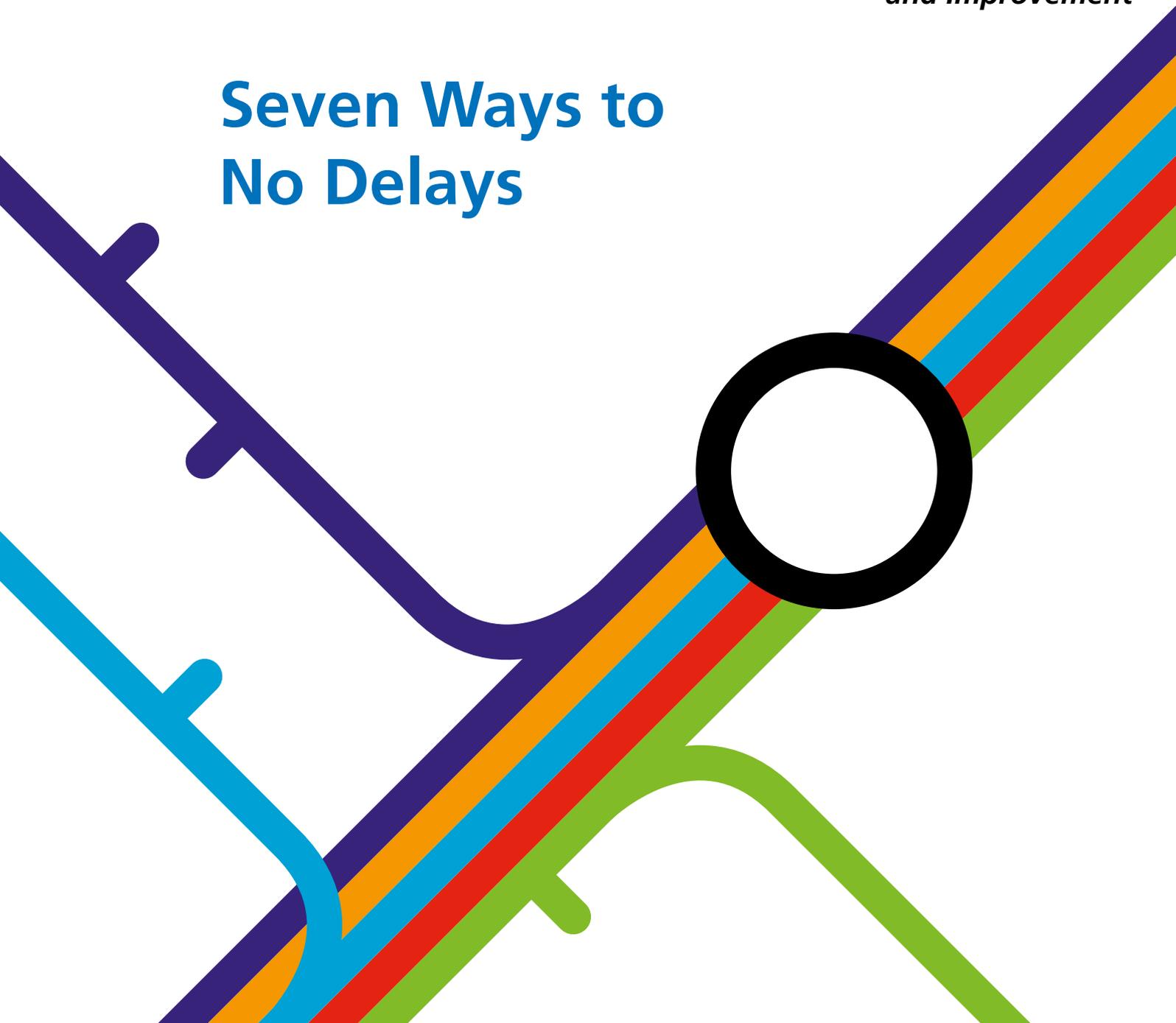


Seven Ways to No Delays



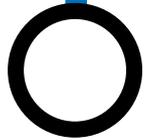
Destination

Focus on the whole patient

Plan Ahead along all stages of

Balance Capacity

Pool

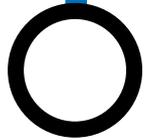


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"In the new age of patient choice, quality and timely provision of clinical care in an accessible setting will be of considerable importance to patients and also all clinical teams."



