

GRS

Global Rating Scale

JAG

Joint Advisory Group
on GI Endoscopy

NHS

Improving Quality

The Productive Endoscopy Unit

*Building teams for safer care*TM

Programme Leader's Guide

...from executive to endoscopy suite

This document is for programme, improvement and executive leaders





Purpose of this guide

This guide will help you put together a practical, open and realistic plan for starting, spreading and sustaining The Productive Endoscopy Unit.

It is not a 'how to' guide for programme management, rather it's a reference of key points to combine with your experience, knowledge and existing programme leadership.

Your role as programme leader is crucial to the success of The Productive Endoscopy Unit. This guide will set out how your role can manage and influence at each stage of the programme and how you can ensure its success.

We have included here some messages from programme managers from sites who tested the implementation of The Productive Endoscopy Unit. You will see that the challenge seemed initially a formidable prospect, but the engagement of all staff in the changes reaped huge benefits.

“Starting The Productive Endoscopy Unit was a daunting prospect. The level of work involved and the amount of staff who needed to be engaged, in order to get the modules completed seemed mammoth. However, after choosing enthusiastic and motivated staff to lead each module, this project quickly became a self-perpetuating process. As more staff were involved more projects were developed, as more meetings happened, more ideas were generated. Soon staff became excited and interested in making changes in their department. Everyone was talking about being 'productive' and staff began to appreciate the benefits of the changes that they had put in. As programme leader, I have learned never to underestimate the power of a motivated and enthusiastic workforce in driving changes.”

Nicky Taggart, Gastroenterology Unit Manager,
Royal Liverpool and Broadgreen Hospitals NHS Trust

“Embarking on The Productive Endoscopy was initially daunting. My first impression was; what have we taken on?!”

“As the modules were explained and the tasks where allocated, the challenge for us was to get the ideas generated by the team, implement the changes, and keep the momentum going. We have been lucky to have Israel (our decontamination support worker and data analyst) who can collate and transpose the data visually on our board and track our progress. We are also lucky to have Lisa's (National Improvement Lead, NHS Improving Quality) support when we are flagging. We have implemented changes in our unit through engagement from all our staff.

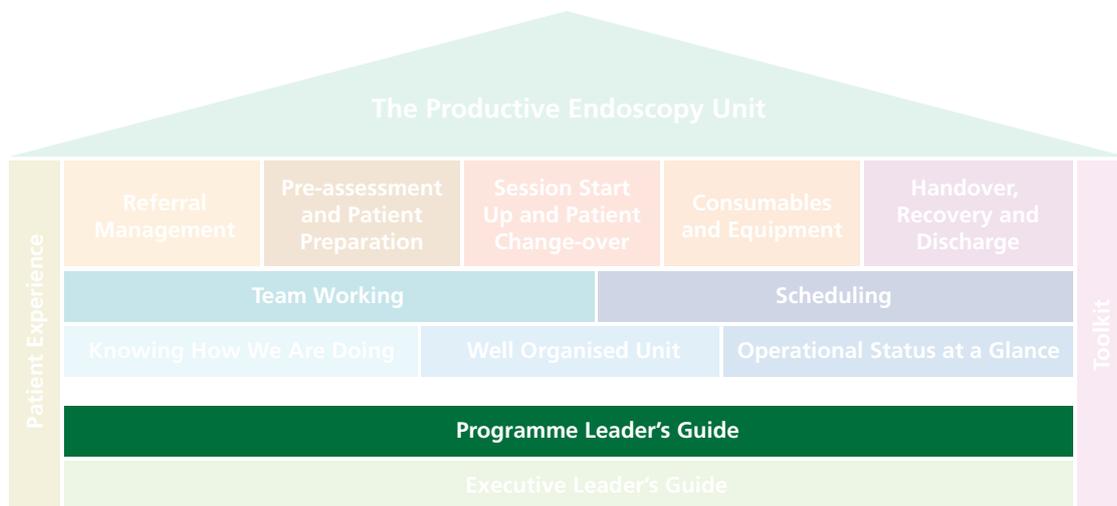
“Overall, it has been a worthwhile endeavour and change process is now accepted as a norm!”

Jim Buenaventura, Endoscopy Unit Manager, Whipps Cross University Hospital, Barts Health NHS Trust

“When we first got involved with this programme it was very daunting as there seemed to be so much work involved and we were not sure about what was expected of us however, as we began to work through the modules it became clearer. The processes we went through for each module really made you think about how you are working, and highlights both the good and the bad. We have been able to make loads of changes to our work that benefit both the staff and the patients.”

Kay Bird, Unit Manager, Endoscopy Department, Portsmouth Hospitals NHS Trust

Introduction to The Productive Series



The Productive Series supports NHS teams to redesign and streamline the way they manage and work. This helps achieve significant and lasting improvements – predominately in the extra time that they give to patients, as well as improving the quality and safety of care delivered whilst reducing costs.

The key to the success of The Productive Series is that improvements are driven by staff themselves, by empowering them to ask difficult questions about practice and to make positive changes to the way they work.

There are a variety of case studies available demonstrating the learning and impact achieved from NHS organisations who have implemented programmes from The Productive Series. These illustrate potential cost savings, improved staff morale and engagement, improvements in safety and patient experience, as well as demonstrating the impact of executive involvement in the programmes.

1. What is The Productive Endoscopy Unit?

Programme overview

The Productive Endoscopy builds on learning from the wider Productive Series and best practice from within healthcare and other industries, it is an important and exciting programme of work that gives frontline NHS staff the knowledge and practical tools they need to transform their unit across the four key aims of the programme:

- Patient's experience and outcomes
- Safety and reliability of care
- Team performance and staff wellbeing
- Value and efficiency.



There are many unique components to The Productive Endoscopy Unit. These include the explicit engagement of a key executive who will raise awareness, engagement and understanding at Trust board level of the improvements being made in the endoscopy unit. The programme recognises the importance and impact of team working on safety, reliability and staff wellbeing in particular. Part of The Productive Endoscopy Unit programme includes the Team working module, which focuses on creating high performing teams.

Endoscopy units in the UK are regularly assessed by the JAG (Joint Advisory Group) on Gastrointestinal Endoscopy, the body responsible for upholding the quality of endoscopy at a national level. The JAG operates within the Clinical Standards Department of the Royal College of Physicians. The JAG's mission as an organisation is to provide UK wide support for the whole of the endoscopy workforce to ensure they have the skills, resources and motivation necessary to provide the highest quality, timely, patient-centred care.

The Productive Endoscopy Unit modules aim to assist in both the achievement of the Global Rating Scale (GRS) standards and JAG accreditation, 'Knowing how we are doing' allows for the collection and display of data that serves the aims of the GRS return, JAG Accreditation and ongoing service improvement.



Having recently opened a beautiful new endoscopy unit, we are very excited to have the opportunity to work through The Productive Endoscopy Unit modules to make sure that we get the most out of the new facility. This programme gives us the ideal structure to enable us to increase throughput and to improve patient and staff experience in a systematic and sustainable way.



Maggie Hicklin, Deputy Director of Operations,
Guy's and St Thomas' NHS Foundation Trust

Why you should implement The Productive Endoscopy Unit

The Productive Endoscopy Unit:

- Offers you a systematic way of delivering high quality, safe, reliable care to patients in your department
- Helps staff to understand the value of measurement, and how this can be a real motivator for improvement
- Empowers staff to identify and resolve day to day frustrations, which put together towards a shared vision, contributes towards 'the perfect endoscopy list'
- Shows that by focusing on quality improvements, this will deliver efficiency benefits required in a challenging financial climate
- Will aid in achievement of JAG accreditation by helping staff to achieve improvements across the four GRS domains of:
 - Clinical quality - consent, safety, comfort, quality, appropriateness, communication of results
 - Quality of patient experience - equality, timeliness, choose, privacy, aftercare, feedback
 - Workforce - skill mix, orientation, assessment, staff cared for, staff listened to
 - Training - environment, trainers, assessment, equipment.



The Productive Series has been of real value to our Trust and entirely consistent with our belief that healthcare is "all about the patients" with our commitment to continuously seek better and better ways to manage their care. The Productive modules address this by optimising the use of resources and focusing on what really matters, but through an approach of bottom up change lead by the very staff who can see the problems, and the solutions and have the drive and capability to improve things. The role of executives is to promote, support and lead such change but also to empower and facilitate our staff to do the same. ”

Ursula Ward, Chief Executive, Portsmouth Hospitals NHS Trust

These modules are designed to provide a structure for implementing The Productive Endoscopy Unit and achieving the programme's aims.

As programme leader you will start with the Programme Leader's Guide, at the same time the Executive Leader should begin working through the Executive Leader's Guide, to ensure executive level support and commitment for the programme. We suggest you sit down with the executive lead and review the content of the two guides together so you are both familiar with what is expected of each other.

It is important for you to understand the modular structure of the programme. The sequencing is deliberate and you should ensure that the programme team work through the modules in the correct order.

Start with the **foundation modules** for the first phase of the programme.



Once they are fully in place work on the **enabler modules**.



Then move on to the **process modules**.

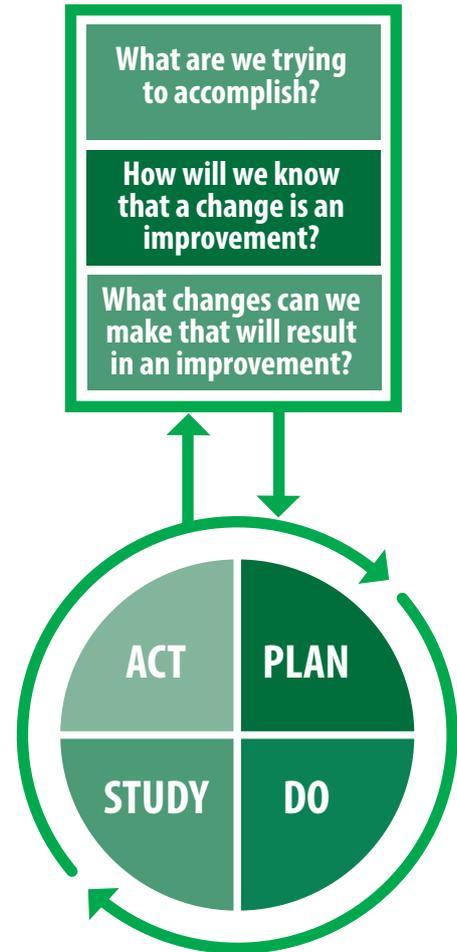
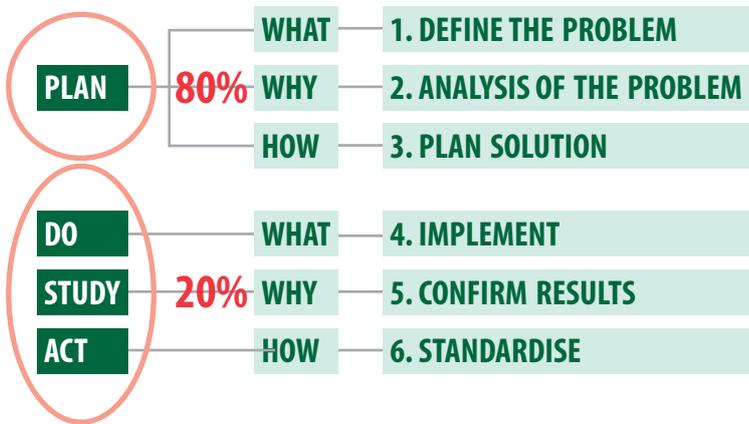


Experience has shown that 'cherry-picking' process modules before the foundations and enablers are fully in place will lead to disappointment. To deliver maximum benefit from the programme it is very important to follow the correct sequence. The first module to start working on is Knowing How We Are Doing. This module describes how to set up measurement systems to identify which of your interventions are actually delivering quality improvements.

Module structure

Each module will take you through the **Model for Improvement**, giving the team a structured approach to improving their processes.

PDSA cycle for improvement



A3 thinking and PDSA cycles

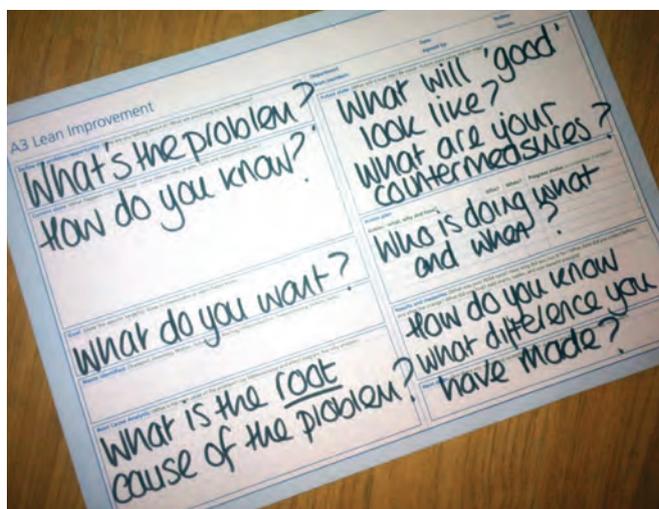
A3 reports are literally a one page document that record the agreed problem statement, analysis, potential countermeasures and action plan on an 11 x 17 inch sheet of paper.

A3 thinking is the rigorous application of the Plan, Do, Study, Act (PDSA) approach. It is the structured 'thinking' that is of most importance – the A3 report is of no significance in the absence of structured, agreed understanding and thought processes.

The report template serves as a guide for grasping and understanding the problem and identifying the point of cause and eventual root cause in a systematic way. It serves as a collaborative problem solving tool.

The A3 report itself represents a shared understanding of the consensus built towards solving the problem. As a document, it encourages reflection on the learning that has taken place and ensures that a consistent message is able to be discussed and scrutinised. Ultimately, it allows the team to ensure that an agreed action plan is followed.

