NHS
Modernisation Agency

Series 3

Improvement Leaders' Guide to
Working with groups

Welcome to the third series of the Improvement Leaders' Guides.

It is over a year now since series 1 and 2 were published and I am pleased to say they are really popular. Over 75,000 sets have been requested and distributed and the feedback has been excellent.

"Your guides are great - thank you to those who produced them!"
GP, Sheffield

"These guides are so good that someone has walked off with my copy."
PCT Manager, Hampshire

"The Improvement Leaders' Guides are a fantastic resource!"
Pharmacist, Oxford

The Improvement Leaders' Guides are designed for Improvement Leaders at every level in health and social care, on the frontline just as much as in the boardroom. They contain advice and information on improvement tools, techniques and skills that have been used and found invaluable by clinical teams. The Improvement Leaders' Guides are written so that they are useful for everyone in any role or profession in any part of the care journey.

The titles in this series have been developed in response to your requests. They are about working with **groups**, building and nurturing a **culture** for improvement, working in **systems** and redesigning **roles**. These four new Improvement Leaders' Guides, along with series 1 and 2, are just one part of our work to build a Discipline of Improvement in Health and Social Care - so that every single person is capable, enabled and encouraged to improve their part of the service.

'Pick and mix' the ideas in this and the other guides however you want, in whatever way is right for you, your colleagues, your organisation and, most importantly, the people who need your skills and care.

David Fillingham,
Director NHS Modernisation Agency

Foreword

Please complete this short questionnaire and return to:

Improvement Leaders' Guides
Innovation and Knowledge Group
NHS Modernisation Agency
St John's House
East Street
Leicester
LE1 6NB

Please tick the one box that applies to each guide

Improvement Leaders' Guide to:	I do not have this guide	I have it but have not read it	I have read it but have never used the advice	I have read it and used the advice a few times	I have read it and used the advice many times
Series 1					
Process mapping, analysis and redesign					
Measurement for improvement					
Matching capacity and demand					
Series 2					
Managing the human dimensions of change					
Involving patients and carers					
Spread and sustainability					
Setting up a collaborative programme					
Series 3					
Working with groups					
Building and nurturing a culture of improvement					
Working in systems					
Redesigning roles					

Please make any additional comments about the Improvement Leaders' Guides

Role

Type of organisation (Hospital, GP surgery, PCT etc)

Contact email (optional)

Collectively the Improvement Leaders' Guides form a set of principles for creating the best conditions for improvement in health and social care. The greatest benefit will be achieved when they are used to support a programme of training in improvement techniques. Use this guide with the others. They are intended to be complementary and will each give you a range of ideas, tools and techniques for improvement.

Improvement Leaders' Guides

Where should I start?
The guides are not sequential and ideally you should read them all to be aware of the tools and techniques in all the guides.

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
- guidance on where to go for more information

Series 1: Improvement Leaders' Guide to...
• Process mapping, analysis and redesign www.modern.nhs.uk/improvementguides/process   • Measurement for improvement www.modern.nhs.uk/improvementguides/measurement   • Matching capacity and demand www.modern.nhs.uk/improvementguides/capacity

Series 2: Improvement Leaders' Guide to...
• Involving patients and carers www.modern.nhs.uk/improvementguides/patients   • Managing the human dimensions of change www.modern.nhs.uk/improvementguides/human   • Sustainability and spread www.modern.nhs.uk/improvementguides/sustainability

Available separately: Improvement Leaders' Guide to...
• Setting up a collaborative programme www.modern.nhs.uk/improvementguides/collaborative

Series 3: Improvement Leaders' Guide to...	
Working in systems www.modern.nhs.uk/ improvementguides/ systems	None of us work in isolation. There are many people and organisations within and outside the NHS who contribute to patients' experience and care. If our goal is to improve the whole patient experience in this increasingly complex world, we need to work with all our partners to find ways to develop long term sustainable improvements.
Building and nurturing an improvement culture www.modern.nhs.uk/ improvementguides/ culture	To talk about culture is to talk about how people go about their work and how they think and behave. A culture that supports improvement believes in putting the patient at the centre and in the power of human potential, innovation, learning, team working, communication and trust. This sort of culture in a team or organisation does not necessarily just happen: it needs to be nurtured and helped in order to develop.
Working with groups www.modern.nhs.uk/ improvementguides/ groups	When you are asked to lead or facilitate an improvement group meeting there are so many questions; what should I do, who will be there, how do I involve everyone, what do we want out of our group meeting? This guide gives you some practical tips to help you prepare and ideas of what to do.
Redesigning roles www.modern.nhs.uk/ improvementguides/ roles	Role redesign is about making services better for patients and staff. This guide will help you create a motivated and skilled workforce that works together to provide high quality care that is safe, effective, patient centred, timely and efficient.

A few additional thoughts:

The guides are based on current thinking and experience
Be aware that this is constantly changing. Check for the latest thinking on the NHS Modernisation Agency website www.modern.nhs.uk

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 service. Make contact with them to form a 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 .

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

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, by emailing us at improvementguides@npat.nhs.uk
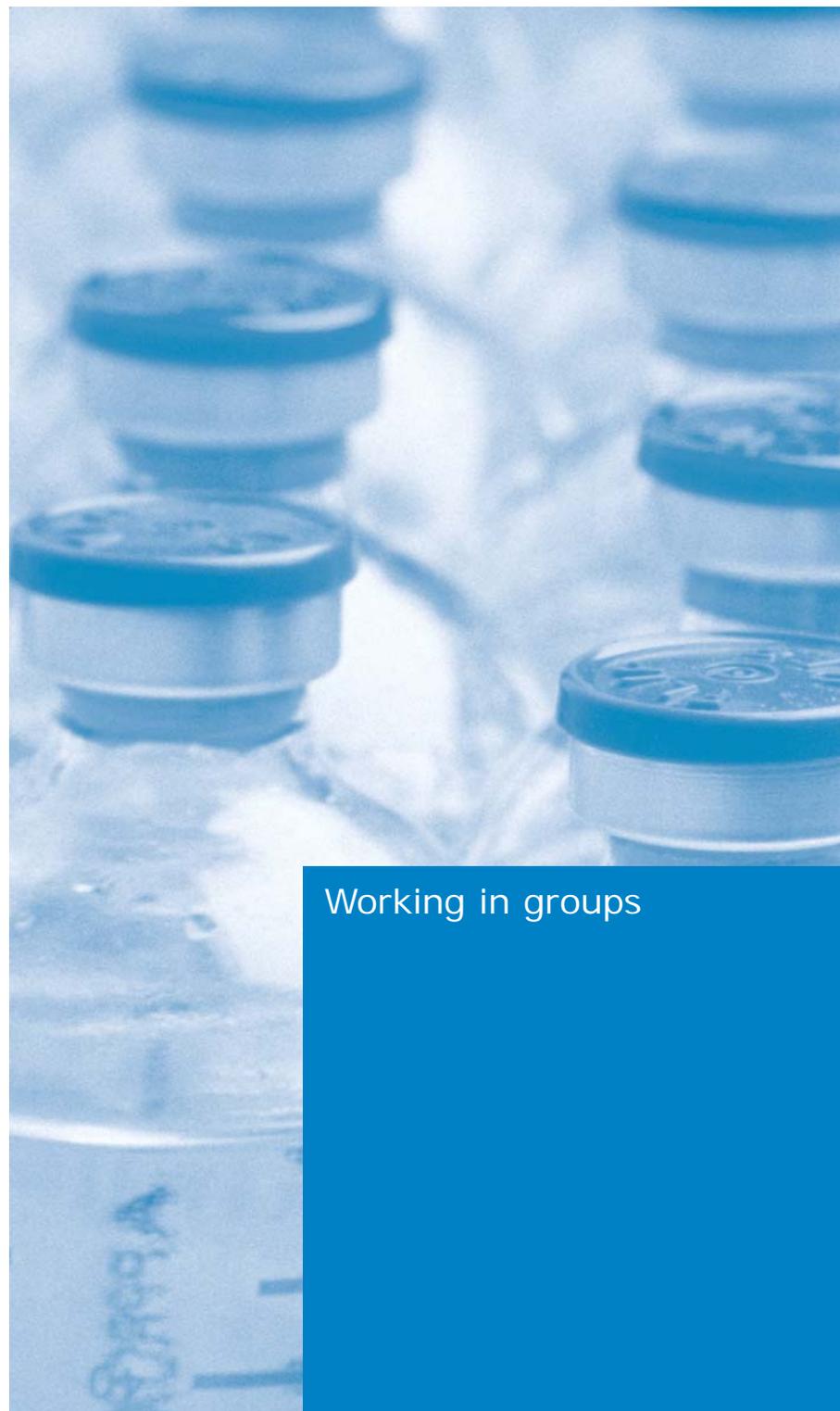
Working in groups

Contents

> **Facilitation is the art and science of helping groups in their thinking, planning and decision making.**

1. What is meant by working with groups and why is it important for my improvement work?

1.1. Why do I need to read this guide?

One of the key things about improvement work is to get people together to talk about how to make things better for users, patients and carers. This involves working with groups and you may at some time be asked to lead or facilitate a group meeting or workshop.

If you are new to this sort of work you will probably have lots of questions such as:
• what do I need to do?
• who should be there?
• how do I involve everyone?
• what do we want out of our group meeting?

There are no easy 'off the shelf' answers as you are the person who best knows the people, the service and what you want to achieve. However with a bit of preparation you can make the group meeting good for everyone whatever your current role or professional background.

