A Step-by-Step Guide to Tackling your Challenges
Introduction

This book is your step-by-step guide to tackling your challenges using the appropriate service improvement tools and techniques and NHS Institute products. It is intended to be a short practical resource for anyone working in the health sector with responsibility for managing services and maintaining quality and patient safety.

The benefits of this step-by-step guide are that it will help you to identify the most appropriate tools and at what point in your service improvement projects they should be used. It will enable you to focus your improvement efforts on the key challenges by directing you to where these tools can be accessed.

This guide focuses on the key challenges that have been identified through engagement with a cross-section of NHS health professionals.

The challenges have been arranged into five categories:

1. Improvement skills
2. Improving access
3. Quality of service
4. Optimising capacity
5. Patient safety
How to use this guide

This step-by-step guide to tackling your challenges will provide you with a framework that will help you identify the service improvement tools and techniques and NHS Institute products aligned to 19 NHS key challenges.

The guide will get you started on the journey of improving clinical outcomes, patient experience, value and appropriateness of care.

This guide has been divided into five sections:

Within each section there is an overview, a list of the challenges relevant to that section and detailed information about the tools you need to tackle each of the challenges.

1 Improvement skills

Section 1 – Core improvement skills provides detailed information about the minimum core set of service improvement tools and techniques that you will need when tackling each of your challenges. It is recommended that you use these core tools and techniques as a starting point for all your improvement efforts.

Sections 2, 3, 4 and 5 provide details of the key challenges and additional specific tools to build on the core tools.

2 Improving access

3 Quality of service

4 Optimising capacity

5 Patient safety
A six-stage service improvement project management guide provides a framework for aligning the tools at each stage in your project. This framework is used as the backbone to the core service improvement skills and the 19 key challenges.

The six stages are:

1. Start Out
2. Define and Scope
3. Measure and Understand
4. Design and Plan
5. Pilot and Implement
6. Sustain and Share

This project management guide is a suggested framework. Each organisation is different and you may find that the stages are described slightly differently but there should be enough similarities for you to match these stages with your preferred framework.

Some of the service improvement tools are repeated throughout this guide as they apply to more than one stage in the project management process.

All of the service improvement tools, techniques and NHS Institute products mentioned in this guide are available through our website and in the Quality and Service Improvement Handbook – both available at www.institute.nhs.uk/qualitytools.
Improvement skills

Core service improvement skills .......... 12
Engaging others .................................. 22

Improving access

01 Demand and capacity ......................... 31

Quality of service

02 Pathway redesign ................................ 41

03 Planned care .................................. 48

04 Unplanned care ................................. 54

05 Theatres ......................................... 60

06 Wards ............................................ 67

07 Outpatient department ........................ 75

08 Diagnostics ..................................... 82

09 Community care ................................. 88

Optimising capacity

10 Surgical thresholds ............................ 97

11 Follow-up ratio ................................ 103

12 DNA rate ...................................... 109

13 Cancelled operations .......................... 116

14 Admission avoidance .......................... 122

15 Length of stay .................................. 128

16 Day cases ...................................... 134

17 Pre operative bed days .......................... 138

Patient safety

18 Patient safety – acute care focus .......... 145

19 Patient safety – primary care focus ... 157
Core improvement skills

This collection of core service improvement tools and techniques has been aligned to all the key NHS challenges. These tools can be used as the foundation blocks for your service improvement project. For each challenge, specific tools have been identified to help you build on the core tools. Also critical to the success of most projects is stakeholder engagement. ‘Engaging others’ is a package that includes specific tools to help you successfully engage your key stakeholders.

Included in this section are:

- Service improvement core tools and techniques – a minimum set of tools required to tackle any project
- Engaging others – some specific tools to help you to engage others
Service improvement core tools and techniques

The six-stage service improvement project guide developed by the NHS Institute provides a framework for this guide.

These stages are:

1. Start out
2. Define and scope
3. Measure and understand
4. Design and plan
5. Pilot and implement
6. Sustain and share

Each project is different and you may find that you do things slightly different for different projects. However, we suggest that you use the core service improvement tools and techniques listed in this section as the foundation to help you tackle each challenge.

In the remaining sections of this guide, in addition to the core tools and techniques, specific tools have been aligned to each challenge.
Project management guide

Project management methodologies, such as PRINCE 2, provide frameworks that lead you through a set of steps necessary for the delivery of a project.

Scope your project

This is a simple way for the team to define the scope of a project by identifying what will be included and what will be excluded. This enables you to focus limited resources specifically on the current problem.

Stakeholder analysis

Stakeholder analysis is one of the first steps you should take in any change project. It enables you to identify everyone with a concern or interest who needs to be involved. Once you have come up with the full list, you then need to categorise it – from people with the greatest involvement through to more peripheral individuals or groups.

Commitment, enrolment and compliance

To identify what level of support you need from each of your stakeholders, so you know where to focus your drive for commitment. Using this tool means that you won’t waste time trying to persuade everybody to commit to a project or improvement when it isn’t necessary.

Sustainability Model and Guide

The Sustainability Model is a diagnostic tool that is used to predict the likelihood of sustainability for your improvement project. The Sustainability Guide provides practical advice on how you might increase the likelihood of sustainability for your improvement initiative.
### Measurement for improvement

Helps you to collect, analyse and display the evidence to demonstrate the impact you’ve had. How can you impress colleagues with graphical representations of improvement?

### The Good Indicators Guide

A short practical resource for anyone using indicators to monitor and improve performance, systems and outcomes. It will help you to assess the validity of indicators that you are working with, and to develop indicators.

### Benefits realisation

This is a tool to make sure you actually get the intended benefits originally planned for your project. Benefits realisation is a key component of the Integrated Service Improvement Planning (ISIP) approach to achieving large-scale service improvement.

### Identifying problems – an overview

This is a collection of tools that can be used to get to the bottom of a problem, often referred to as the root cause.

### Patient perspectives

There is no one right way of collecting patients’ views – different methods suit different purposes. However, it is important that you use a method appropriate to the group of patients involved and the planned service improvement. This guide describes four different methods of obtaining patient perspectives.

### Brainstorming

Brainstorming can help you to think up ideas without hasty judgements. You can use brainstorming during the initial generation of ideas – it is also a useful way of getting people involved. The approach works particularly well when solving people related problems. You should only use brainstorming for generating lots of new ideas and solutions – it should not be used for analysis or decision making.

### Process mapping – an overview

A map of a patient journey is a visual representation – a picture or model – of the relevant procedures and administrative processes. The map shows how things are and what happens, rather than what should happen. It can help you to identify alternative interventions that are either underutilised or absent.
Service improvement core tools and techniques

**DESIGN AND PLAN**

**Core tools**
- Action planning

**Action planning**
Action plans are a key component of successful project management, helping you to summarise how you will achieve objectives and by when. When action planning, aim to break down each of your objectives into detailed tasks.

