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### Acknowledgements

The development of this guide for Improvement Leaders has been a truly collaborative process. We would like to thank everyone who has contributed by sharing his or her experiences, knowledge and case studies.

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Thanks also to Professor David Gustafson for his contribution to the thinking for this guide.

**Research into Practice Programme:** Throughout this guide we have used quotes from the Research into Practice Programme. This is ongoing research to gain new knowledge on factors influencing the spread and sustainability of new practices. It is looking at two improvement programmes: the Cancer Services Collaborative and the National Booking Programme. It is focusing on the factors that influence the spread and sustainability of service improvements and the factors that change clinical sceptics into supporters.

Our thanks to the Livingstone Hospital, Dartford and the Medway NHS Trust, Kent for their cooperation with the photography.

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Designed by Redhouse Lane, 020 7291 4646  
Published by Ancient House Printing Group,  
Ipswich, 01473 232777

### Improvement Leaders' Guide to Sustainability and spread





## Foreword

I am pleased to present this guide – another in our series for Improvement Leaders in the NHS.

Earlier this year we launched the first three guides in this series and it is great to report how well they have been received by staff from all parts of the NHS and with other partners in healthcare.

In the NHS Modernisation Agency we try to follow five simple rules. These are to:

- see things through the patients' eyes
- find a better way of doing things
- look at the whole picture
- give front line staff the time and the tools to settle the problems
- take small steps as well as big leaps.

All Improvement Leaders' Guides are underpinned by these rules, as we feel that these are the things that are truly going to make improvements for our patients.

The first guides on Process Mapping, Analysis and Redesign, Matching Capacity and Demand and Measurement for Improvement gave real, practical advice about the basics of improvement. These next four guides tackle some of the softer issues about people:

- Managing the human dimensions of change
- Involving patients and carers
- Sustainability and spread.
- Setting up a collaborative programme

It is only by testing ideas, learning what works best and sharing our knowledge that we will really make things better for our patients. The content of these guides will be updated over time, so if you've found this printed version useful, keep checking the website on [www.modern.nhs.uk/improvementguides](http://www.modern.nhs.uk/improvementguides) It is here that the guides will be regularly updated as we learn more and have new things to share. There will also be news of more Improvement Leaders' Guides coming in the autumn. These include the topics of working across organisations, leadership in improvement and designing new roles in healthcare.

Remember that the guides are meant for Improvement Leaders at every level in healthcare, on the frontline just as much as in the boardroom. We need Improvement Leaders with passion, integrity and energy who can breathe life into the simple rules listed above and make them work on their patch for their patients. In many places such local leaders are already achieving tremendous results and the guides are here as an extra source of support for everyone in healthcare.

David Fillingham  
Director, NHS Modernisation Agency

## The Improvement Leaders' Guides

Collectively the Improvement Leaders' Guides form a set of principles for creating the best conditions for improvement in healthcare. The greatest benefit is when they are used to support a programme of training in improvement techniques.

### Where should I start?

The seven guides are not sequential and ideally you should read them all at an early stage in your improvement project, to be aware of the tools and techniques in all the guides. However there are some things we would suggest you should do first, as you develop your plan based on local needs and experience.

### Each guide includes

- some background information on the topic
- some activities which you, as an Improvement Leader, may find useful to help the teams you work with understand the basic principles
- questions that are frequently asked about the topic and suggested ways to answer them
- guidance on where to go for more information. Sources include the excellent toolkits that have been produced to support improvement programmes in specific services, such as Cancer, Critical Care, Mental Health and Clinical Governance. Useful books, papers and websites are also listed

## What's in each guide?

### Improvement Leaders' Guide to...

### What the guide has to offer an Improvement Leader

<p>Process mapping, analysis and redesign <a href="http://www.modern.nhs.uk/improvementguides/process">www.modern.nhs.uk/improvementguides/process</a></p>	<p>This is definitely the place to start. This guide offers help in the use of the 'Model for Improvement'. This is a framework for setting aims, identifying the possible changes and beginning to think about measures that will show that your changes have made an improvement. Then there is the vital first stage of mapping your chosen patient process and analysing it to really understand what is happening.</p>
<p>Measurement for improvement <a href="http://www.modern.nhs.uk/improvementguides/measurement">www.modern.nhs.uk/improvementguides/measurement</a></p>	<p>Question: how do we know a change is an improvement? Answer: by measuring the impact of the changes. This guide should also be considered very early on in an improvement project and gives valuable advice on what and how to measure for improvement and how to present the data to interested parties.</p>
<p>Matching capacity and demand <a href="http://www.modern.nhs.uk/improvementguides/capacity">www.modern.nhs.uk/improvementguides/capacity</a></p>	<p>In our experience the process of truly matching capacity and demand has led to some of the most exciting changes in a healthcare process. This guide explains the most effective ways to understand the capacity and demand of a service and the 'bottlenecks' in the system which often cause patients to wait. It goes on to suggest ideas to reduce or eliminate these queues and waiting lists for patients. It is vital that process mapping and analysis is done prior to using this guide.</p>
<p>Involving patients and carers <a href="http://www.modern.nhs.uk/improvementguides/patients">www.modern.nhs.uk/improvementguides/patients</a></p>	<p>Everything we do should be focused on patients and their carers. They must be involved in our improvement programmes and projects from the very beginning. We are able to offer advice based on current thinking and experience of how to involve patients and carers in the most effective way, with warnings of possible pitfalls.</p>
<p>Managing the human dimensions of change <a href="http://www.modern.nhs.uk/improvementguides/human">www.modern.nhs.uk/improvementguides/human</a></p>	<p>Some of us take to the idea of change more easily than others. Some like to develop ideas through activities and discussions, while others prefer to have time to think by themselves. We are all different and need to be valued for our differences. This guide gives ideas of how to ensure the best possible outcome when working with different people.</p>
<p>Sustainability and spread <a href="http://www.modern.nhs.uk/improvementguides/sustainability">www.modern.nhs.uk/improvementguides/sustainability</a></p>	<p>It is fundamentally important that after making improvements they are sustained and built upon. This is a real challenge to anyone involved in improvement projects. It is also important that we share our learning and ideas with other areas of healthcare so that the maximum number of patients can benefit. This guide suggests methods and principles based on experience from healthcare both in England and beyond for sustaining and spreading improvement ideas.</p>
<p>Setting up a collaborative programme <a href="http://www.modern.nhs.uk/improvementguides/collaborative">www.modern.nhs.uk/improvementguides/collaborative</a></p>	<p>Experience has shown that working collaboratively produces the best environment for creating and sharing improvement ideas. Use this guide when a group of healthcare staff want to work in a different way, to innovate and test new models of delivering care, to dramatically improve the service for a group of patients and to create learning for their own organisation and the whole of the NHS.</p>

### A few additional thoughts about the guides

#### The guides are based on current thinking and experience.

Be aware that this is constantly changing. Check updates on the Improvement Leaders' Guides website, [www.modern.nhs.uk/improvementguides](http://www.modern.nhs.uk/improvementguides), which will be updated often as we test out and learn from new techniques.

#### Be aware of your own experience.

If this field is totally new to you, plan how you can find out more through further reading or development courses. If you are more familiar with leading service improvements, can you share your experiences and knowledge with others in your healthcare community and the wider NHS?

#### Make contact with others who have improvement skills.

Many people in healthcare have had training in the improvement skills contained in these guides. Their training will most likely have been for a particular service such as primary care, dermatology or cancer. Make contact with them to form a health community improvement network to support and learn from each other.

#### Try it for yourself.

These guides don't represent the only way to do things, but they provide a good starting point. Create your own case studies and then share your experiences.

#### Take the thinking forward.

The website will be a dynamic medium. Please contribute to the discussion if you can. We would welcome and value your experience

#### Have fun.

Many have said that leading an improvement project has been one of the most enjoyable and fulfilling roles of their career!

#### Let us know what you think of the guides.

We want your comments and thoughts about the Improvement Leaders' Guides. Our aim is to keep improving them so let us know what you think.

- how can we improve the guides? Is there anything we have left out?
- have you found them useful? If so which guide in particular and which section?
- how have you used them? Can you tell us any stories?
- if there were to be other guides, what topics should they be on?
- have you visited the web site? How can we improve it?
- is there any thing else you would like to tell us about the Improvement Leaders' Guides?

Email us now on

**[improvementguides@npat.nhs.uk](mailto:improvementguides@npat.nhs.uk)**



Sustainability and spread

“ Spreading information about best practice is one thing; the real challenge is to secure successful exploitation and adaptation of that information.”

*Professor John Stephenson, Middlesex University, London*

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## 1. Introduction

Recent years have seen tremendous growth and change within healthcare, supported by the use of improvement methods such as those described in this series of guides – [www.modern.nhs.uk/improvementguides](http://www.modern.nhs.uk/improvementguides) Staff in health and social service organisations have demonstrated better ways to provide clinical care, manage patient flow, reduce waste and so on.