TITLE:	VERSION:	DATE:
AUTHOR:		
PROBLEM STATEMENT: PLAN	FUTURE STATE: PLAN	
CURRENT STATUS: PLAN	ACTION PLAN: DO	
GOAL: PLAN	RESULTS AND MEASURES: STUDY/ACT	
ROOT CAUSE ANALYSIS: PLAN		
WASTE IDENTIFIED: PLAN	NEXT STEPS:	



For more detailed information on PDSA and A3 thinking see The Productive Endoscopy Unit Toolkit and *Knowing How We Are Doing* module.

THE NHS Change Model

The NHS Change Model brings together collective improvement knowledge and experience from across the NHS. There are eight component parts which should be used together in equal measure to make change successful. For more information see www.england.nhs.uk/sustainableimprovement/change-model.

Though current models of improvement and change that have emerged in health over the past decade have delivered benefits, they have also resulted in fragmentation and significant duplication of effort, with a multiplicity of different change approaches being used.

Working alongside the Quality, Innovation, Productivity and Prevention (QIPP) programme, the NHS Change Model has been developed, designed to stimulate and support the necessary improvements to health and health care.

By using the model to link with The Productive Endoscopy Unit modules, you can be sure you are applying the principles of continuous quality improvement (CQI) in an evidenced based, systematic application of change management approaches.



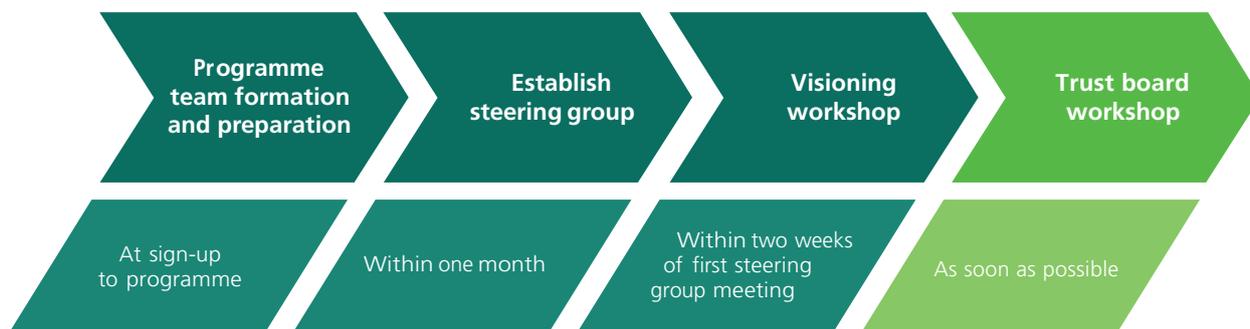
2. Programme start up

Timeline of key events and milestones

The following timeline provides an overview of key events and milestones in the programme and a suggested order in which they should take place. This guide takes you through the programme in a chronological order, covering the first three milestones in detail and providing an overview of the others with signposts to the modules which contain the full information.

There are two workshops that are vital in starting your programme, visioning and measures, and as programme leader you will need to initiate them. The workshops will take time to arrange so get the dates in diaries as soon as possible.

Key events and milestones



Tip: Start involving the staff by engaging them in videoing, taking photographs of your department and waste walks as soon as possible: this will really encourage staff to view their department in a different light. Start showing these at audit mornings or weekly update meetings.



We're trying to create the Bible for the Endoscopy Unit.



Jim Buenaventura, Endoscopy Unit Manager, Whipps Cross University Hospital, Barts Health NHS Trust



PDSA cycle for improvement

Milestone / event	Aim	Prerequisites	Key outputs
Programme team formation and preparation	<p>Recruitment of programme lead and form programme team</p> <p>Establish programme infrastructure to begin programme</p> <p>(Refer to the programme team section of this module)</p>	<ul style="list-style-type: none"> • Project plan or programme initiation document signed off • Clear agreement to proceed with programme from the executive board 	<ul style="list-style-type: none"> • Programme lead recruited • Programme team established • Clear roles and responsibilities • First programme team meeting date set • Draft programme plan • Showcase rooms selected
Establish the steering group	<p>Steering group established and first meeting held</p> <p>(Refer to relevant section of this guide for suggested membership and role)</p>	<ul style="list-style-type: none"> • Steering group engaged • Draft programme plan and timescales • Key resources identified 	<ul style="list-style-type: none"> • Clear structure of steering group • Terms of reference • Agree plans and timescales • Agree resources • Agree funding • Set meeting dates • Provisional dates agreed for workshops • Agree reporting, communication and escalation plans
Visioning workshop	<p>To create a local shared vision for your endoscopy unit that will underpin the work of the programme</p> <p>(Refer to visioning section in this guide)</p>	<ul style="list-style-type: none"> • Identification of date when multidisciplinary team can attend • Engagement of skilled facilitator • Organisation vision translated to individual PDPs 	<ul style="list-style-type: none"> • Clear shared vision created and understood by all • Engagement of the team • What are the barriers to the vision? • Identify champions to actively support the programme • Identify risks and define mitigation plan
Trust board or executive sponsor	<p>Engagement and ongoing support and commitment from the Trust board</p> <p>Refer to the Executive Leader's Guide</p>	<ul style="list-style-type: none"> • Preparation of data and information required 	<ul style="list-style-type: none"> • Clear vision • Active support for programme • Commitment to resource • Commitment to participate in endoscopy visioning session • Commitment to visits/walkabouts • Sign off project documentation

Milestone / event	Aim	Prerequisites	Key outputs
<p>Knowing How We Are Doing and Measures workshop</p>	<p>To understand current state and measure progress of improvements during the programme</p> <p>Identification of core measures for use during the programme</p> <p>(Refer to the Knowing How We Are Doing module)</p>	<ul style="list-style-type: none"> • Shared vision created and understood by all • Understanding of your information system and what it can deliver • Clarity of what you are already measuring • Actively seek support from the information department • Ongoing active support from information and IT departments 	<ul style="list-style-type: none"> • Identified and agreed programme measures • How measures will be collected, analysed and reviewed • Engagement of multidisciplinary team in Knowing How We Are Doing • Training for team in purpose of measures • Understanding how measurement drives behaviour and how to use facts/data to drive improvement • How to set up a visual Knowing How We Are Doing board and review system • Understanding of how you are doing in relation to the overall programme measures
<p>Commencement of Well Organised Unit and Operational Status at a Glance</p>	<p>To provide a solid foundation on which to base further improvement</p> <p>Refer to Well Organised Unit and Operational Status at a Glance modules</p>	<ul style="list-style-type: none"> • Knowing How We Are Doing established and its importance to the programme as a whole and each module understood by all 	<p>Well Organised Unit</p> <ul style="list-style-type: none"> • Improve workplace organisation • Understand the 5S methodology • Design their areas to support their processes <p>Operational Status at a Glance</p> <ul style="list-style-type: none"> • Introduce visual management to endoscopy • Understand why real time measurement is important • Develop an Operational Status at a Glance system • Identify safety measures

Milestone / event	Aim	Prerequisites	Key outputs
<p>Commencement of enabler modules - Team-working and Scheduling</p>	<p>Team-working Improved safety by reducing errors and create a better working atmosphere for the endoscopy team improved morale</p> <p>Scheduling Work with those involved in scheduling endoscopy lists to create a reliable and efficient scheduling process</p>	<ul style="list-style-type: none"> • For foundation modules to be embedded 	<p>Team-working</p> <ul style="list-style-type: none"> • Teams conducting brief /debrief (huddles), and the checklist <p>Scheduling</p> <ul style="list-style-type: none"> • improved scheduling process that produces reliable, achievable lists in a timely manner
<p>Process modules</p>	<p>Understand, improve and standardise key processes, the combined results will have a high impact on achieving the programme aims</p>	<ul style="list-style-type: none"> • All foundation modules and enablers to be embedded into daily practice 	<ul style="list-style-type: none"> • Safe, reliable processes that have eliminated unnecessary delays and waste, improving the experience of both patients and staff

Ideas that have worked

Example one: Engaging staff and launching The Productive Endoscopy Unit - Chesterfield Royal Hospital NHS Foundation Trust

Problem

How can the concept of Productive Endoscopy be introduced to the department and ensure the endoscopy team have basic lean continuous quality improvement skills, in order to provide improved patient care and empower staff to deliver the changes required?

What we did

The department firstly appointed a project lead and executive sponsor for the programme. The Endoscopy management team then promoted The Productive Endoscopy Unit to staff and the Trust executive team via internal posters and selected volunteers to lead on each of the productive modules.

Next, the department nominated the next available audit session to be scheduled as a launch event for The Productive Endoscopy Unit. The entire endoscopy team were invited, along with the executive sponsor, Trust transformation team and national improvement leads from NHS Improving Quality to facilitate the event.

The department was then able to align the programme of work into the Trusts wider transformation programme or Trust 'vision' and ensure support was available to staff via the executive sponsor – in this case the medical director - for any unforeseen issues.

During the event, staff were given a complete overview of the Productive modules and introduced to the module leads and project lead. All staff received basic training in the key tools and techniques that would be used throughout the project, and completed a practical simulation exercise to demonstrate patient flow from the perspective of an endoscopy patient's journey through the unit.

Staff were then given the project plan timescales and next steps to commence the project, including development of measures.

Impact

All staff knew what The Productive Endoscopy Unit programme would entail and what it would mean to them as staff and to their patients. Staff were engaged right from the start and understood that the programme was not an exercise in 'cost improvement' but a real opportunity to develop and enhance the service they provide for patients.

The executive sponsor role in attending was vital; staff recognised that they were being empowered to make change and at the same time were being supported, if needed, for difficult issues. The flow simulation exercise really focused the staff into understanding the difference between 'push' and 'pull' to deliver flow, and enabled them to visualise the patient pathway, clearly seeing what stopped the patient's progress through the unit.

“

The “flow exercise” pointed out and made people aware of what is and is not effective working. Also it was the one opportunity to get everyone together to really understand what the Productive Endoscopy Unit could mean to the department.”

Deborah McGregor, Staff Nurse, Chesterfield Royal Hospital NHS Foundation Trust

“

The Productive Endoscopy Unit launch and CQI training gave me an insight into the language used and enabled all the staff to understand the concepts of the project. It gave me the confidence to lead the team.”

Sharon Metcalfe, Project Lead, Chesterfield Royal Hospital NHS Foundation Trust



Example two: Project Planning and using Gantt charts - Portsmouth Hospitals NHS Trust

Agreeing to be a pilot and major contributor for The Productive Endoscopy Unit modules with NHS Improving Quality meant a daunting workload to maintain 'business as usual'.

It felt impossible to attempt to trial and implement the modules properly in a staged approach so it was decided to attempt to start each module at the same time. To make the modules more manageable in such a short space of time, a 'plan' was required.

What we did

- Agreed obvious actions required to trial improvements within each module were planned onto a six month calendar
- This was developed into Gantt charts which were displayed on the staff room wall
- Individual members of the team were assigned to be 'module leads' to oversee the actions that were required over the six month period
- The leads applied a red, amber, green (RAG) status to the charts to indicate to the whole team the progress they were making. To keep things simple, the whole chart started as 'red' and was turned to green once achieved. The initial charts were daunting (photo one)

Impact

- Some of the actions could quickly be turned 'green', which was satisfying (photo two)
- The Gantt charts did not make the work any easier to implement nor did merely having the plans on the wall help with the tight timescales
- However, it did provide a 'visible' working document showing what was left to do





3. Programme team formation

Roles and responsibilities

Although structures vary between organisations our experience suggests that to successfully implement The Productive Endoscopy Unit, you should have a core programme team that consists of the following roles:

Role commitment

Programme leader - half time

Improvement facilitator - quarter time

Executive leader - two hours a fortnight

Clinical leads (surgical and medical) - four hours/one session a fortnight or half hour each day

Information analyst - two days a week (initially)

Whilst it may seem that this is a considerable time commitment, it is important to realise that the amount of time and effort that is put into the programme will be reflected in the results achieved.

Champions from within your department may lead on individual modules or specific areas of work within the programme – include them as part of the programme team as appropriate.

The programme team should meet regularly. We suggest meeting weekly, to keep up the momentum.

Tip: Once team resources have been allocated, they need to be sustained throughout the programme: your organisation will not get the full benefits if people are pulled back into operational roles after a few weeks.



Time will always be an issue. That will never go away. You just have to get on and do it! ”

Nicky Taggart, Royal Liverpool and Broadgreen Hospitals NHS Trust

Programme leader – your role...

Is	Is not
<ul style="list-style-type: none"> • Programme planning • Communications planning • Training and coaching • Managing expectations • Setting board meeting • Arranging and leading key events • Presenting • Identifying resource requirements • Leading programme team • Tracking progress • Tracking quality • Enabling endoscopy teams • Reflection and strategic learning • Ensuring executive leader is up to date • Escalating issues and challenges • Engaging the multidisciplinary team • Lead the planning and measurement phase of each module • Reporting progress to executive lead/clinical lead 	<ul style="list-style-type: none"> • To work outside the scope of the programme plan • Micro-managing the department

It is likely that the selected candidate will already possess many of the skills required to be a programme leader. To highlight whether any gaps exist, consider the short list below:

- Leading teams
- Influencing skills
- Resource and process planning
- Communications plan
- Knowledge of the rooms and the teams working in them
- Knowledge of the modules
- Lean improvement knowledge
- Presentation skills
- Facilitation skills.

As you make the journey through the programme, the gaps can be addressed through personal development with the executive leader and / or unit manager.

Tip: Role clarity is important especially for individuals who have just changed from a purely clinical role.

