

# Our approach to supporting improvement

Working draft v7 – September 2016

Please note that this document will remain for the moment as a working draft document in recognition of our evolving understanding of how best to support the work of improvement within a rapidly changing context.

This document is primarily for internal use to:

- a) provide a common approach to working with delivery organisations that accommodates the strengths of each of the component parts of the new Improvement Hub
- b) support those working in the Improvement Hub who may come from different backgrounds and with different skill sets to understand how their respective approaches align under a common approach
- c) support those applying to work with the Improvement Hub to understand our approach and, therefore, make informed decisions about fit, and
- d) provide the basis for a training needs assessment to better understand the range of skills across the core team and any key skills gaps.

This document may also be of interest to those commissioning work from the Improvement Hub who want to better understand our approach to improvement. It is not intended as a public-facing document. A public-facing summary of our approach to improvement may be something we want to develop longer term.

## **Further areas for development already identified**

The document would benefit from some further work to separate out the different levels that we work at (team, service, organisation, system and national) and how this may impact on the tools and approaches used. It is suggested that this is developed as an additional section.

Building on this, there is an emerging understanding of the need to develop a framework for large scale transformational change across public services in Scotland. This would support a common understanding of what leaders need to do at a national and local system level to support the radical redesign of services. This would include addressing the issues of how to effectively lead and manage complex interconnected systems of care. This is not the purpose of this document, although there are key elements within this document that would align with an approach to large scale transformational change (such as the need to combine relational and technical approaches to change).

## 1. INTRODUCTION

This document outlines the methods that the Improvement Hub will use to support health and social care organisations across Scotland to deliver improved health and wellbeing outcomes. It provides an overview of the relational and technical approaches that underpin our approach for facilitating improvement.

From the outset it is important to acknowledge that the theoretical discourse on change and planned improvement can be intensely polarising – particularly the debate as to whether change is primarily driven through a focus on relationship and conversation or through a focus on process and system design.

**Our belief is that we need both as in real life the outcome is defined by a complex interplay between system/process design and people/relational issues.** Accordingly, our improvement approach focuses on both the objective reality of process design and the more subjective world of social processes. Crucially, there needs to be thoughtful and comprehensive assessment of context to inform the approach used within any given situation with a different balance of approaches needed according to each situation and at different points in the improvement journey.

In stating our approach to improvement, we recognise that it is not possible to accurately condense complex change processes down to one simple model. In the words of Box (1979)<sup>1</sup>, we recognise that **“all models are wrong but some are useful”**. This document suggests an overall common framework to help us navigate through the complex business of improving health and social care. It is simply there to guide us in our work and should not be used to constrain us from adapting to the presenting context or evolving knowledge about what works in supporting improvement. Finally, we need to remain open to new thinking and approaches which improve the effectiveness of the support we offer and expect this framework to evolve alongside our own growing understanding of what works.

## 2. WHAT DO WE MEAN BY IMPROVEMENT?

Defining improvement in health and social care is complex as it includes a wide range of success measures and is judged differently by different stakeholders (Rowe & Chapman, 2015)<sup>2</sup>.

Our recent work to co-design this new national improvement support offering identified five key uses of the word “improvement”:

1. as a reference to anything that leads to an improvement in outcomes relative to historical norms
2. as a shorthand for improvement science
3. as a shorthand for the Model for Improvement
4. as a shorthand for the application of Quality Improvement Methodologies, and
5. as a way to describe relational approaches to change.

Stakeholder interviews undertaken as part of the co-design process (Leishman & McCready, 2015)<sup>3</sup> highlighted that, in addition to individual stakeholders holding different understandings of what is meant by the term “improvement”, there were also misunderstandings and assumptions being made about other stakeholders’ definitions and understanding of improvement. This can lead to unnecessary and unhelpful conflict and, therefore, a key priority for the new Improvement Hub was to agree a common language that supports understanding, effective communication and collaboration in the complex work of improving health and social care.

Work is in place across Healthcare Improvement Scotland to agree an overall organisational approach to improvement. The exact wording of our definition of improvement has yet to be agreed, but it will be a broad definition such as “an occasion when something gets better or when you make it better” (Cambridge Free English Dictionary and Thesaurus ). In using a broad definition, we recognise that there are a wide range of approaches that can lead to improvement in health and social care, including (but not exclusively):

- advances in technology, medicine and psychosocial interventions
- developing the knowledge and skills of those working in health and social care
- redesigning systems and processes so they enable staff to reliably do the right thing, in the right way, every time
- developing the knowledge and skills of the general population to better manage their own health and wellbeing, and
- addressing wider environmental and societal issues which lead to poor health and wellbeing.