Whilst most organisations can list many change efforts that have led to successful improvement, health and social care staff are increasingly experiencing two major frustrations:

The “**improvement evaporation effect**” (**lack of sustainability**). Staff have made major efforts to achieve improvement – only to discover later perhaps for a variety of reasons, that there has been slippage or decay in maintaining the approved process or the outcomes achieved. For example, we work to improve flow and patient experience in A&E, only to find that a year later the improvements have not been maintained and that improvements in flow and patient experience have slipped back.

The “**islands of improvement**” **effect** (**lack of spread**). Great improvements occur in parts of the organisation, but the learning does not spread naturally. For example, nurses on one ward develop a better way to monitor pain, but that better way does not become the hospital's standard. Or, networks

for better care of the elderly emerge from great work in one part of the country across primary care, acute care and social services, but the new knowledge about these better ways of doing things does not naturally spread to others.

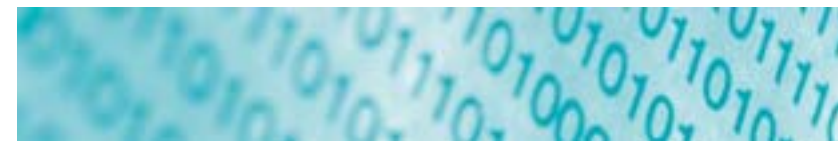
In this guide, we will describe actions, that you as an Improvement Leader can take to sustain the gains from past improvement efforts and improve the way ideas for better practice can be spread across the NHS.

## Examples of spreading and sustaining the principle of matching capacity to demand



### Two case studies: London Breast clinic service

A Trust team wanted to improve the service they offered to patients by reducing the waiting times and the number of separate visits that the patient made to the hospital. Staff in the breast clinic examined their current process and worked with patients to design a new one. Part of this work involved matching capacity and demand\* for the clinic on a day-to-day basis. The project manager, clinic administrator and a radiographer attended capacity and demand training together. They were quickly able to use the principles they had learnt to make local changes that fit their situation (an example of adoption and spread). This reduced waiting for patients and made the clinic sessions less fraught for the clinicians. Two years later the redesigned process is still working well, despite a number of external events that could have derailed it (an example of sustainability). Whenever issues such as increasing demand or long term sickness of a key member of staff occur, the clinic staff are able to adjust the clinic according to the demand and capacity available. This is a sustainable process because it is monitored on a daily basis and the staff are fully trained in the techniques required to adjust as required.



### Urology service

At the same Trust, the lessons learned about managing capacity to deal with demand were introduced to the urology team. They made dramatic improvements in waiting times for prostate cancer patients. A nurse specialist managed the care pathway of patients with suspected cancer. She would take referrals for ultrasound guided biopsies to the x-ray department and negotiate dates for the procedure, then arrange appropriate follow-up. However, when the project ended they struggled to maintain the low waiting times they had achieved. Two things had happened: the project manager had moved to a new role and the clinical lead was asked to help other hospitals to develop similar systems as part of a spread programme. The improved relationship with the radiology department helped to control the position, but the team as a whole had not really understood how the gains had been made and couldn't sustain them.



### Conclusion

The first project benefited from true involvement of the team and was sustained because the whole team owned and drove the newly designed process. Strong clinical leadership drove the second project. As soon as the leader's attention was diverted elsewhere and the project funding ended, the team didn't know how to keep a grip on the situation and the low waiting times were not sustained.

\* For more ideas and information about this topic, see the Improvement Leaders' Guide to Matching Capacity and Demand at [www.modern.nhs.uk/improvementguides/capacity](http://www.modern.nhs.uk/improvementguides/capacity)

## 2. What is meant by sustainability and spread?

Let's start with practical working definitions of the two terms:

**Sustainability** is when new ways of working and improved outcomes become the norm. 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 an 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 actually continued to improve over time.

**Sustainability means holding the gains and evolving as required, definitely not going back.**

### Example:

A booking team improves flow and patient satisfaction by faxing referral forms. Thinking is transformed, to recognise the new principle that information should get to the clinic quickly and directly and that the patient should be given a date by return. Over time, the fax system is replaced by an electronic booking system further enhancing the service.

**Spread** is the extent to which learning and change principles have been adopted in other parts of the organisation that could benefit from them. This includes not only those parts of the organisation that are the same as the original improvement site (example: ideas for improved patient flow developed in an out patient department are spread to other out patient departments) but also spread to other parts of the service that have similar processes or face similar issues (example: ideas for improved patient flow developed in an out patient department in an acute care Trust are spread to other parts of that Trust and elsewhere throughout the health service where patient flow is a problem).

**Spread means that the learning which takes place in any part of an organisation is actively shared and acted upon by all parts of the organisation. Improvement knowledge generated anywhere in the healthcare system becomes common knowledge and practice across the healthcare system.**

Whilst the terms sustainability and spread are often used together and do have similarities, they are different. For example...

- sustainability is focussed mainly on the local context, whilst spread thinking looks across contexts

- a change principle (for example: matching capacity to demand or handling referral information directly and quickly in order to give the patient a booked date) might be well-sustained but not well-spread
  - likewise, a change principle might be well-spread but not well-sustained
  - as a change principle spreads, it may undergo further development and local adaptation at every site that adopts it along the way. On the other hand, whilst it is not desirable to be rigid in sustaining a change, a sustained change in a local setting typically undergoes adaptation much less frequently
- For more information about change principles and ideas see section 6.

Because they are distinct, we will treat the concepts of sustainability and spread separately in this guide. You will see, however, that the underlying thinking that leads to success in either endeavour is quite similar. The **ultimate goal** must be a combination of the two that creates the capability within health and social services to adopt, adapt, implement, and sustain new ideas that make things ever-better – that is: 'To spread sustainable change.'

Working from the definitions above, **measures of your success** as an Improvement Leader in the areas of sustainability and spread might include the following.

### For sustainability...

- on-going measurement of important performance outcomes to reflect at

least maintaining the improved level of performance achieved in the original project. **You might determine this through** routine reports on one or two key outcome measures that were tracked in the original improvement project. For more information see the Improvement Leaders' Guide to Measurement for Improvement at [www.modern.nhs.uk/improvementguides/measurement](http://www.modern.nhs.uk/improvementguides/measurement)

- measure the number of change principles that remain in place in the process over some reasonable time period (years perhaps) as compared to the total number of change principles originally implemented in the improvement effort. **You might determine this through** a process audit or walk-through, comparing current work practices to what was introduced in the original improvement project; noting, of course, that even better change principles and ideas may have come along in the intervening time period

### For spread...

- measure the number of sites that have adopted a change principle and actually achieved measurable improvements in performance based on learning from the original pilot site(s), as compared to the number of potential spread sites identified. **To determine this, you will need to** develop a list of sites that could potentially benefit from the learning and change principles, and then set up a system for tracking activity and performance in those sites

Before moving on to the details of sustainability and spread, there are three further general points to bear in mind.

#### Plan for sustainability from the outset

Whilst sustainability and spread are issues that seem to naturally follow a successful improvement effort, if that is the first time you think about them it may be too late. You should be actively considering sustainability and spread issues from the very beginning of the improvement work. We shall say more about this throughout this guide.

#### Sustainability needs to be facilitated and supported not 'managed'

Language matters because it conjures up mental images that drive the way we act. In the deliberations of the team which composed this Guide, we began to question the use of the term 'project manager' in efforts to sustain and spread improvement. Certainly, it is quite useful to have someone whose role it is to oversee the 'project' and carry it forward. However, as you will see, sustainability is not a 'project' with an end-point. It is rather a constant effort to embed a change into the fabric of daily work. Further, the common images associated with the terms 'manager' suggest to many a set of pre-defined tasks and some controls over how something is done. In reality, both spread and sustainability are often a bit 'messy' and do not lend themselves well to such approaches. There is certainly nothing wrong with calling yourself a project manager; just remember to think of yourself more as a 'facilitator' or 'agent' of sustainability and spread, rather than

one who 'manages' it in any traditional sense of that word.

**Value the differences in the people you work with.** Much of the success in sustainability and spread comes down to working constructively and collaboratively with people and the human dimension of change. This topic is covered in the Improvement Leaders' Guide to Managing the Human Dimensions of Change, [www.modern.nhs.uk/improvementguides/human](http://www.modern.nhs.uk/improvementguides/human)

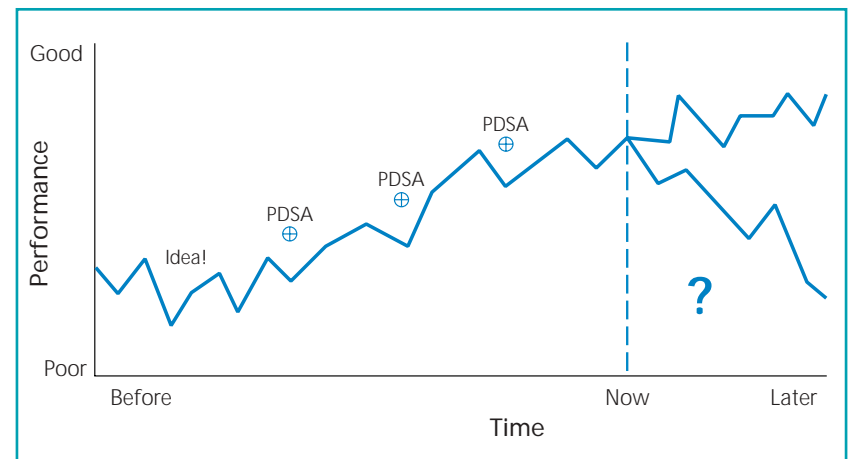
We strongly recommend that you become familiar with this companion guide in conjunction with your work here on sustainability and spread.