As you read this guide, think about your role, your relationship with the group and its work:
• are you clear about the anticipated outcomes and specific questions on which the group will focus? Who are you linking with for this improvement work? Is the work of the group part of an organisational or national programme?
• are you normally part of the group and know the individuals and their work really well or are you to be an 'external' facilitator?
• are you the group leader? If not what is your relationship with the person who leads the group you are going to work with?

This guide will give you things to consider and lots of practical tips:
• advice to help you prepare for group meetings
• tools and techniques for you to choose from according to how you want your facilitated group meeting to run
• an example of how to put the tools and techniques together for a series of facilitated improvement workshops

1.2. What are the characteristics of effective groups?

We are all involved in group meetings and have been since we were very young:
• think about the groups you were involved in as a child: the brownies, the scouts, your 'gang' of friends or the youth club. What made you want to go back and continue being part of the group or did you leave after just a few meetings?
• now think of different group meetings at work; did you feel bored or excited about what was being discussed? Did you feel involved or left out?
• think of the people who led these groups; did you like them? Did they make you feel important? Did you feel they were 'in control'?

Task
Think of two groups you have been involved in: one that you enjoyed and one that you did not. Make notes about your experiences. It does not matter if it was a work group or a social group.

A group you enjoyed	A group you did not enjoy
What made you enjoy it?	What made you not enjoy it?

There has been much work into the characteristics of effective groups. Check this list against your own experiences.

In an effective group:
• the task, objective or the reason for people to meet is well understood by everyone
• the atmosphere of the group tends to be informal, comfortable and relaxed
• there is much discussion in which everyone participates
• everyone listens to each other
• people are free in expressing their feelings as well as ideas
• disagreement and criticism is frequent and frank but the group is comfortable with this and shows no signs of avoiding the conflict
• decisions are reached by a consensus in which it is clear that everyone is in general agreement
• when action is taken, clear assignments are made and accepted
• the leader of the group does not dominate but is in control

By contrast, badly run group meetings will:
• be dominated by a few individuals and their perspectives
• never hear the ideas and comments from the quiet members
• take too long to get to the real agenda
• have no follow up actions

Be clear about

• **goals: are they the same for everyone?**
• **roles: what do you want people to do?**
• **procedure: how are things going to happen?**

Is everyone expecting the same thing?

1.3 Where do I start?

Ask yourself the following questions. Consider the type of group meeting you have in mind and what you want to achieve.
• **formality**: do you need a formal group, formed to accomplish a specific task or an informal group which is more spontaneous and which evolves more naturally?
• **climate**: how close and friendly or casual should the group interaction be?
• **participation:** what should the interaction be like? How much and what type of participation do you want?
• **conflict**: how will you deal with conflicts and disagreements?
• **decision**: how will decisions be made and by whom?
• **division of labour**: how will tasks be assigned and subgroups formed?
• **leadership:** how is the group leader or facilitator elected and what is their function? Is the meeting to be facilitated or chaired?
• **communication**: what channels are preferred and how is the group networked? Do they prefer face-to-face meetings, phone calls or email?
• **evaluation**: how will progress be monitored, checked, evaluated and how is feedback provided?

Stages of group development

Forming	Storming	Norming	Performing	Adjourning
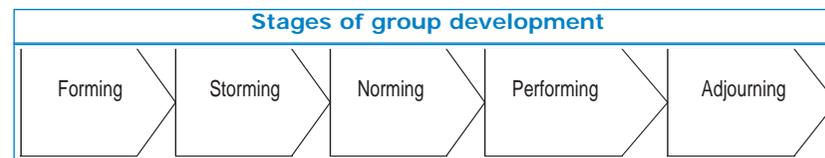
1.4 Be ready for the different stages as the group develops

Whatever the group and however long it is due to work together, be aware that groups usually go through a series of stages before becoming really effective. Remember this is not a simple linear process and new people may cause the group to go back to the beginning.

Forming
Effort at this stage is spent on defining goals. At this stage individuals may be confused as to why they are in the group and be trying to size up the personal benefits relative to the personal costs of being involved. They may be keeping their feelings to themselves.

Storming
This is the stage when team members test each other. They question values, behaviours, tasks and relative priorities of the goals, as well as who is to be responsible for what. There may also be questioning of the guidance and direction of the leader and some members may withdraw and isolate themselves either from the emotional tension or because they recognise that their values, beliefs and skills don't fit.
If the storming is not allowed to happen, the team may never perform well. It is a healthy process in which a team evolves with a common set of values, beliefs and goals.

Norming
This is when behaviour progressively develops into an acceptance of differences of opinion and the ground rules and the decision making processes are accepted. This is the time when individuals in the group 'value the difference' that others bring. See Improvement Leaders' Guides to managing the human dimensions of change www.modern.nhs.uk/ improvementguides/human

Performing
During this stage, the group effectively and efficiently works together and towards the goals. The group and individuals learn and develop together. You could describe it as 'less me, more we'!

Adjourning
This is the end of the working life of the group. Some groups such as improvement project teams are created to work with specific problems for a set time e.g. six months or a year. They should have a well defined and managed ending where group members know what to expect and are helped to deal with it and move on. Sometimes members feel sad, nostalgic and 'mourn' the end of the group.

Remember
The emotional experience is just as important as the intellectual experience. Encourage the members of the group to take time out of the process, to stand back and ask themselves privately: How am I feeling at the moment; angry, frightened, excited, pleased, joyful, friendly?

Task

Which of these could be seen as a good group experience:
• one in which the group reported that all the objectives had been met?
• one in which the group reported that all the objectives had been met but every individual felt railroaded and threatened?
• one in which the group reported that the objectives had not been met?
• one in which the group reported that the objectives had not been met but they had a better understanding of themselves, each other and the problem?

2. Preparing for a facilitated group meeting

Facilitating meetings or workshops are an increasingly important part of bringing about improvement in health and social care. Why? Because there is a growing awareness that we all like to influence the world around us and that groups, when well managed, can unleash a wonderful enthusiasm for doing things differently.

A successfully facilitated meeting should help a group get further, faster in a more focused way and hopefully it should be fun.
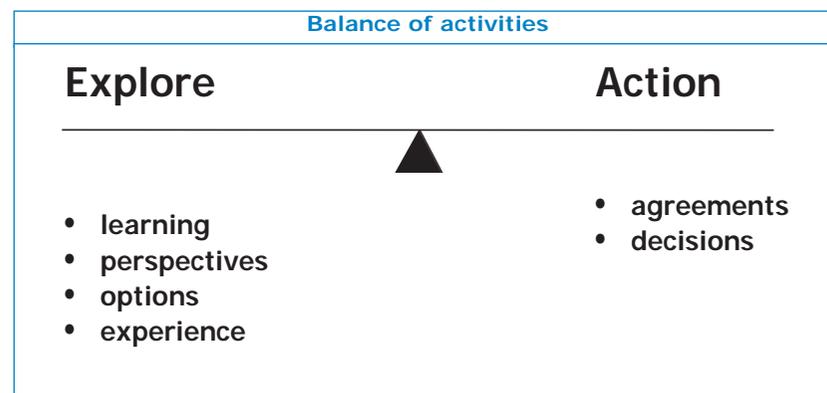
Prepare for success by working through: **Design**, **Dry run**, **Do it** and **Debrief**.

2.1 When do I need a facilitated group meeting?

A simple rule of thumb says you need it when there is low certainty and low agreement among the key players on an important issue. If you are sure that everyone is certain and agrees on the right way forward, you probably do not need a meeting so JUST DO IT!!!

2.2 What do I want out of the group meeting?

Be very clear on the purpose of a facilitated meeting or workshop. Generally, you will want your facilitated meetings to either provoke conversations, agree actions or both. Think carefully as different facilitation skills and tools are needed in facilitation for exploration and learning, compared with facilitating for action and agreement.

Balance of activities

Explore   **Action**

• **learning**
• **perspectives**
• **options**
• **experience**

• **agreements**
• **decisions**

2.3 How do I design a facilitated group meeting?

This is probably the most important stage. Work on this well before the meeting, this way there will be no 'surprises' on the day. You need to think carefully about:
- what is expected and is it realistic given the group and the time you have?
- clarifying the aims, anticipated outcomes and agreeing the specific question on which you will focus
- checking out and enlisting the help of the key people and a sample of the participants to find out about their history, problems and expectations
- choosing the right style of event and planing the agenda
- agreeing dates, location, room, layout, seating, refreshments, etc (see the preparation checklist in section 5.8)
- how you can use those with experience, skills and knowledge
- preparation or pre reading for participants, for example should they be asked to read Series 1, 2 & 3 of the Improvement Leaders' Guides www.modern.nhs.uk/ improvementguides
- choosing the right group activities. There are some activities you may find helpful in section 4 of this guide
- agreeing draft ground rules: There are different ways to do this. You could get the group to develop their own but this takes time. Another way is to suggest pre prepared ground rules as a starting point and ask the group for any additional points or things they do not agree with
- evaluating and learning from the process impact and outcomes of the meeting

There is a lot of useful information about designing meetings in the Improvement Leaders' Guide to setting up a collaborative programme www.modern.nhs.uk/ improvementguides/collaborative

Example of ground rules

- listen to others and value the diversity of opinions in the group
- be constructive
- value the differences: there are no right or wrongs, no good or bad
- be open and honest and recognise confidentiality (if appropriate)
- recognise that this is the start of an improvement journey, not a destination
- keep to agreed times, especially start and finish

Ground rules should say what is required, what is prohibited, and what is allowed. They are the 'simple rules' for your meeting. See the Improvement Leaders' Guide to working in systems section 3.5 www.modern.nhs.uk/improvementguides/systems

Enlist the help of a **design team**. This is a group of 5 to 15 people representing the participants of all levels and professions. For each meeting, the design team should consider the following:

Designing a meeting	
Purpose	• what are the objectives and how do they relate to the overall goals of the department, organisation or improvement programme? • how will the meeting transform the inputs into the desired outcomes? • what will be different because this meeting took place?
Inputs	• who are the invited participants? • who will be the facilitator, speakers, chair, etc and who will brief them? • what are the concerns, issues, desires and motives of both participants and the organisers?
Activities (process)	• what set of activities will produce the purpose and achieve the outcome? Consider discussions, information sharing, group work • how do we accommodate different learning styles?
Outcomes	• what are the desired ideas, mood, plans, and attitudes of the participants when they leave? • how will you evaluate?