The focus of the Improvement Hub is on supporting and facilitating Integration Authorities, third sector, independent sector, housing and NHS boards to jointly **improve health and wellbeing outcomes for people, families and communities, whilst seeking to reduce inequalities through:**

- a) supporting the development of cultures of continuous quality improvement so that every person working in health and social care is engaged in the work of improving their day to day practice, and
- b) supporting the work to design systems, services and processes which enable people to receive the right support and care, in the right place, at the right time whilst also reducing harm, waste, duplication, fragmentation and inappropriate variation.

The rest of this document will focus on the approaches the Improvement Hub will use to take forward this specific aspect of improvement work. **However, this is with an understanding that our focus, whilst a necessary part of a system approach to improvement, is not itself sufficient to address all the improvement issues facing health and care services.** Indeed, Healthcare Improvement Scotland deploys a wide range of approaches to supporting improvement in healthcare through, for instance, the work of the Scottish Health Council, the Scottish Medicines Consortium, the Scottish Intercollegiate Guidelines Network (SIGN), the Scottish Health Technologies Group and our external quality assurance interventions. We also recognise the vital role of approaches led by partner organisations such as work around: workforce development and redesign; development of digital infrastructures; enhancing data capture, analysis and reporting; and work to develop legal and policy environments which enable the work of improvement.

### 3. OUR UNDERPINNING PHILOSOPHIES

Our focus is on supporting everyone in health and social care to engage in the work of improving what we currently do *and* supporting the work to ask whether what we currently do is the right thing and if not, to radically redesign the nature of what we do. Improving care in this way requires a focus on:

**a) Changing the nature of relationships**

A key part of our approach is a focus on changing the nature of the relationships from one where professionals do to people to one where they work together with the individual and their care networks, with a focus on understanding the outcomes that matter to the individual person and taking every opportunity to enable people and communities to do for themselves.

**b) The processes and the people**

High quality care happens when we have the people with the right skills and attitudes working in systems that are designed to support them to do the right thing. In our work with care teams, we regularly come across poorly designed processes and systems that, instead of supporting high quality care delivery, hinder it. Therefore, our approach focuses on both the people and the processes acknowledging that the actual care delivered is the outcome of a complex interplay between the two. The best people in the world will struggle to deliver high quality care when they work within poorly designed systems and processes; and the best processes in the world can not compensate for poorly trained staff displaying inappropriate attitudes and behaviours.

**c) Systems thinking approaches**

We also recognise that any individual or team is embedded as part of a wider system. Therefore, our work is underpinned by systems thinking and, as part of this, we draw on theories around working in complex systems, including theories of how to work with complex adaptive systems and the latest thinking around complex responsive processes. We recognise the importance of defining the system as inclusive of the individuals themselves, their families and friends, the wider communities and third sector organisations.

**d) Combining subject matter and systems improvement knowledge**

We also recognise the importance of combining subject matter knowledge about the issue which we are seeking to improve with generalisable knowledge about improvement and change management. Therefore, we prioritise and promote relevant expert input and leadership for all our programmes of work. This includes recognising the expertise of individuals with a lived experience of a long term condition and the vital role of clinicians in leading improvement within healthcare settings.

**e) Co-design and delivery with those impacted by the change**

We recognise that sustainable improvement is much more likely if those being asked to change are actively involved throughout all parts of the change process, including identifying the opportunities for improvement. For too long we have been trying to spread solutions to problems people don't even know they have. Therefore, active involvement of those impacted

by the change in all aspects of the improvement journey is a key part of our approach. This includes the involvement of individuals receiving health and care services and their families and carers, alongside those responsible for providing care, including clinicians, practitioners and managers.

**f) Adapting to local context**

We also recognise the vital importance of context in any change scenario and that improvement happens when the improvement intervention, and how it is delivered, aligns appropriately with the context.

