

Leadership Through Change

Support Pack

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Introduction

This pack is aimed at supporting managers (Team Leaders'/Managers, Ward Managers, Nurse Managers etc) to successfully lead their teams through a major change initiative. This initiative is Single Assessment and its implications for the care of Older People; however the initial exercises aimed at the top three levels of the Dilt triangle could be used in relation to any change.

Older people have told us that they want to:

- tell the story of their problems once
- remain in control of their own life
- feel respected
- be treated as a person in their own right
- keep independent for as long as they can
- remain in their own home
- have one point of contact for their care

The achievement of these desires could have an impact on the following areas (dependent on the team):

- How we share information with each other both within an organisation and between different organisations
- How we work together
- The roles and associated tasks for each member of the team
- The way in which an assessment is conducted and the information collected by each professional
- The assessment forms that are used
- Acceptable forms of referral

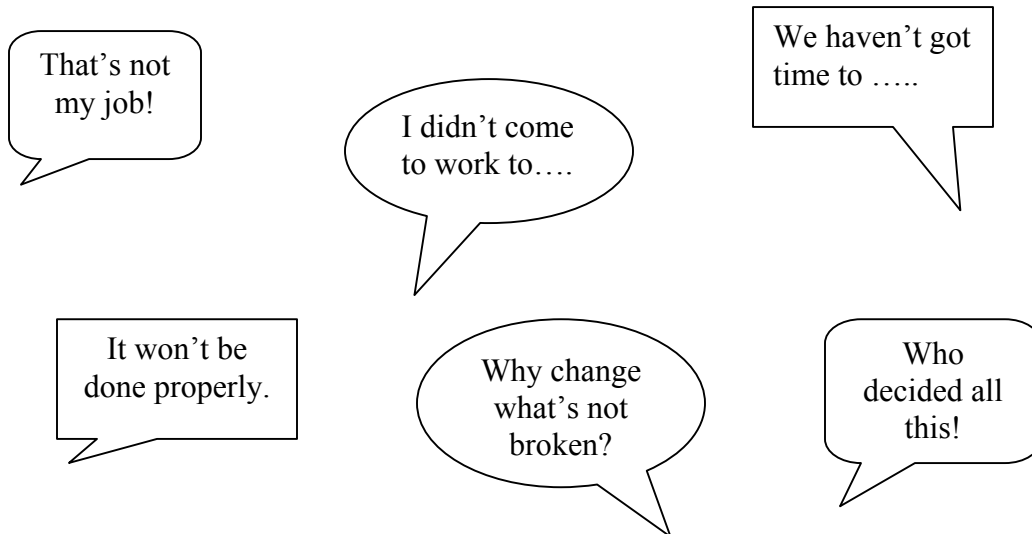
Successful Leadership of change in these areas will require consideration of the agreed purpose of the team; the defined and understood roles of various team members; the attitudes and values of team members; staff training needs; developing new protocols/guidelines; and practical arrangements in terms of paperwork/forms and storage. Consideration of all these aspects now will prevent having to revisit an area at a later date.

Rationale

We all know that to successfully lead through change we need to maximise involvement of staff, increase communication, encourage group discussion and promote staff choice thus creating ownership of the change. Once staff have this ownership the change will run much more smoothly. By owning the change staff are able to see how the change would contribute to their:

- shared purpose or mission as a team
- defined individual roles in the team
- own personal beliefs and attitudes about the work they do

However it is very easy to jump this first stage and get on with organising protocols and agreeing the practicalities of the change. If this first stage has been jumped and staff have not agreed that there needs to be a change, there is likely to be an increased level of resistance which is often shown in statements like:



Or worse still, passive resistance may be shown, where a person says yes to a change but means no. The result in both of these situations is a much more disruptive change as the people vital in the delivery are not “on-board”.

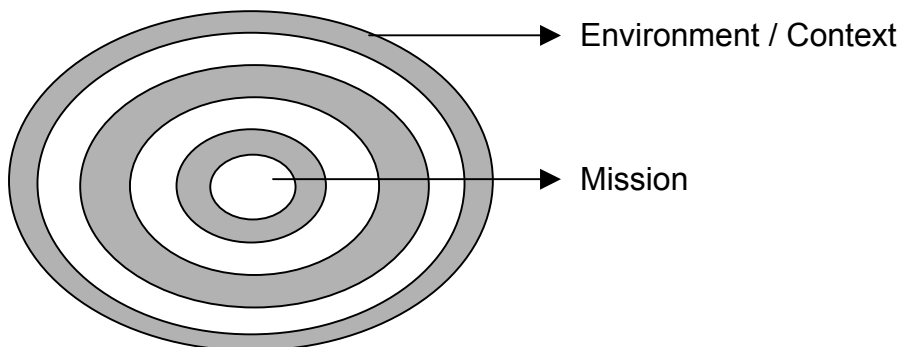
Robert Dilts takes this idea a stage further and explains why it is vital that a change is owned.