Foreword

Driving up quality, value and productivity in the NHS is not just about reducing delays, it is about changing the way we deliver care and manage processes to improve services for patients.

Clinicians and managers know they need to improve the timeliness of the services provided to patients in secondary care and re-provide some services closer to the patient.

Doctors, nurses and allied health professionals need to sit down with their support staff and managers and look at the current services they provide. Once clinical teams in primary and secondary care do this, the question is where to start? The task looks enormous and impossible.

Seven Ways to No Delays is a guide to improving services. It is written for clinicians and managers and provides information and detail on tried and tested improvement practice used successfully in the NHS.

The guide outlines what to focus on and what to do to help clinical teams in both primary and secondary care get the most out of the precious time spent reviewing their services.

All clinical teams should review their current service provision in the context of *Seven Ways to No Delays*. The best clinical teams will do so and get better.

In the new age of patient choice, quality and timely provision of clinical care in an accessible setting will be of considerable importance to patients and also all clinical teams. If you stay as you are, patients will look elsewhere.

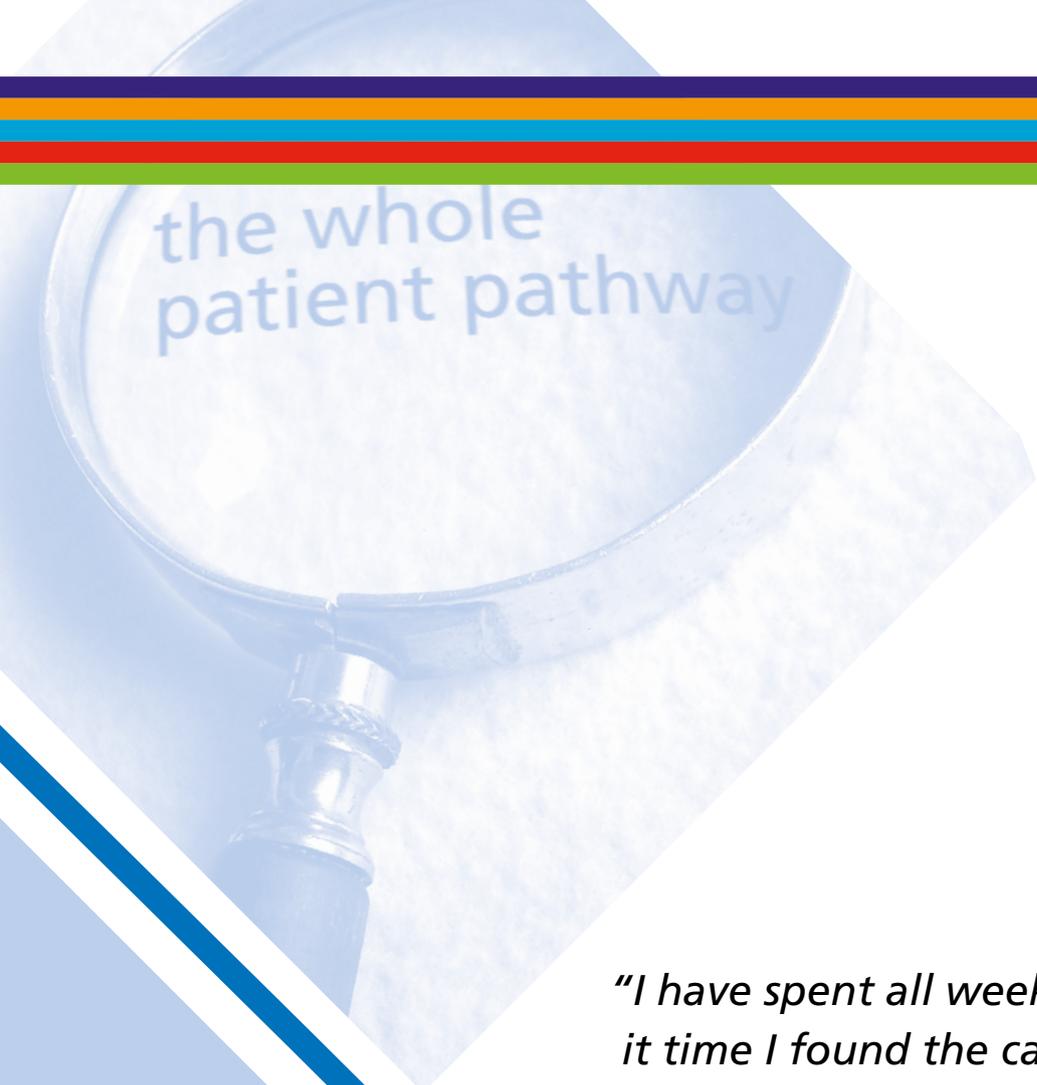
Read and use *Seven Ways to No Delays* to improve the quality and productivity of patient care and the quality of your clinical teams' working lives.