Improvement facilitator – their role...

Is	Is not
<ul style="list-style-type: none"> • Organising and doing • Establishing a clear robust governance mechanism with reporting structures • Contributing to the planning and measurement phase of each module, with the programme lead • Thinking creatively to get the best out of staff • Working independently when required • Working as part of the team and helping to motivate them • Supporting champions in their work • Recording progress • Collecting and sharing data • Develop skills in the use of improvement tools and spread this knowledge throughout the department • Help to develop a culture for continuous improvement within the unit 	<ul style="list-style-type: none"> • Securing resources • Managing the areas of change • Directing change without the knowledge of the programme leader

Suggested models that work are:

- Endoscopy matron as programme leader with an improvement facilitator who has knowledge of service improvement
- A programme leader with a background in service improvement and an improvement facilitator with an endoscopy background and detailed knowledge of the processes and individuals involved in the department.

Tip: Between the programme leader and the improvement facilitator it is important to have a combination of endoscopy knowledge and improvement skills. There can be flexibility about the combination of these skills.

Executive leader – their role...

Is	Is not
<ul style="list-style-type: none">• Help to select programme lead• Being accountable for programme delivery• Aligning The Productive Endoscopy Unit to organisational objectives• Demonstrating visible leadership of the programme• Securing the necessary resources to ensure the programme team is supported• Supporting the team in overcoming problems and barriers as the programme progresses (even across boundaries in terms of finance and process improvements)• Ensuring staff have time released for attending workshops and training• Demonstrating commitment to the project by spending time in endoscopy, attending meetings and listening to staff• Measuring and monitor performance to keep the project on track• Championing the programme• Building in sustainability from the outset• Provide access to HR, finance and IT• Releasing resources to support training, testing and enabling process improvements	<ul style="list-style-type: none">• Micro-managing endoscopy units



Value the sceptics around you. They're not necessarily being negative; they perhaps just haven't got their heads around what it all yet means. They may provide a viewpoint you hadn't thought of. They might actually have a point!



Lisa Smith, National Improvement Lead, NHS Improving Quality

Clinical lead – their role...

Is	Is not
<ul style="list-style-type: none"> • Help to select the programme lead • Committing time to the programme - for training, webinars, workshops, conference calls, meetings and sharing events • Attending steering group and programme team meetings when required • Actively promoting the programme to other clinicians • Supporting the implementation of the programme in their own practice e.g. team briefings, testing PDSA cycles • Contribute ideas/information on improving the process • Influence the decision making process 	<ul style="list-style-type: none"> • To be an inactive clinical lead

Information analyst – their role...

Being able to measure how you are doing in relation to your programme aims and use of facts and data to drive continuous improvement, is a fundamental part of the programme and it is important to have dedicated analytical support.

Is	Is not
<ul style="list-style-type: none"> • Identifying what information is already routinely collected • Working with the endoscopy teams to develop ways to measure the programme aims • Identifying how the measures will be collected on an ongoing basis • Developing ways to analyse and present the data • Educating the team around the use and analysis of information 	<ul style="list-style-type: none"> • Being responsible for the data collection

Champions or module leads – their role...

Is	Is not
<ul style="list-style-type: none"> • To be ambassadors of the programme • To show commitment and enthusiasm • To promote the work the programme is doing • Completing specific tasks • Engaging other staff in the programme • To show visibility in endoscopy as part of the programme • Being on the ground helping to implement changes • Being able to deal with challenging behaviour about the programme from peers • Developing skills in the use of improvement tools 	<ul style="list-style-type: none"> • To be an inactive champion

Although not necessarily part of the core programme team, the role of champion is vital to the success and sustainability of the programme: they will lead on specific modules or work streams within the programme.

Volunteers are recruited to become champions at the visioning workshop, but keep your eyes and ears open for staff that show an interest in becoming champions throughout the programme.

Recruit champions from across the multidisciplinary team to ensure an even balance of champions to spread the programme.

Make sure you give a clear profile of the role of a champion, describing their key responsibilities. This will enable you to identify any training or support they may need.

As programme leader, you will find it helpful to promote the role of champion. They will be a great support to you in engaging people resistant to particular changes.

What they expect from you:

- Support, guidance and the freedom to explore/test new ideas
- Keep them informed about the programme
- Understand their qualities and strengths and what they can individually bring to the programme
- An open door policy.

4. Preparation and planning

Important enablers

The programme has an emphasis on doing what you can to improve the endoscopy unit without the need to wait for other departments to improve. However, due to the interdependent nature of services, some of the modules will require you to work closely with colleagues from other departments.

Discuss with your executive leader which departments you need to work with – the executive leader can help you identify the appropriate people to approach.

Spend time with the relevant individuals to explain the aims and strategic importance of the programme and how important their role is in its success. This will enable them to understand what you are trying to do and how they can enable the improvements to be made.

Tip: Minor works might be required for the Well Organised Unit, which is one of the most important modules for engagement of your staff. Involving facilities at the beginning of the programme is crucial to ensure no delays in implementing changes, for example cupboards and shelves needing to be moved and replaced.

Departments you should involve on an ad-hoc basis for specific modules		
Department	Module	Likely activity
Facilities	Knowing How We Are Doing Operational Status at a Glance, Well Organised Unit	Painting, floor marking, shelves, display boards, cleaning
Information	Executive Leader's Guide Knowing How We Are Doing Measures for all modules	Support developing, collecting, analysing and reviewing measures
Sterile services (including off-site teams)	Consumables and Equipment	Stocking, labelling, developing and agreeing to new ways of working
Procurement and supplies	Well Organised Unit Consumables and Equipment	Stocking levels
Pharmacy	Consumables and Equipment	Stocking, labelling, developing and agreeing to new ways of working
Wards	Scheduling Pre-assessment and Patient Preparation Handover, Recovery and Discharge	Engagement with developing and putting into practice new procedures
Finance	Executive Leader's Guide Knowing How We Are Doing	Providing information and costs Return on investment
Medical secretaries / central admissions / booking centre	Scheduling	To understand current state and develop and implement new processes
Governance	Knowing How We Are Doing Process modules	Guidance on governance issues regarding filming, taking photos or use of data
Decontamination (if not a part of unit)	Consumables and Equipment	Stocking, labelling, developing and agreeing to new ways of working
Communication	Executive Leader's Guide Programme Leader's Guide	Help to develop and implement a communications plan



Linking in with other Productive programmes

The Productive Endoscopy Unit is part of a series of Productive programmes that are all based on the same principles and follow a similar format. Although they use similar methods and approaches, the nature of the work varies due to the differences between the settings e.g. theatre, ward and endoscopy unit. Your organisation may already be implementing some of these programmes and it would be helpful to join up with other programme leaders to share learning, experiences and even resources.

If your organisation is implementing The Productive Operating Theatre, make contact with the programme lead as soon as possible. Arrange an initial meeting and meet regularly to discuss progress and exchange ideas.

Although complementary, be aware the programmes are different and have different challenges, depending on the healthcare setting.



When Joanne Coleman from Gateshead gave her overview of implementing the Productive Operating Theatre, and described how her team overcame barriers to achieve their amazing results, I was filled with enthusiasm!



Anon Delegate, The Productive Endoscopy Unit workshop - October 2013

Resources

The table below identifies the different types of resources to consider at the beginning of your programme.

Item	Subject
1	<p>Programme start up</p> <ul style="list-style-type: none"> • What do staff need / want to know? <ul style="list-style-type: none"> • Communication plan • Baseline data • Capacity and demand • How can staff participate? <ul style="list-style-type: none"> • Identify champions - multidisciplinary
2	<p>Resources</p> <ul style="list-style-type: none"> • What do we need before we start? • Programme materials <ul style="list-style-type: none"> • Camera, video camera, with appropriate accessories, flipchart paper, sticky notes and marker pens • Improvement materials <ul style="list-style-type: none"> • Whiteboards, floor tape, magnets, laminating sleeves, etc. • Funding for minor improvements or equipment <ul style="list-style-type: none"> • Removing or adding shelving/cupboards/notice boards • Boxes/rack systems to assist Well Organised Unit 5S process • Other <ul style="list-style-type: none"> • Regular meeting room
3	<p>Staff (in addition to programme team)</p> <ul style="list-style-type: none"> • Unit staff availability (including decontamination staff) • Programme administrative support • Analytical support – information/IT
4	<p>Commitment</p> <ul style="list-style-type: none"> • Do we have commitment and buy-in from: <ul style="list-style-type: none"> • Executives • Clinicians • Unit management • Unit staff

Managing upwards

A key element to sustaining The Productive Endoscopy Unit implementation is your Trust's senior leadership teams (executive and non-executive).

Your executive lead will provide:

- Consistent messages
- Approachability
- Visibility
- Support to endoscopy staff
- Efforts to quickly remove barriers.

Think carefully about how you communicate, manage and influence senior leaders in order to deliver the above outcomes. Your executive lead will play a key role in this.

Talk these challenges over with your executive leader and make sure everyone is giving a consistent message. Involve all disciplines, encourage suggestions and engage people in the work by sharing updates at meetings such as audit meetings.

Governance

Your trust will have a governance policy which has to be adhered to. Ensure that you, as programme leader, notify your governance lead and department of the aims/outline of the programme, start date and potential duration of the programme. Spend time with your governance lead to explain the aims and how they can support the programme.

Data protection

You will be collecting a large amount of data to capture the present status of your endoscopy unit. Engage and involve the analysts who deal with endoscopy information. Early interrogation of your IT system is strongly recommended to understand what information is currently being captured and what could be easily extracted into meaningful data.

Ensure you are aware of local data protection policy and that you comply with it.

Consent for filming and photographs

We encourage you to use photographs and film to capture and learn from the work you do in The Productive Endoscopy Unit. You must gain consent from any patients, staff and visitors captured on film. Your communications team will have template consent forms for you to use with patients. Give time to each person to explain the purpose of the filming or photography. This will enable them to give informed consent and has the benefit of building their confidence.

Developing a programme plan

Once the practicalities of The Productive Endoscopy Unit are understood, you and your team will need to develop a programme plan to guide the implementation. A good plan will help you achieve a number of objectives. It will:

- Allow the team to agree the overall aim of the programme
- Provide a mechanism for communicating with the team and its stakeholders
- Set expectations around timescales and implementation phases
- Help highlight risks
- Allow the team to track and assure progress towards implementation.

Approaches to creating your programme plan

There are many ways to create a programme plan, using software packages, local tools/project templates - some people prefer to plan it all on paper flipcharts. These are all good techniques as long as they capture the following:

- Process and activity planning, e.g. a task list with dates
- Resource planning – people and tangible items
- Outcome planning
- Gateways to the next phase.

Programme planning

GANTT charts

Gantt charts determine what needs to be done by when. Break the modules into sections and create task lists. Combine modular tasks with tasks such as briefings, networking events and preparation. The plan can be very high level or very detailed.



Ideas that have worked

Example three: Gantt chart/project management - Whipps Cross Hospital, Barts Health NHS Trust
Being a pilot site for The Productive Endoscopy Unit was a double edged sword, with a lot of testing to do in a short space of time. Having a plan in mind to keep the team on track and focussed was essential.

What we did

- For each of The Productive Endoscopy Unit modules
 - Designed the key actions required in order to understand the correct approach
 - Baseline current state (as-is model)
 - Reviewed the data
 - Collaborated on any actions
 - Adopt and adapt suggestions
 - Test changes
 - Observe and implement robust improvements
- Detailed this into Gantt charts for each module
- Assigned module leads to test these action plans



Impact

- Despite having a visual plan, the timescales did slip
- With so many changes being tested at any one time, staff sometimes felt 'change fatigue'
- On looking back at how much had been achieved, staff felt proud of the significant successes
- The Gantt chart was useful in keeping a visual diagram of progress and was used as a planning guide



Establishing the support from the Trust executive team during the foundation and enabling modules is the key process in trying to achieve the 'main effort', and these are the implementation of changes in your daily process. Without the necessary support from these members it would be difficult to steer your plans to achieve your objective.

"This is also true when going through the process modules, looking at the situation, creating a plan of action, assessing the risk versus benefits, execution of the plan which sometimes necessitate 'fluid' timings or a longer time frame. More importantly however, keeping the team momentum going and not losing sight and focus of your objective is a challenge!"