Robert Dilts - Logical Levels of Change

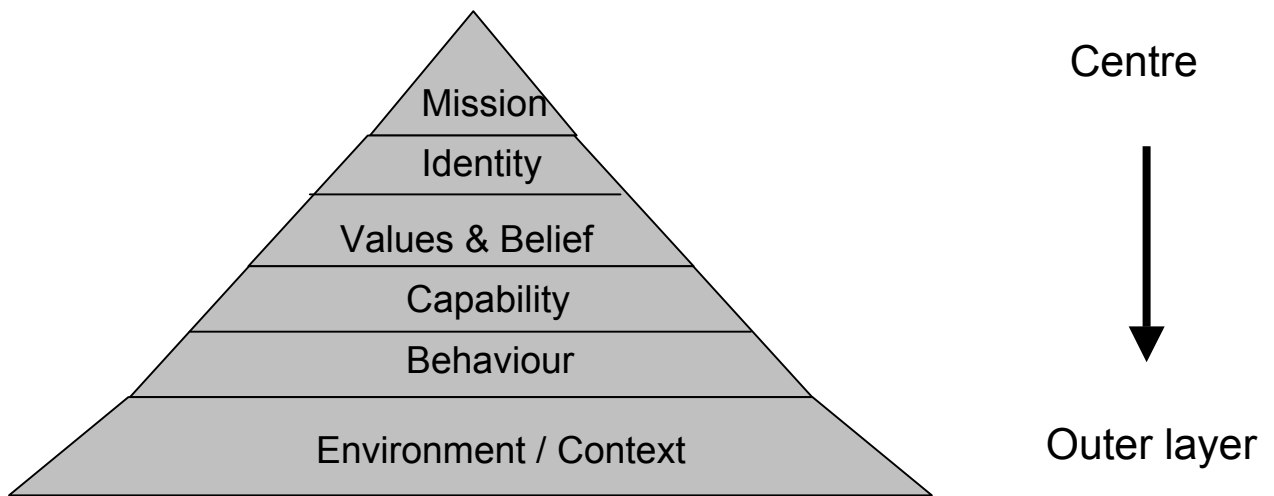
Robert Dilts argued that in order to bring about influential change there needs to be a focus on a person's beliefs and values; their perceived role and their purpose / mission. If these areas are shared within a team the people will work together more cooperatively and effectively. So to achieve real change there is the need to work at several "levels" or "layers".

Robert Dilts said that a person is made up of six different layers, which can be peeled away like the layers of an onion until we get to the core of what a person is actually like.

1. Outside layer - **Environment / Context / Results** - this can be the physical environment (e.g. where someone works, the decoration, the paperwork that is used, their workstation etc.) or a contextual setting where several factors combine to create the adoption of a role (e.g. daughter, son, father, mother, colleague, manager etc)
2. Next layer - **Behaviour** - the specific conscious actions a person does, e.g. procedures, protocols, tasks.
3. Next layer - **Capability** - how the person completes their tasks, the person's level of skill.
4. Next layer - **Values & Beliefs** - values show what is important to a person; beliefs indicate the things a person holds to be true. Values influence a person's beliefs as they act as a filter when processing information. e.g. A colleague does not speak to you. Person A's value is that it is important to be liked; their resulting belief is that they are being snubbed. Person B's value is that it is important to support others; their resulting belief is that the colleague is preoccupied.
5. Next layer - **Identity** - the core beliefs who define who you are e.g. a nurse, a social worker, a mother, an advocate, etc.
6. Core centre - **Mission** - the person's purpose or spirituality. Why do they come to work, why do they get out of bed each morning?



Another way of looking at these levels is as part of a hierarchical system (almost like taking a slice of the onion):



The principles of such a hierarchical system are:

- An issue cannot be resolved with the same level of thinking that created it
- To bring about change you need to work at the level **above** the one you want to influence
- Change at a lower level will not necessarily influence the higher levels
- Change at a higher level will always change things on the lower levels

In particular the top three levels of mission, identity and belief determine the ownership of change. However to introduce a change there is often a focus on the lower three levels of capability, behaviour and environment. For example a leader may conduct a training needs analysis (capability), produce new protocols and guidelines (behaviour), and rearrange a filing system (environment) when seeking to lead during a change. Focussing on these lower three levels could easily lead to much more resistance than would otherwise have been the case. The lower levels will need addressing at some point but only after the way has been paved by looking at the top three levels first. Work in these higher levels allows any resistance to be brought to the fore and dealt with, rather than allowing it to build and make the change much more difficult.

In the following sections of the pack, exercises are outlined that you can conduct with your team to work on the higher three levels. Many of these exercises will influence more than one of these higher levels.

Following this is a detailed training needs analysis tool to support the introduction of the Single Assessment Process; this tool addresses the **capability level** of the triangle. The tool identifies the competencies required when working with older people and highlights the available training for development in these

competencies. The tool can either be used to support individual appraisal and development planning or as training needs analysis for a team prior to the introduction of the Single Assessment Process. For the lower two levels of the triangle there are some suggestions for taking them forward, however solutions at these levels will be very localised to the needs of individual teams.

The exercises have been drawn from a range of sources and the authorship has been accredited to the best of our knowledge. If you have identified an instance where this is not the case please contact the Older Persons Team at Cumbria and Lancashire Strategic Health Authority.

Top three level exercises

The key to leading people through change at these levels is to encourage discussion of values, feelings and attitudes. The discussion of these helps staff to interpret the change in terms of their own value base and assimilate it at a higher level. This will then influence the lower levels of capability, behaviour and environment.