**PILOT AND IMPLEMENT**

**Core tools**
- Plan, do, study, act
- Measurement for improvement

**Plan, do, study, act (PDSA)**
You can use plan, do, study, act (PDSA) cycles to test an idea by temporarily trialling a change and assessing its impact. This approach is unusual in a healthcare setting because, traditionally, new ideas are often introduced without sufficient testing.

**Measurement for improvement**
Helps you to collect, analyse and display the evidence to demonstrate the impact you’ve had. How can you impress colleagues with graphical representations of improvement?

**SUSTAIN AND SHARE**

**Core tools**
- Sustainability Model and Guide
- Good Indicator Guide
- Benefits realisation
- Methodology for measuring benefits
- Human dimensions – learning from change

**Sustainability Model and Guide**
The Sustainability Model is a diagnostic tool that is used to predict the likelihood of sustainability for your improvement project. The Sustainability Guide provides practical advice on how you might increase the likelihood of sustainability for your improvement initiative.

**The Good Indicators Guide**
A short practical resource for anyone using indicators to monitor and improve performance, systems and outcomes. It will help you to assess the validity of indicators that you are working with, and to develop indicators.

**Benefits realisation**
This is a tool to make sure you actually get the intended benefits originally planned for your project. Benefits realisation is a key component of the Integrated Service Improvement Planning (ISIP) approach to achieving large-scale service improvement.

All tools are available in full on our website at www.institute.nhs.uk/qualitytools...
Engaging others

Engaging others is a key part of any service improvement project, as involving the key groups and understanding and acting on their perspectives will help to ensure the changes made will produce the best outcomes and will be sustainable. This package will guide you through a project with an emphasis on stakeholder and user involvement.

Methodology for measuring benefits

If you want a comprehensive list of the benefits that a project has for patients and the NHS, going through a specific set of questions in conjunction with the flowchart in this tool will achieve this.

Human dimensions – learning from change

The ability to implement change is affected by your team, department or organisation’s prior experience of change and how well or badly it was handled. When starting to contemplate change in an organisation and how it might be managed, it is useful to spend some time learning from past experiences. This tool will help you to identify past experiences and consider their implications for planned change.
Clinical engagement
If you want to achieve successful and lasting process changes, clinicians need to be an integral part of the procedure. This tool gives you guidance on how to ensure clinician involvement.

Communications matrix
The communications matrix is a tool to help you proactively plan communication within a project.

Four columns – link your project to the organisation’s aims
An approach to help you think about how you can communicate the potential impact of your project to others and the potential gains of the learning from your project.

Staff perceptions
This guide outlines the importance of getting staff perceptions for generating ideas for service improvement and details a number of methods for collecting the views of staff.

Experience based design (ebd)
Experience based design (ebd) is a way of capturing and understanding how users actually feel each time they come into contact with a process, a product, or even a building or environment. It then uses that knowledge to redesign all or part of the process in a way that maximises the positive emotional response of the user.
Armchair involvement
Explore how you can use technology to involve people in health service improvement. This guide gives you descriptions of different technologies that can be used to involve people in health services improvement, with interactive examples describing where the technology has been used.

Commitment, enrolment and compliance
If you know what level of support you need from each of your stakeholders for change, you know where to direct your energy. This tool helps you identify where that commitment needs to come from.

Empowerment
Organisational change can substantially impact on employees’ sense of freedom and ability to contribute. It is important therefore for managers to be aware of the factors promoting empowerment and how these can be integrated into the change process.

Human barriers to change
This tool helps you prepare your response to opposition by using a group of staff to act as ‘critical friends’, enabling you to implement and manage change more effectively.

Discomfort zone
A way of helping managers understand and respond to people’s feelings when confronted by organisational change. In the discomfort zone people are most likely to change and learn how to do things differently.

Patient information
It is important to get written information for patients right. Miscommunication can cause delays through patients missing appointments or being unprepared for procedures.
Resistance – addressing uncertainty

Resistance is one of the main factors impeding organisational change. This guide describes the three different levels of resistance you may encounter.
Section 2  
Improving access

Although the NHS has made significant progress in improving access to high quality, timely care, achieving this consistently continues to be a challenge for some organisations. Taking stock of available resources will help you identify ways to reduce visible and hidden backlogs along the patient pathway. Reducing the variation in demand and capacity will help to improve access; by maintaining the flow of patients through the service you will prevent waiting lists from forming.
Key challenge 1

**Demand and capacity**

Analysis has indicated that most waiting lists or backlogs of work within the NHS are relatively stable, suggesting that variation in demand and capacity is the cause. In order to make the most of patient flow through the system, it is necessary to address the entire patient pathway. This package will help you to understand why backlogs form and what you can do about them.
Clinical engagement
Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

Demand and capacity - a comprehensive guide
A great deal of analysis has indicated that most waiting lists or backlogs of work within the NHS are relatively stable, suggesting that variation in capacity and demand is the cause. This comprehensive guide helps to get to the hub of the problem of why waiting lists and backlogs form and what you can do about them.

Reducing cancelled operations
Depending on what you hope to achieve, this tool will help you to measure cancelled operations by category and therefore define expected benefits.

Demand and capacity – a comprehensive guide
A great deal of analysis has indicated that most waiting lists or backlogs of work within the NHS are relatively stable, suggesting that variation in capacity and demand is the cause. This comprehensive guide helps to get to the hub of the problem of why waiting lists and backlogs form and what you can do about them.
Reducing cancelled operations

Based on the NHS Modernisation Agency’s theatre project, *Tackling Cancelled Operations* and the *Theatre Programme Step Guide*, the guidelines provide information on how to diagnose and interpret cancelled operation information, followed by actions to help reduce cancellations.

Theory of constraints

Theory of constraints is an approach that shows how we can manage bottlenecks and their associated constraints. A bottleneck determines the pace at which the whole process can work, while the constraint is the bit of kit or resource that causes the bottleneck.

Improvement Leaders’ Guide - Matching Capacity and Demand

This guide complements the *Improvement Leaders’ Guide to Process Mapping*. By using it to help you identify where there are delays in patient flow and working to remove or reduce the restrictions, you can bring about dramatic improvements in patients’ healthcare journeys, often without investment in more staff, equipment or facilities.

Reducing cancelled operations

Based on the NHS Modernisation Agency’s theatre project, *Tackling Cancelled Operations* and the *Theatre Programme Step Guide*, the guidelines provide information on how to diagnose and interpret cancelled operation information, followed by actions to help reduce cancellations.

Theory of constraints

Theory of constraints is an approach that shows how we can manage bottlenecks and their associated constraints. A bottleneck determines the pace at which the whole process can work, while the constraint is the bit of kit or resource that causes the bottleneck.
Reducing cancelled operations

Based on the NHS Modernisation Agency’s theatre project, ‘Tackling cancelled operations’, and the Theatre Programme Step Guide, the guidelines provide information on how to diagnose and interpret cancelled operation information, followed by actions to help reduce cancellations.

Process templates

This shows how the use of process templates and scheduling can help reduce the number of beds needed for elective procedures.