Jim Buenaventura, Unit Manager, Whipps Cross Hospital

Benefits realisation and Benefits Dependency Networks (BDN)

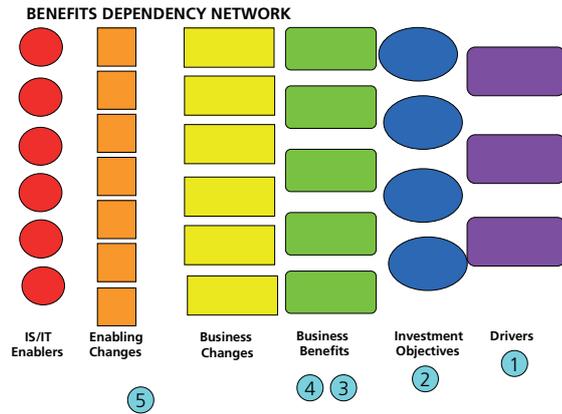
- A great strength of dependency mapping is that it shows just how much change effort is going to be needed to deliver the selected benefits
- The Benefits Dependency Network diagram helps identify critical paths and can be used as the basis for the project plan and/or Gantt chart. It can be used to start the discussion about the relative contributions and allows further decisions to be made about priorities and allocation of resources
- Identify objectives and benefits in one session, then link the benefits to the objectives they are supporting
- Then work through each step required to identify all the dependencies (role and process changes, enabling activities, system capabilities) for one particular benefit and map these together
- It is a process which integrates benefits realisation with change management and can be applied to all types of change programmes as well as IS/IT investments

For a workstream (typically a priority of the organisation or group of projects of a similar nature) the BDN:

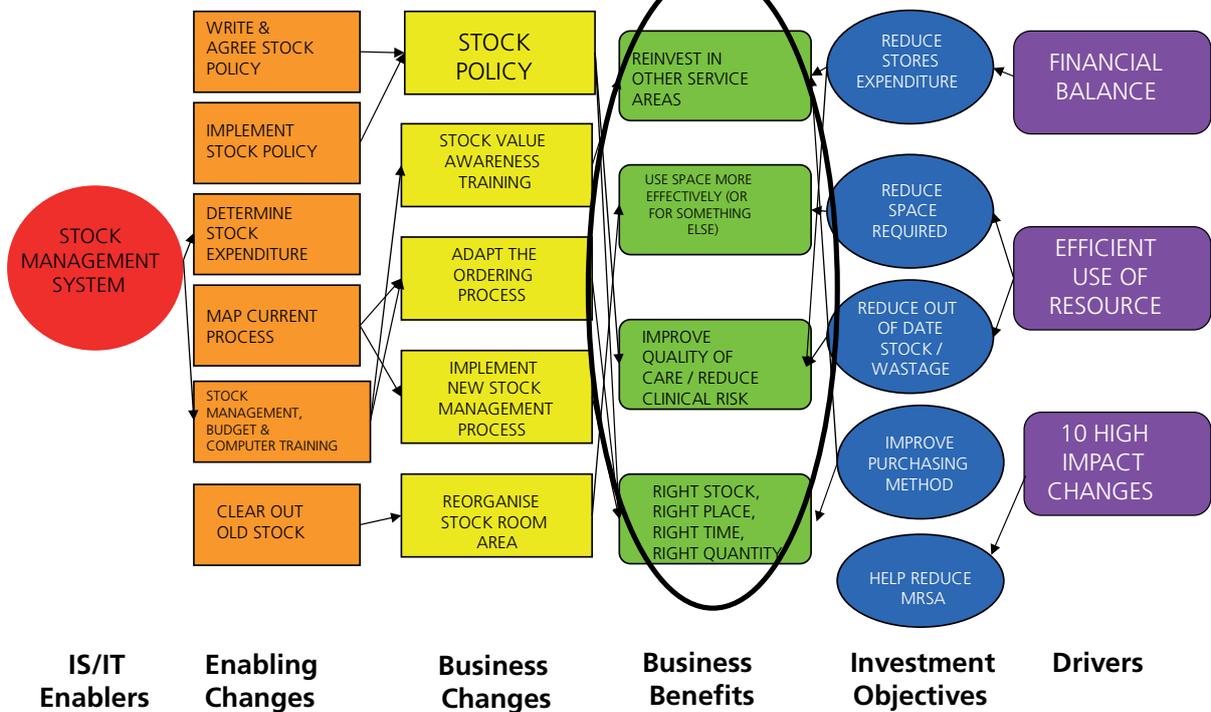
- Confirms with the group what the whole workstream is aiming for, and what projects contribute to these aims
- Identifies existing services which no longer contribute to the benefits or outcomes desired
- Where more investment is needed or even whole new initiatives
- What is dependent on what - the order in time or priority of the projects

How does it work?

- ① Identify the Drivers
- ② Define the Objectives
- ③ Identify the Benefits
- ④ Identify the Owners
- ⑤ Determine the Changes
- ⑥ Building the Case for Investment
- ⑦ Analyse Stakeholders
- ⑧ Make the Plan



BENEFITS DEPENDENCY NETWORK. STORE CUPBOARD EXAMPLE



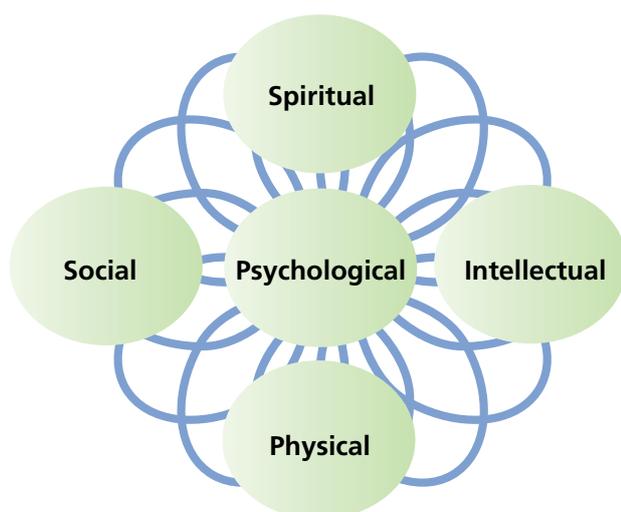
Readiness

Previous history of service improvement is a good indicator of a team's capability to be successful – but it is not enough. The team have to have the will at this moment in time to implement this programme.

Energy for change: the fuel for transformation

Managing our Energy for Change and the energies of those around us is an important leadership skill during periods of unprecedented change. Without this, burnout and disillusionment amongst staff pose a serious risk to our change initiatives and to our patients and service users. A youtube video provides an introduction to Energy for Change see:

<http://www.youtube.com/watch?v=XBwcYYy3u74>



Energy for change is: **the capacity and drive of a team, organisation or system to act and make the difference necessary to achieve its goals.**

This NHS SSPPI Energy Index is a tool which has been designed to help teams assess their energy for change and identify areas where there is an opportunity to improve. A roadmap of resources provides tools to build energy for change in your team – for more information see www.england.nhs.uk/sustainableimprovement/change-model.

There are five energies that are important for change to be successful:

- Social
- Spiritual
- Psychological
- Physical
- Intellectual.

Ask the team to complete the online questionnaire ensuring:

- They use the allocated team code (see www.england.nhs.uk/sustainableimprovement/change-model)
- They understand the change they should answer in relation to
- Anonymity – to encourage honest responses
- A deadline for completion is set.

The team leader will receive their team Energy profile and can arrange a **facilitated discussion** (webinar or face to face) to discuss what areas of energy are depleted and create an action plan to build the energy for the change – based on building *commitment* to the change. Resources for building energy for change can be found at www.england.nhs.uk/sustainableimprovement/change-model.

‘Readiness’ template

Readiness statements	Endoscopy unit
Has a history of service improvement and innovation	
There is a strong culture of multidisciplinary working	
The team has completed the SSPI Energy Index tool (to use the tool, e-mail changemodel@nhsiq.nhs.uk)	
The team leader and multidisciplinary team want to be a ‘showcase’ unit	
It is not going to have major changes in the next year i.e. room move, renovation	
The team leader is collaborative not autocratic in leadership style	
The team leader and lead surgeon / lead gastroenterologist once trained in The Productive Endoscopy Unit methods, are willing and able to coach and advise other staff on implementation	
Number of ticks	



Leadership is not about making clever decisions and doing bigger deals. It is about helping release the positive energy that exists naturally within people. ”

Henry Mintzberg

There has never been a time in the history of healthcare when this advice has been more pertinent.

Sustainability

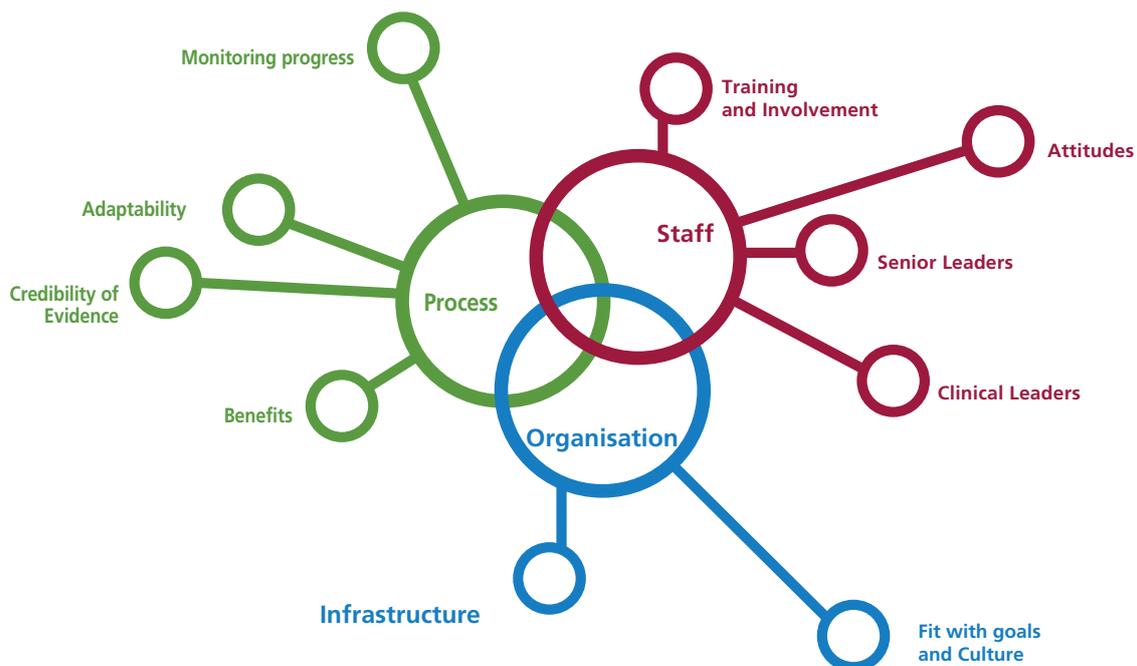
Making sure your work is sustained

You need to consider the sustainability of your work needs from the beginning of your programme. An easy to use sustainability model has been developed and can be found in The Productive Endoscopy Unit Toolkit.

It is a diagnostic tool that is used to predict the likelihood of sustainability for your improvement project. It will help you to identify areas of strength and opportunities for improvement by recognising and understanding the key barriers for sustainability relating to your specific local context. It will provide practical advice on how to increase the likelihood of sustainability for your programme.

The model will not take long to complete, it consists of ten multiple choice questions relating to ten factors that reflect process, staff and organisational issues. Your communications plan will underpin all the identified actions to ensure sustainability. Refer to it, and build in any additional communication activities.

Use the sustainability model before you start, during and at the end of your programme to baseline and track the development of an improvement culture. The sustainability model and guide is available within The Productive Endoscopy Unit Toolkit.



Preparation and planning – milestone checklist

Move onto **communication and engagement** only if you have completed all of the items on this checklist

Checklist	Completed?
Programme leader appointed	
Detailed understanding of programme and modules by programme lead	
Programme lead has met with executive sponsor – preliminary planning	
Programme team established	
Resources required confirmed and put in place – people, time, equipment, office space etc.	
Key influential champions particularly clinicians external to the programme team and steering group have been identified	
Essential equipment required (e.g. cameras, video recorder and appropriate accessories, flip charts, colour printers, laminator, whiteboards for foundation modules) have been ordered / loaned	
The need for improvement expertise and support has been discussed (human factors, lean, facilitation, measures) and if required, has been costed and funding secured	
Information departments have been engaged and have started to examine endoscopy data systems (critical at this point)	
Important enablers have been briefed on programme aims and their potential involvement (estates, procurement etc.)	
Proposed scope of programme and broad timeframe agreed	
Draft high level schedule – milestone events and key tasks (basic Gantt chart) is in place	
Task list is in place – ongoing from this point	
Provisional dates for key milestone events have been proposed for agreement at steering group meeting/ endoscopy user group meeting	
Have linked into any other of The Productive Series programmes that are active within the Trust	
Baseline data collected	
Completed the sustainability model	

5. Communication and engagement

Communication is key to successfully implementing The Productive Endoscopy Unit. There are many ways to reach your stakeholders, but giving staff a clear, concise message about the strategic importance of the programme is vital to staff understanding and wanting to work with you on the programme. Work with your communications lead who will help with some of this. They will be a valuable resource and offer lots of ideas.

- Keeping a visible record of your 'change story' and how it links to the organisation's strategic goals is a good idea. Ensure the 'story' is grounded in the core objectives of improving patient experience and outcomes, safety and reliability of care, team-working and staff wellbeing, value and efficiency
- Invest in the launch. It is not always possible to get all staff who will be involved in The Productive Endoscopy Unit together due to demands on their time however, it is important to engage everyone at an early stage so they understand what the programme is and is not about
- Try to get as many as possible to the visioning session, meet with those who can not attend in small groups – think about using audit sessions to get your key message across
- Book slots at meetings to brief and regularly update the team
- Visual displays are also very effective. Place a board outside the break out area in your unit with key information on it
- Use regular communication tools including department newsletters, your Trust newsletter and your intranet site to raise awareness and celebrate success
- Use appropriate language to engage different staff groups, recognise their different perspectives and involvement within the endoscopy unit
- Work with bowel cancer screening co-ordinator/cancer network

Tip: Communication is the key to a successful programme: you can never do too much.



Knowing How We Are Doing boards not only improves communication from colleague to colleague but is great communication to management. ”

Dr Ed Seward, Whipps Cross Hospital, Barts Health NHS Trust

Clinical engagement

The Productive Endoscopy Unit builds teams for safer care. To gain the full benefits of the programme it is essential to engage the full multidisciplinary team. It is often more difficult to get commitment from the endoscopists (surgeons and medics) than it is from other staff groups. However their involvement is vital to the success of the programme.

The programme aims were developed to reflect the common values of the whole multidisciplinary team. It will resonate with everyone – as long as everyone knows about the programme and how they can get involved.