Then for each activity on the agenda or plan for the day, think carefully about each of the following aspects. You need to decide who from the design team will do what to prepare for the meeting and each activity.

Time	Title	Who	Format	What is needed	Objective
Start and end of each activity	Say what participants can expect	Who is to lead each activity and what is their role? Who will be in supporting roles?	Plenary, table work, group, discussion etc	Flip charts, pens, post-it notes, etc	What is the objective and how does it contribute to the goal of the whole meeting?

Case study
Using a 'Design Team' to plan and deliver events

Members of the NHS Modernisation Agency's Critical Care National Programme Team looked for a new way of involving key stakeholders in the planning and execution of their national sharing event. The resulting 'Design Team' consisted of volunteers from the programme's service improvement network teams across England. Members attended monthly meetings and contributed their ideas, support and enthusiasm. An event plan was updated after each meeting and used as the main tool for problem solving and communication. The banner headline '**Sharing without Walls**' was suggested by a member of the team and was one of many good ideas that contributed to the success of the event.

Advantages of design teams
- teams are inclusive and democratic
- talent can be identified and nurtured
- members are exposed to new experiences and processes
- teams provide an excellent quality assurance mechanism
- planning is kept tight and on time
- new ideas are revealed
- unlikely sources of help are identified
- members can gain confidence to run their own events
- teams provide an excellent arena for testing different project management methods
- communication is improved
- 'buy-in' is increased
- teams ensure that the event agenda is relevant

Disadvantages of design teams
- reasonably heavy time commitment
- travel constraints can be frustrating
- there is some repetition, if membership constantly changes
- confusion and conflict can result if badly facilitated or chaired

Note: look at section 3.6 for alternatives to same time and place meetings

2.4 Why should I do a 'dry run'?

We would recommend that you try out any tools and techniques new to you in advance of a meeting or workshop. Try it out with family, friends or a group you know really well. The need for a dry run and the amount of effort to devote depends on your experience and confidence as a facilitator, the techniques that you intend to use, and on the importance of the event.

2.5 How do I actually do it?

The role of a facilitator is an interesting one. The group process places the facilitator as part of the group but at the same time the facilitator should be separate from it. It is essential therefore that the facilitator establishes clear boundaries both for themselves and with the group they are working with.

Should it really be you?
Choosing who to facilitate a meeting is crucial and the decision will be influenced by many factors including the importance and difficulty of event, the participants and the allocated budget. It is alright to facilitate a group of which you are a member but increasingly, people are realising the value of having an independent or '**external**' facilitator. This person is not necessarily a paid consultant but may be a more impartial colleague from another part of the same organisation. The main thing is to think carefully about the relationship of the chosen facilitator with the group and the effect this may have.

2.5.1 Whoever facilitates remember:
- facilitation is hard work so we advise you to have a supporting colleague with you
- listen, acknowledge ideas and capture all suggestions and comments made from each person
- observe all non-verbal communication
- notice the energy levels and take a short break or change the activity if energy levels are low
- start and finish on time including breaks - if you really need to run over, only do it with the consent of the group

2.5.2 Handling the discussion
- never colour your facilitation with your own views - this is the best way to lose the group's confidence
- clarify each point because if you don't understand a comment made, others in the group may not either
- help the group spot connections and overall themes
- summarise using the words of the participants, check it back and record it even if it seems odd to you. Avoid biased or selective summarising
- probe general statements such as "we need improved communication" or " I want better quality of care" by asking for examples to explain. Read Active Listening in section 3.7 in Improvement Leaders' Guide to managing the human dimensions of change www.modern.nhs.uk/ improvementguides/human

- avoid 'death by feedback' by keeping feedback from group activities short. Set a time limit and keep to it
- think about the pace, direction and mood:
  - move the group on when stuck on one issue
  - remind the group often of the question being discussed
  - keep an eye on the time - be ready for midway programme redesign if needed

2.5.3 Drawing to a close
Often the facilitator will hand this part back to the chair or leader. This is all part of developing and emphasising ownership. Leave enough time to:
- replay to the group what they have been doing: the initial objectives, starting point, questions, themes of discussion and the activities
- agree and record the actions and 'what's next' including how the notes of the session are going to be circulated
- gain immediate feedback by asking the group:
  - did it meet your expectations?
  - did it meet the objectives of the session?
  - what would you have liked to be different?
  - what would you have liked more of?
  - what would you have liked less of?
  - what have you learnt?
  - is there anything that you are still concerned or confused about?

2.6 Debrief, review and evaluation

This is important as you need to understand the impact and contributions the group meeting has made to the improvement aim and also to learn for the future.

There are two types of evaluation approaches you need to consider.
- **formative approaches** which gauge the contribution of activities during the programme. They focus on the process
- **summative approaches** which gauge the contribution of the activities at the end of the programme. They focus on the outcomes

Pay careful attention to the evaluation in advance and plan what you are going to do. For more information on evaluating your meeting look at the Improvement Leaders' Guide to setting up a collaborative programme (section 4.6) www.modern.nhs.uk/improvementguides/collaborative

For yourself
You also need to capture your own reflections. Ask yourself:
- what was going on?
- what did you see and hear?
- how did you feel?
- what meaning do you make of your thoughts and feelings?
- how can you build on this for next time?

Treat each session you facilitate as your own private PDSA cycle (section 4.8).
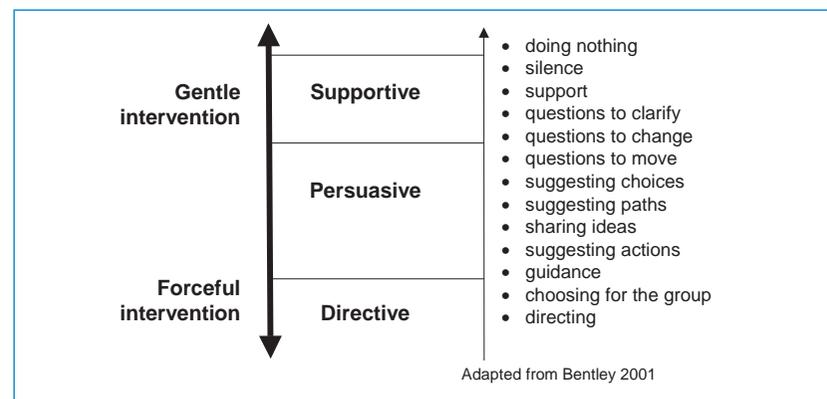
Health warning

An unnecessary meeting, poorly handled can cause damage no matter how good the intention. Some cautionary questions to reflect on:
- what outcomes are desired?
- is a facilitated meeting the best way of achieving the desired outcomes?
- how long is needed?
- who should be there?
- who has the necessary skills?

3. Facilitating a group meeting

3.1 What facilitation style should I use?

There are various facilitation styles you can use ranging from doing nothing to directing a group. It is important for the facilitator to ensure that a balance is maintained between the different styles. Too much direction leads to a loss of group ownership of the process and outcomes but too little direction can lead to confusion and frustration. The overall objective of the facilitated group meeting, the group profile and your own personal preferences will all help to determine your facilitation style.

Gentle intervention — Supportive
- doing nothing
- silence
- support
- questions to clarify
- questions to change
- questions to move

Persuasive
- suggesting choices
- suggesting paths
- sharing ideas
- suggesting actions
- guidance

Forceful intervention — Directive
- choosing for the group
- directing

Adapted from Bentley 2001

3.2 What is the profile of the group?

Well before the group meets, do your homework about the group and the invited participants. Consider:
- how large will this group be?
- is this a team or a group of individuals? What is their relationship to each other?
- do you know:
  - what each participant will bring to the meeting in skills, knowledge and experience?
  - what each participant is expecting to take away from the meeting?
- who are the opinion leaders and key stakeholders and are they all going to be there?
- is this group meeting part of a series or is it a one off event?
- how will interested people, not present on the day, be identified and engaged?
- what type of facilitation is expected? Does this match with what is required?
- how will the group decide whether they have achieved what they wanted to achieve?

3.4 What are the different stages of contact?

The group and facilitator will move through different levels of contact. You may very well change your style at the different stages.

Think about the individuals:
- what might people want and what will they not want?
- how will they feel being with the others in the group?
- do they actually want to be there as part of the group?

3.3 What are my own personal preferences?

The key to being an effective facilitator is to be able to adapt and flex your style so that you can communicate and make an emotional and psychological link with everyone there. It is therefore so important to be aware of your own personal style and preferences.