## 3. Key concepts in sustainability

If you are an Improvement Leader interested in sustainability, the chances are that you have already experienced success in bringing about change. That is, you have achieved something that you wish to sustain. Congratulations!

Wonderful though that achievement is, it is a statement about your past.

Sustainability – what does your future hold?



As illustrated by the graph above, sustainability is the challenge that lies in your future. At some point in the past, an improvement opportunity was identified because performance was not as good as it needed to be. You and your team (or teams) tested various ideas for improvement, perhaps using the Model for Improvement and PDSA cycles

described in the Improvement Leaders' Guide to Process Mapping Analysis and Redesign, [www.modern.nhs.uk/improvementguides/process](http://www.modern.nhs.uk/improvementguides/process) After several successful cycles of change, you have reached a better level of performance. The question now becomes which of the two lines on the graph above will represent your path going forward?

There are many reasons why the lower graph leading back to a poor level of performance is often the result.

- the change is seen as an isolated project with a start and end date. Resources such as protected time, project managers and funding come to an end
- sustainability is seen as something that one does after the project is completed – it is an afterthought, rather than something that must be taken into account from the very earliest stages of the improvement effort
- not all of the stakeholders (secretaries, clinicians, managers, patients etc) understand and own the benefits of the change
- infrastructures for ongoing sustainability have not been put into place, for example continued measurement structures, inclusion in business planning process, etc
- the change has not been implemented with a whole system view of ‘knock-on’ effects to supporting areas such as radiology or pathology
- when introducing the change, the state of the ‘local receptive context’ has not been considered. For example, hospital mergers and service transfers can impact on the sustainability of a new change
- there has been insufficient training and development of new skills for staff
- there is insufficient alignment with the core values and objectives of the organisation

It should also be noted that not all changes necessarily deserve to be

sustained. It sometimes happens that we become enamoured of a new idea simply because it is new; so-called ‘innovation bias’. In all the excitement we might even be able to get the idea to work for a while, but because of the lack of fit with the wider context, values, existing systems and so on, it isn’t actually a good way to do things in the organisation. Remember that all improvement requires change, but not all change is an improvement.

For example, a primary care practice may test out a new medication review process that is based on a paper form. It appears there are some benefits so the project manager tries to embed this form into the daily routine of the practice. Whilst this was a useful test, the practice may find the principles underlying the medication review would be better served if the form was integrated into the practice computer system.

#### Some questions to consider about your change before you try to sustain it:

- is it near the final state of development? If there were room for further changes, would these completely alter the way the solution has been implemented?
- are the measurements demonstrating *real* improvement?
- who cares about this improvement? Is the solution representative of the wider views of those involved?
- what policy or technological changes may render this solution redundant? When might this happen?

#### Some necessary theory for sustainability

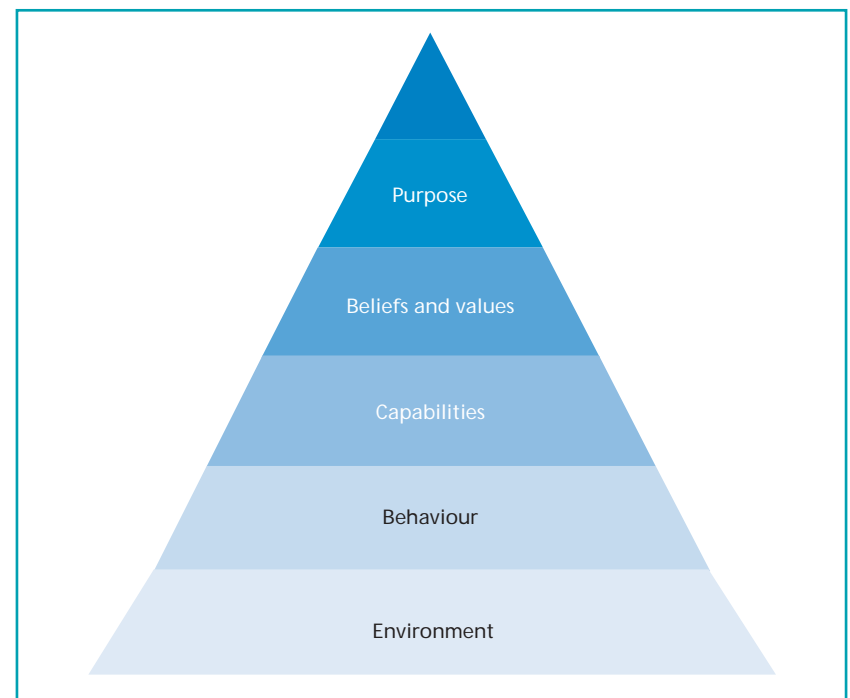
Before moving on to practical advice for how one might raise the odds of following the upper line on the graph on page 15 into the future, here are a few key conceptual points that will help you better understand why we advise as we do.

**Hearts and minds.** Since so many health and social service processes depend on the actions of people, sustainability comes down ultimately to winning hearts and minds. People are not machines. You cannot make others simply do as they are told. Nor

can you be everywhere at once in order to watch others to ensure compliance. Command and control cannot work in human-intensive systems like the NHS because there can never be enough commanders and controllers to go around and none of us is willing to put up with the approach that would be required.

**Pyramid of change.** Psychologists suggest that change can occur at various levels, as depicted in the pyramid diagram below. Change at any level of the pyramid will typically have a knock-on effect at lower levels. For example, if you change your

The pyramid of change



"If organisational change is to be effective and sustainable, this will also require the active engagement of, and learning by, employees rather than grudging compliance with management *diktat*".

Jones, M (1996) *'Re-engineering'*, *International Encyclopaedia of Business and Management*. London, Routledge.

beliefs and values and come to believe it is bad to smoke, it is highly likely to lead you to develop new capabilities by reading a book, attending a seminar or seeing a GP to learn more about stopping. This in turn will modify your behaviour by gradually cutting back and might further lead to changing your environment by thoroughly cleaning your house to get rid of the smell. However, changes do not typically have a similar knock-on effect to higher levels. For example, if the GP prescribes a stop smoking treatment and gives you a pamphlet to learn more but you do not believe you need to stop, you will probably not comply with the treatment and your capability and behaviour remains unchanged.

This psychology applies to the issue of the sustainability of changes in work processes. Individuals may modify their behaviour and participate in change during the course of a focussed improvement effort. But if they do not emerge from the effort with fundamentally new capabilities,

new beliefs and a new sense of purpose associated with the change, old behaviours may soon return and the performance benefits erode away. This will lead to the lower line of the graph on page 15. The new capabilities may include new ways of thinking, new skills and new ways of knowing if performance is good or bad. New beliefs may be that the new way is better than the old way to meet patients' needs, and a new sense of purpose may be real commitment to the new way.

**Whole systems.** Systems theory provides another important set of concepts to guide us in thinking about sustainability. Complex systems can be described in terms of structures, processes and patterns. Structures are concrete, physical manifestations; processes are sequences of events; and patterns are good and bad phenomena that arise. For example, the body's respiratory system has structures such as the nose, windpipe, and lungs; processes such as inhalation and exhalation; and patterns such as respiratory rate, expired volume, and diseases such as emphysema. Understanding the respiratory system and treating its diseases requires understanding of, and perhaps changes in, the interactions and feedback loops among these three aspects of the system.

In a similar way, sustaining change in the complex systems of health and social care requires attention to structures, processes and patterns and the interactions and feedback loops

among them. For example, a change in structure such as issuing a new policy or the setting up of a new role may not lead to sustainable change in performance if we do not also modify processes to support the new policy or role. You also need to address patterns of relationships, communications, decision making, and performance feedback. We must consider the whole system in the change.

**Resistance.** Studies of innovation and change often note the phenomenon of resistance. The current system seems to be actively working against the new idea. Stated in another way, the current system seems determined to be sustained. What we call 'resistance to change' is actually a maddening example of a system with high 'sustainability'! The moral is this: We do not actually want completely sustainable change because today's sustained change becomes tomorrow's resistance to change. Instead, we desire change that sustains itself until a better idea or a context-shift occurs – but not longer than that.

## 4. Tips for improving sustainability

What can an Improvement Leader do to maximise the chances of sustainability? Below we have compiled some of the best advice from your colleagues practising in the NHS and experts in the field of improvement. Of course, you will need to adapt this advice to fit your context and not all of it will apply to every situation.

### 4. Tips for improving sustainability

#### Before going any further...

It is useful to ask yourself what exactly it is that you are trying to sustain. Do you wish to sustain

- the specific change
- the change principle
- the measured outcome of the change
- the underlying culture
- the set of relationships that enabled you to make the change
- some combination of these

Being clear about this is important, as it will influence how you read the advice that follows and which pieces of advice you decide to take. For example, if it is the measured outcome that is most important to you, you may want to emphasise on-going measurement and be quite happy if someone replaces your original change with an even better way to achieve the same performance results.