It is even more important in the arena of Single Assessment. The implementation of Single Assessment will have implications for the core mission of a team, the perception of roles within a team and the values that a team works to. There is an ever increasing emphasis on person-centred care, promotion of independence and working differently to meet the service users' needs.

The tools listed below could be used during a staff meeting to encourage increased discussion and promote staff involvement in the implementation of change.

The tools have been derived from the Leadership Guides designed by the Modernisation Agency and through Catherine Webster, Redesign Lead from Performance Improvement, Lancashire and Cumbria Strategic Health Authority.

The Nerve Curve

This is a straight presentation designed by Kate Silvester which outlines the process that is experienced when introducing a change. It is a useful presentation to use at the start of a change project as it outlines the various stages of change and can be referred back to during the actual change. Especially the foggy bit!

Points to bring out of this presentation could include:

- Where do you think we are now as a team on the curve?
- Where are you personally on the curve?
- There will be many possible solutions to the change and we will experiment with several before identifying the solution that works for the team e.g. sharing of information, identifying a care coordinator, making referrals etc.
- The importance on focussing on systems and getting them to work rather than apportioning blame
- We are all in it together

In the resource disc accompanying this pack there is a copy of the PowerPoint presentation.

The 4-Mat System

The 4-Mat system is a method of teaching developed by Dr. Bernice McCarthy in 1980. The system is based on research into different learning styles, brain dominance and creativity. The 4-Mat system says that people fall into one of 4 preferred learning styles; effective teaching will therefore include methods which relate to each of the four styles. McCarthy determined percentages of the general population which fell into each style. This information has subsequently been used to give an indication of the time to spend meeting the needs of each style.

This creates a useful exercise for introducing a change as it provides a framework to convey new information and ideas. It emphasizes the importance of discussing why a change is needed and what would happen if a change was not implemented.

Rather than use mats (which might be impractical in a meeting!), other ways of splitting the information could be:

- a different coloured pen for each section,
- using separate flipchart sheets per section
- using separate handouts for each section
- putting the four headings on a flipchart and discussing each in turn

Mat 1 (Innovative Learners)

WHY - including WHY NOT

Reasons for the change and relevance of the change, discussion, interaction

35% of the time

Why you need to know this, why we need to do this, refer to the next exercise - "A note on resistors" for some assistance with this.

Mat 2 (Analytical Learners)

WHAT exactly is the change?

Give them more detailed information; draw their attention to the specifics

22% of the time

Mat 3 (Common Sense Learners)

HOW does it work?

Let them try it out

18% of the time

How we will tackle the issue, what our approach might be?

Mat 4 (Dynamic Learners)

WHAT IF

Let them teach themselves and others, evaluate and predict

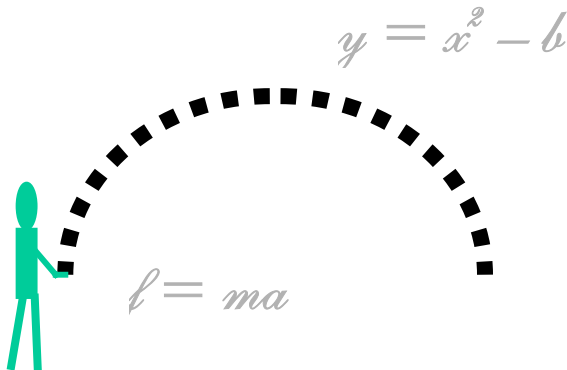
25% of the time

What will the impact be, what are the risks if we do not do this?

A note on resistors

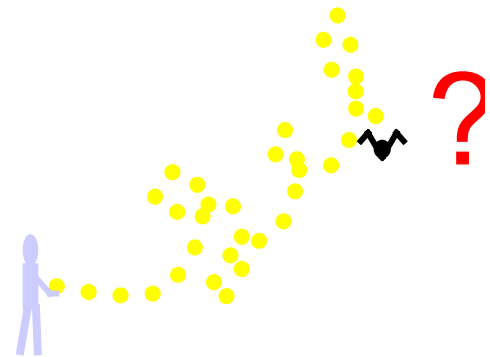
Working with Resistors (Paul Plsek)

When we are dealing with people and seeking to influence them it is not as straight forward as throwing a rock to a given spot. We cannot inform people of a change and expect that they will accept it and work to implement it.



If you are throwing a rock you can determine with accuracy where it will land if you account for all the variables - variables which you are in control of.

Seeking to influence people it is more like throwing a bird. You can ask someone to do something - they will then make up their own mind whether to do it or not.



However if you have an attractor you can increase the likelihood of the bird going to a certain spot. Similarly when we seek to influence people we need to be aware of the attractors that will draw them.

Be aware of peoples existing Attractor Patterns. People who don't behave as we would like them to are not resisting change; rather their behaviour is revolving around existing attractor patterns, which could include the following values:

- Desire for professional autonomy
- Sense of what is right for patients
- Views of opinion leaders
- Comfort and familiarity
- Hassle reduction

- Avoiding unpleasantness
- Trying things out before committing
- Personal status among peers
- Simplicity
- Scientific thinking and self image

Attractor patterns can be positive or negative; and they will be different for different people - one size does not fit all. Therefore we need to provide attractors across a wide range when introducing a change. In any presentation or discussion around the change consider including the following:

- evidence based practice
- direct impact upon their patients
- social values (noble cause)
- an element of choice
- impact upon variables they deem important

Thinking about attraction

- Identify a group or individual who you currently think of as a “resistor”
- What past changes have they made? What do they like about work?
- What do they dislike? What do they seem to really want, deep down?
- How can you make your change more attractive to them?