Have a go at the communication questionnaire in section 4.1. We also strongly recommend that you read the Improvement Leaders' Guide to managing the human dimensions of change www.modern.nhs.uk/ improvementguides/human. Here you will find lots of useful tools and techniques to understand yourself and how you can work more effectively with others.

Pre contact: This begins with the request for facilitation. At this stage, depending on your experience you will probably need to be quite persuasive or even directive in making initial recommendations about the process and organisation. See section 2.3 for designing your facilitated group meeting.

Contact: This is the first face to face engagement for the facilitator and the group. The effect of this contact will vary with different individuals in the group. You can probably remember a time when your first impressions of a facilitator were either very good or not very good from the first few minutes. Participants will form opinions quickly, so think carefully about:
- how you wish to appear
- how you introduce yourself
- how you present and gain agreement for the suggested ground rules
- how you state the aim of the session and its place in the bigger picture
- your first activity and if you should use an ice breaker? (see section 6)
- how you get participants to introduce themselves

> **Remember: You never have a second chance to make a first impression**

Full contact: This is the stage when there is meaningful discussion and debate. There may also be disagreement and conflict. Your style and what is required from you as the facilitator at this stage will definitely depend on how the group is working together. Be prepared to change your style and plans at short notice!

Post contact: This happens after the meeting when the facilitator needs to debrief, review and evaluate. You will either do this with the design team or the group leaders. Don't forget your self-reflection as part of the debrief. Look again at section 2.6. Remember to agree exactly what is required and expected from you and others as post workshop support.
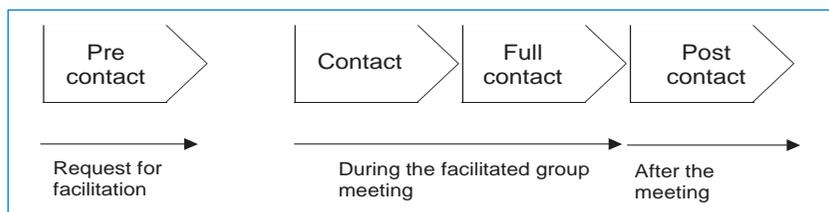
3.5 Who should lead the group?

Be careful that the group does not become dependent on the facilitator. The aim should be for the group to be self-sufficient with the existing leadership and to manage its own agenda.

Working with groups of leaders
The nature of group working means that people often come together out of interest or expertise in a given area. These groups, formed across departmental or organisational boundaries, bring together people of different professions and roles to improve the patient journey and learn together. These groups will be full of leaders and the skill of the facilitator is to help them to work together effectively.

Think about ways to:
• involve the leaders in the design team
• show how different parts of the system fit together, interrelate and are equally important
• raise the awareness and debate about leadership within the group. Help everyone to understand that in groups, especially large groups, leadership is usually a shared responsibility
• use the questionnaire in section 4.1 to help people think about their own communication style and the preferred style of others
• make sure that all communication is clear and necessary

3.6 Alternatives to 'same time and same place' meetings

There is often a need for quite large groups to work together over a set period of time.

This causes challenges as we are conditioned into working in a 'face to face' manner and the answer to many improvement initiatives is to 'have a meeting'. This means people leaving their place of work and travelling to be together. This causes a struggle to allocate the time from busy days. It becomes much harder to bring everyone together when the size of the group grows and we work with people from different departments, organisations or even different parts of the country.

Technology can help. It works best when members of the group have met face to face at least once, and are at the performing stage (see section 1.4). This means the group is well organised, understands its purpose and is developing well.

If the group is not well developed it may make things worse, so beware!

Model for the use of time and place	
Quadrant 1 same place same time • meetings • workshops	**Quadrant 2** same place any time • notice boards, etc
Quadrant 3 any place same time • telephone conference calls • video conference • chat room technology • 'sharing' software	**Quadrant 4** any place any time • e-mail • e-bulletin and discussion boards • digital workspaces

This model gives you, as the leader or facilitator, a map of the use of time and place. Use it to discuss with the group how they can work together to complete the task they have agreed. The technology is available within the NHS, but some staff do not have access to all of it, so agree with the group, what is possible.

Taking this approach the group can develop a communication and connection strategy, that allows them to work in ways that is not just face to face in the same time and place. The benefits of this approach means that long delays while arranging meetings can be reduced.

None of these technologies are perfect, they all have their draw backs, but they offer real opportunities to work with people in different ways that can make life a lot easier.

For all of these technologies you need to talk to the people in your organisation who look after the telephone services or the IT. They will know what is available, what is being planned and be able to recommend how you can arrange to use it.

3.6.1 Any place / same time technology

- telephone conferencing: this is easy to set up and relatively inexpensive. Many companies offer this service
- video conferencing: this needs more specialised equipment but more organisations are installing video conferencing facilities
- chat room technology: this is also very inexpensive and enables people to interact and solve simple problems. Some people seem to prefer this to the noise of telephone conferencing
- there is software that allows groups of people to share documents, view presentations and chat at the same time, it is highly effective in improving the collaborative actions of a group. Many applications are available and may be already preinstalled on many computers

3.6.2 Any place / any time technology

- email: we are all a lot more confident about using email technology. However you often can get 'lost' in the volume of emails that you receive each day. You can also lose the context of the messages if you are unable to access your messages for any time
- electronic bulletin and discussion boards: these are particularly helpful for solving simple problems, asking questions and making connections
- digital workspaces: these are relatively cheap and are secure allowing people to work together in a digital environment, sharing documents and information and working on joint problems

Case study
Development of Improvement Leaders' Guides

The development of this and the previous series of Improvement Leaders' Guides has been achieved by using various 'any place' technologies. The design teams are groups of busy individuals spread around the country and even abroad. The project lead and project manager have worked with all the guides but other group members have varied.
The groups rarely met face to face. Instead they worked with emails, conference calls and secure dedicated Internet sites to share ideas and draft documents. Overall it has been a huge learning experience for everyone involved about how groups can work in different ways to achieve maximum effectiveness.

4. Activities to support working with groups

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 styles

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 those differences to ensure the best possible outcome. What follows are only a few of the many activities you can use so don't be afraid to find and try out new ideas. Make sure you look at the other Improvement Leaders' Guides for other activities to use.

	Suggested activities	Tools to help you	Use the other Improvement Leaders' Guides as a sources of tools, techniques and activities
4.1	• communication questionnaire	prepare	Improvement Leaders' Guides to: • Managing the human dimensions of change • Setting up a collaborative programme • Building and nurturing an improvement culture • Working in systems
4.2	• assessing cause and effect	analyse	Improvement Leaders' Guides to: • Process mapping, analysis and redesign • Involving patients and carers • Redesigning roles
4.3 4.4 4.5	• trios • station rounds • encourage creativity	generate ideas	Improvement Leaders' Guides to: • Matching capacity and demand • Redesigning roles
4.6 4.7	• evaluating options and ideas • action planning	plan actions	Improvement Leaders' Guides to: • Measurement for improvement • Spread and sustainability
4.8	• model for improvement	set aims, measures, targets and use PDSA cycles to test change ideas	Improvement Leaders' Guides to: • Process mapping, analysis and redesign • Measurement for improvement

4.1 Communication questionnaire

People have different preferences for how they communicate and how they wish to be communicated with. When working with groups, it is important to consider the different needs and styles. You should also be aware of your own style and biases and try to understand and relate to those who may have styles that are different to yours.

Aim
To help you or members of a group to:
• identify preferences in communication
• understand how this might be seen by others
• recognise and value differences

How to use
Work your way through the four stages;
   4.1.1 complete the communication questionnaire
   4.1.2 score your responses on the response sheet
   4.1.3 consider the descriptions
   4.1.4 consider the implications

Learning points
• remember to see the person not a 'name badge'
• there are no 'right or wrong' answers, no 'better or worse styles': just differences

4.1.1 Complete the questionnaire
• find a quiet space where you will not be disturbed
• work your way through the communication questionnaire (page 28 and 29)
• consider each statement and answer yes or no
• answer as yourself - not as you think you ought to be or would wish to be, not as a manager, clinician, secretary, partner, mother, father, son, daughter, etc - just be yourself!
• try to give an answer to all the questions
• there is no time limit but do not dwell too long on each question

As you do the questionnaire

Remember: "all models are wrong but some are quite useful."

Use the questionnaire as information to start a dialogue and improve understanding.

4.1.1 Complete the communication questionnaire

	Start Here:	
	Start Here:	
1	Do you think it is a sign of strength not to show emotions during a crisis?	
2	Do you often interrupt people when you think they are incorrect?	
3	Does it annoy you when people try to cheer you up?	
4	If you ask someone to do something and they do it wrong, do you have a go at them?	
5	When others have little to say are you able to keep a conversation going?	
6	Are you proud of your ability to deal with people?	
7	Do tactful people annoy you because you wish people would say exactly what they mean?	
8	When you are down in the dumps, do lively people make you feel even worse?	
9	Do you try to sound confident even when you are unsure about the facts?	
10	Are you impatient with people who like to discuss their motives?	
11	Do you think that your feelings are too deep to discuss with others?	
12	Do you keep quiet when you feel you may offend someone?	
13	Are you diplomatic when you have to tell others to do something against their will?	
14	Does it bother you when others correct your mistakes?	
15	Do you find it difficult to discuss your problems with others?	
16	Are you embarrassed by people who talk about their feelings?	
17	Do you believe people when they ask you if you are all right?	
18	Do you find it hard to admit to your mistakes?	
19	Do you believe that people take advantage of those who are considerate?	
20	Do you value good manners in others?	
21	Do you feel immediately inclined to tell others when something exciting happens to you?	
22	Do you hate to be taken for a ride?	
23	Do you pride yourself on your ability to put up with setbacks?	
24	If someone asked you not to disturb them would you feel hurt?	
25	Are you often first to speak when an opinion is requested?	
26	Do you enjoy being provocative?	
27	Do you think that being blunt is harmful?	
28	Do you get bored with conversations that don't concern you?	
29	Do you feel that people don't understand you?	
30	Do you like to be the centre of attention?	
31	Do you treat conversations as a chance to test your mettle against others?	