You should also review the questions in the box *Some questions to consider on your change before you try to sustain it* in the previous section on page 16.

But you need to remember that in any healthcare improvement initiative, people are so very important. Therefore, for change to be sustainable, an Improvement Leader must focus upon the social aspects of change process. It has been estimated that 80% of change projects fail because leaders do not recognise this or do not know how to manage the people issues.

#### 4.1 Clear benefit to stakeholders

Does the change produce clear, identifiable, proven and measured benefits that meet needs for all stakeholders, including patients, policy makers and all involved staff? If yes, it is more likely to be sustained. When each stakeholder can positively answer the 'what's in it for me?' question for

themselves, the change has won hearts and minds. For more information see Improvement Leaders' Guides to Involving Patients and Carers at [www.modern.nhs.uk/improvementguides/patients](http://www.modern.nhs.uk/improvementguides/patients); and Managing the Human Dimensions of Change at [www.modern.nhs.uk/improvementguides/human](http://www.modern.nhs.uk/improvementguides/human)

#### How to strengthen this factor

Identify key stakeholders early in the improvement effort and use observation, dialogue, focus groups or surveys to identify their needs and perceptions of the issue. Build something into the change that each stakeholder group can point to as the main reason why they like the change. Emphasise these unique characteristics in targeted communications to each stakeholder group. Be comfortable with the fact that there are multiple good points about the change; don't insist that everyone sees the benefit that you personally see.

"It's got to be an advantage for everyone. It's got to be a win-win type thing – it's no good it just being absolutely brilliant for the patients, it's got to have advantages for virtually everybody involved, because it will have disadvantages for everybody involved as well probably. So the advantages have got to be transparent and obvious and apply to staff as well as patients."

*Regional Office Booked Admissions Lead, National Booking Programme*

Winning hearts and minds needs to be part of the process of change, rather than a separate element. The use of the Model for Improvement and PDSA cycles as an incremental approach to testing and introducing change has been extremely helpful in demonstrating how the improvement can benefit both staff and patients at a comfortable pace. It also has the benefit of being perceived as less threatening than a more direct approach to change, and allows the stakeholders to fine-tune the new process until all are content with it. For more information see the Improvement Leaders' Guide to Process Mapping Analysis and Redesign at [www.modern.nhs.uk/improvementguides/process](http://www.modern.nhs.uk/improvementguides/process)

#### How to know this factor is present:

Stakeholders can themselves describe why they like the change. But look for different stakeholders pointing to different benefits.

“In previous roles I had introduced change using a ‘big bang’ approach, where a huge amount of time and effort had gone into the planning stage and then a date was set for its introduction. This was often on a Monday morning. While this caused much excitement at the time, we never quite got things right. There were usually some people who had been fine about the idea but hated the new process once it had been introduced because they found it did not work for them as well as expected. Using the Plan, Do, Study, Act cycles has been like a breath of fresh air. I have found that it is much easier to convince staff to try out the change in a small way and then reflect on it and refine it as needed. They felt much more involved and therefore feel some ownership of the new process. I have found that this improves sustainability because the staff have themselves invested in and agreed the change.”

*Project Manager South of England.*

## 4.2 Training and education

Training and coaching are often available during the ‘live’ period of change programmes. But often this is seen as a ‘once and done’ exercise, rather than an ongoing process. Continual effective support based on the needs of those working within the changed process is needed to ensure skills and understanding are maintained. Many project teams have said that they underestimated the

amount of training required, and if they were to advise others would say, ‘Take whatever you estimate in training requirements throughout the project and then double it!’

### How to strengthen this factor

Let the team involved help identify future skills and training needs. Identify a small number of staff who can be trained as ‘trainers’. These should be staff with different roles; for example, the team secretary, specialist nurse, or physiotherapist. This will help support the ongoing training needs of the team. All new and rotating staff need to understand how to work within a changed process, and expectations should be set straight away during an induction period. Reinforcement of the message can be provided by using wall charts or posters and handy cards or ‘bookmarks’ for staff to carry around with them. The training needs to be evaluated regularly to make sure that it is useful and relevant.

### How to know this factor is present

Staff will be confident working with the new processes. They will be able to assist in education and explanation to others. They will be able to evolve, maintain or re-establish the changed process, even if there are factors or crises that threaten to disrupt it. New staff will experience an appropriate and supportive induction training that includes the new ways of working.

## 4.3 Build the change principle into the structure of the organisation and make it the new standard

Has the change principle really been incorporated into the basic fabric of daily work and systems, and can it be seen reflected within the policies and procedures of a department or an organisation?

### How to strengthen this factor

When planning the change, thought needs to go into how the new improved processes impact upon the existing roles, standards, policies and procedures. It is important to modify these where necessary as the change moves out of the ‘testing phase’ and into full implementation. You should ensure that they reflect a new way of working, but be careful that the policies and procedures are not so rigid that they stifle the ongoing opportunity for improvement.

There will often be a need to update job descriptions to fully reflect any new or changed roles. In the National Booking Programme, many new roles have been developed for booking from existing waiting list clerks. The new job description more accurately reflects the new role.

We can also standardise the new process by physically building it into the structure. When introducing a booking system, a hospital in the Midlands developed a new area for patients to go to when they wanted to make a booking. In order to ensure patients could find their way to the

area, they developed bright, attractive signage, which was erected to be visible at each entrance to the hospital. The effect is to emphasise that the new area is a permanent part of the hospital's infrastructure. It also helps to completely remove the old way of doing things, if you can, such as destroying old forms or erasing old software.

### How to know this factor is present

Teams are able to describe the new process when asked ‘how do you do things around here?’ Each individuals’ job descriptions accurately reflect their roles within the process.

## 4.4 Build in ongoing measurement

Establishment of a baseline position for measuring and communicating the improvements can be an exciting and motivating factor for teams. Measurement communicates that something is a priority and the phrase ‘we manage what we measure’ often rings true. If teams do not have a mechanism to identify ongoing improvement or slippage, they will be unable to celebrate their success or take action to resolve the slippage. Ongoing measurement of important improvement or performance outcomes will maintain a focus and provide teams with not only information about their progress, but the impetus to maintain or extend the improvement. For more information refer to Improvement Leaders’ Guide to Measurement for Improvement at [www.modern.nhs.uk/improvementguides/measurement](http://www.modern.nhs.uk/improvementguides/measurement)

**How to strengthen this factor**

Work with the team to select one or two key measures that the team feels really captures the essence of what they did and what they would like to see sustained. Build these measures into an existing system within the organisation to ensure regular and automatic reporting. Make sure the measurements are something the staff want and need, so they aren't seen as something that they have to do 'for the management'. Think about involving organisational clinical governance or clinical audit staff to help you. Make sure there is a feedback loop through staff meetings and formal reports. Some teams continue to display their 'improvement graph' in the office or coffee room as a means of communication. Slippage should be uncomfortable and should trigger an escalation process to bring things back in to line. Further improvement is to be encouraged and celebrated.

"We had finished the project and achieved our target of reducing the waiting time for the patients. We were looking at our run chart (graph) on the wall and someone said, 'if we can reduce the waiting time from 30 weeks to 16 weeks then why can't we reduce it to 10 or even 6 weeks?' No one could think of a reason why we could not do it – so we did!"

*Project Manager, Eastern England*

The impact of being able to see how well the teams are doing with the improved process often provides incentive for further improvement.

Find ways to link the local team measurements into wider organisation performance management. Help the top team see how this work is helping deliver a wider agenda.

**How to know this factor is present**

There is a recognised measurement system and the team know how they continue to progress. Any reduction in performance is quickly recognised and actions are taken to address this. The measurements are part of the organisation's monitoring system and not just for the team alone.

**4.5 Make it mainstream**

Ask the questions: Is the new process aligned with the values, vision and goals of the organisation? Is it someone's responsibility to ensure that the improvement maintains or even progresses? Has resource been allocated to support the continuation of the new way of working? Is the new way now the usual way of doing things? Are things 'set up' to support the change?

**How to strengthen this factor**

Make sure the changed system is built into the mainstream processes of the organisation. It should feature within the regular reporting mechanisms of the organisation and the business planning cycle, and it should be celebrated within the annual report. On an individual basis the new ways

of working and levels of performance should be reflected within the appraisal system and be built into job roles and job descriptions. An influential individual might be given specific responsibility to ensure that the new process or outcome is sustained and this should be reflected within their job description and objectives. The team which created the change could come together from time to time to review whether it has been sustained. Make sure that support processes are in place to support the new process.

**How to know this factor is present**

Teams and individuals cease to refer to the changed system or process as 'new.' Instead, it has become 'the way we do things around here.' There are even suggestions for further improvements, which are encouraged and supported. As individuals and


teams change, new staff are inducted and trained in the system. It seems impossible and undesirable to go back to the old way, the only way to move is forward.