Cold Tea Video

The video introduces staff to the principles of Single Assessment through two short dramas. The first drama outlines the way assessment is generally done in the community by various professionals visiting Mrs. Jones in her own home and asking very similar questions. This is of course a caricature of a situation clinicians are familiar with. There is the opportunity to stop the video mid way through for group discussion and some questions have been included on the video to aid in this. The final part of the video outlines the way assessment could occur if a Single Assessment approach is used. Once again at the end of the video further discussion is encouraged by the inclusion of relevant questions.

The questions included in the video are a useful way of encouraging staff to discuss their values relating to Single Assessment which will in turn assist in influencing attitudes and beliefs. There are some guidelines on the reverse of the video to aid with facilitation of this discussion.

How does this relate to a cold cup of tea? In the first drama Mrs. Jones receives so many professionals into her home that she does not get the chance to finish her cup of tea - which turns progressively cold. In the second drama with a reduced number of professionals visiting and asking questions she is able to enjoy a nice hot cuppa! This is meant to convey the disruption and frustration that so many visits from professionals can cause for the service user.

These videos can be obtained from your SAP LIT Sub group, organisations' libraries or Celia Granell, Older Persons Team, Workforce Directorate, Cumbria and Lancashire Strategic Health Authority.

Mrs Fowley video

This video follows the care of Mrs. Fowley who has experienced the symptoms of a stroke. She is initially seen by her GP who then refers her to the hospital, once in the hospital she has to repeat her details and the symptoms she has experienced many times until she becomes quite cross. The video is designed to show from a patient's perspective the needless repetition of details and the wasted staff time in requesting and recording this information.

The video is a good way of introducing the concept of Single Assessment within an acute setting.

Questions that could be useful in promoting staff discussion and exploring attitudes and values include:

1. Put yourself in Mrs Fowley's shoes, how would you feel?
2. How does Mrs Fowley's experience compare with the experience of patients coming into our trust?
3. How could Single Assessment improve Mrs Fowley's experience?
4. What are the barriers to implementing Single Assessment in our team?
5. What are the opportunities we could make the most of to assist in implementing Single Assessment?

The Mrs Fowley video can be obtained either through your modernisation lead or by contacting the Modernisation Agency directly www.modern.nhs.uk.

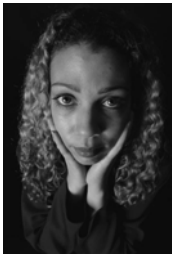
Mad, Sad, Glad exercise

This encourages involvement of the whole team and revolves around the discussion of feelings and values. The benefits of this exercise are that all staff are involved, staff can see that they are not alone with their thoughts and reactions, it focuses attention on the 'Why' aspect of change, and it also allows for a balanced discussion as each side of the change is explored.

Start by giving each person a pad of post-its and ask them to write one word on each post-it, ask them not to discuss their words with other people in the group as this is an individual exercise.



Then show the group an angry face, tell the group that they have 5 minutes to list everything that makes them mad about the change, remind them to write only one word or comment per post-it note. (It is useful to start the exercise with the angry topic as it raises energy levels). After the five minutes ask the individuals to put the post-its on the wall and to move the post-its around until they are in groups relating to the same topic. As the facilitator feed these topics back to the group and list them on a flipchart.



Next show the group a sad face and ask them to repeat the exercise only writing down the things that make them sad about the change. Again repeat the exercise of putting the post-its on the wall and grouping them, feeding the results back and producing a list.



Lastly, show the group a happy face and ask them to repeat the exercise, only this time writing down the things that make them glad about the change. Again repeat the exercise of putting the post-its on the wall and grouping them, feeding the results back and producing a list.

Using the three lists of reactions from the team, emphasise the similarities in different people's reactions to the change. Emphasise the positive reactions to the change and prioritise the issues which need initial action, then put a timescale next to these issues. Ensure that this is revisited at a subsequent staff meeting to review the actions that have been taken against identified issues and promote continued staff involvement.

Escape Fire

This is a paper which outlines a tragedy where 14 fire-fighters died in an attempt to fight a grass fire. Lessons learned from this tragedy are outlined and used as principles for improving organisations. The analogy is drawn between this and healthcare where new demands on healthcare cannot be met with the current system, therefore the system needs to change.

Also in the paper Donald Berwick describes his wife's recent illness and their experiences in hospitals. These experiences are used to relate the principles identified through the fire fighting tragedy to healthcare. On reading the paper the concepts of patient centred care, accessibility of information, and NICE guidelines are evident.

As an exercise ask the group to read the whole paper - or at least the section about escape fire and Donald Berwick's wife's illness.

Then recap the main aspects of the story emphasising the key learning points, and explain how these learning points can be applied to healthcare today.