Improvement Leaders’ Guide - Matching Capacity and Demand

This guide complements the Improvement Leaders’ Guide to Process Mapping. By using it to help you identify where there are delays in patient flow and working to remove or reduce the restrictions, you can bring about dramatic improvements in patients’ healthcare journeys, often without investment in more staff, equipment or facilities.

Statistical process control (SPC)

Statistical process control (SPC) is a practical statistical approach to resolving problems. If you do any type of measurement to help gather information and find a solution, this is the tool you should use.
Section 3
Quality of service

Delivering the highest quality care and the best use of resources continues to be central to healthcare organisations. The Productive Series will help you to release time to care and improve the patient experience. Focus On: High Volume Care clinical pathways were developed through working with and monitoring the performance of top performing healthcare organisations. It is recommended that you select the most appropriate tools for your particular situation.

Focus On: High Volume Care clinical pathways available:
- Acute admissions in adult mental health
- Acute stroke
- Caesarean section
- Cataracts
- Children and young people emergency and urgent care pathway
- Cholecystectomy
- End stage renal disease
- Fractured neck of femur
- Frail older people
- Heart failure
- Inpatient care for people with diabetes
- MRI and low back pain
- Primary hip and knee replacement
- Psychiatric intensive care units
- Short stay emergency care
- Sick patients with suspected cancer

Quality of service
Key challenges included in this section are:

02 Pathway redesign
03 Planned care
04 Unplanned care
05 Theatres
06 Wards
07 Outpatient department
08 Diagnostics
09 Community care
Key challenge 2
Pathway redesign

The consistent use of a standardised pathway based on best practice will result in improved patient experience, reduced waiting times, length of stay and costs by eliminating unnecessary variation in treatment and outcomes. This package has linked the description of the tools and techniques, including the Focus On: High Volume Care (using relevant clinical pathway), which will help you to improve the quality and value of the care you deliver.
**Clinical engagement**

Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

**Bottlenecks**

A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

**Glenday Sieve – runners, repeaters, strangers**

The Glenday Sieve is an approach to identifying common groups of procedures, conditions or activities in healthcare. These processes are grouped by volume of activity in the first instance, helping you to identify specific improvement and management strategies. In addition, focusing improvement on a few high volume activities will help you prioritise efforts to improve patient flow.
Focus On: High Volume Care
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.

Bottlenecks
A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

Flow – reduce unnecessary waits
To reduce unnecessary waits, you need to reduce piles of paperwork, ensure frequent decision making and reduce batching or batch sizes in diagnostics and waiting lists.

Focus On: High Volume Care
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.

Focus On: High Volume Care
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.
Key challenge 3
Planned care

This package has linked the description of the tools and techniques, including the Focus On: High Volume Care (using relevant clinical pathway). This will help you to improve the quality and value of the care you deliver, with an emphasis on planned care.
Quality of service

Bottlenecks

A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

Glenday Sieve – runners, repeaters, strangers

The Glenday Sieve is an approach to identifying common groups of procedures, conditions or activities in healthcare. These processes are grouped by volume of activity in the first instance, helping you to identify specific improvement and management strategies. In addition, focusing improvement on a few high volume activities will help you prioritise efforts to improve patient flow.

Clinical engagement

Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

No specific tools

Process mapping – an overview

A map of a patient journey is a visual representation – a picture or model – of the relevant procedures and administrative processes. The map shows how things are and what happens, rather than what should happen. This helps anyone involved see other people’s views and roles. It can also help you to diagnose problems and identify areas for improvement.
Focus On: High Volume Care
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.

Flow – reduce unnecessary waits
To reduce unnecessary waits, you need to reduce piles of paperwork, ensure frequent decision making and reduce batching or batch sizes in diagnostics and waiting lists.

Bottlenecks
A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

Flow – reduce unnecessary waits
To reduce unnecessary waits, you need to reduce piles of paperwork, ensure frequent decision making and reduce batching or batch sizes in diagnostics and waiting lists.
Key challenge 4
Unplanned care

This package has linked the description of the tools and techniques, including the Focus On: High Volume Care (using relevant clinical pathway). This will help you to improve the quality and value of the care you deliver, with an emphasis on unplanned care.
Clinical engagement

Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

Bottlenecks

A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

Glenday Sieve – runners, repeaters, strangers

The Glenday Sieve is an approach to identifying common groups of procedures, conditions or activities in healthcare. These processes are grouped by volume of activity in the first instance, helping you to identify specific improvement and management strategies. In addition, focusing improvement on a few high volume activities will help you prioritise efforts to improve patient flow.
Focus On: High Volume Care
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.

Bottlenecks
A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

Flow – reduce unnecessary waits
To reduce unnecessary waits, you need to reduce piles of paperwork, ensure frequent decision making and reduce batching or batch sizes in diagnostics and waiting lists.

Focus On: High Volume Care
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.
Key challenge 4
Unplanned care

No specific tools

SUSTAIN AND SHARE

Core tools
Sustainability Model and Guide
Good Indicator Guide
Benefits realisation
Methodology for measuring benefits
Human dimensions – learning from change

Key challenge 5
Theatres

This package has linked the description of the tools and techniques, including the **Focus On: High Volume Care (using relevant clinical pathway)** and **Productive Theatre**. This will help you to improve the quality and value of the care you deliver as well as the patient experience, with an emphasis on theatre services.
The Productive Operating Theatre

The Productive Operating Theatre is an important and exciting programme of work that aims to give NHS organisations and frontline staff the knowledge and practical improvement tools they need to improve theatre performance. This will give patients a better experience, increasing the reliability and safety of care, developing more effective team working and leadership and improving efficiency by reducing waste and driving down waiting times.

Clinical engagement

Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

Reducing cancelled operations

Depending on what you hope to achieve, this tool will help you to measure cancelled operations by category and therefore define expected benefits.

Process mapping – an overview

A map of a patient journey is a visual representation – a picture or model – of the relevant procedures and administrative processes. The map shows how things are and what happens, rather than what should happen. This helps anyone involved see other people’s views and roles. It can also help you to diagnose problems and identify areas for improvement.
**Key challenge 5**

**Theatres**

**Bottlenecks**
A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

**Glenday Sieve – runners, repeaters, strangers**
The Glenday Sieve is an approach to identifying common groups of procedures, conditions or activities in healthcare. These processes are grouped by volume of activity in the first instance, helping you to identify specific improvement and management strategies. In addition, focusing improvement on a few high volume activities will help you prioritise efforts to improve patient flow.

**Focus On: High Volume Care**
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.

**Trigger Tool (NHS TT)**
The NHS Trigger Tool measures patient harm caused by healthcare. It is a means to calculate the adverse event rate and identify the areas of care where most harm is occurring. It informs priorities for action and measures improvements over time.
Flow – reduce unnecessary waits
To reduce unnecessary waits, you need to reduce piles of paperwork, ensure frequent decision making and reduce batching or batch sizes in diagnostics and waiting lists.

Focus On: High Volume Care
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.

Bottlenecks
A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

Flow – reduce unnecessary waits
To reduce unnecessary waits, you need to reduce piles of paperwork, ensure frequent decision making and reduce batching or batch sizes in diagnostics and waiting lists.