**4.6 Celebrate, renew and set the bar higher**

We celebrate improvement efforts, but maintaining performance is less glamorous. Celebrate periodically the fact that the indicator has stayed at the improved level over time; for example, proudly post a sign reading "celebrating six months of lower infection rates."

**How to strengthen this factor**

Make definite plans in advance to celebrate continued success and to reflect on progress. Set a new aim or goal and try to improve even more. Use the excitement of improvement to



**Case study**  
**Endoscopy in North West England**  
 A Trust in the North West developed an open access endoscopy service. The process had gone extremely well: GPs and hospital doctors worked together and agreed new referral forms and guidance to facilitate patient booking for this service. The team arranged for initial printing of a substantial amount of paper copies of the forms and also provided the GPs with copies of the forms on a computer disc, so that when they ran out they could print more. All went well until GPs ran out of copies of the forms. Rather than print out new copies using the discs they had been given, they simply reverted back to the old system of referral. The team had to go back and re-think the provision of referral forms for the GPs.

keep the attention up. Make it a continuous improvement effort; never really let it settle into simple maintenance mode. Watch out for weakening targets and satisfaction with progress so far. Find ways to renew the creativity and passion for improvement that was part of the early days of the project.

**How to know this factor is present**  
Celebration of success is the norm and teams focus on positive



### Case study Northern England

An organisation in the North decided that the improvement work it was engaged in should not end when the project ended. The management team made the 'Project manager' roles permanent, thereby providing the individuals with more certainty about their employment and giving a sound message to the rest of the organisation that change for improvement was an ongoing feature of the organisation. In a similar vein, a number of other organisations have developed Modernisation Teams, Transformation Teams and Change Consultants as part of their strategy for ongoing improvement.

reinforcement of their efforts. There is an impetus to continually improve and mechanisms are in place to continually monitor the improvements made. Teams have complete ownership of celebration, renewal and continual improvement.

"I enjoyed being part of the project although I did not think I would. When we had finished the work we celebrated and talked about what we had done with other staff. The project manager had arranged for a special cake as part of the celebration. This has made those involved feel really good and we want to keep it up. We have even started thinking of ways to make things even better because the hospital has set up an annual prize giving called 'making things better for patients'. After all, that is what we are here for, isn't it?"

*Secretary, London*

"The celebration event was really good. We had worked very hard on this project and this showed us that it mattered and that our efforts were appreciated. The local press came as well as staff and some patients."

*Project Manager, South East*

## 5. Key concepts in spreading good ideas for improvement

The activity of 'spread' involves identifying the key learning and the change principles that are constantly emerging from improvement work in portions of the NHS and purposefully creating conditions that accelerate the adoption of those throughout the NHS. We will know we have succeeded when knowledge about an improvement developed anywhere in the system rapidly becomes common knowledge and is actually used everywhere.

There are many potential reasons why spread does not always happen as we would like it to:

- a "not invented here" organisational culture which immediately rejects ideas that come from elsewhere
- the absence of a clear organisational strategy that seeks to learn from other places
- the change itself may be too complicated or not seen as a good fit to the local context
- there may be competing priorities that divert attention away from implementing changes, especially if these were originally developed elsewhere and are not seen as solving the pressing problem of the moment
- a lack of communication about the new idea may mean that other parts of the organisation do not even know about the change

### Some necessary theory for spread

The concepts behind effective spread are the topics of entire books and lifetimes of research. Space does not permit a comprehensive treatment here. However here are a few key points that underpin the advice that appears in section 6.

### Spread is the result of the process of adoption, not the other way round.

It is unfortunate that 'spread' is the term commonly used to label what happens as an idea for a better way to do something begins to appear in multiple places throughout an organisation and beyond. The unfortunate bit is that the term 'spread' tends to imply an action on the part of someone to 'do unto' another – think of the metaphor of the forceful action of a knife as you spread jam onto your bread. In reality, in human organisations such as the health service, individuals, and the sub-sets of the organisation that they

work within, retain some right to decide for themselves how they will do things. As a leader of improvement you can work to 'spread' improvement ideas as much as you want, but your ultimate success is determined by whether or not others 'adopt' the ideas.

#### Understanding the process of adoption is key.

The adoption process involves:

- having an awareness of a need
- seeing ideas that generate interest and seem to meet the need
- evaluating the ideas and coming to some conviction that they will meet the need
- taking action to change

#### The wise Improvement Leader is more of a matchmaker than a commander.

You should help others articulate their need for improvement and then create conditions and guide them to improvement knowledge that can help fill those needs.

#### Adoption and spread processes have a large social component.

Ideas travel often through conversation and interaction among trusted peers. Certain individuals occupy more central positions in the social system in that they are 'opinion leaders' whose views influence others. Opinion leadership does not necessarily correlate to organisational position or authority. Just because someone is made the leader or director of something does not necessarily mean that they become the opinion leader. Further, each professional or social group may have its own opinion leaders: an opinion-leader doctor may not have much influence over the nurses and an opinion leader in one hospital may have no influence at all in another. Knowing the opinion leaders, knowing whether they are informed about an idea for improvement, and knowing where they stand on that idea is a good predictor of the rate

and direction of the dissemination of the idea.

#### Ideas that spread more rapidly than others have attractive qualities.

Through research on hundreds of innovations in many sectors, Everett Rogers has identified five key attractive factors:

- clear advantage compared with current ways
- compatibility with current systems and values
- simplicity of change and its implementation
- ease of testing before making a full commitment
- observability of the change and its impact.

In addition to these generic factors, there are likely others that uniquely apply to given situations, for example the strength and quality of evidence if the change is clinical.

#### Ideas commonly go through a process of 'reinvention' as they spread.

That is, it is often necessary to allow others to adapt the idea to their local situation. Because of this, it is essential to think of disseminating change principles rather than specific ways of doing things.

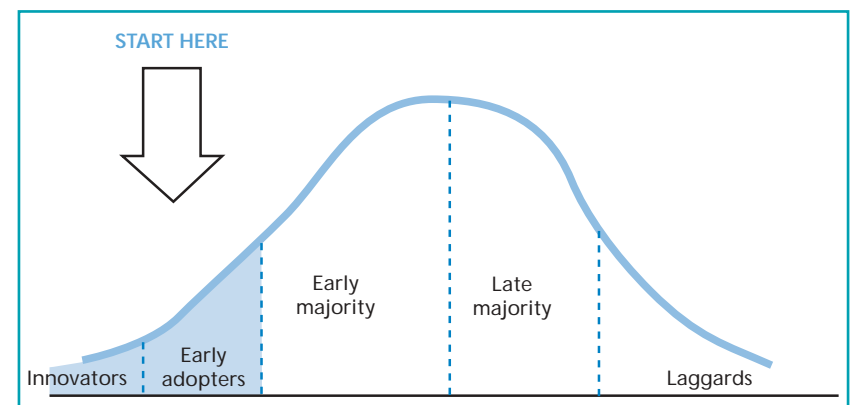
The study of the spread of ideas suggests that it is relatively rare for ideas to spread instantly, but there is some natural flow of an idea between groups: from those individuals and sites who are the early adopters, to those who are a bit cautious and take a wait-and-see attitude of observation before they are ready to commit, to those who hold out on adopting the idea until the bitter end. This is a natural process. Champions of ideas often refer to those who prefer to hold out as 'laggards' or 'resistors to change' but this is not very helpful as

A view of spread versus that of adoption

Spread	Adoption
<ul style="list-style-type: none"> <li>• push ideas outward to others</li> <li>• my agenda at the centre of the larger organisation</li> <li>• use of organisational structure and hierarchy to communicate about change</li> <li>• a focus on tools, techniques and processes</li> </ul>	<ul style="list-style-type: none"> <li>• pull ideas into myself</li> <li>• my agenda at the sharp end of delivering care</li> <li>• use of social systems to communicate about change</li> <li>• a focus on relationships and facilitation</li> </ul>

Taken from Fraser SW and Plsek PE, Translating evidence into practice: Can it be done through the process of spread? In manuscript, used with permission

#### Adopter categories



For more information read Rogers E, (1985), *Diffusion of Innovations*, The Free Press, New York

### Example: adopting a change principle

An example of a change principle might be the idea of immediate booking of specialist consultant appointments from the GP's office while the patient is still there.

- in one setting, as a result of available computer resources and past networking projects, this might be implemented using an Internet-based booking system
- in another setting, the GP's appointment secretary might simply ring up the consultant's appointment secretary and conduct the transaction over the telephone
- in still another setting, the nature of the relationship between the GP and certain consultants might be that those consultants allows the GP's secretary to simply fill some appointment slots

it sets up conflict. It is better for the champion to refer back to the adoption model shown below, and realise that these individuals or groups have either not yet seen a need or they do not believe that the ideas on offer fulfil the need. Rather than advancing the current argument for the spread of the change with more vigour, it would be wiser to consider modifying the presentation, based on a better understanding of how these seeming 'hold-outs' view the needs and the ideas presented so far.

Most of the literature on spread and adoption of change refers to the process of individuals' choice and action. In the case of an idea to be adopted within an organisation like the NHS, it could be that individuals are quite ready to adopt a change but [organisational constraints](#) block the way. In order for changes to spread in organisations like the NHS, some minimal infrastructure to support the change is needed.