Julia R.A. Taylor

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and Value, NHS
Institute for Innovation
and Improvement

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Clinical Oncologist,
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care lead for 18
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Humber NHS

A magnifying glass is positioned over a document. The text "the whole patient pathway" is visible through the lens. The background features a white document with a blue magnifying glass and a blue geometric shape in the bottom left corner. At the top of the page, there are four horizontal stripes in purple, orange, blue, and green.

the whole
patient pathway

"I have spent all week fire-fighting, isn't it time I found the cause of the fires?"

"A large number of people waiting for my service may be a symptom of a problem elsewhere. I can check it out!"



01

Focus on the whole patient pathway

The efficiency of the whole patient pathway is more important than the individual teams' efficiencies.

Taking steps to reduce waiting times in one part of a hospital service often highlights something else that prevents further improvement.

After extensive and detailed improvement work in ultrasound, the service improvement lead in an acute NHS trust stated:

"Without improving transport we can go no further to improve ultrasound services."

As a result, the hospital decided to review porter services.

Diagnostics are often highlighted as a bottleneck in elective care. This is because the speed of clinical investigation and clinical decision-making depends on diagnostic services. However, diagnostic services also rely on the transportation of patients and samples they need to test. This means that the turnaround time for test results will depend on the porters or other transportation turnaround time.

Transporting patients or samples for diagnostic tests isn't the only role porters have and so their efficiency and way of working will also have a knock-on effect in other parts of the hospital.

Significance for reducing delays

Referral to treatment covers most of the patient pathway and the total time a patient takes will depend on a number of different teams and decisions.

Imagine if one team reduced its backlog of work and saw more patients, but the next team along the patient's pathway did not make any changes. The effect would be for the first team's backlog to become the problem of the second team.

If the second team was the bottleneck, no more patients would be seen by the 'pathway' as a whole. Waiting times would not be reduced.

What can I do?

You could start by tracing the whole patient pathway with a sample of ten patients.

Another way to start is to talk to people. Talk to the team/people who transfer patients to your team, get to know them and when you feel ready say:

"How can I make your job easier?"

"This is how you can make my job easier..."

An additional approach is to make sure you support improvement work that focuses at the bottleneck and work that begins at the last step of a patient's pathway and moves backwards.

Quality and service improvement tools that may help you

Mapping the last ten patients, clinical engagement and stakeholder analysis are just three of the 80+ quality and service improvement tools that may help you focus on the whole patient pathway.

You will find them online at www.institute.nhs.uk/qualitytools.



“Each step of the programme is planned for and scheduled so that everyone knows what to expect and when to expect it. This reduces delays.”

Plan ahead along all stages of a patient's pathway

A gastroenterology matron from South Devon Healthcare NHS Trust ensured that pre-operative assessments explained to patients what would happen to them, what they would need to do until they were discharged and when they could expect to go home.