Tips for engaging clinicians

- Communicate and explain the aims of the programme in terms and language they will relate to and understand
- Encourage clinicians to attend the early events so they can help create the shared vision for your department and participate in shaping the programme (this may take more effort than you expect but it will save time later)
- Talk to individuals rather than just groups – this will enable detailed discussions of the programme and allow you to answer any questions
- Listen to clinicians – they have knowledge and experience and the majority wish for improvement
- Seek the opinion leaders of each group
- Treat clinicians as partners not customers
- Address any opposition
- Identify and activate champions
- Make clinician involvement in the programme visible
- Be well informed with accurate facts and figures
- Communicate progress regularly

The following will help you find more detailed information about engaging clinicians.

- Reinertsen JL, Gosfield AG, Rupp W, Whittington JW. *Engaging Physicians in a Shared Quality Agenda*. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2007. (Available at www.IHI.org).
- Lee, Thomas - *Turning Doctors into Leaders* - Harvard Business Review - April 2010
- Clark, J - *Medical engagement - Too important to be left to chance* - The Kings Fund Review - 2012
- Ham, Prof C - *Leadership & engagement for improvement* - www.kingsfund.org.uk/leadershipreview

Developing a communications plan

When preparing communications it is important to think about the following:

- Who is your audience? Staff across the Trust will want to know what is going on
- What do you tell them? People will want to know whether/how it is going to affect them
- Why are you communicating with them? Do you need their help or just want to let them know what will be happening around them?
- Tell them why you are involved with the programme – how will it improve their working environment and the service you offer patients; how will it help achieve the Trust's objectives?



You will never get everyone on board but you have to get on with it and leave them alone for a while to come around. ”

Nicky Taggart, Endoscopy Manager, Royal Liverpool and Broadgreen NHS Trust

External communication will also become a key role

- People may contact you to find out what the programme is doing – local press, local commissioning organisations, other Trusts interested in the programme and health publications which may want to publish an article on your work
- To manage these requests effectively it will help if you plan. Try to get a named representative from your communications department to be responsible for The Productive Endoscopy Unit. Use this as an exciting opportunity to publicise the innovative work you are doing

Take time to coach your improvement facilitator in the importance of good communication

- Nothing beats face to face communication
- This is a real opportunity to bridge the gap between senior leaders and the shop floor

With an effective communications plan you should never have to consider mandating The Productive Endoscopy Unit. Communication will create the pull so you have a steady stream of interest.

A building block for your communication plan

Who	What	When	How	Why
Internal				
Trust board	Progress	Three monthly	Board reports Presence at meetings	Keep them updated of progress and engaged
Executive lead	Progress	Weekly	Programme reports and measures	Keep engaged and updated
Whole endoscopy team	Progress	Weekly	Changes/improvements	Keep engaged and motivated
Internal communications example				
Trust staff	Progress and good news article	Monthly	Trust wide newsletter	Generate enthusiasm for programme and the approach to improvement, highlight teams and individuals

Ideas that have worked

Example four: Communicating project progress to stakeholders - Gateshead Health NHS Foundation Trust

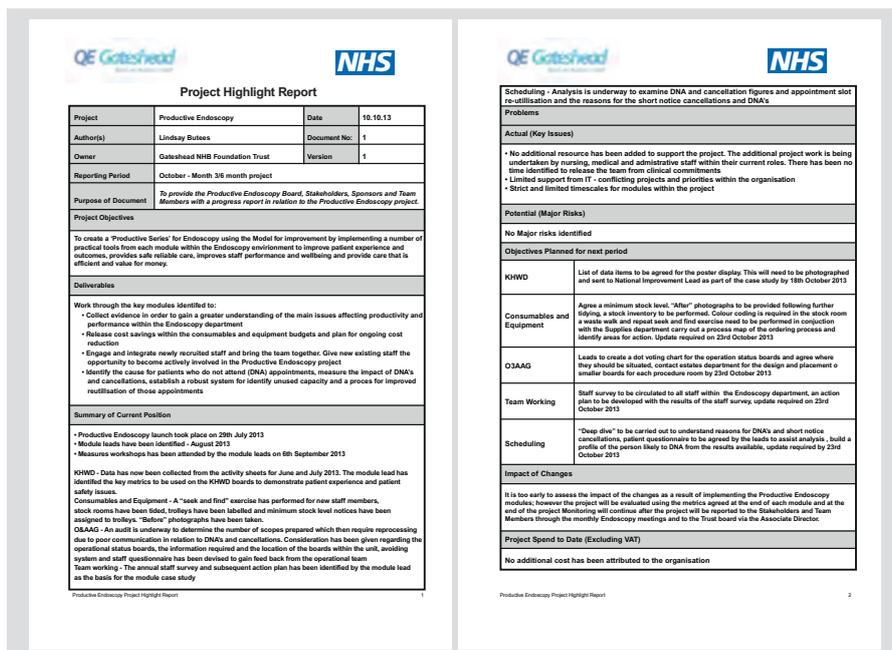
What we did

The Programme Leader at Gateshead used a single highlight report to notify relevant sponsors and stakeholders of progress on The Productive Endoscopy Unit on a regular basis.

The report was no more than two pages in length and contained the following main sections:

- Objectives
- Deliverables
- Summary of current position
- Actual issues
- Potential risks
- Objectives planned for next period
- Impact of changes on budget and schedule
- Project spend to date.

Tip: It's never too early to start communicating to the multidisciplinary team as long as a defined start time of the programme has been established. A large part of your daily work will be promoting the programme, engaging and seeking the opinion leader of each group who may be resistant to change.



A stakeholder analysis exercise was undertaken and the results from this were worked into a communication plan which detailed who was relevant to the project and how often they should be updated – see below.

Who	How (by email – unless stated)	Reason	Responsibility	Frequency
Exec Lead	Highlight report	Sponsor	Lindsay	Monthly
Trust board	Highlight report as Board agenda item	Sponsor	Gillian	Monthly
Associate Directors	Board meeting minutes and attachment	Stakeholder	Gillian	Monthly
Clinical Directors	Highlight report	Stakeholder	Lindsay	Monthly
Consultants (and secretaries)	Highlight report/attendance at divisional meeting	Stakeholder	Dr Singh	Monthly
Admin teams	Highlight report/attendance at team meetings	Stakeholder	Caroline/ Julie	Monthly
Communications team	Highlight report (for extracts to be used in the newsletter)	Stakeholder	Lindsay	Monthly
Nurse practitioners	Highlight report	Stakeholder	Lindsay	Monthly
Patients and carers monthly	Poster on board in reception	Stakeholder	Sue	Update
GP/ primary care	Hospital newsletter	Stakeholder	Communications team	Monthly
BCS Leads	Highlight report	Stakeholder	Lindsay	Monthly
Endoscopy staff	Project SG meeting, module sub group meeting, unit team meeting or one to one	Project team	Lindsay/Sue	Weekly
Finance	Module sub group meeting	Project team	Doug/Chris	Ongoing
Supplies staff	Module sub group meeting	Project team	Doug/Chris	Ongoing



I have found the highlight reports an invaluable resource. They give me the information that I need in a clear, concise, and timely way, which enables me to see where the team is doing well and where they may need some further support. I would recommend that any team adopts this format as part of their improvement work.



Gillian MacArthur, Executive Director of Nursing, Queen Elizabeth Hospital, Gateshead Health NHS Foundation Trust

Impact

- The programme lead was aware of the information expected, who would be receiving it and the frequency required
- The Executive Sponsor was fully informed of project progress and was able to table the highlight report as an agenda item at the executive board meeting allowing the work to remain high profile within the Trust
- Relevant sponsors, stakeholders and participants were kept up to date with timely, accurate information on project progress, and this allowed news of the project to travel throughout the local health community
- The project messages were consistent and regular
- Issues and risks could be monitored regularly allowing for intervention at an early stage e.g. data extraction issues to create module measures were raised at the first meeting of the project steering group, and were mitigated through implementation of manual data collection for some of the module measures



These reports are a useful way of keeping me up to date with ongoing projects. They are structured and easy to read. When I receive them I forward them on to relevant colleagues for their information.



Julia Scott, Personal Assistant to Clinical Support and Screening Services, Queen Elizabeth Hospital, Gateshead Health NHS Foundation Trust

Communication and engagement – milestone checklist

Move on to establish **the steering group** only if you have completed all of the items on this checklist

Checklist	Completed?
Initiated a visible record of your change story	
Considered methods for engaging your clinicians	
Developed a communications plan	
Have communicated to all relevant parties a) The programme is to go ahead b) Basic outline of programme	



Innovation provides a tremendous opportunity to the NHS to enable it to meet the challenges we now face, key to this is gaining the engagement of frontline staff who are best placed to identify how simple changes to system management can produce real benefits to the patient experience and the efficiency of our services. Services are delivered by teams and it is teams that can make the difference.



Dr Ian Gell, Executive Medical Director, Chesterfield Royal NHS Foundation Trust



6. Establish the steering group

As implementing The Productive Endoscopy Unit is a significant programme of work, you will find it helpful to have a number of structures in place to support the work of the programme team. Instead of establishing a completely new group, it is possible that the Endoscopy User Group could fulfil the functions of the Steering Group, as many members/roles of the User Group and Steering group will cross over.

Although structures vary between organisations we suggest that to successfully implement The Productive Endoscopy Unit programme you should have a core programme team, steering group and wider unit team that consist of the following roles:

Executive leader	Executive director
Steering group	Executive leader (chair) Programme leader Non-executive director Head of nursing Director with responsibility for service improvement Divisional general manager Clinical director Clinical leads for surgery and medicine Finance director Unit manager Improvement facilitator Communication lead Representation from the endoscopy team
Programme team	Executive leader Programme leader Clinical leads Improvement facilitator Information analyst
Endoscopy teams	Endoscopy team leader Champions Representation from all unit staff – clinicians, nurses, booking, decontamination, recovery, assistants

Role of the steering/user group

The steering group meeting fulfils these roles:

- Supporting the Trust board workshop
- Monitoring implementation pace and quality, ensuring key milestones are met
- Supporting the programme team to think through any difficult decisions
- Helping 'unblock' challenges faced by the programme team
- Bridging the gap between frontline staff and senior leadership
- Making sure the programme continues to align with organisational aims.

In your first meeting you will need to agree:

- Terms of reference
- Plans and timescales
- Resources
- Frequency and dates of future meetings (suggested every four to six weeks)
- Provisional dates agreed key events:
 - Visioning workshop
 - Knowing How We Are Doing – measures workshop
- Assurance that all start-up activities have been successfully completed.

Below is a suggested ongoing agenda:

- Review of minutes from the last meeting
- Progress plan – resource, process and output
- Trust-wide issues influencing implementation
- Review of *Knowing How We Are Doing* measures
- Risks and challenges
- Any other business.

Ideas that have worked

Example five: Establishing the Endoscopy Steering Group - Portsmouth Hospitals NHS Trust

- Since a hospital merger five years ago, the endoscopy department has grown bigger in size to serve the local population of 550,000 across the Portsmouth/Hampshire area
- The service has also become more diverse and specialist procedures are both increasing in demand and becoming the normal investigation/procedure of choice
- In order to gain JAG status, the endoscopy department should have an up and running Endoscopy User Group to act as a 'strategic' decision making body
- Clinical governance issues are reviewed by an established Clinical Governance Group which meets once a month to discuss the clinical aspects of the service
 - Membership of this group consists of: unit matron, sister, clinical lead, divisional manager, administrative manager, information services, bowel cancer screening coordinator, surgeons, radiographers, irritable bowel disease nurses, staff from the gastrointestinal ward, hepatic nurses.

What we did

- An Endoscopy Steering Group was required to examine the operational side of running the department
 - This new group meets every two weeks
 - The membership of the Steering Groups is operational manager, general manager, unit matron and unit sister in charge
- Examples of issues discussed via this group are:
 - Implementation of electronic diary
 - Administration processes
 - JAG requirements to meet accreditation
 - Staffing levels/establishment
 - Business plans
 - Recruitment
 - Training issues.

Impact

- The main benefits of the steering group are:
 - Reviewing what is going well within the unit
 - Airing potential issues
 - Forecasting future trends/impacts to workload
 - Gaining direct input from commissioners
 - Collaborative decision making
 - Timely responses to problems
 - Ability to speak openly about service planning
 - Changing guidelines
 - Reviewing paperwork
 - Highlighting vetting issues
 - Troubleshooting projected downtime (i.e. Christmas period).



The important thing is keeping your finger on the pulse with changes that are happening in the Trust – those things that affect the department from outside as well as the inside. ”

Koralie Bird, Unit Sister, Portsmouth Hospitals NHS Trust

Gateway reviews

Gateway reviews are used to ensure each section of the programme is completed correctly before proceeding to the next stage. Gateway reviews are usually held in the steering group meeting. They ensure that each stage is carried out fully, with all of the issues addressed and in the right order. Use the checklists at the end of each section within the modules to help you create the criteria for your gateway reviews.

Gateway one

Criteria for your first gateway review:

- All factors in start-up checklist are complete
- Held first steering group meeting
- Roles and responsibilities agreed by the steering group
- Dates set for key milestone events set.

Establish the steering/user group – milestone checklist

Move onto visioning **workshop** only if you have completed all of the items on this checklist

Checklist	Completed?
Steering/user group membership identified and invited to join	
First steering/user group meeting completed with key objectives achieved	
Roles and responsibilities of steering group team clearly identified and agreed	
Dates set for future steering/user group meetings	
Dates set for key events and venues / equipment / catering booked	
Terms of reference agreed	
Scope of programme has been agreed	
Have communicated with the Trust Board if implementation support and training package is required or if improvement expertise is available in-house	
Communication strategy agreed	
Communication and marketing of launch across organisation is planned for release after visioning session	

7. Visioning workshop

This is the first group event and will formally launch the programme. The session is key to engaging the teams and is therefore an important event in the programme. This should be an enjoyable session that will allow all participants to meet, network, discuss issues and produce a shared vision. The measures workshop (see Knowing How We Are Doing module for more information on this workshop) may immediately follow the Visioning workshop to ensure continuity, as these may include the same people and follow a similar process, to connect the vision with the measures.