The concepts represented in the [Pyramid of Change, and the complex systems](#) ideas about structures, process, patterns, and feedback loops described in section 3 on sustainability, are equally applicable to issues of adoption and spread of change. That is, beliefs and sense of purpose are important determinants of behaviour and successful change often requires that you take a view that incorporates the whole system.

## 6. Tips for accelerating adoption and spread

There are things that an Improvement Leader can do to maximise the chances for the adoption of new ways that have been proven useful in other settings.

Below we have compiled some of the best advice from your colleagues in the NHS and experts in the field of improvement. We have learned from both successful and not so successful spread efforts.

### Spread, diffusion or adoption?

Remember that

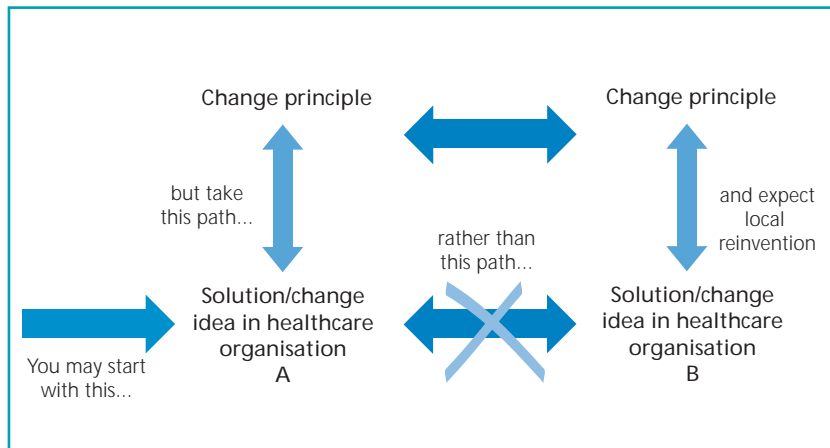
- [spread](#) is an active term and indicates a 'push'
- [diffusion](#) is a passive word and indicates 'spontaneity'
- [adoption](#) is a receptive word and indicates 'pull'

The problem with the 'push' of spread is that often it causes a 'push back.' We have found over and over again that it is better to start with creating opportunities for adoption by those who want to get involved, and at the same time communicate widely to increase the chances for diffusion to others. But even when the idea 'diffuses' and others come across it spontaneously, they must still decide to 'adopt' in order for change to occur. In the end, 'adoption' is the key concept. Think of it this way: spread is the result of adoption, not the other way round.

### What do you want others to adopt?

As an Improvement Leader you might be tempted to encourage others to adopt the way that you did things; for example a particular new way of booking patients or a more efficient way of using a piece of equipment. We have found that this does not work well. Each team, service or organisation is different: different staff, different facilities, different relationships, and different populations of patients. Our advice is to encourage the adoption of the change principles that your solution is based on, rather than the specific solution that may have worked in one place.

Encourage the adoption of change principles



Two examples of natural adoption

A Trust in the Midlands was working on a successful booking project for which it had a planned approach to spread throughout a number of specialities. The organisation had refurbished a building for use as a Medical Day Unit; this area was not within the scope of the booking project and there were no immediate plans to extend booking to this area. However, the staff who would be working in the new area felt that it would be beneficial to implement booking as a process right from the beginning. They organised this of their own accord, gaining experience from others as they went along. They successfully adopted the new process and opened the new unit with booking part of the way they did things.

A booked admissions pilot was being developed at a small district general hospital with one of the four surgeons. About half way through the pilot the project manager discovered that two other surgeons had begun to develop their own booking system – giving patients dates for their operations as soon as they made their decision in clinic. They started doing this with no intervention by the project manager, they just heard about it from their colleague and were keen to try it out.

Specific change idea	Change principle	Possible 're-invention' to meet local situation
Routine post-op check x-ray performed by exception only on hip replacement patients.	Eliminate work that adds no value to patients or care.	Theatre scans final position of joint and refers only exceptions for post-op x-ray. Physiotherapists assess need for x-ray.
Referral letter faxed from GP into booking centre and the patient telephones on the next working day to agree appointment.	Book appointments in advance providing patients with a choice of dates.	GP and patient work through an electronic referral to the hospital. The patient then goes to the GP reception and is able to choose and book the outpatient appointment prior to leaving the surgery.

There is more information and examples of change principles in the Improvement Leaders' Guide to Setting up a Collaborative Programme at [www.modern.nhs.uk/improvementguides/collaborative](http://www.modern.nhs.uk/improvementguides/collaborative)

How attractive is my change principle?

You should recall from the previous section that ideas that spread most rapidly have certain attractive qualities, such as clear relative benefit compared to current ways, natural fit with values and systems, simplicity, and the ability to be observe and test before having to make a full commitment. In addition to these generic factors, potential adopters may have other individual factors that they will use to decide on the appeal of the idea, such as comfort with technology or their view on applicability to the patients that they see on a daily basis. Rate the degree to which such factors are present in the change principle, do a bit of homework to make a good case for them, and consider working with the

change principle a bit more to enhance any sagging factors before you begin communicating widely about it. Also consider setting up site visits to places where the change principle is in action, so that potential adopters can see it for themselves.

The human element in adoption and spread

Given that 'adoption' is the key concept here, much of the advice we can give you is based on understanding yourself and the people you will be working with, so that you can engage them in ways that will meet their needs. You will find more useful advice in another guide in this series, Managing the Human Dimensions of Change, [www.modern.nhs.uk/improvementguides/human](http://www.modern.nhs.uk/improvementguides/human)

### Different messages to different audiences

Consider different people	Work with the values and beliefs	Understand and relate to needs and problems	Tailor your message to the audience
Opinion leaders 'Adopters' Group	Assess values and beliefs at professional, organisational and personal levels	Assess 'What's in it for me' for the key players  Understand needs and problems from different perspectives	Work within the professional, and organisation context  Assess the receptiveness
Yourselves as 'spreader' and Improvement Leader	Understand and relate to these values and beliefs		Plan the timing of the message and a variety of communication methods  Don't get too detailed, work at change principle level

#### Consider different people

You will need to work with many different people, who will each respond in different ways. There are, however, certain distinct groups that it is useful to consider.

- **Opinion leaders:**

These are the highly respected people in any organisation or team who have influence. Clinicians, managers, and front-line staff will each have their own set of individuals whose opinions are valued and sought out on various

matters. You need to find out the opinion leaders within a social system and build relationships with them. Show them how the things you are suggesting fit with their priorities and will help to deliver their targets. Cautions: Don't confuse vocal or enthusiastic individuals with opinion leaders. Also, understand that opinion leaders may not necessarily have formal roles in the hierarchy of the organisation. The key thing to look for is not formal position or how loud or engaged they are, but

whether the individual is highly respected by peers. Remember also that the opinion leaders may not be at the leading edge of innovation; their values and practice may need to change.

"So I think one of the key things for me is a combination of clinical and managerial leadership working together. You get two committed individuals, or a set of committed individuals working together like that, and I would say that they are virtually unstoppable."

*Manager, National Booking Programme*

- **Adopters**

These are the staff who you will be encouraging to actually implement and work with the change you are advocating. They will most probably be front line staff such as doctors, nurses, therapist, technicians and administration staff. They are practical people who want practical solutions to the problems that they perceive. You need to show that you understand their problems and that you can help them.

- **Groups**

Although we have mainly spoken about individuals, do not underestimate the power and influence of a group. This may be a professional or social group. Often the most effective way is to engage with the leader and support their interaction with the group. This is

particularly effective with professional groups such as doctors talking to doctors or nurses to nurses. However, this is not limited to professional groups. In a variety of situations involving change in health and social services, secretaries or administrators have been key.

"The successful projects have obviously not been those projects that have gone to a consultant and said, "You've got to do this." It has been, "This is the benefit to you, this is the benefit for your patients" and it's those projects that have got groups of clinicians on board and then have used those clinicians to sell the project to other clinicians, that have been the really successful ones."

*Regional Office Booked Admissions Lead, National Booking Programme*

- **Yourselves**

You have a major role as the 'spreader' or Improvement Leader, so do not overlook yourself and the impact you will have. Be aware of your own values and beliefs, personal styles, motivations and needs. Be prepared to admit that your ways of thinking may actually be getting in the way of successful adoption of change and be prepared to accept others' beliefs, styles, and needs as being right for them.

### Work with the values and beliefs

As an Improvement Leader wanting to help spread the change principles that support a new way of working, we strongly advise you to find out and understand the values and beliefs within the organisation. What is the culture? What is important to people? How do people behave? How do people make decisions? What statements do people make about the team, the service and the organisation?

- it is vital to find out the values and beliefs of the opinion leaders, the adopters, the group and the organisation. If they are matched, there is a good chance that you will find the organisation easier to work with and more willing to adapt and adopt a new initiative as you will be able to tailor your message and the change principles to those beliefs
- continuity of leadership brings with it continuity of values and beliefs. This is essential for the successful spread. Something to watch out for is when the leadership of an organisation or team changes. This may bring with it changes in values and beliefs and a change in direction that affects adoption and spread

### Understand and work with needs and problems

This advice is particularly relevant for the people who are likely to adopt the change principles you are spreading. Generally adopters don't need to be sold to; they need their problems solved! When they see what looks to

them like a solution, they will reach out to pull it in.

