are collecting data to drive an improvement that has long since been sustained.

   Staff were clear, however, that they understand that an element of monitoring would still be required to ensure continued compliance.

   Education continued to be identified as important and it was suggested that some staff are afraid of the terms used in quality initiatives, which can put them off participation. One senior nurse suggested keeping it straightforward in terms of measurement tools and language, and to avoid the use of “buzz words”.


2. **Sharing the data** - A third of participants raised the issue of knowing how to measure what they were doing, but not having insight into why they were doing it. Compliance on undertaking tasks is measured; however, the impact to patients of reaching, for example, 100% compliance on a bundle, is not always being fed back to staff.

“For the staff, I ensure that it’s in part of our monthly newsletter . . . [We discuss] if we haven’t done so well, why we haven’t done so well. And then obviously our safety briefs - so what was going on in the ward that made us not achieve what we should have been achieving? And there are normally factors that you can see straight off, it’s usually staffing.”

- Senior nurses and AHPs group

3. **Displaying the data** - More than half of all participants spoke about having visible evidence of improvement on their wards, such as run charts and compliance data, which when used correctly, is very valuable.

4. **Using the data** - Staff noted that they felt the improvement initiatives implemented in their area have enabled them to evidence improvements in the care that they give. They also said that the work was worthwhile because it improved patient care and that the use of SPSP bundles had improved observation skills.

Staff identified different forms of measurement, such as safety crosses, PatientTrack (a system linked to Early Warning Scores, which is an automated alert system), patient stories, questionnaires, audit, Clinical Quality Indicators, walkrounds and bundles. One senior nurse spoke about the practical use of the safety cross in her ward, noting that on return from days off she can see at a glance if there have been any issues relating to falls, for example, which she saw as a positive use of the data.

### Top tips

- Ensure that you choose the most appropriate and simplest measurement tools for your change before the change is implemented.

- Be clear about what the aims of the change are and communicate these to staff so that they are aware of the reasons for the change at the start.

- Once you have reliably implemented a process improvement, change the data collection so you just audit compliance (say every 6 months).
What the literature said
Change leaders must understand the role that culture plays on staff behaviour and their ability to deliver improvements.

What participants said
In response to the question “How can we develop a common vision and culture, which is positive and supports us in improvement and the development of new ideas?”, the following themes were identified by participants.

1. **Open to ideas** - It was noted by several staff that an open learning environment, where senior staff are receptive to ideas on how to improve the systems and processes, encourages engagement in a change.

2. **Investment in staff** - Nearly three quarters of all staff interviewed discussed the notion of investment through education or development opportunities as a positive part of their culture.

   A third of staff interviewed found that they had difficulty finding time to study or attend educational events offered to them. Senior nurses identified the difficulty of releasing staff for training as a problem due to time constraints or staffing issues. Staff also spoke about the difficulty of managing training and education in their own time, due to personal commitments.

   Participants also spoke of the importance in investing the time to educate staff before implementing a change.
3. **Alignment with strategic direction** - Most staff interviewed said that they felt their organisation shared the same goals and ethos as them. Some staff stated that their organisation’s aim is to improve patient care, deliver high quality care, improve patient safety and ensure that the patient experience is a good one.

“Basically you are part of the organisation so you and the staff should be improving practice and safety on a daily basis. And again, for the organisation, it is also their (role) to make sure patients are safe in their hospital.” - Nurses and therapists

4. **Safety culture** - A third of participants identified patient safety as being a priority for both the organisation and their ward/department.

Staff reported that they felt encouraged by their senior nurse to report any incidents. However, the use of investigations as a learning tool to reduce future risks was reported as variable. Generally staff appeared to believe that their organisation had a no blame culture in relation to incident reporting.

5. **Hierarchy** - Nearly two thirds of participants referred to a hierarchical culture. Several staff used language which was indicative of a hierarchical culture, such as referring to management as “higher ups” and referring to themselves as “only a light blue” (uniform). A few staff did indicate that they felt the hierarchical culture of the workplace was improving, with efforts being made to involve staff more in decision-making.

Some staff believed that senior managers are responsible for the “Just Do It” approach, mentioned by several staff across all groups, in relation to implementing a change. This can create a “them and us” culture.

### Top tips

- Encourage a culture of learning by developing more “on the job” learning opportunities.
- Ensure that the goals and ethos of the organisation are clear and regularly communicated to staff in a variety of ways.
- Identify what motivates your staff and encourage them to participate in activities and tasks which maintain and develop their motivations.
KNOWLEDGE INTO ACTION

We must create knowledge by combining research, practice and experience of staff and service users

What the literature said
Knowledge and resources of all kinds need to be accessible, used and shared by staff in order to translate and embed the best ideas and evidence into practice.

What participants said
In response to the question “Are there creative and innovative approaches which we can use to get staff knowledge into practice in a more timely and accessible way?”, the following themes were identified by participants.

1. Closing the loop - The use of personal reflection and reflective practice was the main theme, with most participants positively commenting on this.

   Although staff reported that they undertook personal reflection following reported incidents, there was no formal reflection process in either site. Occupational therapists and physiotherapists appear to be the exception, who use diaries to record good outcomes as well as incidents and use reflection during clinical supervision sessions. The lack of formal process can potentially result in errors being repeated and valuable knowledge not being shared widely.