32	If a colleague has a different opinion from yours, will you try to win them over to your point of view?	
33	Do you think that people should keep their problems to themselves?	
34	Do you find it hard to keep a secret?	
35	Do you ignore people when they make you angry?	
36	If a colleague is unhappy would you actively discuss their problems?	
37	If you have a problem would you silently worry about it, even during an evening out?	
38	Does it annoy you to hear someone else dominating a conversation?	
39	Do you worry about whether other people like you?	
40	Do you resent being asked what you are thinking or feeling?	
41	Do you think that your colleagues ought to know what makes you tick?	
42	Do you visibly show your emotions?	
43	Would you hate to show your distress in front of a colleague?	
44	When you have some time alone, do you spend much of it on the telephone?	
45	Do you find advice from others irritating?	
46	Will you say almost anything to fill a lull in a conversation?	
47	Do you see it as your responsibility to keep other people happy?	
48	Do you often find other people oversensitive?	

Lilley R., Davies G., Cain B., 1999, The PCG Team Builder
A workbook for the health service and primary care team

4.1.2 Score your responses on the response sheet
• transfer your 'Yes' and 'No' answers for each of the 48 statements to the relevant boxes
• add up the number of 'Yes' answers for each column and write the total in the blank box at the bottom of each column
• each score will represent how you conform to the particular style of communication. If you score six or more 'Yes' answers for a category then this suggests that you have a natural tendency to use this style

Response Sheet

4	2	3	5	1	6
7	9	8	21	10	12
17	14	11	24	16	13
19	18	15	28	23	20
22	25	29	30	33	27
26	32	35	34	36	39
31	38	37	44	40	41
48	45	42	46	43	47

Total number of times you answered yes					
Aggressive	**Dominating**	**Worrying**	**Talkative**	**Quietly Confident**	**Hinting**

4.2.3 Consider the descriptions

Style	Positives	Negatives
Aggressive	Doesn't get pushed around	Uses conversations as a duel to be won
	Clear	Can be argumentative (and likes it)
	Focused	Tries to gain dominance
	Results orientated	
Dominating	Has a view on everything	Can 'put down' less able people
	Usually 'expert' in one area	Takes over conversations
	Can step in and take charge	Not always inclusive of quieter members
	Always joins in	
Worrying	Always makes allowances	Can be negative
	Highly emotional	Appears withdrawn when thinking
	Risk analyser	Needs time to make decision
		Emotionally draining
Talkative	Easy to get on with	Talks too much about nothing
	Lots of friends	Struggles to keep a confidence
	Sociable	Uncomfortable with short silences
	Non-threatening	Talks over quieter members of the group
	Sense of humour	
Quietly confident	Seen as emotionally stable	Can be seen as aloof
	Tower of strength	Takes too much on
	Used as sounding board	Risk of burnout
	Confidential	Can be too self critical
Hinting	Influences from behind	Avoids conflict
	Quiet and thoughtful	Doesn't say what they truly mean
	Gets on with most people	Can be seen as manipulative by more direct communicators

4.1.4 Consider the implications

Consider the implications for your **own development** and facilitation style.
Consider how:
• others may see you
• your style may cause tension for others
• you can use your strengths
• to avoid the traps your style may cause

Look at the other descriptions and consider how you can:
• make others more comfortable
• observe and learn how others respond to you
• make changes to improve communications with individuals who you have the most 'difficulty' with

Consider the implications for **group development.**
Ask each member of the group to consider, as individuals, the questions and then, as a group think about:
• what are the problems and strengths of 'style alike' or 'style different' groups?
• what is our group strength?
• where are the gaps?
• what does this indicate?
• what should we do?

There is a lot more advice in the Improvement Leaders' Guide to managing the human dimensions of change www.modern.nhs.uk/ improvementguides/human

4.2 Assessing cause and effect

Aim
Ishikawa diagrams are used to:
• display cause and effect by stating a problem and listing possible causes and demonstrating the relationships of the possible causes
• ensure that all factors have been considered when analysing a particular problem in depth or thinking through a new idea

Preparation
You will need to think carefully about the 'effect' i.e. the situation, problem under consideration, or new idea.
• discuss, define and agree a draft with the design team before the meeting
• discuss, define and agree with participants at the workshop

How to use
• ensure all participants are clear about the 'effect'
• draw a broad arrow from left to right towards the 'effect' box
• decide on the headings for the branch arrows
• work with each arrow in turn and get the group to list all possible causes or factors on 'post it' notes. Ask participants to place them on the appropriate arrow
• work with each of the branch arrows in turn and group related thoughts
• look for gaps and re-address if necessary

Example of Ishikawa diagram

method   equipment

Effect

environment   people   material

Case study: CT Scanning Midlands

Methods
- some patients on waiting lists no longer need scans
- wasted slots
- scans booked at last minute - patients cannot attend
- patients booked for 'specialist slots' - multiple waiting lists to manage
- reporting happens in batches - delays in reporting

Equipment
- CT scanner only used 9-5 on week days for non urgent cases

Delays in diagnosis when CT scan required

Environment
- only one reporting / viewing room in scanner suite - delays reporting
- no preparation or recovery area - takes up scanner time

People
- patients DNA - wasted slots
- few radiographers trained for contrast injections - delays waiting for radiologist
- secretarial support only weekdays and Sat am - delays in reporting

Materials
- no problems identified

Tips

Ensure everyone knows what each of the terms mean
- equipment can be described as fixed or mobile e.g. rooms, photocopiers, fax machines
- materials are consumables e.g. stationery, syringes
- people are users, patients, carers, and/or staff, public etc.

4.3 Trios

This is relatively easy. It is good for starting up an event and getting people mixing and is a powerful technique for identifying problem areas. The size of the group does not matter.

Aim
- to generate ideas about three questions related to the service
- to enable staff to talk to and share ideas with others who may not be known to them

Preparation
- three carefully thought out questions such as:
  A. what problems do patients experience with our service?
  B. what problems do carers experience with our service?
  C. what problems do our staff experience with our service?
- time allowed: 30 minutes
- post-it notes and a pen for each participant
- three flip chart stands with one of the questions written on each

How to use
- ask each participant to find two others they do not know well and form a trio
- each person in the trio introduces themselves then spends 5 minutes quietly by themselves addressing each of the three questions
- each thought or suggestion is written on a post it note
  - one thought per post-it note
  - labelled clearly A, B or C according to which question it addresses
  - participants can generate as many separate post-it notes as they wish
- after 5 minutes, allocate one person in the trio A, another B and the third C
- the A person collects and discusses all the A comments from the other two in the trio, ensuring they fully understand their point of view and meaning. Person B collects all the B comments and person C collects all the C comment
- all the A people gather at the A flip chart, all the B people gather at the B flip chart and all the C people gather at the C flip chart
- at each flip chart, the comments are grouped into common themes
- one person feeds back from each of the three flip charts

4.4 Station rounds

This activity helps everyone to play an active role.

Aim
- to generate ideas related to the problem or issue
- to give everyone a chance to comment

Preparation
Before the meeting
- identify and agree four issues to focus on
- state the issues as questions, for example:
  - how can we prevent delays for our patients getting an appointment?
  - how can we prevent delays for our patients once they get into our department?
  - how can we ensure that we best utilise the knowledge and skills of our staff?
  - how can we improve communication between others in the system?

At the meeting
- allow at least 2 hours
- four flip charts and stands in each of the four corners of the room
- each of the flip charts has one of the four issue questions written on it
- a different coloured flip chart pen on each of the four flip charts
- lots of wall space around the flip charts to attach completed sheets
- allocate the participants into four groups. Often professional groups working together will prompt more discussion e.g. doctors, nurses, managers, technical staff

How to use
You will need four rounds and a feedback session.
Round one: 15 minutes
- one group of staff is allocated to each of the flip charts and the colour of the pen in that corner
- each group selects a 'station master' who will stay at the station for each of the rounds
- for 15 minutes the group address the issue at their station
- the station master records their comments and suggestions on the flip chart using the coloured pen allocated to that group
- at the end of 15 minutes the groups rotate clockwise to the next flip chart and the next issue question, taking their coloured pen with them

Round two: 20 minutes
- the groups give their pen to the next station master
- the second station master summarises the comments and suggestions of the previous group
- any additions from the new group are added in the new coloured pen
- at the end of 20 minutes the groups of staff rotate clockwise to the next flip chart and the next issue question, again taking their pen with them

Round three: 20 minutes
- the groups take their pen with them and give it to the third station master
- the third station master summarises the comments and suggestions of the previous group
- any additions from the new group are added in the new coloured pen

- at the end of 20 minutes the groups of staff rotate clockwise to the next flip chart and the next issue question

Round four: 20 minutes
- the groups take their pen with them and give it to the fourth station master
- the fourth station master summarises the comments and suggestions of the previous group
- any additions from the new group are added in the new coloured pen
Feedback
- at the end of the four rounds the final station master feeds back the collective comments of all four groups

Tips
- use four support facilitators as station masters if available. This allows all participants to address and contribute to all issues
- ask the station masters to record comments and suggestions as actions

4.5 Encouraging creativity

Creativity has to be helped. It involves connecting streams of thinking that are not usually connected.