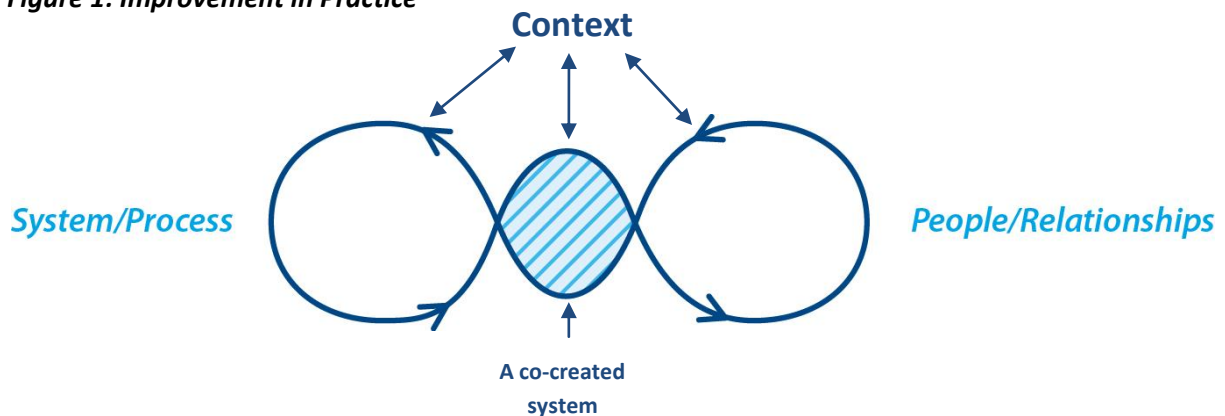
#### 4. FRAMEWORK FOR PLANNED IMPROVEMENT

A core component of our approach is our *Framework for Planned Improvement*, see Appendix 2. The framework supports informed decision-making on the selection of methods to:

- **Understand** the current system and the problems (deficits) and/or the opportunities for improvement (assets)
- **Design** changes to deliver desired improvements, clearly identifying the theory of change
- **Implement** the change with a focus on testing
- **Evaluate** to understand whether the change led to an improvement and if so what was it about the change that resulted in the improvement and repeat cycles of testing in light of that understanding
- **Embed and sustain** successful change
- **Spread** the learning

We draw on a broad range of theories and techniques to inform how we support services through this journey of improvement. At a high level, our approaches can be categorised as a combination of technical and relational approaches where the technical domain is defined as focusing on designing effective systems and processes and the relational domain focuses on the aspects of how we engage and work with people in the change process. However, we recognise that in practice the two domains are interdependent. Further, they are both impacted by the prevailing context and cultures whilst at the same time both impacting on those prevailing context and cultures. This is illustrated by Figure 1 which we have adapted from Napper (2010)<sup>4</sup>.

**Figure 1: Improvement in Practice**



At a more detailed level, we operate an open approach to methods (theories/techniques) which recognises the following.

- The best method for any particular improvement challenge will depend on the nature of the issue being addressed and the organisation/system we are working with. In particular, where organisations/systems have defined their own local approach to improvement, we will work within their agreed models.
- Quality improvement work within the service sector nearly always requires a combination of relational and technical approaches.
- For complex problems, the solution is likely to draw on a range of methods. One of the skills of the expert improvement practitioner is knowing which approaches to combine in any particular situation to maximise the chances of success.
- Our knowledge about what works is constantly evolving and it is important that any statement of methods remains open to embracing new knowledge and thinking.

However, this open approach is built on a common foundation of:

- recognising the importance of the relational aspects of change.
- the Model for Improvement, including Plan, Do, Study, Act (PDSA) cycles.
- the use of data to both identify opportunities for improvement and to know whether a change is leading to improvement. Our definition of data includes both qualitative and quantitative sources in recognition that quality is in part defined by the experience of the person receiving care.

### **The Model for Improvement**

Underpinned by a 'rapid cycle change' (Plan, Do, Study, Act) approach, the model focuses on three key questions:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in an improvement?

The Plan, Do, Study, Act (PDSA) approach puts these questions into action by testing in the field. The approach is systematic and informed by quantitative and qualitative data. Changes are tested on a small scale starting with one practitioner and one client, building up over time with the aim of small changes creating a large effect.

The Model for Improvement has been successfully used in Scotland across a range of settings such as primary and secondary healthcare, cross-sector children's services, education sector, and local and central government. The feedback has been encouraging suggesting that the model can span the sectors and connect people in a shared language of improvement.