2. Adapting the change - Staff would like to be able to use their local and contextual knowledge and expertise to adapt changes to improve compliance and facilitate sustainability in their area of work. However, the general feeling from participants was that this was not supported.

   “Adapting things to local areas so it’s not just a ‘this is what we’re doing.’ It’s very adaptable, and therefore people are getting their own ideas in and you can see what’s suitable to your environment and how they would benefit.” - Nurses and therapists group
3. **Keeping knowledge up to date** - This was identified as important by several participants.

<table>
<thead>
<tr>
<th>Top tips</th>
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<tbody>
<tr>
<td>• Encourage staff to report back and discuss any changes they feel need to be made to the change to enable it to fit the context or specialist requirements of their area.</td>
</tr>
<tr>
<td>• Ensure processes are in place for staff to reflect on learning from incidents, facilitate discussion about any change which needs to be developed as a result of the findings and learning and then implement that learning across all relevant areas.</td>
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</table>
What the literature said
There is clear benefit in thinking innovatively when proposing improvements in order to not reinvent the wheel.

What participants said
In response to the question “Thinking about an improvement initiative that you were involved in, was there something about this innovation which made it work well in your organisation/ward?”, the following themes were identified by participants.

1. **Attitude to improvement** - Most staff indicated that improvement is a part of their role.

   Although participants made few comments about innovation, almost all the senior nurses brought examples of innovations which they had implemented in their areas for discussion. Staff may not be calling their improvement ideas innovation, but now simply improving care as part of everyday practice.

   Participants noted that the SPSP had improved awareness and observation skills in staff and encouraged staff to question if there is a better way of doing things. As a result, staff are regularly reviewing and improving the way they do things and ideas are being sought from a variety of sources.

2. **Opportunities to innovate** - Staff want support and encouragement to develop innovative ideas, but innovation appears to be stifled sometimes by the culture of the organisation, for example the desire for uniformity across the system.

   Feedback and communication of results following the testing of ideas was referred to by staff as essential to allow staff to evolve their thinking and develop new ideas. Listening to staff ideas and showing the willingness to test these also has a positive effect on staff morale. Most staff spoke positively about their senior nurses being receptive to new ideas.

   “I think having the imagination and ability to think outside the box a little bit and working out how the change can be best made for their group of staff, because not everybody can respond to the same type of instruction.” - Nurses and therapists group
3. **Avoiding duplication of effort** - Change mechanisms need to be meaningful and kept simple to avoid duplication of effort.

Some staff suggested that a mechanism for sharing good practice and improvement stories between wards/departments would be helpful for staff and would prevent duplication of effort.

**Top tips**

- Review or develop the mechanisms you have for staff to communicate and test new ideas.
- Decide how you will celebrate success.
APPENDIX 1 - STUDY METHODOLOGY

All 14 territorial NHS boards were invited to participate in the study, with two boards volunteering to be involved in the work.

A sample of staff was identified from across a range of professions who work in acute wards and departments in the two participating boards. Fifty-five members of staff were approached for interview, with 47 agreeing to participate (85%). Medical staff were invited to participate, but declined on the basis that they did not have the time to participate given their current workload pressures.

For the analysis, staff were grouped as follows:

- **Group 1 (Senior nurses and AHPs)** - Clinical Nurse Managers, Senior Charge Nurses and Senior AHPs
- **Group 2 (Nurses and therapists)** - Charge Nurses, Staff Nurses, Physiotherapists and Occupational Therapists
- **Group 3 (Support staff)** - Nursing Auxiliaries, Health Care Support Workers and other support staff

The study used a combination of:

- individual, face-to-face, semi-structured interviews, and
- a subset of the interviewed staff was asked to provide examples of one successful and one less successful intervention.

Participants were encouraged throughout the interviews to think of a change or improvement initiative that they had been involved in. It was not the intention of the study to evaluate the effectiveness of the SPSP or staff involved in it; rather, as the programme is a well known improvement initiative, participants often referred to this programme when answering the interview questions.

It is acknowledged that this study was specifically designed to gain a greater understanding of how the 10 key factors, identified from the narrative review, influence the daily clinical practice of staff in the NHS, within an acute clinical setting. As the sample is small and specific to one clinical setting, care needs to be taken in generalising. However, it is the view of the advisory group that the findings have face validity and are likely to be equally applicable across a range of healthcare settings.

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1 Expressions of interest were requested through the Spread and Sustainability Steering Group which has representatives from several NHS boards and through informal networks.

2 Senior nurses were approached in each of the participating boards to seek their support for the interviews and their assistance in identifying participants across the three groups of staff.
## APPENDIX 2 - DEFINITIONS AND GLOSSARY

<table>
<thead>
<tr>
<th>Term used</th>
<th>Number of participants referred to</th>
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<tbody>
<tr>
<td>Few/ several</td>
<td>2-15</td>
</tr>
<tr>
<td>Some</td>
<td>16-29</td>
</tr>
<tr>
<td>Most</td>
<td>30-40</td>
</tr>
<tr>
<td>Almost all</td>
<td>41-46</td>
</tr>
<tr>
<td>All</td>
<td>47</td>
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<table>
<thead>
<tr>
<th>Term</th>
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<tbody>
<tr>
<td>LearnPro</td>
<td>LearnPro is an easy to use workplace learning content management system.</td>
</tr>
<tr>
<td>Datix</td>
<td>Datix is web-based patient safety software for healthcare risk management.</td>
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