Focus On: High Volume Care
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.
Key challenge 6
Wards

This package has linked the description of the tools and techniques, including the Focus On: High Volume Care (using relevant clinical pathway) and Productive Ward. This will help you to improve the quality and value of the care you deliver as well as the patient experience, with an emphasis on wards.
Clinical engagement
Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

The Productive Ward
Releasing time to care – the Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care, thereby improving safety and efficiency. This contains modules to help you through the entire process.

Bottlenecks
A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

Process mapping – an overview
A map of a patient journey is a visual representation – a picture or model – of the relevant procedures and administrative processes. The map shows how things are and what happens, rather than what should happen. This helps anyone involved see other people’s views and roles. It can also help you to diagnose problems and identify areas for improvement.
### Glenday Sieve – runners, repeaters, strangers
The Glenday Sieve is an approach to identifying common groups of procedures, conditions or activities in healthcare. These processes are grouped by volume of activity in the first instance, helping you to identify specific improvement and management strategies. In addition, focusing improvement on a few high volume activities will help you prioritise efforts to improve patient flow.

### The Productive Ward
Releasing time to care – the Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care, thereby improving safety and efficiency. This contains modules to help you through the entire process.

### Flow – reduce unnecessary waits
To reduce unnecessary waits, you need to reduce piles of paperwork, ensure frequent decision making and reduce batching or batch sizes in diagnostics and waiting lists.

### Focus On: High Volume Care
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.
### Bottlenecks

A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

---

### Flow – reduce unnecessary waits

To reduce unnecessary waits, you need to reduce piles of paperwork, ensure frequent decision making and reduce batching or batch sizes in diagnostics and waiting lists.

---

### Focus On: High Volume Care

Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.

---

### The Productive Ward

Releasing time to care – the Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care, thereby improving safety and efficiency. This contains modules to help you through the entire process.

---

### No specific tools
Key challenge 7
Outpatient department

This package has linked the description of the tools and techniques, including the Focus On: High Volume Care (using relevant clinical pathway). This will help you to improve the quality and value of the care you deliver, with an emphasis on outpatient services.
Quality of service

Bottlenecks

A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

Glenday Sieve – runners, repeaters, strangers

The Glenday Sieve is an approach to identifying common groups of procedures, conditions or activities in healthcare. These processes are grouped by volume of activity in the first instance, helping you to identify specific improvement and management strategies. In addition, focusing improvement on a few high volume activities will help you prioritise efforts to improve patient flow.

Clinical engagement

Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

No specific tools

Process mapping – an overview

A map of a patient journey is a visual representation – a picture or model – of the relevant procedures and administrative processes. The map shows how things are and what happens, rather than what should happen. This helps anyone involved see other people’s views and roles. It can also help you to diagnose problems and identify areas for improvement.
A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

To reduce unnecessary waits, you need to reduce piles of paperwork, ensure frequent decision making and reduce batching or batch sizes in diagnostics and waiting lists.

Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.
Key challenge 8
Diagnostic

This package has linked the description of the tools and techniques, including the Focus On: High Volume Care (using relevant clinical pathway). This will help you to improve the quality and value of the care you deliver, with an emphasis on diagnostic services.
Clinical engagement
Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

No specific tools

Process mapping – an overview
A map of a patient journey is a visual representation – a picture or model – of the relevant procedures and administrative processes. The map shows how things are and what happens, rather than what should happen. This helps anyone involved see other people’s views and roles. It can also help you to diagnose problems and identify areas for improvement.

Bottlenecks
A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

Glenday Sieve – runners, repeaters, strangers
The Glenday Sieve is an approach to identifying common groups of procedures, conditions or activities in healthcare. These processes are grouped by volume of activity in the first instance, helping you to identify specific improvement and management strategies. In addition, focusing improvement on a few high volume activities will help you prioritise efforts to improve patient flow.
Focus On: High Volume Care
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.

Demand and capacity – a comprehensive guide
A great deal of analysis has indicated that most waiting lists or backlogs of work within the NHS are relatively stable, suggesting that variation in demand and capacity is the cause. This comprehensive guide helps to get to the hub of the problem of why waiting lists and backlogs form and what you can do about them.

Flow – reduce unnecessary waits
To reduce unnecessary waits, you need to reduce piles of paperwork, ensure frequent decision making and reduce batching or batch sizes in diagnostics and waiting lists.

Bottlenecks
A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

Flow – reduce unnecessary waits
To reduce unnecessary waits, you need to reduce piles of paperwork, ensure frequent decision making and reduce batching or batch sizes in diagnostics and waiting lists.
Key challenge 8
Diagnostic

PILOT AND IMPLEMENT
Core tools
Plan, do, study, act
Measurement for improvement
Specific tools for diagnostic
Focus On: High Volume Care

Focus On: High Volume Care
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.

SUSTAIN AND SHARE
Core tools
Sustainability Model and Guide
Good Indicator Guide
Benefits realisation
Methodology for measuring benefits
Human dimensions – learning from change

No specific tools

Key challenge 9
Community care

This package has linked the description of the tools and techniques, including the Focus On: High Volume Care (using relevant clinical pathway) and Productive Community Hospital and Productive Community Services. This will help you to improve the quality and value of the care you deliver as well as the patient experience, with an emphasis on community care.
Clinical engagement
Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

No specific tools

Bottlenecks
A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

Glenday Sieve – runners, repeaters, strangers
The Glenday Sieve is an approach to identifying common groups of procedures, conditions or activities in healthcare. These processes are grouped by volume of activity in the first instance, helping you to identify specific improvement and management strategies. In addition, focusing improvement on a few high volume activities will help you prioritise efforts to improve patient flow.
**Focus On: High Volume Care**
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.

**Bottlenecks**
A bottleneck is any part of the system where patient flow is obstructed, causing waits and delays. It interrupts the natural flow and hinders movement along the care pathway, determining the pace at which the whole process works. You cannot make changes to improve the care process if you don’t tackle the bottleneck.

**Flow – reduce unnecessary waits**
To reduce unnecessary waits, you need to reduce piles of paperwork, ensure frequent decision making and reduce batching or batch sizes in diagnostics and waiting lists.

**Focus On: High Volume Care**
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.

**Flow – reduce unnecessary waits**
To reduce unnecessary waits, you need to reduce piles of paperwork, ensure frequent decision making and reduce batching or batch sizes in diagnostics and waiting lists.
Key challenge 9
Community care

SUSTAIN AND SHARE
No specific tools

Core tools
Sustainability Model and Guide
Good Indicator Guide
Benefits realisation
Methodology for measuring benefits
Human dimensions – learning from change
Section 4
Optimising capacity

Making the best use of available capacity is an important factor in managing waiting times, preventing delays and improving the quality of services and the experience of both patients and clinical teams. These factors are increasingly important in the new age of patient choice. This section identifies a number of challenges common to many services, which if tackled can increase capacity or reduce demand on services.