Aim

To create a local shared vision for your endoscopy unit to underpin the work of the programme.

Objectives

- To identify factors that will contribute to the shared vision for your unit
- To identify potential barriers to the vision
- To identify champions to actively support the programme

Organising the workshop

- Book the date well in advance at least six to seven weeks ahead so that clinicians can be available to attend
- Ideally schedule a half-day session. Audit sessions are a suitable time for this as all teams could be available without losing endoscopy sessions
- Invitations can be via email, flyers, posters and speaking to key participants
- Ideally book a venue, with sufficient capacity to allow attendees to move around for the interactive elements
- Think about the layout and seating and have the room ready for breakouts. Cabaret style, where attendees sit around tables in group of six to eight, is an ideal layout to encourage individuals to interact
- Provide food and beverages – this will be a rare opportunity for teams to have a group event. The informal parts of the day will contribute to engagement and creation of a multidisciplinary team culture. Aim to have coffee and snacks available on arrival, breaks and closure – allow time for people to network at the end of event
- Encourage different groups of staff to break up and mix with others
- Closing the event in time for a buffet lunch will allow participants to continue discussions and network
- Designate somebody to be the photographer – take lots of photos of the day as these can be used for story boards and newsletters following the event

Resources

- Provide laptop, projector and screen for presentations, flipcharts and pens, sticky dots and sticky notes
- Blank name badges/name labels
- Display any of The Productive Endoscopy Unit posters if you are able to reproduce them
- Camera/video to capture the events (and consent forms to be able to use the footage later)

Identify speakers/facilitators

Speakers

- Introduction by senior executive, preferably the chief or lead executive. Ask him/her to articulate the board vision and what he/she hopes The Productive Endoscopy Unit will achieve and linking this to the organisation's strategic aims.
- Executive leader – to provide overview of The Productive Endoscopy Unit

Facilitator

Skills in facilitation are essential as this is an interactive workshop that relies on active participation from the group. It can be useful to have a neutral facilitator who is not part of the endoscopy unit, who can be seen as impartial and help the team to open up and express issues freely. Skilled facilitation may be needed to ensure that less vocal and junior staff feel able to speak up and articulate barriers and frustrations as well as their vision.

Invite participants

- 25 to 50 stakeholders including:
 - Nurses
 - Support staff – health care assistants, clerical/ booking staff, decontamination staff
 - Surgeons, gastroenterologists, nurse endoscopists
 - Department managers
 - Key members of related departments, e.g. radiology, respiratory and urology clinicians.

This event is focused on creating a shared vision about what the perfect list/day feels like and identifying what the barriers to achieving it are.

Some stakeholders may not feel this is a good use of their time at this stage of the programme, e.g. pharmacy, wards, so make sure the invitation clearly explains the aims of the workshop so colleagues from different areas can decide whether to attend.

Tip: It is important to manage staff expectations and to stay within the scope of the project plan.



A good relationship with your general manager makes sure you are supported. ”

Koralie Bird, Sister, Portsmouth Hospitals NHS Trust

Running the visioning workshop

Below is a suggested plan for how you could run your half-day visioning workshop. Adapt it to suit your local situation. However you choose to run the session, the important point is that you achieve the aim of creating a local shared vision for your endoscopy unit services to set the aims of the programme.

Part one

Approx time	Who	Process	Notes
10 mins	Chief executive	<p>Welcome Presentation to include:</p> <ul style="list-style-type: none"> • Board vision and the importance of the endoscopy unit to the organisation • Organisational support for The Productive Endoscopy Unit. <p>Questions and answers</p>	For your presenters check if you will need a laptop, projector and screen
25 mins	Executive leader	<p>Introduction to programme Presentation to include:</p> <ul style="list-style-type: none"> • Overview of the aims of The Productive Endoscopy Unit • Introduce the house and modules • Importance of starting with the foundation modules and in particular Knowing How We Are Doing, then progressing to the enablers and then the process modules • Importance of The Productive Endoscopy Unit to the organisation • Importance of the teams and individuals involved in the programme • The programme team will provide the framework and support the work but the improvements have to be owned and implemented by the endoscopy teams • We will be asking for champions to put themselves forward to get involved and lead on particular elements of the programme, think about how you want to be involved • Why the endoscopy unit has been identified and how the wider department will be involved and when • Outline your expectations of the programme, that what they learn will be spread across the whole organisation • Acknowledge the amount of work that will be ahead and that it will not always be easy, there will be frustrations and that it takes a lot of organisational support for the success of The Productive Endoscopy Unit <p>Questions and answers</p>	Encourage staff to ask questions so they have a clear understanding of the programme

Part two

Approx time	Who	Process	Notes
15 mins	Facilitator	<p>Building your vision The aim of the session is to develop your vision. A great outcome would be a compelling statement that describes the team's ambition for the department. You should also begin to think about what you can start to work on to achieve this. You may do this in the session or gather ideas to put together later</p> <p>Group work The aims of the programme will have already been talked about but remind the group of what they are:</p> <ul style="list-style-type: none"> • Patient experience and outcomes • Safety and reliability of care • Effective team-working and staff wellbeing • Efficiency and value. <p>With these aims in mind work in small multidisciplinary groups (five to seven people) around their tables and discuss what does a perfect list look and feel like and what makes it happen?</p> <ul style="list-style-type: none"> • Ask the groups to record all their ideas on sticky notes, one idea per note, no limit to number of notes • Groups will then feedback their ideas into a whole group discussion <p><i>If people do not know each other suggest a round of introductions in the smaller group before starting discussions</i></p>	<p>Working in small groups allows more people to contribute to the discussion in a given period of time and provides an opportunity for individuals who do not like to speak up in large groups to participate</p> <p>Print out large copies of the programme aims, to act as a prompt about the context of the programme during the group work</p> <p>Give each person some sticky notes and a pen to record their ideas</p>
30 mins	Facilitator and scribe	<p>Building your vision – feedback and group discussion Get each of the groups to feedback from their discussions and put their sticky notes on a large board at the front. Group similar points together as it will highlight the importance of some key themes</p> <p>After the feedback and discussion, recap the main points so that you have a list of criteria that your department agree would contribute to making the perfect list</p> <p>Write the list up clearly on a separate flipchart, this will be used for the voting</p> <p><i>It may be helpful to have a scribe to help theme the sticky notes and write up the final list throughout the discussion</i></p>	

Part three

Approx time	Who	Process	Notes
15 mins	Facilitator	<p>Voting on priorities and comfort break</p> <ul style="list-style-type: none"> • Ask each participant to vote for the ideas that they think are most important by putting a dot next to it • Decide on how many votes each participant will have (three to five) • Participants can split their votes as they wish, voting for different criteria or put all their votes on one <p>The voting will help you to identify the issues that are most important to the department as a whole and which should be incorporated in your vision</p> <p><i>If you have a large group have more than one voting station</i></p>	Give each person sticky dots alternatively you can ask people to draw a dot with a pen
5 mins	Executive leader	<p>Voting feedback</p> <ul style="list-style-type: none"> • After the break feedback the top results from the voting session • This criteria will be used to create your endoscopy vision 	
15 mins	Facilitator	<p>Identifying barriers – group work</p> <p>You have now agreed what makes a perfect list, now ask the group to discuss <i>what are the barriers to the perfect list in endoscopy? What problems affect the day?</i></p> <ul style="list-style-type: none"> • Work in small multidisciplinary groups (five to seven people) • Get the groups to record all their ideas on sticky notes, one idea per note • Groups will feedback their ideas into a whole group discussion at the end 	
30 mins	Facilitator	<p>Identifying barriers – feedback and group discussion</p> <p>Get each of the groups to feedback from their discussions and put their sticky notes on a board at the front. Group similar points together as it will show it is an important to many of the group</p> <p>After the feedback and discussion, recap the main points so that you have a list of the barriers that prevent your department from having the perfect list every day</p> <p>Write the list up clearly on a separate flipchart, this will be used for the voting</p>	

Part four

Approx time	Who	Process	Notes
10 mins	All	Voting on barriers <ul style="list-style-type: none"> As before, ask participants to vote on the barriers they consider to be most important 	
10 mins	Executive leader	Voting feedback <ul style="list-style-type: none"> Feedback the result from the voting If any of the barriers are out of scope of The Productive Endoscopy Unit flag these up to the group. Agree to take them to the most appropriate forum for them to be taken forward Identify modules that will start to address the barriers 	
	Executive leader	Next steps and close <ul style="list-style-type: none"> Have identified what a perfect list would be and the barriers to achieving it Using this information the team will create a vision – a compelling statement that tells everyone about your ambition for the department The barriers have identified areas where we can focus our attention throughout the programme Ask the group if they would like to participate in the programme by becoming champions for particular modules or specific pieces of work. People can volunteer on the spot or talk to the programme team later 	



We have different people with different initiative and different intensity: different personalities make a difference to how smoothly the day runs.”

Tip: Some staff will volunteer as champions at the workshop and this helps to build enthusiasm, others will want to reflect and talk to the programme team before committing themselves. You must allow for both possibilities.

Myrna Carreon, Unit Sister, Portsmouth Hospitals NHS Trust

Engaging those who could not attend

If there are members of the team who were not able to attend consider putting the perfect list and barrier voting sheets up within the department and invite those people to add their comments to votes so that their thoughts can also be incorporated.

Creating your vision statement

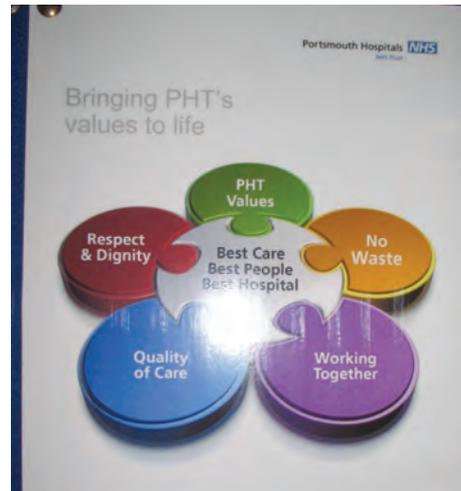
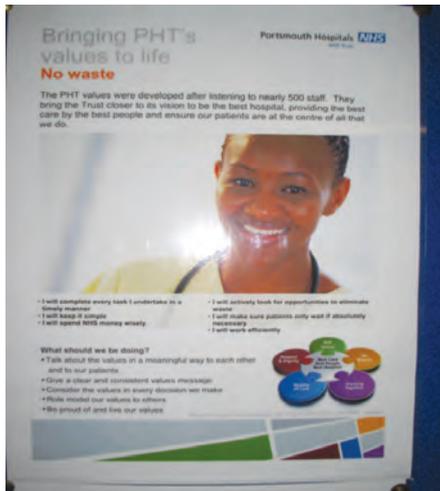
As a result of this session, either during it or by using the outputs from the day, produce a clear vision statement stating what you want to achieve as a result of The Productive Endoscopy Unit. This could be as a single vision statement or several statements linked to:

- Patient experience and outcomes
- Team performance and staff wellbeing
- Safety and reliability of care
- Value and efficiency.

Examples of vision statements developed in test sites

	Safety	Effectiveness	Experience	Prevention	Productivity	Innovation	Spread
Definition	Reducing avoidable harm	High quality clinical outcomes of care-dependant on right people, right time, right place, right first time every time	Placing service users at the heart of their care. This includes staff working in health and social care, as well as those who use services	Primary prevention-working to prevent ill health. Secondary prevention-working to prevent the condition from becoming worse	Is defined as: process efficiency. waste removal, reducing the causes of waste	Innovation in this context means pathway, process or workforce	Scaleability-rollout across the department/organisation
Links to organisational goals/values	Best Care, Best People, Best Hospital	Quality of Care	Respect and Dignity	PHT Values	No Waste/ Value for Money	Working Together	Best Care, Best People, Best Hospital
Links to organisational goals/values	Relentlessly improving and innovating for patient safety	Caring and compassionate with patients, each other and our partners	Actively listening, understanding and responding to patients, staff and our partners	Achieving ambitious results by working together	Relentlessly improving and innovating for patient safety. Achieving ambitious results by working together	Valuing every member of staff and their contribution to the care of our patients	Vision: To Change Lives