Discuss the Single Assessment Process with the group and how it will facilitate sharing information between professionals to achieve continued care and how patient details can become more accessible to them. Then ask the group to analyse your team and look at ways of developing the service.

In the resource disc accompanying this pack there is a copy of the Escape Fire Paper and a short PowerPoint presentation to assist in the recap of the paper and group discussion.

Managing the human dimensions of change

The Modernisation Agency has produced the above guide to support Leaders' working through changes with their teams. The guide includes the theoretical basis of change; this provides the reader with a fuller understanding of staff experiences and links theory to specific actions that could be taken.

Section 5 of the guide outlines exercises that can be done with a team. The exercises could be used as an ongoing basis within staff meetings or as part of a staff training session. Using exercises such as these on an ongoing basis facilitated by the team leader has the advantage of maintaining momentum and taking the change more gradually.

The two exercises are:

Valuing the differences

This exercise demonstrates the differences in people and how each person responds differently to change. The facilitator explains four styles of people; participants consider the style which they most relate to and comment on how they behave under stress and react to change. These comments are then discussed by the whole group outlining differences in reactions to change and the problems and strengths of style-alike and style-different teams.

A slight variation of the above exercise is for participants to work in style-alike groups and identify what a person would need to say to them to convince them to buy a new car/house (or even implement SAP!). The list of influencers is then presented to an opposite group. All groups then present the way to influence their opposite groups and receive feedback. For detailed instructions see disc - Leaders' Guide 'Managing the human dimensions of change' - section 5.1

Broken squares

This exercise uses a practical and fun way of demonstrating some issues of working in a team; and in particular the different ways in which people like to work.

Participants are split into teams and asked to make five complete, equally sized squares from several pieces of card that they are given. Participants are told that they cannot speak to each other or communicate though gestures. Pieces of square may only be exchanged by placing them in the centre of the table. After the exercise participants are asked to reflect on several questions and discuss their observations.

Themes that are drawn out from the reflection often include:

- The need to give something up for the good of the team
- Seeing what needs to be done but not being allowed to say
- Not wanting to 'play' if you cannot see the reason for something
- Frustrations of different types of people:
 - Wanting to take control
 - Wanting to sit back and think
 - Wanting to see what happens before getting involved
 - Wanting to talk

For detailed instructions see disc - Leaders' Guide 'Managing the human dimensions of change' - section 5.2

This Leaders' Guide is available on the enclosed disc and also through www.modern.nhs.uk/improvementguides

Working in systems

The Modernisation Agency has produced the above guide to support Leaders' to consider all the implications of introducing a change, in particular the way that a change in one area can affect another. The guide then provides a step by step approach to engage and work together with other services to implement sustainable change.

Section 4 of the guide outlines exercises that can be done with different teams to encourage joint working. The exercises could be used as an ongoing basis within meetings or as part of a staff training session. Using exercises such as these on an ongoing basis has the advantage of maintaining momentum and taking the change more gradually.

The four exercises are:

Confronting Stereotypes:

This exercise is useful in identifying misunderstandings and increasing understanding between groups.

Split participants into their stakeholder groups and ask each group to draw a picture of the animal that best represents the other groups and an animal that best represent themselves. Ask all groups to feedback the animals that they have selected and why.

For detailed instructions see disc - Leaders' Guide 'Working in systems' - section 4.5. The disc accompanying this pack also has a presentation with pictures of animals that you could use with this exercise.

Assessing the benefits:

This exercise can be used to encourage different groups to work together by asking them to identify the benefits of closer working.

As a team implementing a change identify the benefits of the change for everyone involved using the table provided in the guide. This serves to highlight the rationale behind a change and can be used to refer to during the change process to ensure that change does not become an end in itself.

For detailed instructions and a copy of the table see disc - Leaders' Guide 'Working in systems' - section 4.6.

Force Field Analysis:

This is a method of analysing the actions which need to be taken to implement an improvement. It can be done individually or as a team of people who would be involved with the change. Doing this exercise as a team would help team

members to clarify values, see each others' perspectives and relate to why certain actions need to be taken.

Initially list the main aims and objectives of the system, and then identify the factors that are driving the system to achieve these aims and the factors that are hindering these aims. Finally use this information to agree ideas and actions to improve the system.

For detailed instructions see disc - Leaders' Guide 'Working in systems' - section 4.7.

SWOT Analysis

This is another method of analysing the actions which need to be taken to implement an improvement. It can be done individually or as a team consisting of people who would be involved with the change. Doing this exercise as a team would help team members to develop a shared understanding of an area, see each others' perspectives and relate to why certain actions need to be taken.

There are several different ways to complete a SWOT analysis as a team of people. One option is to split into groups and complete the whole table as shown in the Leaders' Guide. Then feedback and agree a shared table.

Alternatively the groups could fill in the Strength and Weaknesses, feed these back; then complete the Opportunities and Threats and feed these back. Finally agree a shared table. Having two opportunities for feedback will generate more discussion and increase the likelihood of a shared approach as the feedback of Strengths and Weaknesses will influence the groups' identification of Opportunities and Threats.

To ensure that all group members contribute, another variation on the above is to ask participants to individually identify Strengths and Weaknesses and write each thought on a post-it note. The post-its are then stuck onto two flip charts, one titled Strengths and one titled Weaknesses. All participants then move the post-its around into themed groups without speaking to each other. Finally, participants split into groups to identify the Threats and Opportunities.