Iterative tests of change such as PDSA cycles and the use of data are the basic tools and techniques that are integrated into all of the different technical approaches. An advantage of the Model for Improvement is that it empowers any person in a system with the basic knowledge on how to improve and how to assess whether the changes they have made have led to an improvement. It is fundamental for creating cultures of continuous quality improvement where every person working in a service is empowered to identify and make improvements in the areas they work in.

Further, the Model for Improvement is an approach which lends itself to working in complex systems where there is a lack of agreement on the correct course of action as it enables teams to test changes on a small scale within the actual work environment and to learn and adjust the change in response to the practical experiences and challenges faced within their particular context. Therefore, it recognises the importance of context and empowers front line staff with the skills to adapt changes in light of their own local contextual issues, whilst ensuring a rigorous approach to assessing the impact of any local adaptations.

### **The stages of the Framework for Planned Improvement**

The Framework consists of six stages. Each stage represents a stage of the improvement journey comprising a range of change and improvement methodologies. At the heart of each stage are the needs of those accessing care services.

**Movement across the stages is not necessarily linear.** Instead, progress from one stage to the next is dictated by continual assessment and agreement of the stakeholders' readiness through open and honest dialogue, coaching and support. Indeed, there may be times when the best approach is to start again. A short description of each stage is presented below.

#### **1) *Understand* the current system and the problem and/or opportunity for improvement**

The diagnostic stage involves assessments to understand the issues and the context they sit within. It may take a deficits approach where the focus is on getting a better understanding of the presenting problem and its root causes. Alternatively, it may take an assets based approach where the focus is on using appreciative inquiry to identify and spread good practice. Both have their place and indeed both can be used together. In complex environments with multiple stakeholders, all with their own perspective on what is happening, it may simply start with facilitating a common agreement on the nature of the problem to be addressed. The conclusions from this stage inform the design stage of the improvement framework.

#### **2) *Design* changes to deliver desired improvements, clearly identifying the theory of change**

A number of contextual and cultural factors are taken into account when designing the change package, including the nature and urgency of the quality issue to be addressed and the available resources. In designing changes, we also draw from the evidence base and any relevant clinical and care guidelines. At this stage, we recognise the importance of clearly identifying our theory of change. For large scale improvement programmes this may involve developing our logic model, and for small scale work it may be simply identifying our hypothesis against which we will carry out the test of change.

**3) *Implement the change with a focus on testing***

We promote taking every opportunity to test changes before implementing at scale and, even in those rare instances where moving straight to full implementation can be justified, it is still important to collect relevant data to verify if the change has led to the anticipated improvements. An understanding of how human systems respond to planned change complements practical skills in quality improvement. We also recognise the need to look at national and/or local programme infrastructure to co-ordinate and support implementation and the value of project management approaches to effective management of the implementation process.

**4) *Evaluate to understand whether the change led to an improvement and if so what was it about the change that resulted in the improvement and repeat cycles of testing in light of that understanding***

Real time evaluation is built into improvement cycles through the use of outcome, process and balancing measures. These measure can be quantitative and qualitative. We also promote approaches that support ongoing reflection and consideration of why changes did or didn't lead to improvement, with the aim of developing teams and organisations where reflective practice and learning are the norm. Further, understanding what aspects of the change intervention led to success, including the impact of any local cultural and contextual issues, is key for knowing how to replicate changes elsewhere.

**5) *Embed and sustain successful change***

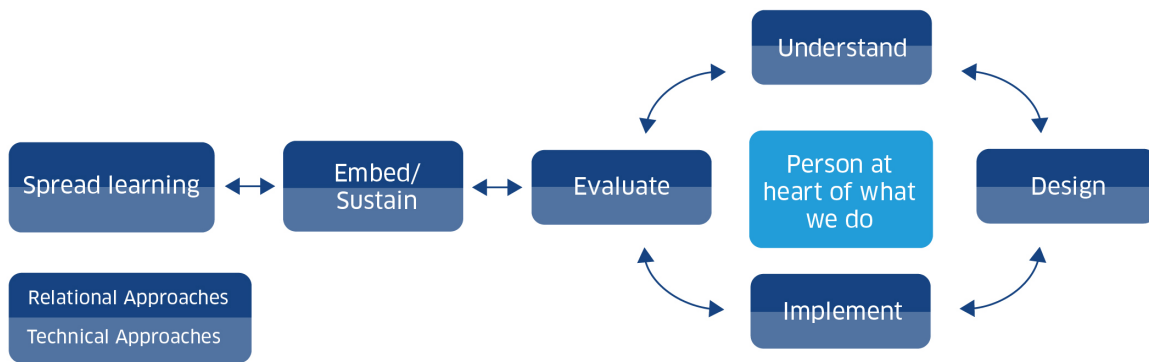
Quality control and motivational techniques are fundamental to sustaining the changes that lead to improvement.