Aim
- to help the group think differently about the issue or problem
- some people will find this easier, more comfortable and more enjoyable than others - value the differences

Learning Points
- the most creative idea may come by looking at the topic from an outrageous point
- laughter will be the natural physiological reaction to this new connection in mind - encourage your group to enjoy it

4.5.1 Be Someone Else
Method
Get the group to think about the topic from the point of view of someone else not normally related to the topic.
'Someone else' ideas:
- different teams e.g. racing car pit crew, airline cabin crew
- different person e.g. a six-year old child, parent of small children, a homeless person
- different roles: e.g. junior school teacher, antique collector, sailor, politician, editor of a professional journal, librarian,
- different animals: e.g. horse, cat, wolf
- manager of a different service e.g. fast-food restaurant, dry cleaning shop, hotel, rent-a-car company, zoo

4.5.2 Mental benchmarking
Method
- select a business or industry at random
- describe that business or industry and ask
- what are the different areas of their work?
  - what do they do well?
  - what is natural for them?
- how can this be applied to your service issue or problem?

4.6 Evaluating ideas

The more ideas and options that are generated, the more likely they are to develop creative solutions to difficult problems. However, effective methods are required to make the transition between tens or hundreds of ideas and a few powerful actions. Here are five easy ways to help a group evaluate the options they have generated.

> **Note: there may be some obvious actions that everyone agrees with and improvements could be made straight away. Just do it!**

Aim
- to evaluate a list of options or ideas regarding a problem or situation to generate an idea station rounds, trios, etc
- to determine the time for implementation and priority of the favoured ideas

Preparation for all the following methods
- prepare flip charts of all the ideas generated, each with no more than five ideas, in large clear handwriting
- ensure all ideas or options to be considered are clearly understood by participants
- remind the group of the objectives of the workshop and of the problems that have been identified

4.6.1 Sticky dots
Method
- use when there are lots of ideas or options (>50) to be considered
- give each participant 10 sticky dots in each of four colours: green, yellow, red and black

- explain the significance of the different coloured dots:
  - **green** - great idea and it can be implemented within a week
  - **yellow** - great idea but it will take up to a month to implement
  - **red** - great idea but needs planning and will take up to three months to implement
  - **black** - great idea but needs a lot of planning and will take over three months to implement
- ask the participants to stick their dots according to how they rate the ideas presented
- they can stick all on one idea if they feel very strongly about it or distribute the entire colour amongst ten different ideas with one dot each
- examine the results and look for the ideas with most dots
- agree next steps and plan actions

4.6.2 Voting
Method
- use when there are a limited number of ideas or options (<10) to consider
- each participant can vote for only three of the ideas
- each participant votes by writing at the side of each idea on the flip chart allocating a score:
  - 3 to the most preferred ideas
  - 2 to the second choice
  - 1 to the third choice
  - no points to the other ideas
- add up the scores to find the chosen idea
- agree next steps and plan actions

4.6.3 Traffic light assessment
Method
- use when you need an opinion about every idea

- each participant has three coloured pens: red yellow and green
- explain the meaning of the three colours:
  - green means full support
  - yellow means 'OK'
  - red means not happy
- ask each participant to mark each idea in the relevant colour with their initials to get a clear idea of everyone's thoughts
- agree next steps and plan actions

4.6.4 TPN analysis
Method
- use to determine what the group can do themselves and whether the ideas are within the control of the group
- for each idea the group decides if it is:
  - **T -** totally within the control of the group
  - **P -** partially within the control of the group
  - **N -** not within the control of the group
- the decision can be reached by:
  - discussion if the group is small
  - participants writing TPN against the ideas or options on the flip charts
- agree next steps and plan actions:
  - decide how the Ts can be taken forward
  - identify who else needs to be involved to move the Ps forward
  - decide where the Ns need to be referred

4.6.5 Must, should and could do
Method
- use when a number of ideas or options needs to be prioritised

- for each idea the group decides which:
  - must be done
  - should be done
  - could be done
- the decision can be reached by:
  - discussion if the group is small
  - participants writing 'must', 'should' or 'could' against the ideas on the flip charts
- transfer the 'must be done' and 'should be done' on to post-it notes
- arrange the post-it notes in chronological order with the 'must be done' ideas first to develop a draft action plan
- agree next steps and plan actions

4.7 Action Planning

After the problems have been identified, ideas for possible solutions generated and potential solutions evaluated, you need to help the group plan for testing and implementing the chosen ideas.

The outcome of the action planning process should be agreed with:
- defined actions
- allocated responsibilities
- timescales
- large tasks broken down into smaller, more manageable ones
- agreed priority to tackling tasks
- dates of when and how the progress towards the actions will be reviewed

Aim
To have a clear plan of
- **what** action needs to be taken including the priority
- **who** will undertake the action
- **when** the action is to be taken
- **how** the action will be taken
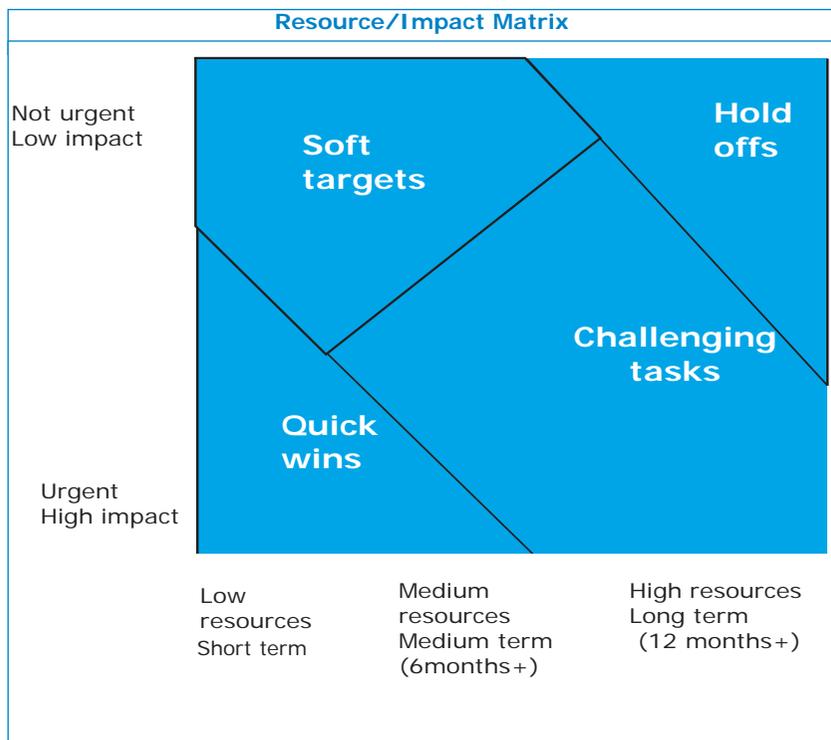
4.7.1 Resource / impact matrix
Preparation
- post it notes for all participants and flip chart paper
- list of all actions agreed from previous generating or prioritising exercise
- clarification and agreement of the terms and the implied timescales
  - quick wins (short term, low resource implications but high impact)
  - soft targets (short term, low resource implications but lower impact)
  - challenging tasks (longer term, higher resource implications but high impact)
  - hold-offs (longer term, high resource implications and low impacts)

Method
The group plots each of their proposed actions on this matrix. Look for:
- quick wins create energy and momentum for change
- soft targets to be tackled after quick wins
- challenging tasks are generally those which create the greatest improvement
- hold-offs are difficult challenges that should be left until other changes have been made or circumstances change

4.7.2 Action plan sheet
Use this simple framework when there are a small number of actions generated for each group of actions from the resource impact matrix.

Method
- identify each action generated and record one per post-it note
- work with the group and arrange the post-it notes in chronological order
- consider which actions can be taken quickly and which should be tackled over a longer timescale
- check for gaps and missing actions
- identify who will be responsible for each action and exactly what is required of them
- write names of those who will be responsible against each action
- put timescales above the post-it notes
- transfer onto action plan sheet
- make sure all involved have their own copy of the completed action plan
- agree the process for reviewing the action plan and progress

Resource/Impact Matrix

Example of a simple action plan sheet											
What	Who	Notes	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Detailed description of each action	JP, KC, DR										
Action	HB										
Action	JH & LG										
Action	JP										
Action	KK										
Action	SB										
Action	KK & SB										
Action	KS										