Optimising capacity
Key challenges included in this section are:

10 Surgical thresholds
11 Follow-up ratio
12 DNA rate
13 Cancelled operations
14 Admission avoidance
15 Length of stay
16 Day cases
17 Pre-operative bed days
Key challenge 10
Surgical thresholds

Certain elective surgical procedures are carried out much more frequently in some primary care trust areas than others. In some cases, operations are performed in situations where they have little or no benefit for the patient. This package will help you to explore your surgical thresholds through the NHS Indicators and tackle them where necessary.
Optimising capacity

Key challenge 10

Surgical thresholds

NHS Better Care, Better Value Indicators

Use NHS Indicators to investigate the level of surgical interventions in your area compared to others. A higher than expected level may be due to:

- patients being treated using surgery rather than alternative interventions
- a genuinely higher need for surgery amongst the population (not accounted for by standardisation).

For details visit www.productivity.nhs.uk

Clinical engagement

Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

NHS Better Care, Better Value Indicators

Use the benchmarking information to identify the likely benefits of this work.

For details visit www.productivity.nhs.uk

NHS Better Care, Better Value Indicators – Healthcare Resource Group (HRG) level

Use the detailed facility to select specific specialties and HRGs that appear to be a problem. Use this information to trigger questions to be asked, leading to more detailed investigation in areas of particular need.

Focus On: High Volume Care series

Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.

Measure and understand

Core tools

- Identifying problems – an overview
- Getting a patient’s perspective
- Brainstorming
- Process mapping – an overview

Specific tools for surgical thresholds

- NHS Indicators – Healthcare Resource Group (HRG) level

Focus On:

- High Volume Care series
Process mapping – an overview
Following on from the identification of the current pathway, decide what the process should look like.

Focus On: High Volume Care series
Use the most relevant of these to the best practice pathway.

Care outside hospital
You may consider offering alternative interventions: these products will help you to look at developing services outside the acute hospital setting.

Protocol based care
Protocol based care enables NHS staff to put evidence into practice by addressing the key questions of what should be done, when, where and by whom at a local level. It provides a framework for working in multidisciplinary teams. This standardisation of practice reduces variation in the treatment of patients and improves the quality of care.

Role redesign
Role redesign is a workforce improvement tool that can help you improve patient services, tackle staff shortages and increase job satisfaction through the development of new and amended roles.

NHS Better Care, Better Value Indicators
Use this to monitor improvements over the long term.
For details visit www.productivity.nhs.uk
Key challenge 11
Follow-up ratio

Each year in the NHS there are ‘follow-up’ appointments, where patients are asked to return to hospital to have their progress checked, to undergo tests, or to get test results. While some of these appointments are clinically required, a large proportion are unnecessary. This package will help you to explore ways of reducing unnecessary follow-up appointments, releasing capacity for the treatment of new patient referrals.
**NHS Better Care, Better Value Indicators**

Use NHS Indicators to investigate the level of surgical interventions in your area compared to others. A higher than expected level may be due to:

- patients being treated using surgery rather than alternative interventions
- a genuinely higher need for surgery amongst the population (not accounted for by standardisation).

For details visit www.productivity.nhs.uk

**Clinical engagement**

Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

**Mapping the last ten patients**

Start with understanding the patient pathway. One useful technique is to use patient records to identify the variation in journey times. This really helps you understand what is going on in a patient’s pathway, so you can manage it.

**Variation – an overview**

There are many sources of variation along elective care pathways and these can affect the flow of patients through healthcare systems. Much of the variation is caused by the way we organise and provide services – we call this artificial variation. This guide helps you to identify sources of variation and links to other information on what to do about it.
Key challenge 11

Follow-up ratio

Demand and capacity – a comprehensive guide
A great deal of analysis has indicated that most waiting lists or backlogs of work within the NHS are relatively stable, suggesting that variation in capacity and demand is the cause. This comprehensive guide helps to get to the hub of the problem of why waiting lists and backlogs form and what you can do about them.

Care outside hospital
You may consider offering alternative interventions: these products will help you to look at developing services outside the acute hospital setting.

Protocol based care
Protocol based care enables NHS staff to put evidence into practice by addressing the key questions of what should be done, when, where and by whom at a local level. It provides a framework for working in multidisciplinary teams. This standardisation of practice reduces variation in the treatment of patients and improves the quality of care.

Role redesign
Role redesign is a workforce improvement tool that can help you improve patient services, tackle staff shortages and increase job satisfaction through the development of new and amended roles.

Statistical process control (SPC)
Use statistical process control (SPC) to monitor the effects of changes. This technique allows you to understand the current variation (pre-intervention) and so determine the effect of any changes.

...and also in the Quality and Service Improvement Handbook
(order/download www.institute.nhs.uk/qualitytools)
Key challenge 12
DNA rate

‘Did not attends’ (DNAs) have an enormous impact on the healthcare system in terms of cost and waiting time, significantly adding to delays along the patient pathway and wasting capacity as empty appointment slots cannot be passed forward to another day. This package will help you to explore ways of reducing the number of patient non-attendances, which can not only improve the efficiency of running a clinic, but can also save money and improve the use of your capacity.
Key challenge 12
DNA rate

NHS Better Care, Better Value Indicators
Use NHS Indicators to investigate the level of surgical interventions in your area compared to others. A higher than expected level may be due to:
• patients being treated using surgery rather than alternative interventions
• a genuinely higher need for surgery amongst the population (not accounted for by standardisation).

For details visit www.productivity.nhs.uk

Choose and book – some myth busting
A patient may leave their GP having chosen the actual date of their first appointment, increasing the likelihood that the appointment will be scheduled to suit the patient.

NHS Better Care, Better Value Indicators
Use the benchmarking information to identify the likely benefits of this work.
For details visit www.productivity.nhs.uk

DNAs - reducing did not attends
Examines the reasons for patient non-attendance and gives guidance on what you can do to reduce the level of DNAs at your hospital.
Optimising capacity

Patient information

This tool gives you guidance on writing information about conditions, treatments, procedures, examinations, surgery and services. It doesn’t tell you what to write, but how, by highlighting points about writing style.

Thinking Differently

It is Thinking Differently – the necessary prerequisite for doing differently – that will, in the end, determine whether current reforms actually make a difference for patients and the public. Thinking Differently can help to ensure that services are not just improved but transformed.

Thinking differently

It is Thinking Differently – the necessary prerequisite for doing differently – that will, in the end, determine whether current reforms actually make a difference for patients and the public. Thinking Differently can help to ensure that services are not just improved but transformed.

Cause and effect (fishbone)

Cause and effect analysis helps you to think through the causes of a problem thoroughly, including its possible root causes. It is only by identifying the main causes that you can permanently remove the problem, or reduce the delay. By going through the process of building the diagram with colleagues, everybody gains insight into the problem along with possible solutions.

Mapping the last ten patients

It may be useful to check a sample of patient records to look at factors such as how the appointment was booked (e.g. with patient or time and date sent out without consultation) and cancelled/rearranged appointments.