**6) *Spread the learning***

Leadership and role modelling facilitate the spread of improvement along with social movement and network theory.

Figure 2 below sets out the framework conceptually and Appendix 2 provides examples of the relational processes and technical approaches which can be applied at each stage (although the list is not meant to be exhaustive). Guidance on the methodologies listed can be found on the [Quality Improvement Hub website](#).

**Figure 2: Framework for Planned Improvement**



We select the most appropriate mix of approaches for each improvement challenge and, through a ‘train the trainers’ approach, support pragmatic application whilst building local knowledge and capability for the longer term.

Finally, the knowledge base about what works in supporting improvement is continually evolving. Therefore, we recognise the need to remain open to new thinking and approaches which improve the effectiveness of the support we offer and expect this framework to evolve alongside our own growing understanding of what works.

## 5. OUR ROLES IN SUPPORTING IMPROVEMENT

Improvement is more likely to be achieved and sustained when the whole system is engaged in supporting the changes. We recognise that building effective relationships, which are built on mutual trust and respect, is vital for our success.

Effective service improvement intervention requires a demanding combination of personal qualities. Members of the Improvement Hub must be able to navigate hierarchies and span the boundaries of different organisations and sectors, particularly where there is a need to reconcile conflicting perspectives.<sup>5</sup> Moreover, the advice of experts from the field (subject matter experts) is fundamentally important to meaningful engagement of stakeholders.

The main roles the improvement team fulfill or co-opt are:

- trusted advisor for example critical friend / coach / facilitator
- specialist advisor (subject matter expert) for example clinical advisor / social work advisor
- technical advisor for example improvement advisor / data analyst
- technical support for example programme coordination / administration support

We recognise that it would be unrealistic and unreasonable to expect every (or even any) person working in improvement to have skills in the full range of methodologies we deploy. As an organisation, we recognise the importance of employing a mixture of individuals who possess a deep level of expertise with a given methodology with generalists who have a much broader understanding of a range of approaches and are skilled in knowing when to call in specific expertise.

This specific improvement expertise is then combined with subject matter expertise, including recognising the expertise of those with a lived experience of a health condition.

## 6. ONGOING DEVELOPMENT OF OUR APPROACH

This document represents our approach at the start of our journey. With such leading edge work, there is no blueprint for us to follow. As our knowledge and experience grows in blending the relational and technical aspects of improvement into a single offering, so too will our approach. In anticipation, we thank our stakeholders who will travel with us and contribute to future iterations through constructive dialogue.

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<sup>1</sup> Box, G. E. P. (1979). Robustness in the strategy of scientific model building. In Launer, R. L. & Wilkinson, G. N. (eds.) *Robustness in Statistics (pp 201-236)*. Academic Press.

<sup>2</sup> Rowe, A., & Chapman, C. (2015). *Perspectives on Improvement and Effectiveness: Key Definitions and Concepts*.

<sup>3</sup> Leishman K. (2015). *Improvement Integration: Views gathered from Stakeholders*. Scotland: Leishman.

<sup>4</sup> Napper R (2010), 'The Individual in Context' in *Life Scripts: A Transactional Analysis of Unconscious Relational Pattern*, edited by Richard G. Erskine, Karnac Books, London

<sup>5</sup> Hudson, B (2015), *Wee Wins or Big Prizes*, Durham University, Durham

## APPENDIX 1: SUMMARY OF THE FIVE CORE FUNCTIONS OF THE IMPROVEMENT HUB

### The Improvement Hub role in supporting improvement across health and social care

#### 'Creating the conditions' for improving outcomes

- Influence national policy and legislation to ensure it provides a supportive context for improvement
- Work with partners to identify and remove any national level barriers and to enhance national level enablers
- Support Boards (NHS and IJBs) to develop the cultures and infrastructures that enable improvement in outcomes
- Provide a 'boundary spanning' function at national and local level to support improvement in outcomes
- Develop and run campaigns focused on building social movements for change