This was part of the trust's 'enhanced recovery programme.' The pre-operative stage triggered plans and schedules for patients and staff so that everyone knew what to expect and when to expect it. This expectation, planning and scheduling, together with more evidence-based care, reduced readmissions and length of stay in the trust from 12.6 days to 6.0 days.

The department in question did not have a waiting list and so improvements resulted in a reduction in the number of beds needed and some staff being deployed to other areas of the hospital.

Other examples of planning ahead include:

- Forward planning the need for elective and/or high dependency beds
- Making sure all equipment is ready for an operating list
- Booking and scheduling in advance all necessary tests and procedures
- Setting a real date for discharge and planning towards it
- Setting up pathology work processes to coincide with ward rounds

- Anticipating and planning for rehabilitation and therapies
- Co-ordinating plans with other departments so that resources such as high dependency beds are requested in line with their availability

Significance for reducing delays

Planning ahead around patient care increases the chance that each patient receives the right care, in the right place and at the right time.

For example, it allows teams to co-ordinate resources around patient care (e.g. staffing, equipment, beds), in line with the availability of resources.

What can I do?

Check how consistently and comprehensively things are planned and ensure that administrative and clinical processes are well aligned. Ensure that teams have agreed clinical care pathways to achieve this and use process templates as an approach to schedule activities along care pathways.

Quality and service improvement tools that may help you

Discharge planning, pre-operative assessment and planning, process templates and the enhanced recovery programme are four of the tools from the online quality and service improvement library that can help you to plan ahead along all stages of a patient's pathway. You will find them online at www.institute.nhs.uk/qualitytools.



Balance

"We were surprised that we had sufficient capacity to meet demand."

Balance demand and capacity

Scrutinising demand and capacity and taking stock of available resources will identify ways to reduce backlogs. Ensuring that capacity meets the variation in demand will prevent waiting lists from forming again.

At Hull and East Yorkshire Hospital Trust, cardiology patients waited a long time for an echocardiogram. Staff assumed the delays were due to a shortage of equipment and plans were in place to buy additional ECG machines. An analysis of demand and capacity, however, showed the root cause of the delays to be scheduling systems that did not account for variation in demand.

The clinic found that not scheduling outpatient clinic appointments for Tuesdays (a known peak in inpatient activity) resulted in a reduction in the time outpatients waited for an echocardiogram to 75 days from 145 days. Waiting times for inpatients were reduced from ten days down to just two.

Examples of ways to increase capacity include:

- Identify and plan for known changes in available capacity - for example, staff leave, training, equipment maintenance
- Maximise capacity by role redesign and releasing time to care - for example, training radiographers to perform barium enemas
- Reduce 'did not attend' (DNA) rates
- Plan capacity around the variation in demand and allow for excess capacity to meet variation in demand (matching staff levels to demand for care may mean reducing levels on some days to allow for increases on other days)

Significance for reducing delays

Evidence suggests that most waiting lists or backlogs are relatively stable, suggesting that temporary mismatches due to variation in capacity and demand are the cause of patient delays.

What can I do?

You could start by mapping patient pathways into your unit as well as the process within the unit and the pathways back out. You should also:

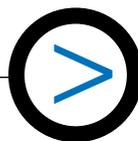
- Plot the volume of referrals to your unit by the types of patient and look at the daily, weekly and monthly patterns
- Understand the resources required by one type of patient for their pathway (this is a process template) and measure this in consistent units of time
- Combine your understanding of patterns of referrals and resources required by types of patient in order to develop a complete understanding of demand
- Develop schedules and staffing levels based on the volume of referrals and line up process templates for most efficient use of resources
- Ensure daily patterns of demand are taken into account