Key challenge 12

DNA rate

All tools are available in full on our website at www.institute.nhs.uk...
Cancelled operations, especially at a late stage, have an impact on your capacity and bring an additional administrative burden of rescheduling appointments, as well as causing patients unnecessary inconvenience and distress. This package will help you to explore ways of reducing the number of cancelled operations.
Clinical engagement
Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

Reducing cancelled operations
Based on the NHS Modernisation Agency’s theatre project, Tackling Cancelled Operations, and the Theatre Programme Step Guide, the guidelines provide information on how to diagnose and interpret cancelled operation information, followed by actions to help reduce cancellations.

Theory of constraints
Theory of constraints is an approach that shows how we can manage bottlenecks and their associated constraints. A bottleneck determines the pace at which the whole process can work, while the constraint is a step in the process or resource that causes the bottleneck.

Root cause analysis using five whys
By repeatedly asking the question ‘why?’ you can peel away the layers of an issue, just like the layers of an onion, which can lead you to the root cause of a problem. The reason for a problem can often lead into another question. You may need to ask the question fewer or more than five times before you get to the origin of a problem.
Key challenge 13
Cancelled operations

Improvement Leaders’ Guide – Matching Capacity and Demand
This guide complements the Improvement Leaders’ Guide to Process Mapping. By using it to help you identify where there are delays to the patient flow and working to remove or reduce the restrictions, you can bring about dramatic improvements in patients’ healthcare journeys, often without investment in more staff, equipment or facilities.

Demand and capacity – basic concepts
This guide introduces the basic concepts of demand and capacity.

Reducing cancelled operations
Based on the NHS Modernisation Agency’s theatre project, Tackling Cancelled Operations, and the Theatre Programme Step Guide, the guidelines provide information on how to diagnose and interpret cancelled operation information, followed by actions to help reduce cancellations.

Pre-operative assessment and planning
Pre-operative assessment and planning carried out prior to treatment ensures that the patient is:
• Fully informed about the procedure and the post-operative recovery
• In optimum health
• Has made arrangements for admission, discharge and post-operative care at home

Reducing cancelled operations
Based on the NHS Modernisation Agency’s theatre project, Tackling Cancelled Operations, and the Theatre Programme Step Guide, the guidelines provide information on how to diagnose and interpret cancelled operation information, followed by actions to help reduce cancellations.

Process templates
This shows how the use of process templates and scheduling can help reduce the number of beds needed for elective procedures.
Key challenge 14
Admission avoidance

Many patients present at accident and emergency departments (A&E) with problems that may have been avoidable if they had been managed differently in the community. This is distressing for patients, but also wastes valuable A&E time and NHS money. This package will help you to explore ways of reducing the number of avoidable patient admissions.
Key challenge 14
Admission avoidance

NHS Better Care, Better Value Indicators
Use NHS Indicators to investigate the level of emergency admissions in your area compared with others.
For details visit www.productivity.nhs.uk

Clinical engagement
Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

NHS Better Care, Better Value Indicators
Look in detail at the problem to identify whether people with particular conditions, which may be ambulatory, are being admitted.
For details visit www.productivity.nhs.uk

Directory of ambulatory emergency care for adults
Emergency admission to a hospital bed should only take place in the context of an acute illness that requires inpatient care. The NHS Institute for Innovation and Improvement has drawn together ideas from many specialists in emergency care to develop the directory of ambulatory emergency care for adults.

Improvement Leaders’ Guide – working in systems
This guide will help you understand how processes and systems interrelate and how to improve your patients’ experiences as they cross the organisational boundaries in our healthcare system.
## Key challenge 14

**Admission avoidance**

### Mapping the last ten patients

One useful technique is to use patient records to identify the reasons for emergency admissions. Based around a particular healthcare resource group (HRG), this may help to identify either a shortfall in treatment before reaching the trust, delays following attendance, or other issues such as poor patient information.

### Care outside hospital

A range of tools to help you to provide services closer to home. This would assist in developing alternative interventions.

### Directory of ambulatory emergency care for adults

Use the information provided to consider which conditions should be prioritised.

### Focus On: short-stay emergency care

This document aims to help local health communities and organisations improve the quality and value of care for short-stay emergency care patients.

### Clinical Systems Improvement (CSI)

Clinical systems improvement (CSI) can be described as evidence-based operations management for healthcare.

### No specific tools
Key challenge 15
Length of stay

Hospitals usually experience far more variation in patterns of patient discharge than in patterns of admission. The main reason for this is the way we manage processes such as ward rounds, inpatient diagnostic tests, pharmacy, etc. This results in highly variable and unpredictable lengths of stay, even among patients admitted with similar conditions. Reducing patients’ length of stay releases capacity in the system but it requires proactive planning of the whole process of care, as well as active discharge planning. This package can help you to achieve this by having a clear pathway of care or flow model through the system for particular conditions such as patient pathway or protocols of care.
NHS Better Care, Better Value Indicators
Benchmarking of overall length of stay, day case rates for the basket of procedures and pre-operative bed days, split into elective/emergency admissions.
For details visit www.productivity.nhs.uk

Clinical engagement
Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

Clinical engagement
Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

NHS Better Care, Better Value Indicators
Benchmarking of overall length of stay, day case rates for the basket of procedures and pre-operative bed days, split into elective/emergency admissions. Compare your rates with others to assess the changes required.
For details visit www.productivity.nhs.uk
Using relevant clinical pathway

Optimising capacity

Process mapping – an overview
A map of a patient journey is a visual representation – a picture or model – of the relevant procedures and administrative processes. The map shows how things are and what happens, rather than what should happen. This helps anyone involved to see other people’s views and roles. It can also help you to diagnose problems and identify areas for improvement.

Focus On: High Volume Care
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.

Pre-operative assessment and planning
Pre-operative assessment and planning carried out prior to treatment ensures that the patient is fully informed about the procedure and the post-operative recovery, is in optimum health and has made arrangements for admission, discharge and post-operative care at home.

Length of stay – reducing length of stay
Hospitals usually experience far more variation in patterns of patient discharge than in patterns of admission. The main reason for this is the way we manage processes such as ward rounds, inpatient tests, pharmacy, etc. This results in highly variable and unpredictable lengths of stay, even among patients admitted with similar conditions.

Discharge planning
Planning for discharge with clear dates and times reduces patients’ length of stay, emergency readmissions and pressure on hospital beds. This is true for all patients, both day surgery and those patients who have more complex needs.

Protocol based care
Protocol based care enables NHS staff to put evidence into practice by addressing the key questions of what should be done, when, where and by whom at a local level. It provides a framework for working in multi-disciplinary teams. This standardisation of practice reduces variation in the treatment of patients and improves the quality of care.
Key challenge 15
Length of stay

Role redesign
Role redesign is a workforce improvement tool that can help you improve patient services, tackle staff shortages and increase job satisfaction through the development of new and amended roles. It can benefit the entire healthcare team, from support workers to the medical workforce, by challenging the set patterns of working to make life better and easier for patients and staff.