#### Building the knowledge and skills to do the work of improvement

- Support the design and delivery of a range of resources that facilitate the development of the knowledge, skills and competence in leading and doing the work of improvement, with a focus on developing the capacity of the health and social care system to:
  - apply improvement methodology to redesign and continuously improve services, and
  - undertake highly effective strategic commissioning
- Support implementation of change and improvement methods through coaching, facilitating, mentoring and providing consultancy support
- Provide 'faculty' to support delivery of national and local improvement training
- Support a range of networks and communities of practice focused on improvement
- Offer an easily accessible repository of knowledge, tools and guidance
- Enable easy and wide access to work with national and international experts

#### Practical improvement implementation support

- Design and deliver national improvement programmes that address common challenges across Scotland (testing and spreading at scale)
- Provide tailored and responsive improvement support to enable the health and social care system to deliver against key local improvement priorities
- Provide grants to enable care delivery partners to test potential solutions to common priority improvement challenges across Scotland, and develop guidance and tools that support the work of improvement

#### Innovation and horizon scanning

- Support work to design and test innovative solutions to common improvement challenges
- Develop tools and guidance to support the work of improvement
- Horizon scan to identify promising practices across Scotland and internationally
- Convene experts and frontline staff from across the system to provide 'thought leadership'

#### Providing expertise in evidence, evaluation and measurement for improvement

- Conduct rapid reviews of evidence to inform improvement work both nationally and locally
- Identify good practice/promising practice, capturing and sharing information on the 'what and how' the area has delivered improvement
- Provide advice and support on how to pragmatically embed evaluation across improvement work, including support for developing the business case for improvement
- Develop the capacity of the system to use data (qualitative and quantitative) to identify opportunities for improvement and to understand whether changes are leading to improvement. As part of this provide, advice and guidance on using data to better understand population need

## APPENDIX 2: FRAMEWORK FOR PLANNED IMPROVEMENT – SUMMARY OF APPROACHES USED

The following table highlights some of the relational processes and technical approaches which can be applied at each stage in the cycle of the improvement journey (although the list is not meant to be exhaustive). Guidance on most of the methodologies listed can be found on the [Quality Improvement Hub website](#) and we are currently in the process of developing this table so it automatically links to guidance on each of the techniques referenced.

<b>Understand the current system and the problem and/or opportunity for improvement</b>	
<i>The diagnostic stage involves assessments to understand the issues and the context. This includes gauging readiness for change and supporting local agreement about the key issues and priorities. The conclusions inform the design stage of the improvement framework.</i>	
<b>Relational Approaches include:</b>	<b>Technical Approaches include:</b>
<ul style="list-style-type: none"> <li>• Systems theory</li> <li>• Cultural diagnostics (for example Cultural Web, Systemic Constellations)</li> <li>• Appreciative Inquiry</li> <li>• Theory U (Co-sensing)</li> <li>• Facilitation</li> <li>• Group processes</li> <li>• Dialogic approaches</li> <li>• Emotional Touchpoints</li> </ul>	<ul style="list-style-type: none"> <li>• Data for diagnosis – qualitative and quantitative, including comparative data with ‘best in class’</li> <li>• Observation (Lean and Experience Based Co-design (EBCD), Video Ethnography)</li> <li>• Define value from the customer perspective (Lean, Personal Outcomes, Vanguard)</li> <li>• Value Stream Mapping (Lean)</li> <li>• Problem Structuring Methodologies for working with situations where multiple stakeholders with multiple views on the nature of the problem (for example Strategic Choice Approach, Causal Mapping, Soft Systems Methodology)</li> <li>• Current state mapping of process (Lean, Model for Improvement (Mfi), Vanguard)</li> <li>• Current state mapping of experience of engaging with system/process (EBCD)</li> <li>• Quantify failure and value demand (Vanguard)</li> <li>• Root Cause Analysis (Lean and Mfi)</li> </ul>
<b>Design changes to deliver desired improvements</b>	
A number of contextual and cultural factors are taken into account when designing the change package, including the nature and urgency of the quality issue to be addressed and the available resources. We also draw from the evidence base and any relevant clinical and care guidelines.	
<b>Relational Approaches include:</b>	<b>Technical Approaches include:</b>
<ul style="list-style-type: none"> <li>• Complex Responsive Process theory</li> <li>• Systems theory</li> <li>• Theory U (Presencing)</li> <li>• Facilitation</li> <li>• Group processes</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence Based Practice/Evidence Reviews</li> <li>• Care Bundles (IHI-QI)</li> <li>• Design system to minimise error (Human Factors Theory)</li> <li>• Driver Diagrams (IHI-QI)</li> <li>• Family of Measures: Process, Outcome, Balancing (IHI-QI)</li> <li>• Future State Mapping (Lean)</li> <li>• Drum Buffer Rope (Theory of Constraints (ToC))</li> <li>• Design against demand/Experts at Front End (Vanguard)</li> <li>• Personal outcomes approaches (for example Talking Points)</li> <li>• When to test/when to just do (IHI-QI)</li> </ul>