Vision Statements from Portsmouth Hospitals NHS Trust



Communicate your vision

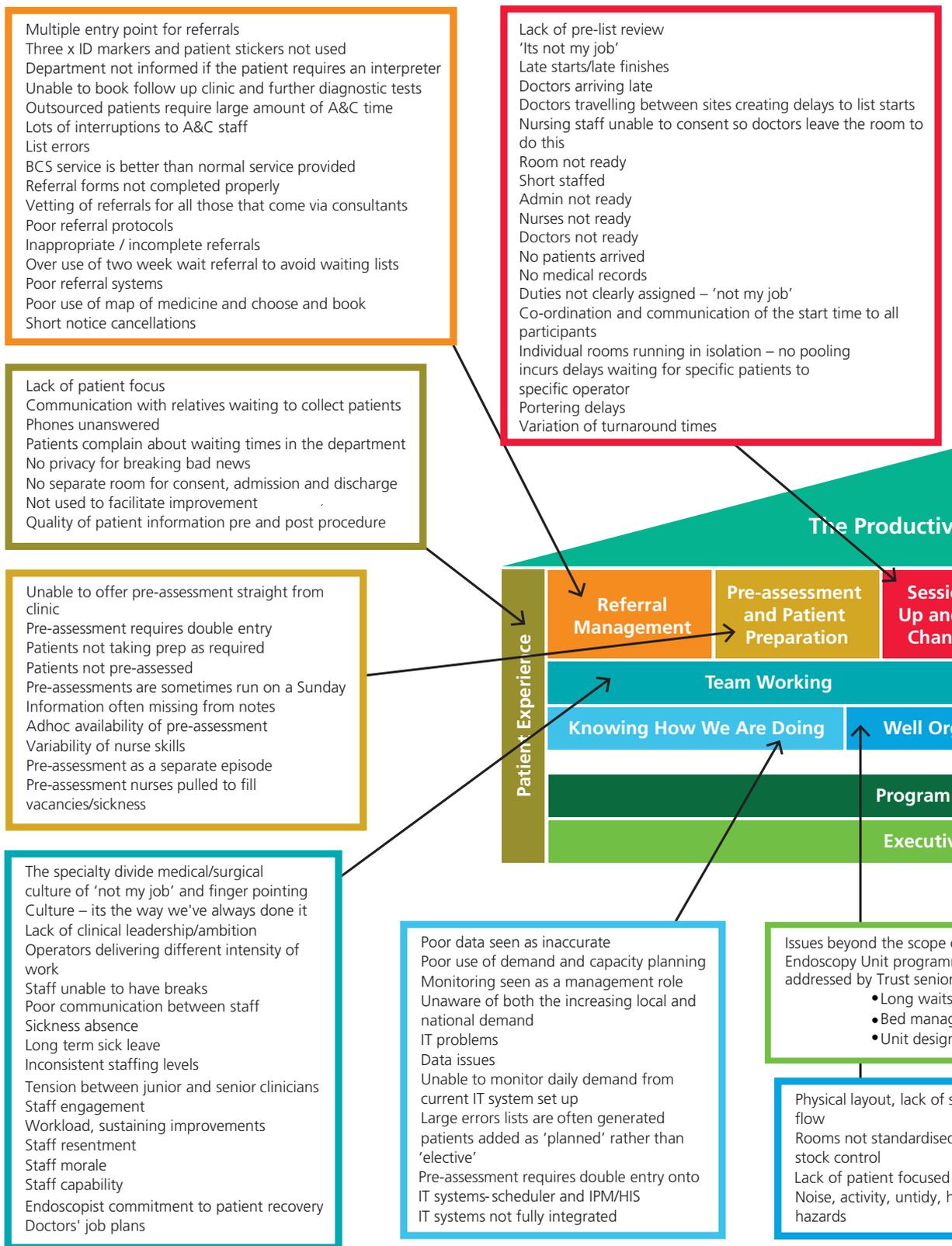
Communicate your vision to everyone by displaying it on your Productive Endoscopy Unit notice boards and in other prominent places.

You can also communicate how the barriers raised at the visioning session will be addressed through the different modules. You could do this with all the barriers or just the barriers that were voted as top priorities. Some barriers, e.g. car parking, may be out of the programme scope. Show which forum these issues are being taken to so attendees can see they are being taken forward and not just forgotten.

As a result of the visioning session you will also have raised awareness of the programme and recruited some champions to support the work.

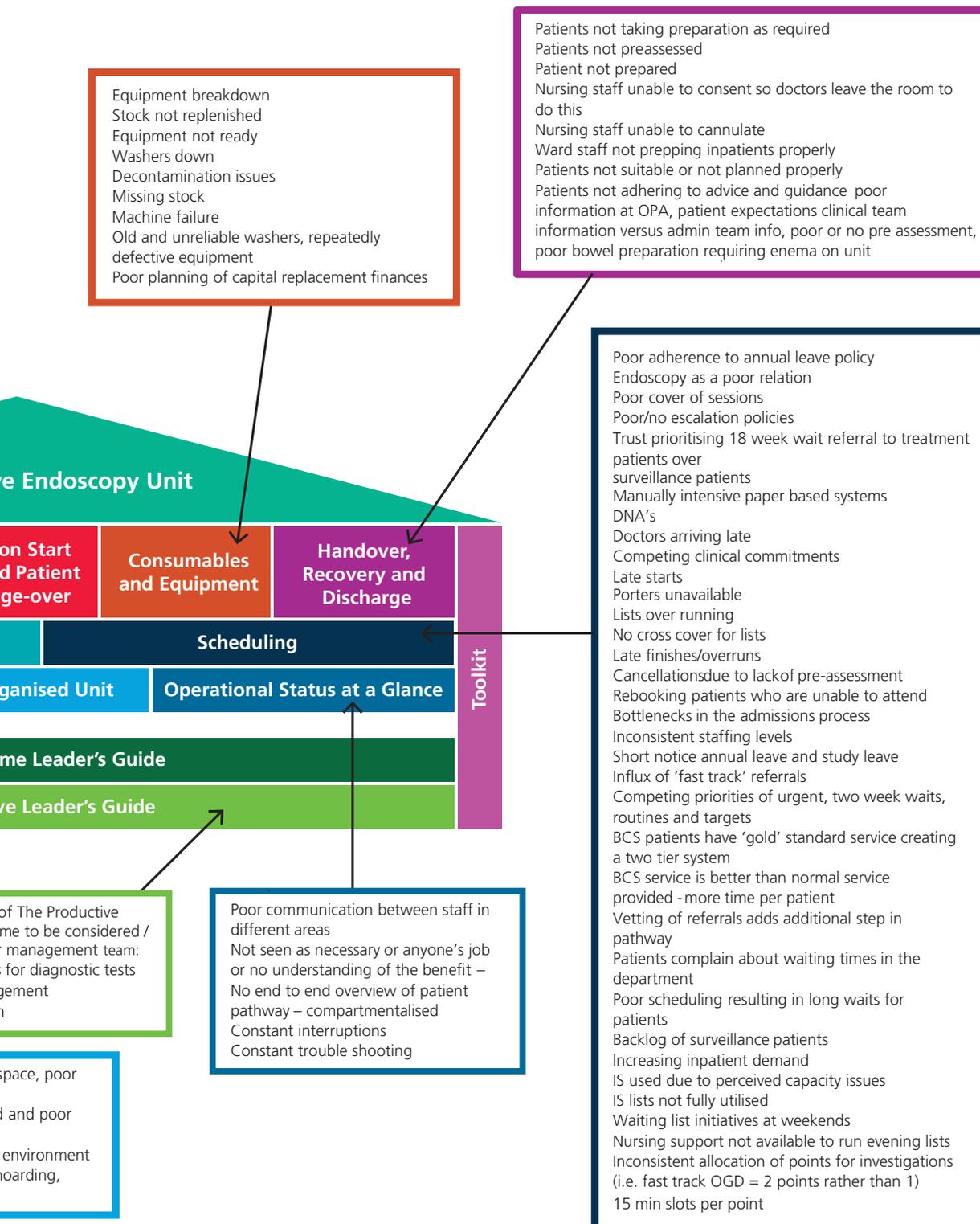
The Productive E

Barriers and frustrations to the perfect list/work



Endoscopy Unit

Working day: mapped to programme modules





The 'Inscope' quarterly newsletter gives staff information regarding current performance, new policies, procedures or news items of interest at Royal Liverpool and Broadgreen University Hospitals NHS Trust

Visioning – milestone checklist

Move onto the **Knowing How We Are Doing** module only if you have completed all of the items on this checklist

Checklist	Completed?
Visioning workshop held	
Team asked if they would like to get involved further and become a champion for the programme	
Opportunity for staff who could not attend the workshop to contribute to vision	
Clear vision statement created	
Vision communicated to all	
Vision displayed in a prominent place	

8. Rolling out your programme

Return on investment

Return on investment

One of the questions that will be asked of the executive leader and also the programme leader of The Productive Endoscopy Unit is what will be the return on investment to the Trust from the impact of the programme. The Productive Series has adopted efficiency techniques previously used in car manufacturing and safety techniques learned in the aviation industry, and adapted these techniques in a practical and innovative way by working with NHS teams to implement them in their work area, leading to releasing staff time to provide direct care to patients. Specific return on investment can be found in the examples detailed in particular modules of The Productive Endoscopy Unit.

Reducing the cost of errors

Poor quality costs money; in terms of re-work, additional inspection steps or even in litigation. Reducing defect muda, or the waste of defects (see below), relies on making problems visible and taking actions to reduce this type of waste by stopping defects being passed on and not adding steps to the process to 'check' all is well. This can be by the use of standard work, for example the amended WHO safety checklist, and other standard working practices.

Waste removal

The key to adding value (from the patient perspective) is to remove waste - wasteful activities add time and cost money. Often, savings are calculated in terms of staff time saved to concentrate on value adding activities and direct patient care.

Redesigning work-flow with the administrative team at Portsmouth Hospitals NHS Trust resulted in:

- Search time reduced by 25%
- Time saved - 7 days of a band 2/3
- 64km (37miles) less motion p.a.

So what is waste? We suggest conducting a 'waste walk' or 'go-see' activity early on in The Productive Endoscopy Unit programme. Waste identification forms and waste walk templates can be found in the Toolkit. Photographs and video of the process will aid identification of waste (remember to get permission from staff/patients if they feature in the video/photos).



The purpose of the waste walk is to identify the wastes in the system and processes, NOT to make suggestions on changes!



Susie Peachey, National Improvement Lead, NHS Improving Quality

Tip: A simple mnemonic exists to remember the forms of waste: TIM WOODS.

Examples of endoscopy waste

Transport - material or information that is moved unnecessarily or repeatedly:

- Paper requests are sent between offices and sites - no single point of referral
- Multiple methods of getting referrals into the system (fax/letter/request card/email/previous report etc.)
- Excessive to-ing and fro-ing of the patient to the hospital at the convenience of the departmental staff for booking/pre-assessment - no pre-assessment on the day of clinic in place or no telephone triage
- Unnecessary couriers of 'kit' across the geographical area - poor inventory control means that sometimes one site runs out of critical items.

Inventory - excess levels of stock in cupboards and store rooms:

- No space in the department- overstocking of consumables
- Excess amounts of stock held in storage areas - buying in bulk to save on carriage charges
- Consumables stored in multiple locations making it difficult to apply rotational stock control/items going out of date
- High end, expensive items of kit stored in multiple locations throughout the unit - increased expenditure on preventable re-ordering
- Staff spending time searching for kit/consumables - rooms not standardised and replenished every shift.

Motion - unnecessary walking, moving, bending or stretching:

- Not easy for staff to complete each part of the process and spend maximum time with their patients - physical layout of rooms/poor flow.

Waiting - for patients, equipment, staff, appointments or results:

- Patients waiting at home or on wards with no known date for endoscopy
- Staff waiting for sessions to start - late starts/finishes
- Waiting for scopes to be cleaned and returned from the decontamination area
- Patients waiting to be discharged post recovery
- Patients waiting for next steps post endoscopy (leaving the department without staging scans, follow-ups made etc.).

Over-production - producing something before it is required, or more than is required:

- Appointments having to be made in batches due to multiple referrals being vetted/verified at once
- Making an appointment 'for' the patient without offering choice.

Over-processing - duplication of data or repeat testing due to defects:

- Administration staff booking into paper diaries and onto an electronic scheduling system
- Nurse consenting and then consultant repeating the whole consent process
- Taking patient information on assessment and completing duplicate paperwork immediately pre-procedure
- Diary page copied, scheduling list printed, administration staff re-writing patients names onto a list on arrival and separate log book kept in the procedure room
- Re-booking appointments
- Outsourced work having to be re-typed onto systems by secretarial staff
- Pre-assessments requiring double data entry
- Re-entering data into multiple databases - IT systems not integrated to transfer demographics/TCI dates between systems.

Defects - errors, omissions, anything not right first time:

- Referrals incomplete/illegible
- Referrals not logged onto system on the day of arrival
- Request unable to be vetted/referral does not meet agreed criteria
- Inappropriate request for fast tracking
- Inconsistent points booked per list
- Inconsistent points allocated per procedure
- Wrong information sheets sent to the patient
- Overuse of sedation at the convenience of staff
- Interruptions to procedures by other members of staff
- Letters generated incorrectly necessitating duplicated effort
- Patients incorrectly taking/not taking appropriate prep.

Skills - unused employee skills:

- Unused nurse endoscopist skills
- Healthcare support workers/assistants not trained to perform cannulation, decontamination
- Senior nursing staff taking control of diary bookings
- Non-pooling of surgical and medical lists
- Administrative, support workers/assistants, nursing and consultants not really understanding each other's roles.

The following case study demonstrates an approach to waste removal in an endoscopy unit.

Identifying and removing waste - Whipps Cross Hospital, Barts Health NHS Trust

Inventory

Problem:

- Limitations of 'space' in the unit to store things. A balance was required between 'Just In Time' with the current 'Just In Case' culture! 5S helped to do this.

Solution:

- A weekly ordering system was put in place for consumables and reduced costs for inventory – saving £20k to date and avoiding additional costs of 'firefighting' to 'beg, steal and borrow' to replenish items 'out of stock'
- The nursing team have control of the replenishment system by a standardised and sustainable 5S system
- The Oracle ordering system was interrogated and all 'Gucci kit' (high end, expensive items!) moved into the store room - all in one place, extremely visible and easy to 'police' the 're-order' point.

Defects:

Problem:

- 'None standardised' working practices for completing paperwork within the unit

Solution:

- Introduced Individualised Care Plans (ICP's) and, over a series of PDSA iterations, refined this to make completion of the paperwork easier – by implementing 'tick boxes' for easy, accurate completions by all staff
- Amended the WHO checklist to make it fit with endoscopy requirements and made this part of the ICP
- Patients start to complete this at home; this is reviewed and assessed on admittance to the unit. It is used as a checklist pre, throughout and post the procedure, and eventually filed in the notes with the discharge summary.