- use process mapping: [www.modern.nhs.uk/improvementguides/process](http://www.modern.nhs.uk/improvementguides/process) or any other method to help raise awareness about how the current service operates and the problems and frustrations it causes for patients and staff. When someone raises a problem or an issue ask 'why' at least five times so that you (and they!) really understand. Show how the change principles might apply to those problems and then help others develop their own practical change ideas to be tested
- use the 'what's in it for me?' framework to understand who would actually benefit from your change ideas and target these people [www.modern.nhs.uk/improvementguides/human](http://www.modern.nhs.uk/improvementguides/human) Adoption will come more naturally when adopters see ideas that solve their problems and feel there are more benefits to the change than personal costs or hassles
- don't be too precious about your thinking. Encourage the adopters to refine the ideas you present, so they can own their solutions and feel it is their choice to implement
- if someone is particularly cynical make sure you understand his or her point of view. It may help to refine and improve the idea

### Tailor your message to your audience

'It's not what we say it's how we say it' is an old phrase, which is so relevant in encouraging people to adopt new ways of thinking and working

- do your homework and make sure you understand your audience, even if you are meeting just one or two people initially. Know the context in which you will be working and any underlying cultural or organisational issues that will affect your message. Remember that receptiveness is important, so link your message to what matters to the people you are talking to. Be aware of the timing of a message relative to other things that are going on
- keep your message simple and don't get carried away with details. Remember the people you will be talking to will have many other responsibilities and pressures. They want the facts and examples. But make sure you give every opportunity for questions, either at the meeting or later, and support your message by additional information if anyone requests it
- use case studies and stories to show the benefits. Collect case studies from different parts of healthcare, so you can relate to any audience
- don't just focus on one aspect of the potential improvement. Show benefits that meet a variety of different needs. For example:
  - show benefits for patients, with shorter waiting times and a better overall experience
  - show benefits for clinical staff, by reducing complaints and cutting out unnecessary tasks
  - show benefits for managers, by meeting targets and increasing efficiency
 Remember that in the end it is fine if different groups embrace an idea for different reasons, as long as they work together to make it happen
- test your communications plan and messages with small groups before going to the masses. With the idea of 'adoption' in mind, the key question to ask yourself as you communicate is: Did my message create 'pull' or 'push-back'?
- support teams who are willing to adopt ideas early on, to ensure some early successes. Then help the team to celebrate and get the recognition they deserve. This is one of the best ways to create momentum for adoption and diffusion in an organisation
- look for new ways to communicate in addition to the formal meetings and communication strategies. Get people talking to each other informally. Many people will listen to friends and respected colleagues, which may help to overcome possible suspicions or fears. Build on informal group processes and create opportunities for social contact. A ten minute conversation over tea with a respected colleague may be

more valuable to a potential adopter than a 30-minute formal presentation by you

- value any interaction and remember that people who may be cynical or disagree are at least engaged in the discussion. Also do not stereotype anyone and do not have preconceived ideas about reactions based on role or profession. People do not always react according to how we expect them to!
- recognise and value differences in personal styles. Learn from what doesn't work in your interactions with different people and be prepared to change your style, your message and even yourself to achieve the goal. If you don't feel you are the right person to talk to a particular individual or group, engage the support of someone else. Do not underestimate the power of peer-to-peer communication

### Infrastructure for spread

Whilst winning hearts and minds of key individuals is critically important, do not overlook the need to address the infrastructure that might be required to support spread. As an Improvement Leader you may already be providing some of this infrastructure in the form of facilitation and project management. In addition, there may be many other factors in the organisation that can aid or hinder an individual's ability to act upon a decision to adopt a change. Consider such questions as:

- does the team require access to resources?
- are staff with appropriate new skills available?
- do we need to provide training?
- are new policies (especially in the area of human resources) required?
- do existing information systems support the change and, if not, what are the resources and time scales required to modify them?
- are there other barriers that the team is encountering that may require the intervention of relevant senior leaders?

These are but a few of the things that you might need to consider in any given case. Review the items in the Tips for Sustainability section of this guide for more ideas about the infrastructure that supports the spread of sustainable improvement.

### Mandated or legislated change

All of the above assumes that individuals have significant choice in deciding what they will and will not adopt. In many cases this is true. However, there are also those limited situations where certain changes simply must be adopted by all – 'must be done', like it or not. If that is your situation, make that fact clear in all your communications. Don't try to cover it up. Be honest. At the same time, work through the tips above and find ways to link into values, beliefs, and needs as perceived by the potential adopters. Look for win-win. Stay at the change principle level and allow as much freedom as possible for local adaptation. But always be clear

that, in the end, this is something that simply must be done and that is not negotiable. Caution: Avoid overusing this approach. If you establish a good reputation for working with others and really try to meet their needs, you will have a somewhat easier time when you must be rather firm. If you are viewed as someone who is always telling others that they 'must do' you will begin to notice that people bristle and become resistant when you simply walk into a room.

"Lead in a way that creates a 'can do' culture, a 'want to do' culture. Then you get utterly different results in terms of adoption and spread of practice, than you do in other organisations. I'm thinking of people who lead very can do, will do, must do type organisations, but it's in that order."

*Clinical Lead, National Booking Programme*

### Tips for accelerating adoption and spread: summary and suggested actions

- assess the receptiveness of the opinion leaders, the adopters, the group and the organisations. Evaluate the risk involved in working with particular teams or organisations
- plan your strategy for the order in which you will attempt to engage individuals, groups and organisations in the adoption of the change principles

- develop a plan to either strengthen or weaken factors in those organisations where you will be working first
- set up conditions to create curiosity and a desire to be involved ('pull') rather than constantly pushing
- develop a communications plan and tailor your messages to support a strategy for 'pull'
- raise local awareness by considering local process mapping events
- encourage people and teams to observe the process, tools and the benefits without having to commit to change immediately
- consider the need for some infrastructure to support the change and the change process

### Remember...

- understand that different people will respond differently
- the more you move to the principles and values level, the more room you allow for local innovation and adoption
- adoption and diffusion may happen in an unpredictable way. Look out for local initiatives and build on their successes

## 7. Activities to support sustainability and spread

Before organising any activity, consider the following:

- who is the audience?
- what is their prior knowledge?
- is the location and timing of the activity correct?
- recognise and value that participants will want to work and learn in different ways. Try to provide information and activities to suit all learning preferences

### Why is this important?

Some of us take to the idea of change more easily than others. Some like to develop ideas through activities and discussions, while others prefer to have time to think by themselves. We are all different and need to be valued for our differences. The Improvement Leader's Guide to Managing the Human Dimensions of Change – [www.modern.nhs.uk/improvementguides/human](http://www.modern.nhs.uk/improvementguides/human) – gives ideas of how to ensure the best possible outcome of meetings, workshops or other improvement events.

### 7.1 Create a storyboard

A storyboard is an excellent visual way to both create curiosity and enable local teams or individuals to observe some of the change ideas and principles before they actually try them out.

### What is a storyboard?

It is exactly as it sounds, it is a story about an improvement pasted onto some sort of display board.

### Objective

- to help others see the improved process or story of a patient's journey.
- to create curiosity

### Benefits

- easy to do
- can be used to demonstrate the changes made from the 'old' process to the 'new' process

### Time required

This can depend on what or who you are preparing it for, and how elaborate you want to be!

- preparation of the story, drawing or post-it notes: approximately 60 minutes
- assembling the board: 30 minutes

### Preparation

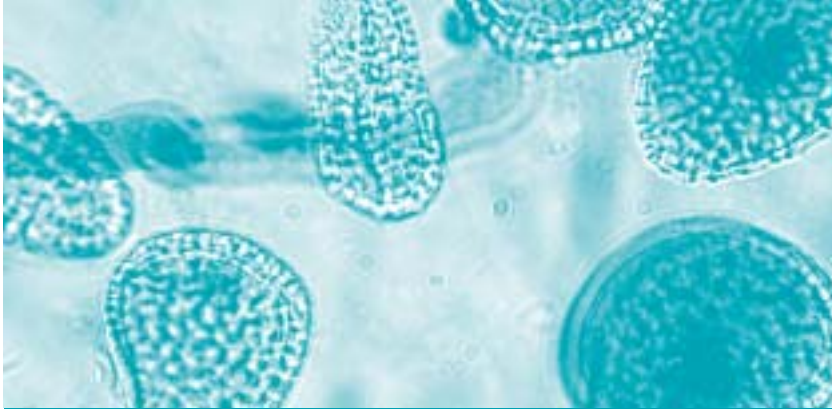
- you can use a similar process as that described in the Process Mapping, Analysis and Redesign guide for mapping a process, which can be found at [www.modern.nhs.uk/improvementguides/process](http://www.modern.nhs.uk/improvementguides/process)
- think about also including your aims statement, starting point, targets, improvement team and the ways you involved patients and carers.
- try to explain the 'why', 'how' and 'what' about your improvement work
- make sure you identify the changes made and show improvements in the measures on run charts
- some storyboards have been developed using photographs to depict the journey. These are particularly visual but take more time to prepare

### Learning Points

A lot of this learning is reflective, as the participants will have been involved in changing the process. This exercise is one positive way to start the celebration of success!