<p><b>Implement changes</b></p> <p>The primary focus of implementation is on iterative testing of small changes to move current practice to the desired state. An understanding of how human systems respond to planned change complements practical skills in quality improvement. We also recognise the need to look at national and/or local programme infrastructure to co-ordinate and support implementation and the value of project management approaches to effective management of the implementation process.</p>	
<p><b>Relational Approaches include:</b></p> <ul style="list-style-type: none"> <li>• Human transition theory</li> <li>• Complex Responsive Process theory</li> <li>• Systems theory</li> <li>• Facilitation</li> <li>• Group processes</li> </ul>	<p><b>Technical Approaches include:</b></p> <ul style="list-style-type: none"> <li>• Iterative cycles of testing – Plan, Do, Study, Act (PDSA) (Mfl, Lean)</li> <li>• Real-time feedback of qualitative and quantitative measurement</li> <li>• Project management techniques</li> <li>• Visual Management (Lean)</li> <li>• Theory U (Prototyping)</li> </ul>
<p><b>Evaluate to understand whether and extent to which change led to an improvement</b></p> <p>Real time evaluation is built into improvement cycles through the use of outcome, process and balancing measures. We also promote approaches that support ongoing reflection and consideration of why changes did or didn't lead to improvement with the aim of developing teams and organisations where reflective practice and learning are the norm.</p>	
<p><b>Relational Approaches include:</b></p> <ul style="list-style-type: none"> <li>• Action research</li> <li>• Facilitation</li> <li>• Group processes</li> </ul>	<p><b>Technical Approaches include:</b></p> <ul style="list-style-type: none"> <li>• Logic Modelling and Outcomes Frameworks (Theory of Change/IHI-QI)</li> <li>• Contribution analysis</li> <li>• Use of qualitative and quantitative data to evaluate impact including: <ul style="list-style-type: none"> <li>○ Personal outcomes approaches (for example Talking Points)</li> <li>○ Process, Outcome and Balancing Measures (Mfl)</li> <li>○ Qualitative Feedback (EBCD)</li> <li>○ Run charts or SPC charts (Mfl, Lean)</li> <li>○ Estimates of financial impact</li> </ul> </li> <li>• Theory U (Feedback on testing)</li> </ul>
<p><b>Sustain successful change</b></p> <p>Quality control and motivational techniques are fundamental to sustaining the changes that lead to improvement.</p>	
<p><b>Relational Approaches include:</b></p> <ul style="list-style-type: none"> <li>• Systems theory</li> <li>• Motivational techniques</li> <li>• Group Processes</li> <li>• Dialogic approaches</li> </ul>	<p><b>Technical Approaches include:</b></p> <ul style="list-style-type: none"> <li>• Standard Work (Lean)</li> <li>• Run charts/SPC charts (Lean, Mfl)</li> </ul>
<p><b>Evaluate to understand how a change led to an improvement and spread the learning</b></p> <p>Understanding what aspects of the change intervention led to success, including the impact of any local cultural and contextual issues, is key for knowing how to replicate changes elsewhere. Leadership and role modelling facilitate the spread of improvement along with social movement and network theory.</p>	
<p><b>Relational Approaches include:</b></p> <ul style="list-style-type: none"> <li>• Complex Responsive Process theory</li> <li>• Network theory</li> <li>• Social Movement theory</li> <li>• Leadership role modelling</li> </ul>	<p><b>Technical Approaches include:</b></p> <ul style="list-style-type: none"> <li>• Marketing approaches</li> <li>• Reports highlighting good practice</li> </ul>