4.8 Model for Improvement

Many of the actions involve testing improvement ideas in Plan, Do, Study Act cycles (PDSA) before implementing. The Model for Improvement has been a fundamental framework underpinning many improvement programmes and projects.
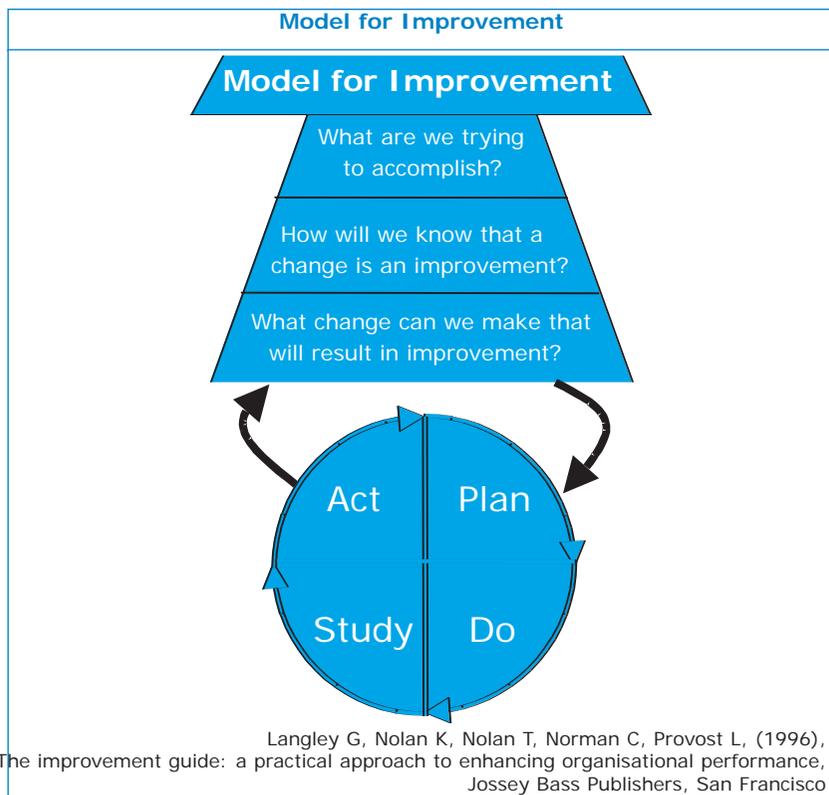
Aim
To help improvement groups to:
• set clear aims and targets
• develop a few specific measures to show if a change is an improvement

• identify the changes which are most likely to make an improvement in the high risk service
• test change ideas before implementing them

For more information about the Model for Improvement PDSA cycles read the Improvement Leaders' Guides to Process Mapping and Analysis and Redesign
www.modern.nhs.uk/improvementguides/process

Model for Improvement

Langley G, Nolan K, Nolan T, Norman C, Provost L, (1996), The improvement guide: a practical approach to enhancing organisational performance, Jossey Bass Publishers, San Francisco

5. An example of working with groups: Accelerated Redesign

We have included as an example a description of 'Accelerated Redesign'. This is a combination of all the facilitation and improvement tools and techniques we have discussed in this Improvement Leaders' Guide. You may consider it as 'a package' or use the points and suggestions in any way you wish.

Treat the description of **Accelerated Redesign** like a menu for a whole meal. There are recommended courses, recipes, methods and ingredients. But like an experienced cook, you can adapt it, add other favourite ingredients and exchange recipes. Make it work for you.

5.1 What is accelerated redesign?

Accelerated Redesign is one tried and tested way of combining process mapping with a series of facilitated events. It supports the improvement work of a specific service by engaging a wide range of participants in a series of activities focusing on improvement. This approach has been used across all aspects of healthcare including emergency services, neurology services, ambulance services, mental health services or specific departments such as radiology.

The key thing that makes it different is the term 'Accelerated'. It is extremely focused on action planning for improvement.

"We achieved more in two days than we would ever have achieved in six months of planning meetings"

Project Leader, London

5.2 Agreeing the aims, objectives and measures for improvement

As an 'external' facilitator (see section 2.5) you need to spend time with all the key stakeholders, well before the workshop, discussing and agreeing the aims and objectives of the Accelerated Redesign workshop and how improvement will be measured. It is extremely important to work with the full support of the Chief Executive or Senior Executive Director and the manager in the service area chosen.
• the aims and objectives should be broad enough to capture the scope of the project but specific enough to engage and motivate people to attend. Ask the first question of the Model for Improvement (section 4.8): **What are we trying to accomplish?**
• agree the measures for improvement: **How will we know if a change is an improvement?**

Once the aims, objectives and measures have been agreed, distribute them to all the invited participants.

5.3 Project Leader and Project Sponsors: roles and responsibilities

We have found that these are two key leadership roles in supporting the facilitator.

5.3.1 The Project Leader:
- is the main operational link within the organisation
- ensures integration into existing improvement projects, programmes and strategies
- co ordinates all activities, manages the logistics and ensures deadlines are met
- defines and agrees initial scope, aims and objectives
- organises the pre workshop process mapping and decides what type of data and information to collect to show how the current service runs
- identifies existing people with skills in process redesign already in the organisation to support with the process mapping work
- presents the data and process maps on the current service to participants at the two day workshop
- identifies participants and ensures everyone feels valued for their participation in the process
- provides support and guidance for all participants before, during and after the workshop
- encourages participation and monitors feeling and attitudes
- leads on communication with all participants and others within the health community
- maintains momentum after workshop
- ensures all costings are approved by the organisation

5.3.2 The Project Sponsor:
- agrees the plans with the project leader, participates in and supports the event
- supports the improvements and provides assistance and senior guidance to 'unblock' difficult situations
- is aware of the attitude of key staff within the organisation
- helps to mobilise key people and encourages participation
- takes the lead in handling difficult issues
- ensures that there is effective communication both to the Management Board and more widely, within the organisation and health community
- aids the celebration of the achievements

5.4 Facilitators: roles and responsibilities

You will need help to run Accelerated Redesign events so we advise that you look for confident facilitators experienced in bringing about change in health and social care organisations.

The **lead facilitator** is an experienced, 'external' facilitator who leads the workshop supported by other facilitators from within the organisation or the local community. The lead facilitator supports the project leader with the organisation and preparation for the workshop and advises on follow up events.
At the workshop the lead facilitator:
- guides participants through the exercises
- maintains the momentum
- ensures the outcomes of each exercise are achieved
- is aware of the 'mood' of the group

Supporting facilitators assist with the activities and in recording and summarising comments, outcomes and issues. They should have an understanding of the issues but be objective and be able to challenge.

5.5 Who should participate at an Accelerated Redesign workshop?

As no one staff group or department knows the whole patient process, there needs to be people from all areas who either deliver or use the service in question. Ideally those involved in the process mapping events will be at the workshop as they have the ownership and detailed knowledge of the process maps which are used as a basis for the workshop.

Participants are identified early by the project sponsor and project leader with support and with advice from the workshop facilitators.

Participants should be willing and able to:
- contribute to the workshop with their expertise and experiences
- listen to and value the contribution of others
- be honest but constructive
- commit to the delivery of selected actions

An ideal workshop size is between 30-40 people although this is by no means a rigid number. If the workshop is focusing on a specific department, ideally 40% of participants will be staff who actually work in the department and 60% external from the department, probably representing a number of different departments or organisations.
All those who work across the process should be represented. If a group is missed out it can be more difficult to involve them at a later stage. Where possible and appropriate include representatives from social care, primary care, secondary care, tertiary care, mental health, ambulance services, voluntary, and private sectors.

Remember to have a range of junior and senior people from all professions, administration and clerical staff, managers, supporting staff such as porters, IT, etc.

You definitely need to incorporate the needs and views of patients and their carers as users of the service but think carefully how you do this. For ideas read the Improvement Leaders' Guide to involving patients and carers www.modern.nhs.uk/improvementguides/patients

5.6 How do I get people to come?

This is a two day workshop where the success is very much dependent upon ensuring that as many of the staff attending, especially the key stakeholders, stay for the whole event.
Therefore try to:
- give adequate notice of the event. Medical staff often find it difficult to cover their absence, so give 8/10 weeks notice as a minimum
- ensure the key stakeholders are available for a two day period

- have the project sponsor to 'champion' the cause and help persuade the key stakeholders that the event is worthwhile. Clear aims and objectives will help with this
- select a venue that is outside the organisation but close enough to make staff feel comfortable about attending

Things that help to get people there
- knowing what the workshop is about and having some understanding about what will happen during the two days. Preparing something in writing that is clear and unambiguous can help a lot

- a personal invitation from the sponsor of the workshop
- using key people in the organisation to influence others to attend

Review the response list regularly to ensure that you have good representation and have regular meetings with the project sponsor, project leader and lead facilitator to identify ways and means to get the key stakeholders there for the maximum time.

It is worth spending the time approaching some people personally on a one to one basis to explain why it is important that they are there

5.7 What meetings need to happen?

Plan your meetings early with the project leader and get the dates into everyone's diary.