This exercise would need to be consolidated by the team identifying priorities to be addressed from the work done and agree some initial actions.

For detailed instructions see disc - Leaders' Guide 'Working in systems' - section 4.8.

This Leaders' guide is available on the enclosed disc and also though www.modern.nhs.uk/improvementguides

Facilitating groups

The Modernisation Agency has produced a Leaders' Guide called 'Working in Groups'. This guide initially provides some theoretical background on how groups are formed and the different stages they go through. The guide then gives some practical steps to take when preparing to facilitate a group and provides examples of various exercises that could be used with a group.

Communication Questionnaire

This tool is a useful way of group members getting to know each other and appreciate that they have different styles of communication. This knowledge then increases the chances of listening to the content of what group members say rather than being put off by a specific communication style. The questionnaire also increases an individual's self awareness regarding how they come across to other people.

Participants complete the questionnaire and score themselves according to the instructions in the Leaders' Guide. Participants then consider the implications both individually and for the group using the reflective questions provided. For detailed instructions see disc - Leaders' Guide 'Working in groups - section 4.1.

Assessing Cause and Effect

This exercise can be used for analysing the causes of a specific problem or thinking through a new idea. It is particularly useful for exploring the external influences on a problem. By analysing the problem as a team, issues are identified as a team and there is automatically more ownership of any subsequent planned actions.

Initially identify the effect of the problem with the team. The effect is written down on a flipchart and a broad arrow is drawn to it. Lining up to this broad arrow draw a number of thinner arrows, these arrows relate to the key areas which can influence the effect. Participants use post-it notes and focus on one key area at a time; they list all possible causes for the given area. For detailed instructions see disc - Leaders' Guide 'Working in Groups' - section 4.2.

Trios

Trios can be done with any size group, it encourages people to mix with others, ensures that everyone on the group contributes and it can help in identifying the key areas to work on for a service.

Participants split into groups of three with people that they do not know well. After introductions the participants individually reflect on three questions and record their thoughts on a series of post-it notes. Each person in the trio is

assigned one of the three questions and acts as a representative for their trio during the next stage of the exercise. During the next stage the various representatives meet together and identify common themes for each of the three questions; these themes are then fed back to the whole group. For detailed instructions see disc - Leaders' Guide 'Working in Groups' - section 4.3.

Station Rounds

This is a way to create ideas for specific issues or problems. The activity also gives all participants the opportunity for involvement. It is most suited to a departmental time-out session or specific training session.

Four issues are identified, these issues are written as questions in the four corners of a room. The participants split into four groups and take one issue each; ideas created are recorded under the issue question. Participants then rotate to the next issue, they receive a briefing on the ideas created by the previous group, and then they add any extra ideas that they may have. This process is repeated until all the groups have worked with all the issues. For detailed instructions see disc - Leaders' Guide 'Working in Groups' - section 4.4

Encouraging Creativity

These exercises help teams think differently about issues and step outside their 'box', some people may be more comfortable with these approaches than others. It is a good exercise to use when a group becomes 'stumped' with an issue.

The guide suggests two different exercises. The first exercise involves the group imagining that they are someone else unrelated to the issue (several options are listed) and thinking about the problem from their perspective. The second exercise asks the group to think about a business or industry, identify the strengths of the industry, and then consider how this could be related to the problem in question. For detailed instructions see disc - Leaders' Guide 'Working in Groups' - section 4.5

Evaluating Ideas and prioritising options

When a group has worked on an issue often many solutions and ideas are proposed. The following exercises are ways of prioritising actions and identifying the ones to start with, this supports actual implementation of the ideas generated.

Exercises suggested included:

- identifying the length of time to implement
- choosing the most popular three ideas
- indicating participant support for each idea
- identifying the extent that the idea is in the control of the group
- identifying the importance of each idea

For detailed instructions regarding how to do each of the above see disc - Leaders' Guide 'Working in Groups' - section 4.6

Action Planning

When the group has identified the ideas they wish to implement, action planning supports the group to make actual changes back in the workplace. Action planning can also be used to involve several people in the implementation and coordinate their activities, effectively spreading the workload and increasing ownership of the change.

Two ways of action planning are outlined. The first method is to classify the proposed actions in terms of quick wins, soft targets, challenging tasks and hold-offs. This method allows the group to plan the implementation in such a way as to increase the chances of success. The second method involves allocating tasks to certain people against timescales. For detailed instructions see disc - Leaders' Guide 'Working in Groups' - section 4.7

This Leaders' guide is available on the enclosed disc and also through www.modern.nhs.uk/improvementguides

Process Mapping

Process mapping is a simple exercise. It helps a team to know where to start making improvements that will have the biggest impact for patients and staff. Process mapping can also create dissatisfaction with the current system fostering a readiness to identify and implement improvements.

A process map is a flow diagram which shows the various routes that a patient could take through health and social care environments. Producing such a diagram helps staff to step back and gain an objective and fuller picture of a patient's experience, considering solutions that will affect the whole system.