The data collection was really important in terms of picking apart the departmental processes... It's about that culture shift and I won't pretend it's easy



Nicky Taggart, Endoscopy Manager, Royal Liverpool and Broadgreen Hospitals NHS Trust

Waiting

Problem:

- Continually awaiting bed space in recovery
- Colonoscopy patients were given a 15 minute standard recovery time (reviewed on an individual basis) and then offered something to eat at the bedside.

Solution:

- To reduce the prolonged bed blocking in recovery, a PDSA trial using a 15 minute recovery period followed by being fed in the discharge area
- The discharge nurse gives the patients their report and the patient can be picked up by their relatives.

Next steps

- 1) Un-sedated patients for colonoscopy who are deemed clinically fine will go straight to the discharge area to be fed and, once ambulant, discharged from the unit
- 2) Sedated patients (dose < 1mg Midazolam) who are clinically and physically fit when they get up will go straight to the discharge area

Impact of Consumables and Equipment and Well Organised Unit modules

The case studies in these modules have already shown £60,000 less stock held in one unit as a result of using and implementing 5S. Other examples of where this occurs will be from decreased waste associated with stock expiry dates (removal of obsolete or out of date stock to a value of over £7,000 on one unit), improved purchasing practices and standardisation. Reduction on over-ordering and subsequent delivery savings can also be realised, in addition to freeing up space on the unit. The Well Organised Unit also helps staff to take pride in their environment, making them feel less stressed by enabling them to spend less time searching for equipment.

Impact of the Team Working and Knowing How We Are Doing modules on culture

The key to the success of The Productive Series is that improvements are driven by staff themselves, by empowering them to ask difficult questions about practice and to make positive changes to the way they work. The process promotes a continuous improvement culture leading to real savings in materials, reducing waste and vastly improving staff morale. Working towards a common goal, with permission to try changes ensures staff engagement in the process of change - rather than staff feeling 'done-to'.

The *Knowing How We Are Doing* module uses data collection to take the emotion out of understanding where your unit is and its baseline performance, so staff can assess the areas in most need of improvement and measure the success of the changes made, using ongoing, real time data collection.



Staff at all levels are empowered to give an opinion as we have begun to create a culture that is open to suggestion and non-judgemental. Communication has been a fundamental part in this whole process.



Anonymous, Royal Liverpool and Broadgreen Hospitals NHS Trust



If it doesn't work then that's ok, you just know there's a better way of doing it.



Lorraine Walling, Endoscopy Sister, Portsmouth Hospitals NHS Trust

Efficiency

It is difficult to measure the impact each of the individual modules will have on the efficiency of the endoscopy unit. However, what is known is that by implementing the process and enabling modules of the programme this will free up time within the endoscopy unit to allow increased throughput of patients.

We have included the tariff costs (below) for you to use in any productivity calculations.

	OP, DC, IP	
Colon	£	496
Flexi Sig	£	325
Upper GI	£	368
Overall	£	396

Measures of productivity, efficiency and effectiveness often become used interchangeably however, this is not an accurate way to use these terms as they mean very different things.

Typical measures of **productivity** may be:

- 1 20% increase in activity from average baseline position
- 2 Identifying two more colonoscopy slots per day
- 3 Calculating 'lost' capacity each session (late starts/early finishes/slick changeovers)
- 4 Amount of waste identified (quantified in 'time') = 'potential time saving'
- 5 Activity 'actually' done versus 'declared' activity PA.

Whereas typical measures of **efficiency** could include:

- 1 Percentage of session utilisation
- 2 Percentage of sessions starting and finishing on time
- 3 Reduction in cost per procedure
- 4 Increased percentage of work done with same/less staff
- 5 Reduced number of steps in a process.

Examples of measures of **effectiveness** may be:

- 1 Number of completed procedures to the quality standard
- 2 Number of diagnostic patients seen on time
- 3 Number of surveillance patients seen on time
- 4 Percentage plaudits to complaints received from patients
- 5 Number of patients leaving endoscopy with next step appointment made.

Using the principles, ideas and tools detailed throughout modules in The Productive Endoscopy Unit, you will certainly make measurable improvements in all three. The key to measuring improvements to your service is knowing where you are now (baselining and mapping your service), and defining where you want to be (mapping the future state). Taking steps to put in sustainable measures to capture data points that can demonstrate progress towards your goal is crucial, remembering to keep your measures as simple as possible so that data collection does not become too onerous. Some measures may be more difficult to ascertain as truly attributable to your efforts in this programme, as the impacts may be more lateral to the department (i.e. impact to outpatient clinics). Your skills as a programme lead and knowledge of the whole process will be crucial in identifying the full implications of all efficiency, effectiveness and productivity gains made.

Top tips for drafting a successful business case for endoscopy

Jim Buenaventura, Unit Matron, Whipps Cross University Hospital, Barts Health NHS Trust

- The most important thing is to provide data on what will be achieved -
 - use robust data to objectively demonstrate results
- Demonstrate the impact to waiting times and extrapolate the positive ramifications to other departments
- Identify the financial benefits to the Trust
 - Identify the benefits to positive patient outcomes - use patient quotes/experiences
- Speak to managers, colleagues, consultants, nurses, patient representatives and colleagues from other departments to build a consensus.

Appendix – module overviews

The following sections provide an overview of the other key modules and events, their full details and implementation checklists can be found in the appropriate module. The measures workshop particulars can be found in the Knowing How We Are Doing module.

Executive Leader's Guide

This guide is in two parts; the first part outlines how using The Productive Endoscopy Unit is important to your Trust and how it can help put in place key elements to ensure you, your organisation and your patients gain maximum benefit from the programme. The second part of this module explores some change management techniques and explains how they can be used in conjunction with this programme.

Trust board engagement

Trust boards will play a key role in supporting the implementation of The Productive Endoscopy Unit. The executive lead should focus on raising awareness at board level about the strategic importance of the endoscopy units to your organisation and the role of the board in providing the right environment for success.

Why do it?

We have learned from previous Productive programmes and best practice that board sponsorship is essential for successful implementation and sustainability of change.

The Trust board should understand how the endoscopy unit contributes to the quality and safety agenda, and how this is underpinned by effective team working.

It is likely that the programme leader will be asked to provide ongoing data or reports for the Trust board. As it is difficult to get time with the board it is vital that the executive leader ensures regular space on the board agenda.

Knowing How We Are Doing – measures workshop

What is Knowing How We Are Doing?

It is an approach to measure and track how the endoscopy unit is doing against the core objectives of The Productive Endoscopy Unit. It will help you and your team see:

- The changes you are making are helping you to achieve your vision
- How the service and care you give in the endoscopy unit contributes to your Trust's strategic goals.

Your set of measures is developed and agreed at the measures workshop. This workshop needs to take place right at the beginning of the programme before any of the other modules are started. You will continue to collect your information throughout the duration of the programme and beyond. At the beginning of each module you will need to revisit your measures to make sure you are able to monitor your progress at a module level. This may mean adding additional module level measures.

Why do it?

To understand how you are doing against the overall objectives of improving patient safety and reliability, patient experience, efficiency and value of care delivery and staff wellbeing in the endoscopy unit, as well as patient access and turnaround.

- To recognise the impact of changes made
- To promote the use of facts and data to drive continuous improvement
- To understand and resolve issues in a team environment
- To engage with local management to help you achieve your goals

What it covers

- Determining and planning The Productive Endoscopy Unit measures
- Holding a measures workshop to gain team consensus
- Collecting, analysing and displaying the measures data
- The approach for setting up systematic review systems
- Using measures to drive improvement

Find out more

The full description and guidance for the measures workshop can be found in the Knowing How We Are Doing module.



The best managers are those that have a plan. The best leaders are those who can turn that plan into a vision for the whole team and help the staff to run with it. ”



Lisa Smith, National Improvement Lead, NHS Improving Quality



Well Organised Unit

What is it?

It is an approach to simplify your workplace and reduce waste by having everything in the right place, at the right time, ready to go.

It will help you and your team see:

- Immediate changes can be made to the workplace showing rapid improvement
- Areas should be designed to support people and processes
- Commitment is required to maintain the agreed standards.

Why do it?

You will save time on a daily basis by decreasing the time spent looking for things, asking questions and moving things out of the way. Day to day repetitive tasks will be supported by the environments in which they are carried out, rather than staff developing work-arounds to fit the existing environment but take each member of staff more time.

Mistakes and errors will decrease and some clinical risks will be eliminated by knowing where the right equipment and consumables are when needed. Items will not be mistakenly stored or labelled, enabling safer delivery of care and more efficient use of staff time.

The unit will look and feel better which increases staff satisfaction and creates a more reassuring environment for patients through the impression of a well organised, clutter-free and chaos-free environment.

What it covers

This module describes how to create a Well Organised Unit using the 5S approach. 5S is a methodology involving the structured implementation of five key steps that help create an ideal workplace by reducing time and effort required to perform the processes in that area through organising, cleaning, and removing the seven wastes.

Find out more

The full description and guidance can be found in the Well Organised Unit module.



We see many teams do a 'sort,' 'shine' and 'set in order' on their departments but often fail to really use 5S as a rigorous tool. The key is to 'standardise and sustain'missing out the latter two 's's results in waste creeping back in and potential safety threats being built into processes. ”

Lisa Smith, National Improvement Lead, NHS Improving Quality

Operational Status at a Glance

What is it?

The use of visual management to show the operational status of the endoscopy unit, in order that it can be updated in real time and status can be seen at a glance so that support can be provided where necessary.

Why do it?

Preparing the unit in the morning is a key time for all members of staff, various processes have to be completed:

- Room readiness
- Consumables checked
- Scopes identified and prepped
- Scoping list order check
- Cancellations
- Patient ready.

Many actions are being done simultaneously, so it is very difficult to understand if all tasks are complete, if all this information was recorded in one location interruptions could be reduced.

During the day glitches will occur that could delay the list. Displaying this for all to see helps the floor coordinator to understand what is going on throughout the unit in real time. They can manage staff and resources to help prevent delays and over-runs.

Why use Operating Status at a Glance boards?

- Identify the exceptions which cause delays, overruns, interruptions, cancellation or delayed discharges
- Support can be provided in a timely manner
- Clearly define each person's role within the unit
- Displaying where members of staff are working
- Eliminate interruptions by making information readily available

What it covers

This module will help you to understand where operational information will be of best use by asking you to think about the following:

- What information should be used and how
- Who should update the information and how often.

Find out more

The full description and guidance can be found in the Operational Status at a Glance module.

Enablers – Team Working and Scheduling

The enabler modules, Team Working and Scheduling, are essential in providing your teams with the ability to pull together the different parts of the programme to help your teams achieve their vision of the perfect endoscopy list every day.

Team Working

What it is?

This module is set up to improve patient safety by reducing the incidences of error and create a better working atmosphere for the endoscopy team through the introduction of non-technical skills.

Why do it?

- Improve patient safety
- To create a better working atmosphere
- To understand yourself and your colleagues better, how you impact on them and how they impact on you
- To make your lists run smoother and more efficiently, reducing waste particularly in terms of time
- Create a real energy for change among your endoscopy team

What it covers

- Introduction to some aspects of non-technical skills and human factors
- How to implement processes that enable and facilitate effective team work such as:
 - Briefing, debriefing, re-briefing and 'huddles'
 - Safer surgery checklist
 - Escalation tools
 - Communication and handover tools.

Find out more

The full description and guidance can be found in the Team-working module.

Scheduling

What is it?

It is a practical way to improve endoscopy list scheduling process with the goal of delivering a reliable achievable list in a timely manner.

Why do it?

To give patients safe, reliable and efficient care by:

- Reducing delays
- Improving the patient experience (no cancellations before or on the day)
- Providing patients with the information required in a timely manner
- Improving clarity of information
- Enabling better planning of recovery bays.

To improve the experience of the staff by:

- Improving provision of information to the endoscopy unit to enable timely and appropriate preparation of equipment and instrumentation and proactively identify and prepare for challenges / resolve issues
- Minimising the time spent reworking
- Reducing delays and eliminating wasted time
- Clearly identifying roles and responsibilities
- Accurate and proven information available
- Improving utilisation while reducing overruns.

What it covers

This module will help you determine the best way to improve endoscopy list scheduling by looking at:

- Who should be involved
- What steps to take and tools to use
- What ideas have worked for others
- How to evaluate your improvements
- How to make them stick.

Find out more

The full description and guidance can be found in the Scheduling module.



Process modules

What are the process modules?

There are five process based modules that have been identified that have a significant contribution to make in achieving a Productive Endoscopy Unit. They are:

- Referral Management
- Pre-assessment and Patient Preparation
- Session Start-up and Patient Change-over
- Consumables and Equipment
- Handover, Recovery and discharge.

Work on the process modules starts after you have successfully implemented and embedded the foundation and enabler modules. There is not a specified order to the process modules, however you should use the knowledge you have gained from the data and experience of implementing the foundation modules and your prior knowledge of the unit to select the modules that will have the biggest impact in your department. Refer back to the outputs from the workshop.

Some of the process modules involve different groups of staff, e.g. Recovery and Patient Preparation and can be implemented simultaneously without overloading the teams involved.

Why do them?

Together the process modules will play a significant part in helping you achieve the overall objectives of improving patient safety and reliability, patient experience, efficiency and value of care delivery and staff wellbeing in the endoscopy unit.

What they cover

They provide a practical and structured way to improve or completely redesign your current process.

Each process module begins by helping teams to understand how they currently work and to identify how they can improve their current practice in line with the aims of The Productive Endoscopy Unit and your own local vision. The modules provide examples of what has worked well in other organisations that will provide you with inspiration. However, the emphasis is very much on your teams generating their own solutions for their own environment.

By developing ways of measuring progress for each module, your teams can monitor whether the changes they are making are having the impact they intended.

Find out more

The full description and guidance for each module can be found in the five individual process modules.

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