Time scales	Items for discussion and agreement	Persons to be present
2-4 months prior to workshop	- any underlying politics or pressures - scope, aims and objectives - data to be collected, analysed and presented at the workshop of data - improvement training needs - outline of the programme: including events before and after workshop - workshop location and funding - preliminary invitation list - communication channels	- project sponsor - project leader - key stakeholders including key people from the SHA - lead facilitator
2 months – 2 weeks prior to workshop	process mapping session(s) and analysis	- project leader - appropriate stakeholders - experienced facilitator
1 month- 2 weeks prior to workshop	- preparation for the workshop - roles, responsibilities and expectations - review invitation list	- project leader - key stakeholders - lead facilitator
1 week prior to workshop	- roles and responsibilities at workshop - details of the workshop programme - messages from the data and how to present it at the workshop - review invitation list	- project leader - lead facilitator - supporting facilitators
Within one month after the workshop and then regularly	- evaluation of event - actions to date and future actions - date of follow up meetings - ongoing communication strategy	- project steer - project leader - workshop participants

5.8 Preparation checklist

Use the preparation checklist with the project leader

Action	Who is responsible?	By when?
Roles confirmed and responsibilities explained • facilitators • project sponsor • chief executive or equivalent		
Participants • identified • invited • attendance confirmed • balance of participants reviewed		
Find and book a venue for the workshop • costs: including catering • location: easy access with clear map • size: to accommodate group with plenty of space for movement • separate rooms: for refreshments, registration • wall space: to display flip chart paper • table layout: cabaret style with 5/6 at round tables		
Process or service data • relevant data collected and analysed • processes mapped and analysed • presentation for workshop completed		
Other resources organised • LCD / power point projector and laptop • four flipchart boards (minimum) • register: name badges • participant pack: agenda, attendance list, handouts • stationery: blu-tack, post it notes, flip chart paper, multi-coloured flip chart pens, tippex, sellotape, stapler, pencil sharpener, scissors • table toys (optional) e.g. plasticine, pipe cleaners, sweets, etc		

Secretarial support
- a two-day event generates a large amount of group work recorded on flip charts which requires typing and circulating to all attendees
- it is helpful if secretarial support is available at the workshop with separate laptop to type the contents of the flip charts as the work is produced
- put the flipcharts together in sets and labelled as the workshop progresses to enable them to be easily retrieved and identified

5.9 Example of an Accelerated Redesign programme

5.9.1 Pre workshop: process mapping events
see Improvement Leaders' Guide to process mapping analysis and redesign
www.modern.nhs.uk/improvementguides/process

5.9.2 Accelerated Redesign 2 day workshop
A suggested programme

Day one: aims	Suggested activities
describe the objectives of the workshop	Presentation by project leader
update on national and local strategies	Presentation by project sponsor
identify what we do well, what we could do better	Trios (section 4.3)
understand what is currently happening in our service based on process mapping	Presentations by project leader and selected participants followed by small group discussion
recognise problems for patients, carers and staff	Small group discussions possibly in professional/roles groups Assessing cause and effect (section 4.2) Trios (section 4.3)
generate ideas for redesigning the processes	Small group discussions possibly in professional/roles groups Encouraging creativity (section 4.5)

Day two: aims	Suggested activities
share ideas for improvement	Station rounds (section 4.4)
identify and prioritise opportunities	Evaluating ideas (section 4.6)
develop action plans	Planning for action (section 4.7)
start to implement	Group discussion
agree what happens next	Discussion led by project leader

5.9.3 Post workshop

You will need to help the project lead to:
• circulate presentations, ideas generated and action plans within 7 to 10 days. This helps to remind people of the actions they volunteered for and helps to start monitoring the progress
• meet regularly with the project sponsor to help the project progress
• work with the participants to use the action plans. They should not be seen as the end of the process. They should set the agenda for the rest of the life of the work
• develop and report measures for improvement and track monthly. Read the Improvement Leaders' Guide to measurement for improvement www.modern.nhs.uk/improvementguides/measurement
• consider post-workshop events such as lunchtime meetings. They are really useful to keep up the momentum, share progress, success and learning with participants and key stakeholders
• develop a wide and effective communication plan to celebrate success in whatever ways possible:
  • use organisational news bulletins, emails, newsletters and posters, etc
  • present at relevant staff meetings and events
• evaluate the event to demonstrate success and value. (See section 2.6)

Case Study
Accelerated Redesign for Coronary Heart Disease

The first thing we did was to engage and secure the commitment of certain key individuals in the Trust. We produced a written proposal for approval by the sponsors and negotiated the dates for a two-day workshop to follow process mapping days. We then used all sorts of formal and informal communication methods to get people to come including a personal letter of invitation sent out, signed by an executive director and medical director.

We went to town on the process maps that the group validated on day 1 as part of workshop. They were professionally done, colourful and really large so everyone could see them in large scale. We felt it was money well spent as we have used them so much following the workshop.

At the end of the two days we had 47 action points identified with names against them and people seem to really enjoy it. The evaluation forms said
- "thank you - a good use of my time - even Saturday!"
- "the whole two days were excellent. Learnt a lot and now understand other department's problems a little better."
- "we know what the problems are now, and we know how to solve them".
- "WOW! what a lot has been achieved"
- "excellent all invited, down to people on the ground who really count!"

We have kept things going after the workshop by holding four follow up events, culminating in a one day 'anniversary' event at the original venue, to celebrate what everyone has done.

Here are just a few of the issues we had when we started and what we have done about them

Issue: Patients discharged without follow up appointments
Outcome: A double check mechanism is now in place to ensure appointments for Out Patient Department and tests are made prior to discharge

Issue: Patients not being referred to Cardiac Rehabilitation Team whilst on the ward
Outcome: Protocols produced and circulated with laminated guides for all wards

Issue: Discharge being delayed by TTAs (drugs to take away) not being available
Outcome: Ward based pharmacist for Cardiology now in post

Issue: Poor discharge procedures
Outcome: A proforma and pathway produced with a discharge summary

Issue: Poor management of stable and unstable angina across primary and secondary care
Outcome: A joint protocol for the management of angina agreed and produced

Issues: ECGs not accompanying referrals
Outcome: All GP practices now have ECGs with faxable output

If we were asked to give advice to anyone thinking about Accelerated Redesign, we would say:

- "get the sort of pleasant venue you would like to spend 2 days in"
- "find yourself 4 or 5 good co-facilitators"
- "get all the right people there to ensure groups involved are represented - and you must include the 'troublemakers'!"
- "trust the structured exercises - they do work!"
- "invest heavily in the follow up to monitor the delivery of the action plan"
- "celebrate your success!"

Improvement Team, Cardiology Unit, Home Counties

6. Frequently asked questions

Question
I've been to some workshops where they have used 'ice breakers'. I enjoy them but I know that not everyone does. Should I include one?

Answer
You are right, they do have a mixed reputation - at worse they are handled as party games! Think very carefully about:

- who is there: some professional groups dislike icebreakers more than others
- how long have you got: if the session is not long, you really want to get on with the 'work'
- will this group meet regularly: do you want this group to develop relationships, have fun and break down barriers

Here are three different ideas for you to try

Past, present and future
- get participants in pairs or groups, ask them to introduce themselves and then to take a few minutes to answer some relevant questions putting answers on flip charts.
  Use questions based on past, present and future such as:
  - **past** : what has surprised you about the outcome of the process mapping sessions?
  - **present**: what would the first thing a new member of staff (or a Martian) would notice when coming to our department/surgery/hospital?
  - **future**: what would you do if you had total power?

Trios
- use trios as an icebreaker (see section 4.3)

Human Bingo
If you decide that an icebreaker is right, there are plenty to choose from but here is a simple one called Human Bingo (page 51) that you can use with a large group. Have fun, use your imagination and change the categories according to the group, time of day, etc.

Instructions to participants:
- find twenty four different people to match the following characteristics
- no one can be used more than once and you cannot use yourself
- write one name against each of the characteristics
- the 'winner' will be the person who fills all the characteristic squares, or the most in the given time and your card will be checked (just like in Bingo!)

Human Bingo			
Someone with a birthday in March	Someone with a 'comic' tie or 'comic' socks	Someone wearing contact lenses	Someone who has had a barium meal x ray
Someone with green eyes	Someone who has given up smoking	Someone who has sat on a jury	Someone younger than you
Someone who has eaten sushi	Someone who has ridden a camel	Someone who has not brought a lap top with them	Someone who has been jogging in the last week
Someone who has swum naked	Someone who has been parascending	Someone you did not know before today	Someone shorter than you
Someone not born in England	Someone who will give you a hug	Someone who has been to China	Someone with longer hair than you
Someone taller than you	Someone who plays an instrument	Someone who has been white water rafting	Someone who has sung karaoke

Question:
I have heard a lot of 'facilitation' terms used that I don't understand. Can you explain them to me in one easy sentence and where I can find out more?

Answer:
We will try but it may take more than one sentence!! There is a lot of great work in this area, so go onto the Internet, type in the term and see what comes up.

Term	Simple description
Graphic facilitation	This is the use of graphics or drawings in meetings. This helps participants with a 'visual language' that can often be more powerful than the spoken or written word'. Graphics are also very useful for groups of people with different levels of language, numeracy or literacy skills
Polarity management	Polarities are sets of opposites that cannot function independently. Because the two sides of a polarity are interdependent, you cannot choose one as a solution and neglect the other - you need to manage them. The objective of polarity management is to get the best of both opposites whilst avoiding the limits of each
World café	World café is a way to quickly explore topics and come to a shared understanding within a medium sized or large group. It involves rotating through a series of small [3 to 5 people] discussion groups. Just like going from table to table in a café!
Open space	This is a way of working that allows individuals to lead whatever discussion topics they are interested in. These suggested sessions are first shared at the event and then everyone has the choice to go to whatever conversation that interests them or to move between groups. This method works well for groups between about 20 and many hundreds
Appreciative Inquiry or AI	Appreciative Inquiry (AI) is a process that involves people in conversations to recognise and build on what they like and appreciate. It encourages people to reflect and learn from what has worked well for them, times when they felt good and achieved a really good performance, and then apply to current problems

Question:
How do I improve my facilitation skills?

Answer:
Use the model for improvement and PDSA cycles on yourself. (See section 4.8) Ask yourself the three questions:

- **what am I trying to achieve?**
  what do you want to improve?
- **how will I know a change is an improvement?**
  consider yourself: how you feel, what you see and hear
  consider the group: interaction, body language of participants, evaluation forms consider your colleagues: debrief, comments
- **what changes can I make that will result in the improvement that I seek**?
- then do PDSA cycles to try out something different for yourself!