### Variation: Use the story boards to set up a 'marketplace'

A marketplace is an informal environment where interested individuals can connect with one another to talk about ideas for change. It creates an atmosphere conducive to the adoption of better practices. Ask participants to prepare good visuals such as storyboards and leaflets explaining improvement ideas and how they have worked. Make sure you publicise the event to get lots of people there.



### Case studies

#### A 'marketplace' in Trent

The former Trent Region used the concept of the 'marketplace' in a Modernisation Exchange event. This was a large group event for up to 400 people, in which stalls were used very effectively to enable people to spread practice. The tone was informal, plenty of time to visit the stalls, which were always manned, with good visuals and well-presented leaflets.

#### 'Exchange and Mart' in the Mental Health Collaborative

An example of the combination of storyboards and marketplaces was developed by the Mental Health Collaborative, which extended the concept into 'Exchange and Mart.' The following is a quote from the Collaborative's Final Report: "All project teams benefit from sharing ideas with each other, but this could potentially be very difficult to manage.

At one of the sub-regional support meetings an idea was discussed for using stories to share ideas (and products) at each event. Interested teams will be able to take away examples that have been tested and put them into use in their own areas." A project manager, had the idea of calling this slot 'Exchange and Mart'. The idea was well received by all project managers and the 'Exchange and Mart' session was introduced to a learning session. It received such positive feedback that it became a part of all such learning sessions, each time being afforded a bigger slot and receiving greater emphasis.

For more information about collaborative methodology look at the Improvement Leaders' Guide to Setting up a Collaborative Programme at [www.modern.nhs.uk/improvementguides/collaborative](http://www.modern.nhs.uk/improvementguides/collaborative)

## 7.2 Look in the mirror at a 'laggard'

Here is a quick table discussion exercise that you can use when you feel that teams are becoming cynical and dismissive of others as 'resistors to change' and 'laggards.'

### Benefits

- easy to do as part of a presentation or discussion

### Time required

- 15 minutes in total

### Preparation

- begin by discussing the concept of innovators, early adopters, early and late majority, and laggards from section 5 of this guide. Play along with the group sentiment that the innovators and early adopters seem to be the 'good people' and the laggards are somehow the 'bad people'

### Instructions to participants

- tell the group that you would like them to meet some 'laggards' and then reveal a flip chart or slide with the statement as shown here

**Describe an area in your life where you are a 'laggard'. Something to which most others are switched on but not you! Explain your reason – you are bound to have a good one!**

- first share some area of your life where you are a laggard; for example "I do not own a mobile phone" or "I do not have an answer phone at home" and explain your rationale
- now ask participants to work in pairs or trios to discuss for themselves
- after several minutes, ask a few individuals to share. Be light-hearted about this

### Learning points

Make the point that individuals can be early adopters on some things and laggards on other things. All of us reserve the right to have our own rationale for doing or not doing something. Rather than dismissing people as 'laggards,' we would do better to respect their views and seek to understand how they see things. We may then be able to change what we are saying so that the change principle we are advocating becomes more attractive to them.

## 8. Frequently asked questions

### Question

At what stage in the cycle of an improvement effort should we start addressing sustainability and spread?

### Answer

Very early! From the beginning, think about the key stakeholders and make sure that they really understand the changes being tested. As you set up measurement systems in your initial efforts, think about which measurements provide the best information with the least amount of effort. Also think about opinion leaders and potential future adopters and be sure to collect data that will be convincing to them. Understand that sustainability and spread are part and parcel of improvement work, not something that is added on at the end.

### Question

How do I recognise if my change is good enough to be sustained?

### Answer

See the box "Some questions to consider of your change before you try to sustain it" in section 3 of this guide.

### Question

How long should I expect to be able to sustain a change?

### Answer

Until an even better way of doing it comes along.

### Question

What is the difference between innovation and spread?

### Answer

Innovation is a new idea. We are often seeking to spread new ideas; that is, to see new ideas more widely adopted. The process of innovation is the process of coming up with a new idea for the first time. The process of adoption and spread is the process of continually adapting the change principles that lie behind the new idea so that it fits with a variety of local contexts.

### Question

I have a wonderful idea that has worked well for me – what should I be trying to spread?

### Answer

Whilst the idea may have worked well for you, consider that factors in your situation may have contributed to the success. The specific change idea might not work as well for others. Further, the fact that you thought deeply about it and had some ownership for the change idea may also have played a role in the success. Therefore, you should seek to spread the change principle that lies behind the idea. Allow others the joy of 're-inventing' a specific change idea that fits their unique situation.

### Question

What should I do about those who don't want to change?

### Answer

The key point to keep in mind is that we all reserve the right to make up our own mind about whether we think that some new idea will work in meeting a need. If you find yourself thinking that others are resisting change, ask yourself if you really understand the issue from their perspective. Look at past instances in which they have gladly adopted a change and ask what naturally attract them. For more ideas look at the Improvement Leaders' Guide to Managing the Human Dimensions of Change at [www.modern.nhs.uk/improvementguides/human](http://www.modern.nhs.uk/improvementguides/human)

### Question

How can I convince reluctant clinical or managerial professionals to change?

### Answer

Begin by working with their more enthusiastic colleagues. Allow the reluctant ones to simply observe so they can make up their own mind. Use champions and opinion leaders to engage and influence. If research and evidence influence their opinion, find the evidence that supports your case. Use the views of patients and carers to underline the need for change. Consider linking the desired change to other things that they want such as new equipment. Seek to understand their points of view and their attractors. Make peer pressure, shame and withdrawal of resources the very last things you would consider.

### Question

Should innovators lead spread efforts?

### Answer

There is no hard and fast answer to this question. However, the skills needed to be a successful innovator and those needed to be successful at achieving widespread adoption are different. For example, to be successful in adoption, the Improvement Leader must support and encourage re-invention and local adaptation of the idea. This can sometimes be hard for the innovator as he or she has worked so hard on the initial innovation and may be reluctant to 'let go.' Realise also that innovators may not be influential as opinion leaders – sometimes they are seen by colleagues as mavericks.

## 9. Useful reading and more information

Much has been written about improvement and change. So much, that it is very easy to get overwhelmed by all the material. So we've gathered together the things that we think you might find most useful. We would like to guide you in three directions:

### 1. Toolkits

These have been developed by national and regional programmes for staff addressing the issues for one particular aspect of care. This can range from general workforce planning issues to addressing the problems of a particular service, e.g. mental health, endoscopy or orthopaedics. They are written for clinical staff in the specific service and will give you many more change ideas, lots of case studies, national contact names and information on how to access up-to-date improvement activity in that particular area or service.

**Use** when you have identified a problem associated with a particular service.

### 2. Books, papers and articles

These have been written by international experts in their field, addressing the science and theories behind many of the tried and tested tools and techniques in the guides.

**Use** when you want a deeper understanding of any of the topics.

### 3. Websites

Time is precious and the World Wide Web is vast. Therefore, we want to guide you to the selected websites designed to extend your knowledge and thinking on improvement theory.

**Use** when you want to extend your general knowledge and gain access to improvement thinking around the world.

So visit the Improvement Leaders' Guide website for the useful reading section at [www.modern.nhs.uk/improvementguides/reading](http://www.modern.nhs.uk/improvementguides/reading) This will be continuously updated as new editions are published and you tell us what you find useful.

## 10. Glossary of terms

### Adopters

Staff who actually implement and work with the change. They will most probably be frontline staff such as doctors, nurses, therapists, technicians and administration staff. They are practical people who want practical solutions to the problems that they perceive.

### Adoption

The process by which individuals and groups see a need, search for ideas, evaluate and test these ideas, and decide whether or not to take them on board. Spread is the result of the adoption process.

### Change idea

A specific change that illustrates a change principle. See section 6 page 32 for examples of change ideas.

### Change principle

The larger and more generally stated concepts behind a successful change. See section 6 page 32 for examples of change principles.

### Improvement leader

The person who is responsible for leading, developing and implementing improvements in services. May be a manager or a clinician.

### Opinion leader

An individual who is highly respected and influential among colleagues on certain matters. Not to be confused with position in the organisational hierarchy or vocalness.

### Reinvention

The process of going from a change principle to a specific idea for change that fits a local context. See section 6 page 33 for examples of re-invention.

### Spread

The extent to which learning and change principles have been adopted in other parts of the organisation that could benefit from them. This includes not only those part of the organisation that are the same as the original improvement site, but also the spread to other parts of the service that have similar processes or face similar issues.

### Sustainability

The extent to which new ways of working and improved outcomes become the norm. Not only have the process and outcome changed, but also the thinking and attitudes behind them are fundamentally altered and the systems surrounding them are transformed in support. As a result when you look at the process or outcome one year from now or longer, you conclude at least that it has not reverted back 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 actually continued to improve over time.