No specific tools

Key challenge 16
Day cases

‘Day case admissions’ refers to patients who are admitted to hospital for a planned surgical procedure, returning home the same day. Changing the mindset to treating day surgery (rather than inpatient surgery) as the norm for elective surgery is the first step. This could potentially save the NHS half a million inpatient beds each year. This package will help you to explore ways of achieving this.
Key challenge 16
Day cases

NHS Better Care, Better Value Indicators
Benchmarking of overall length of stay, day case rates for the basket of procedures and pre-operative bed days, split into elective/emergency admissions.
For details visit www.productivity.nhs.uk

Clinical engagement
Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

The Productive Ward
Releasing time to care – the Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care, thereby improving safety and efficiency. This contains modules to help you through the entire process.

Mapping the last ten patients
One useful technique is to use patient records to identify the reasons for emergency admissions. Based around a particular HRG, this may help to identify either a shortfall in treatment before reaching the trust, delays following attendance, or other issues such as poor patient information.

Focus On: High Volume Care
Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.
Key challenge 17

Pre-operative bed days

Before being admitted for surgery, patients are assessed to ensure they are physically fit and fully prepared for the procedure. This has had many benefits for reducing the demand on hospital services, including reducing the number of pre-operative bed days as patients are routinely and safely being admitted on the day of surgery. This package will help you to explore ways of reducing the number of pre-operative bed days.

Pre-operative assessment and planning

Pre-operative assessment and planning carried out prior to treatment ensures the patient is:
- Fully informed about the procedure and the post-operative recovery
- In optimum health
- Has made arrangements for admission, discharge and post-operative care at home

Statistical process control (SPC)

Statistical process control (SPC) is a practical approach to resolving problems. If you do any type of measurement to help gather information and find a solution, this is the tool you should use.
NHS Better Care, Better Value Indicators

Benchmarking of overall length of stay, day case rates for the basket of procedures and pre-operative bed days, split into elective/emergency admissions.

For details visit www.productivity.nhs.uk

Clinical engagement

Clinicians have the major influence over patient care, from making the diagnosis to determining the pathway of care. As the people who initiate, investigate and treat, they need the support of the trust in terms of the resources and processes necessary to implement their decisions. Clinicians and managers may sometimes take a different approach to improvement, but they are both an integral part of achieving successful and lasting change.

Process mapping – an overview

A map of a patient journey is a visual representation – a picture or model – of the relevant procedures and administrative processes. The map shows how things are and what happens, rather than what should happen. This helps anyone involved see other people’s views and roles. It can also help you to diagnose problems and identify areas for improvement.

Focus On: High Volume Care

Identifying, testing and promoting a comprehensive and detailed range of specific or system improvements along the entire patient pathway, from primary care through referral and treatment to discharge and rehabilitation.
Pre-operative assessment and planning
Pre-operative assessment and planning carried out prior to treatment ensures the patient is:
- Fully informed about the procedure and the post-operative recovery
- In optimum health
- Has made arrangements for admission, discharge and post-operative care at home

Length of stay – reducing length of stay
Hospitals usually experience far more variation in patterns of patient discharge than in patterns of admission. The main reason for this is the way we manage processes such as ward rounds, inpatient tests, pharmacy, etc. This results in highly variable and unpredictable lengths of stay, even among patients admitted with similar conditions.

Protocol based care
Protocol based care enables NHS staff to put evidence into practice by addressing the key questions of what should be done, when, where and by whom at a local level. It provides a framework for working in multi-disciplinary teams. This standardisation of practice reduces variation in the treatment of patients and improves the quality of care.

Role redesign
Role redesign is a workforce improvement tool which can help you improve patient services, tackle staff shortages and increase job satisfaction through the development of new and amended roles. It can benefit the entire healthcare team, from support workers to the medical workforce, by challenging the set patterns of working to make life better and easier for patients and staff.

Statistical process control (SPC)
Statistical process control (SPC) is a practical approach to resolving problems. If you do any type of measurement to help gather information and find a solution, this is the tool you should use.
Section 5
Patient safety

Building on the core tools, the specific tools and techniques in this section focus on patient safety. This package aims to increase the confidence and skills of staff to eliminate harm to patients, with an emphasis on how these skills can be used to lead service improvement.

Patient safety

Key challenges included in this section are:

18 Acute care focus
19 Primary care focus
Key challenge 18

Acute care focus

This package will help you to explore ways of improving your services with an emphasis on patient safety and reducing avoidable harm in an acute care setting.
Key challenge 18

Acute care focus

Leading Improvement in Patient Safety (LIPS)
The Leading Improvement in Patient Safety (LIPS) programme is about building the capacity and capability within hospital teams to improve patient safety. The programme aims to help NHS trusts develop organisational plans for patient safety improvements and to build teams responsible for driving improvement across their organisation. Consider joining for an assisted programme of patient safety improvement.

Engagement toolkit with case study examples
A prototype developed as part of the NHS Institute’s Health Care Associated Infection (HCAI) programme. Consider using to increase engagement.

Reducing avoidable deaths in hospital
Two guides for leaders (chief executive officer and the medical director) based on learning from initiatives to reduce mortality.

Doctors in training (BaSIS)
The Building Safety Improvement Skills (BaSIS) programme aims to offer a set of improvement skills and a level of understanding about harm to equip junior doctors to lead improvement. Designed for foundation year one and two doctors, it is an action learning programme of two separate days followed by a presentation of results several weeks later. The programme demonstrates the value of improvement science in a practical way and shows junior doctors how they can lead real improvements in the way care is delivered.
Key challenge 18
Acute care focus

Patient Safety Leaders (PSL) programme
The Patient Safety Leaders (PSL) programme addresses some of the issues facing PSLs across England. The primary aim of the programme is to increase patient safety improvement capability at an operational level by supporting PSLs to understand how they can reduce harm. The programme provides practical guidance on safety improvement tools and techniques and demonstrates that using small tests of change with well-defined aims and objectives can have a dramatic impact on improving patient safety.

Trigger Tool (NHS TT)
The NHS Trigger Tool measures patient harm caused by healthcare. It is a means to calculate the adverse event rate and identify the areas of care where most harm is occurring.

Process mapping – an overview
A map of a patient journey is a visual representation – a picture or model – of the relevant procedures and administrative processes. In this case you may want to map part of a journey (e.g. inpatient care) for an identified high-risk cohort of patients.

Root cause analysis using five whys
By repeatedly asking the question ‘why?’ you can peel away the layers of an issue, just like the layers of an onion, which can lead you to the root cause of a problem.
Key challenge 18
Acute care focus

**Trigger Tool (NHS TT)**
The NHS Trigger Tool measures patient harm caused by healthcare. It is a means to calculate the adverse event rate and identify the areas of care where most harm is occurring. It informs priorities for action and measures improvements over time.

**NHS Trigger Tool Portal**
The Trigger Tool Portal is tailored to different clinical settings. This web-based data collection tool allows clinicians to capture their data and explore it in detail. This unique analysis capability will help focus service improvement efforts to reduce harm. Statistical process control (SPC) charts are automatically generated to illustrate the results of analysis and can be exported for inclusion in reports and presentations.