Quality and service improvement tools that may help you

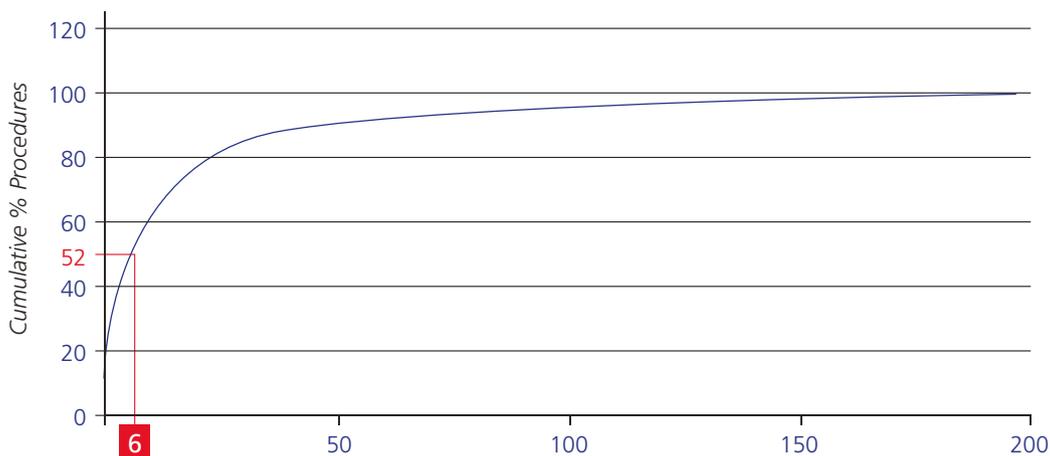
The NHS Institute's online library of quality and service improvement tools provides more information and guidance on demand and capacity management, understanding variation and using process templates to identify constraints in the process. For access, log on to www.institute.nhs.uk/qualitytools.

STAFF
RESOURCES

STAFF
RESOUR



Identify High Volume Procedures (which therefore have the potential for pooling)



Different types of procedure in order of volume of activity
Example from one admitting ward at Wirral Hospital

These **6** procedures accounted for **52%** of theatre throughput.

- Local anaesthetic flexible cystoscopy
- General anaesthetic cystoscopy
- Hernias and varicose veins
- Hip/knee replacements plus knee arthroscopy
- Excision of lumps and bumps
- Lower GI endoscopy

Pool similar work together and share staff resources

Pool the work of consultants, clinicians, technicians and administrative staff where there is common and equivalent work.

In Ealing Hospital NHS Trust, the radiology team identified a number of ways in which similar work could be pooled together for CT scans. Rather than setting aside slots for different types of patient, they filled sessions with the next patients to be referred. This contributed to a waiting time reduction from six to three weeks.

Other examples of where pooling can help include:

- Pooling referrals to consultants in line with their availability and capacity
- Pooling all the work for some of the most common and simple procedures, such as hernias
- Pooling elements of administrative functions
- Pooling treatment and therapies

Significance for reducing delays

By reducing the variation in waiting times between patients, you can also reduce the chances of patients experiencing unacceptable delays in treatment.

Wirral Hospital found that when they looked at one admitting ward, only seven procedures accounted for 52% of theatre throughput. These procedures have the potential for pooling and therefore reducing delays.

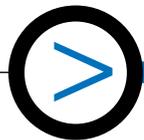
What can I do?

Pooling is not about taking away specialist work or expertise. It is about identifying the things you do most often and making sure that you don't let patients, their paperwork, tests and so on become stuck.

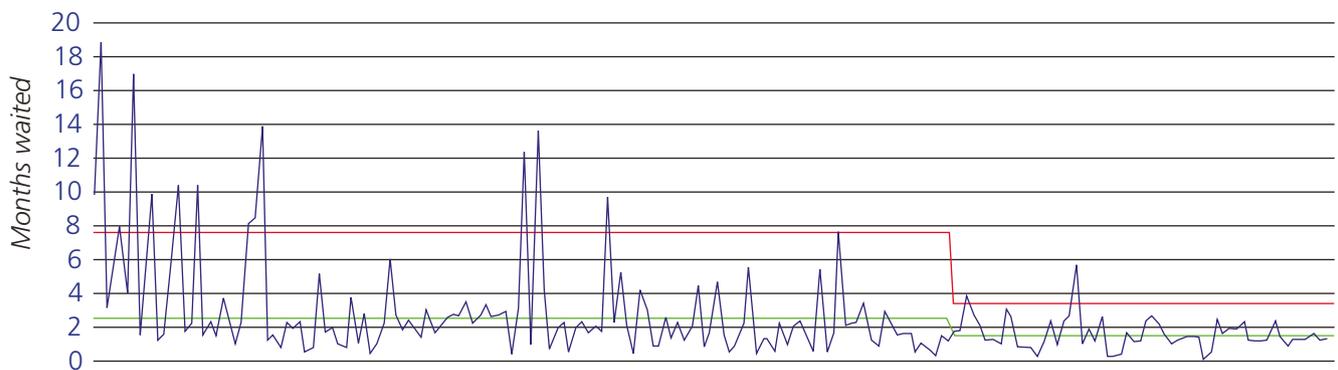
You can identify which things are common and frequent and see what's possible. You can also count the number of different types or slots (count the queues).