The 'Model for Improvement' helps a team to take the process map a stage further by setting aims, targets and measures, and introducing a way of testing ideas before implementing them. The 'Model for Improvement' provides an ideal opportunity for involving the staff in as many steps as possible through whole team activities during staff meetings or delegating certain aspects e.g. talking to other organisations, asking patients' opinions etc. So it's logical to consider the two together.

A plan for improvement could include the following steps.

Step 1	define the aim for the project including: <ul style="list-style-type: none">• the group of patients you are considering• your targets
Step 2	consider how you are going to know if a change is an improvement: <ul style="list-style-type: none">• what measures you are going to use• how are you going to report progress to all the interested parties
Step 3	involve the staff in mapping and analysing the process: <ul style="list-style-type: none">• to really understand the problems for the patients, their carers and the staff• to start to measure and create the baselines for your improvements. You may need to revisit your targets at this point
Step 4	investigate all the changes that are likely to make an improvement in line with the aims set: <ul style="list-style-type: none">• talk to other healthcare services, organisations and the patients• look at the various Service Improvement Guides. You can find more information in the useful reading section
Step 5	test out the change ideas to see if they actually do make improvements: <ul style="list-style-type: none">• consider the knock on effects that making one change will have to that process and other parts of the system or different systems
Step 6	implement the changes that will make improvements
Step 7	congratulate the team and celebrate your success but continue to: <ul style="list-style-type: none">• ensure the improvements are sustained• look for ways to continue to improve• offer help, advice and support to other improvement teams

This Leaders' guide is available on the enclosed disc and also through www.modern.nhs.uk/improvementguides

Building and Nurturing an Improvement Culture

This Leaders' Guide initially explains culture and the way it can influence a team or organisation's reaction to change. The guide focuses on the 'unwritten rules' which collectively create a culture and prescribe the accepted way of doing things. Then an 'Improvement Culture' is described, leaders are encouraged to assess their own culture and identify the aspects which need to change. Practical steps are then given for moving a culture towards an 'Improvement Culture'.

The guide also provides individual and group exercises to identify the 'unwritten rules' of a team and suggests ways of challenging the status quo.

The power of unwritten rules

This exercise shows the power of unwritten rules and how they can influence perception without people being aware of it.

Show the group a selection of cards (Kings, Queens and Jacks) and ask each person to silently select a card and make a note of it. Show the group a second selection of cards (Kings, Queens and Jacks) from which the card they selected will be missing. The reason for the difference is that all the cards in the second set are different to the first set. However participants are influenced by the unwritten rule that the second set of cards is exactly the same as the first set. For detailed instructions see disc - Leaders' Guide 'Building and nurturing an improvement culture' - section 7.1

Uncovering the Unwritten Rules in your team

This is an individual exercise where you answer a series of questions to assist in identifying unwritten rules. For detailed instructions see disc - Leaders' Guide 'Building and nurturing an improvement culture' - section 7.3

Once you have identified the unwritten rules you can start to address them through the principles and processes outlined in section 6.3 of the guide.

A checklist for change management

This is a personal checklist for the person implementing the change; it acts as a useful *aide memoire* when seeking to introduce change. For detailed instructions see disc - Leaders' Guide 'Building and nurturing an improvement culture' - section 7.4

Importance of polarities

This is very useful when dealing with contradictory values or objectives. For example the need to improve efficiency and improve quality; or the need for stability and the need for change.

Show the participants the picture and ask them what they see. Suggest removing the candlesticks so they can see the faces better and show the next slide; the faces have vanished. Suggest removing the faces to see the candlestick better; the candlestick has vanished. Discuss with the group the fact that you need the faces to see the candlestick and vice versa. You cannot have one without the other - this is polarity. Polarities are not problems that can be solved; they need to be managed. For detailed instructions see disc - Leaders' Guide 'Building and nurturing an improvement culture' - section 7.5; also see disc for 'Presentation Polarities' for the slides to accompany this exercise.

This Leaders' guide is available on the enclosed disc and also through www.modern.nhs.uk/improvementguides

Capability exercises

Capability is the fourth layer of the Dilt triangle and refers to how the person completes their tasks or the person's level of skill. Capabilities have been defined as competencies and have been used to develop qualifications (e.g. NVQs), develop job descriptions (e.g. Agenda for Change) and conduct training needs analyses. It is vital that the top three layers of the triangle are addressed prior to dealing with capability as an individual needs to want to learn in order to do so.

Ensuring that staff are capable to implement a change will involve identifying the capabilities or competencies required for the change and providing appropriate development opportunities. It is easier to identify required capabilities when working from an existing framework. The disc accompanying this pack provides two frameworks of capabilities (in the folder marked Capabilities):

- Older Persons Competencies - Overview defined by Skills for Health - this is relevant to all staff who work with older people. To obtain a complete breakdown of the standards that form this overview you can visit: skillsforhealth.org.uk/standards.
- Skills and knowledge required to conduct a Single Assessment - obtained from the Centre for Policy on Aging website, produced by 'Evolutions' for North East London Strategic Health Authority. This is relevant to all staff who will be involved with the Single Assessment Process

These competencies could be used to identify the training needs of a group or individual. In order to identify the needs, discuss the change with the group/group representatives or the individual and identify the competencies from your framework that are appropriate for the specific change. To identify the capabilities that need development you could use a range of techniques including:

- Observing practice
- Asking patients and service users about their experiences
- Asking the staff the capabilities that they feel they need to develop
- Reviewing case notes
- Reviewing complaints

A simple example of how this may be done on an individual basis is through the appraisal process. Ask the individual to look through the various capabilities/competencies prior to the appraisal. During the appraisal you will discuss your observations of practice etc. Use these discussions to identify the

areas where the member of staff needs further development and record this on their development plan.