**No specific tools**

**Five Million Lives campaign**
Link to Institute for Healthcare Improvement (IHI) protecting five million lives from harm campaign, in particular the interventions to reduce MRSA, pressure ulcers, surgical complications, etc.
http://www.ihi.org/IHI/Programs/Campaign/Campaign.htm?TabId=2

**Statistical process control (SPC)**
Statistical process control (SPC) is a practical approach to resolving problems. If you do any type of measurement to help gather information and find a solution, this is the tool you should use.
Key challenge 18
Acute care focus

**Trigger Tool (NHS TT)**
The NHS Trigger Tool measures patient harm caused by healthcare. It is a means to calculate the adverse event rate and identify the areas of care where most harm is occurring. Use at this stage to provide a baseline. This then allows you to establish whether as an organisation you are improving, getting safer and becoming more reliable.

**Doctors in training (BaSIS)**
The Building Safety Improvement Skills (BaSIS) programme aims to offer a set of improvement skills and a level of understanding about harm to equip junior doctors to lead improvement. After the initial contact days, participants undertake a project which they present back to the group several weeks later.
The programme demonstrates the value of improvement science in a practical way and shows junior doctors how they can lead real improvements in the way care is delivered.

**Patient Safety Leaders (PSL) programme**
The primary aim of the Patient Safety Leaders (PSL) programme is to increase patient safety improvement capability at an operational level by supporting PSLs to understand how they can help reduce harm. Delegates are tasked with undertaking a safety improvement project in their own organisation with the learning and impact being shared.

**Advanced Improvement for Quality and Safety (AIQS)**
Advanced Improvement for Quality and Safety (AIQS) develops current leaders in improvement and patient safety. The objective is to enable individuals to understand and articulate the relationships between improvement theory and practice and to develop demonstrable skills of leading improvement projects with a range of methods and tools.
Key challenge 18
Acute care focus

The Improvement Faculty
The Improvement Faculty aims to increase patient safety and the quality of care provided to patients by supporting and developing the practice of service improvement. The activities of the faculty facilitate learning and maximise the adoption of best practice. The faculty develops and disseminates the growing body of knowledge and evidence about proven approaches to improvement in patient safety and quality.

SBAR communication tool
SBAR is an easy to remember mechanism that can be used to frame conversations, especially critical ones, requiring a clinician’s immediate attention and action.

Originally developed by the US Navy, this tool was first modified by Kaiser Permanente, USA, and is now used extensively in healthcare. It enables you to clarify what information should be communicated between members of the team and how to communicate it. It can also help you to develop teamwork and foster a culture of patient safety. Teaching aids including e-learning, prompt cards and DVDs are available to help organisations introduce and embed the use of the tool in handovers, briefings and the escalation of clinical problems.

Trigger Tool (NHS TT)
The NHS Trigger Tool measures patient harm caused by healthcare. It is a means to calculate the adverse event rate and identify the areas of care where most harm is occurring. Regular use of the Trigger Tool gives your organisation a rate of harm and insights into the reliability and sustainability of your improvement efforts.
Key challenge 19
Primary care focus

This package will help you to explore ways of improving your services with an emphasis on patient safety and reducing avoidable harm in a primary care setting.
Key challenge 19
Primary care focus

Engagement toolkit with case study examples
A prototype developed as part of the NHS Institute’s Health Care Associated Infection (HCAI) programme. Consider using to increase engagement.

Essential Steps to Safe Clean Care
A series of self-assessment tools and other documents to help staff reduce healthcare-associated infections in various settings, including mental health trusts, primary care trusts, independent healthcare, care homes, hospices, GP practices and ambulance services.

Leading Improvement in Patient Safety in Primary Care
The Leading Improvement in Patient Safety (LIPS) programme in primary care creates expertise in understanding the causes of harm and identifying gaps in the processes which lead to adverse events. The programme builds the passion, confidence and skills of staff within the practice. It is intended for GPs, nurse practitioners and practice nurses. Consider joining to get the maximum benefit from the programme which is taught and facilitated by GPs and other experts in safety improvement.

NHS Trigger Tool (Primary Care)
The NHS Trigger Tool measures patient harm caused by healthcare. It is a means to calculate the adverse event rate and identify the areas of care where most harm is occurring.
**Key challenge 19**

**Primary care focus**

---

**Root cause analysis using five whys**

By repeatedly asking the question ‘why?’ you can peel away the layers of an issue, just like the layers of an onion, which can lead you to the root cause of a problem.

---

**NHS Trigger Tool (Primary Care)**

The NHS Trigger Tool measures patient harm caused by healthcare. It is a means to calculate the adverse event rate and identify the areas of care where most harm is occurring. It informs priorities for action and measures improvements over time.

---

**NHS Trigger Tool Portal**

The Trigger Tool Portal is tailored to different clinical settings. This web-based data collection tool allows clinicians to capture their data and explore it in detail. This unique analysis capability will help focus service improvement efforts to reduce harm. Statistical process control (SPC) charts are automatically generated to illustrate the results of analysis and can be exported for inclusion in reports and presentations.

---

**No specific tools**

---

**NHS Trigger Tool (Primary Care)**

The NHS Trigger Tool measures patient harm caused by healthcare. It is a means to calculate the adverse event rate and identify the areas of care where most harm is occurring. Use at this stage to provide a baseline. This then allows you to establish whether as an organisation you are improving, getting safer and becoming more reliable.
Patient safety

Advanced Improvement for Quality and Safety (AIQS)
Advanced Improvement for Quality and Safety (AIQS) develops current leaders in improvement and patient safety. The objective is to enable individuals to understand and articulate the relationships between improvement theory and practice and to develop demonstrable skills of leading improvement projects with a range of methods and tools.

The Improvement Faculty
The Improvement Faculty aims to increase patient safety and the quality of care provided to patients by supporting and developing the practice of service improvement. The activities of the faculty facilitate learning and maximise the adoption of best practice.

The faculty develops and disseminates the growing body of knowledge and evidence about proven approaches to improvement in patient safety and quality.

SBAR communication tool
SBAR is an easy to remember mechanism that can be used to frame conversations, especially critical ones, requiring a clinician’s immediate attention and action.

Originally developed by the US Navy, this tool was first modified by Kaiser Permanente, USA, and is now used extensively in healthcare. It enables you to clarify what information should be communicated between members of the team and how to communicate it. It can also help you to develop teamwork and foster a culture of patient safety. Teaching aides including e-learning, prompt cards and DVDs are available to help organisations introduce and embed the use of the tool in handovers, briefings and the escalation of clinical problems.
To find out more about the NHS Institute for Innovation and Improvement email: enquiries@institute.nhs.uk
You can also visit our website at www.institute.nhs.uk
If you require further copies quote IL009.

Contact:
New Audience Limited,
Unit 26,
Empire Industrial Estate,
Empire Close,
Aldridge,
West Midlands,
WS9 8UQ
Tel: 01922 742 555
Email: institute@newaudience.co.uk

NHS Institute for Innovation and Improvement
Coventry House,
University of Warwick,
Coventry,
CV4 7AL
Tel: 0800 555 550
© NHS Institute for Innovation and Improvement 2009. All Rights Reserved