Quality and service improvement tools that may help you

Getting people to change the way they work can be a challenging process. The NHS Institute's library of quality and service improvement tools has a whole section on human dimensions of change, which will help you manage this process. Go to www.institute.nhs.uk/qualitytools and choose 'human dimensions of change' from the 'type of task' drop-down box.



The maximum waiting time reduces when you see and treat patients in order



Each point represents a patient in a date order

Keep things moving - see and treat patients in order

If one person jumps the queue for non-clinical reasons, it means that everyone else behind them waits longer.

The main reason for doing things in order is to reduce the difference in waiting times between patients. This reduces the maximum waiting time and improves the patient experience.

Hull and East Yorkshire Hospital Trust has a hospital-wide approach to making sure patients are treated in order in all their surgical areas. One service manager observed that this approach promotes a fair system for selecting patients for surgery.

Examples of when things are done out of order include:

- Blood samples getting trapped at the bottom of the 'drop off' bucket until it is emptied
- Seeing patients in the order a report is written rather than in order of referral
- A consultant picks out a case that is interesting and brings it forward
- A GP has five different priorities for his patient letters to be typed. Are all priorities necessary?
- One consultant has longer waiting list times than her colleagues
- Patients who miss an appointment (either by cancellation or the patient doesn't turn up)

Significance for reducing delays

Seeing patients in turn and doing things in order reduces maximum waiting times which will, in turn, enhance the patient experience.

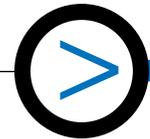
What can I do?

Look at the difference in waiting times - for example, between the decision to admit and the date for treatment. Use this to discuss practice with clinicians and staff responsible for managing lists. You should also minimise the number of different types of slot, cancellations and patients not turning up (DNAs).

Quality and service improvement tools that may help you

Reducing both cancelled operations and 'did not attends' (DNAs) are just two of the tools available to help you tackle delays and improve the quality and productivity of patient care. Access them online at www.institute.nhs.uk/qualitytools.

Reduce
Now



Hereford Hospitals NHS Trust - Biochemistry Time of arrival of specimen to the start of it being processed



Reduce things that do not add value to patients

Time is precious. The cumulative impact of time spent checking, doing work again, looking for things and carrying out unnecessary steps is time lost.

A lot of the work you do adds value to patients: right referral, right diagnostic tests, right diagnosis, right information and communication, right advice, right treatment, right aftercare and right handover.

In the pathology department at Hereford Hospitals NHS Trust, when a sample bag arrived, a member of the team would open it and put the sample on a rack. The sample would then be moved from the rack and into the centrifuge.

One day, someone tried removing the rack. By taking away this small but unnecessary step, the team found they saved 40 minutes a day. That's almost 10% of someone's working day. It is also a 10-minute break for four members of staff.

Examples of things that do not add value and have a negative impact on delays include:

- Patients having to come to hospital on different days for different tests
- Time spent finding the necessary equipment or information
- Time spent doing things again, such as the same paperwork or the same diagnostic tests

- Unnecessary appointments and follow-ups in outpatients
- Unnecessary diagnostic tests and redoing diagnostic tests

Significance for reducing delays

Time is precious. The cumulative impact of time spent checking, doing work again, looking for things and carrying out unnecessary steps is time lost. It could be better spent on patient care or getting home on time. Staff at Hereford now complete their work by 4.45pm rather than 5.30pm.