Once you have identified the capabilities that need development you will need to organise the necessary training. The majority of these needs will be met by in-house training; however there will be some needs that are not so easily met. Two possible ways of identifying appropriate training are:

- The Older People's Workforce Development Group of the Cumbria and Lancashire Strategic Health Authority has commissioned the University of Central Lancashire to produce a database of training opportunities for staff who work with older people. This database will list all opportunities in the North West and will be available late 2005. The database will be accessible by visiting Cumbria and Lancashire Strategic Health Authority's website (www.clha.nhs.uk) and clicking on the link at the bottom of the page to the Workforce Directorate website.
- The Information and Advice service on learning and development for health and social care staff provides advice to managers and staff. This service has access to a database of courses for adults and is contactable by telephone 08000 150 850, email u-inhsu.org.uk, or through the website www.nhsu.nhs.uk

Behaviour and environment

Behaviour and environment/context are the fifth and sixth layers of the Dilt triangle. Behaviour relates to the conscious actions of an individual; what the individual actually does. Environment/context are the conditions in which the individual displays the behaviour. These are the last levels to deal with when introducing a change, as it is wise to prepare a team mentally prior to making actual changes in behaviour. This way you are introducing changes with the support of the team.

Exercises to introduce change at these lower levels will be very specific to the intended change, as they will relate to issues such as following new protocols and guidelines (behaviour), or working with rearranged filing systems and new paperwork (environment).

Actually experiencing the new behaviour in the new environment is a good way of introducing change. The individual will lay new neurological pathways as they perform the behaviour, the more often the behaviour is performed the stronger the neurological pathways and subsequent behaviour (practice makes perfect!). One method of doing this is to use case studies or scenarios to practice the behaviour in the environment in which the behaviour will need to occur.

Behaviour e.g. Protocols/Guidelines

For specific case studies ask in what ways the guidelines/protocol will influence how the case will be dealt with. This could be done through a role play where team members act out the various roles or smaller groups (no more than 6 to a group) could discuss implications and feedback to the whole group.

Environment e.g. Paperwork/filing system

Use specific case studies or exercises that allow staff to actually have a go at working in the new environment or context. Give staff opportunity to reflect on what they have done. For example you may ask them to complete new paperwork for a patient case study, enter example records onto a computer system or retrieve a specific file.

In the attached disc are some examples of case studies which have been developed from original case studies on the Centre for Policy on Ageing website. These case studies are particularly relevant for implementing Single Assessment as they focus on issues such as information sharing protocols, when to refer, risk factors and completing new paperwork.

Appendix 1

Further information on Single Assessment

Single Assessment was originally outlined in the NHS Plan (July 2000), detailed information about the process followed in Standard 2 from the National Service Framework for Older People (March 2001). Single Assessment also contributes to all other standards in the National Service Framework for Older People. This guidance is directed at all statutory agencies responsible for health and social care. A copy of the NSF for Older People is available on the attached disc and is in the folder Appendix 1.

In 2002 the Department of Health issued 'The Single Assessment Process - Guidance for Local Implementation', this document and its annexes are also available on the attached disc and are in folder Appendix 1.

Appendix 2

Listing of pilot sites for possible staff visits

The Workforce Directorate of Cumbria and Lancashire Strategic Health Authority contacted local sites piloting Single Assessment to request their details. Sites forwarding their details are agreeable to staff visiting them to see Single Assessment in action.

Site visits such as these have several benefits:

- Reduce the unknown
- Discuss actual benefits and difficulties with staff who have a working knowledge
- Share good practice
- Visits by members of the team who are likely to resist the change is a good way to involve them

The attached disc has a listing of these sites with details of progress.

Appendix 3

Listing of useful websites

Websites that have been used in the production of this pack are listed below:

www.clha.nhs.uk - Cumbria and Lancashire Strategic Health Authority, follow the links for details of presentations related to implementing change and engaging with people.

www.clwdc.nhs.uk - Cumbria and Lancashire Strategic Health Authority, Workforce Directorate, this will have the database of courses for staff working with older people.

www.dh.gov.uk - Department of Health, useful to keep up to date with changes relating to any issue in health, also contains links to related websites.

www.skillsforhealth.org.uk - Skills for Health have been commissioned to produce competencies for many areas of health. The Older Peoples competencies were obtained from this website

www.modern.nhs.uk - Many of the exercises for the top three levels of Dilt came from the Leader Guides on this site. The Leader Guides are constantly updated and added to so it is worth visiting the site on a regular basis.

www.cpa.org.uk - Centre for Policy on Ageing is a UK based, independent research organisation which seeks to create and influence policies relating to older people. There is a section of this site which has many training resources for implementing Single Assessment free of charge

www.nhsu.nhs.uk - NHSU website contains information on a variety of programmes and courses specific to staff in health and social services, they are a particularly useful contact for e-learning.