What can I do?

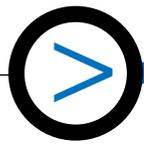
The challenge is that a lot of things that don't add value to patients are built into customs, habits and the way 'things are done'. They also tend to be the 'hassle factors' in people's jobs. One starting point is to visually map the processes and procedures you do and make time to look out for things that don't add value.

Quality and service improvement tools that may help you

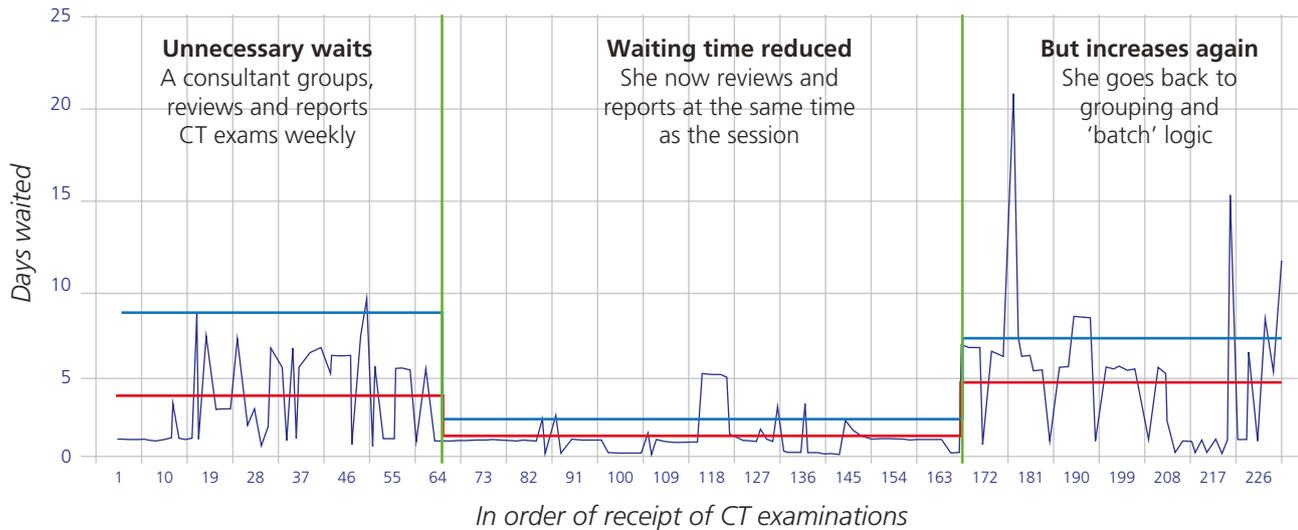
For more information on process mapping and a range of other tools to help you identify and reduce things that do not add value to patients, visit www.institute.nhs.uk/qualitytools.

Keep the flow

NO DELAYS



Batching work increases delays but changing working patterns often needs additional support



Keep the flow - reduce unnecessary waits

Reduce piles of paperwork, ensure frequent decision-making and reduce batching.

A consultant groups and reviews her CT examination results once a week. This is because she believes her efficiency is important and by grouping them she spends less time on each CT exam. However, this increases waiting. Her patients wait anywhere between one and nine days for their diagnostic assessment. When she reports at the same time as the examination, average waiting times are less than two and a half days.

Other examples of piles, batches and grouping include:

- A particular diagnostic test is only carried out once a week
- Letters are typed up once every three days
- Multi-disciplinary teams meet fortnightly
- Delay and time spent by a consultant to justify GP requests for ultrasound / other diagnostic tests (when 'wrong' referral rates are low)

Significance for reducing delays

Imagine you are this consultant's patient. You could wait up to nine days for a CT scan report just because she does not review and report on the day of your scan. This is only one stage of your

journey. If all stages of your journey contained unnecessary waits, it could have a significant impact on the overall delay you experienced.

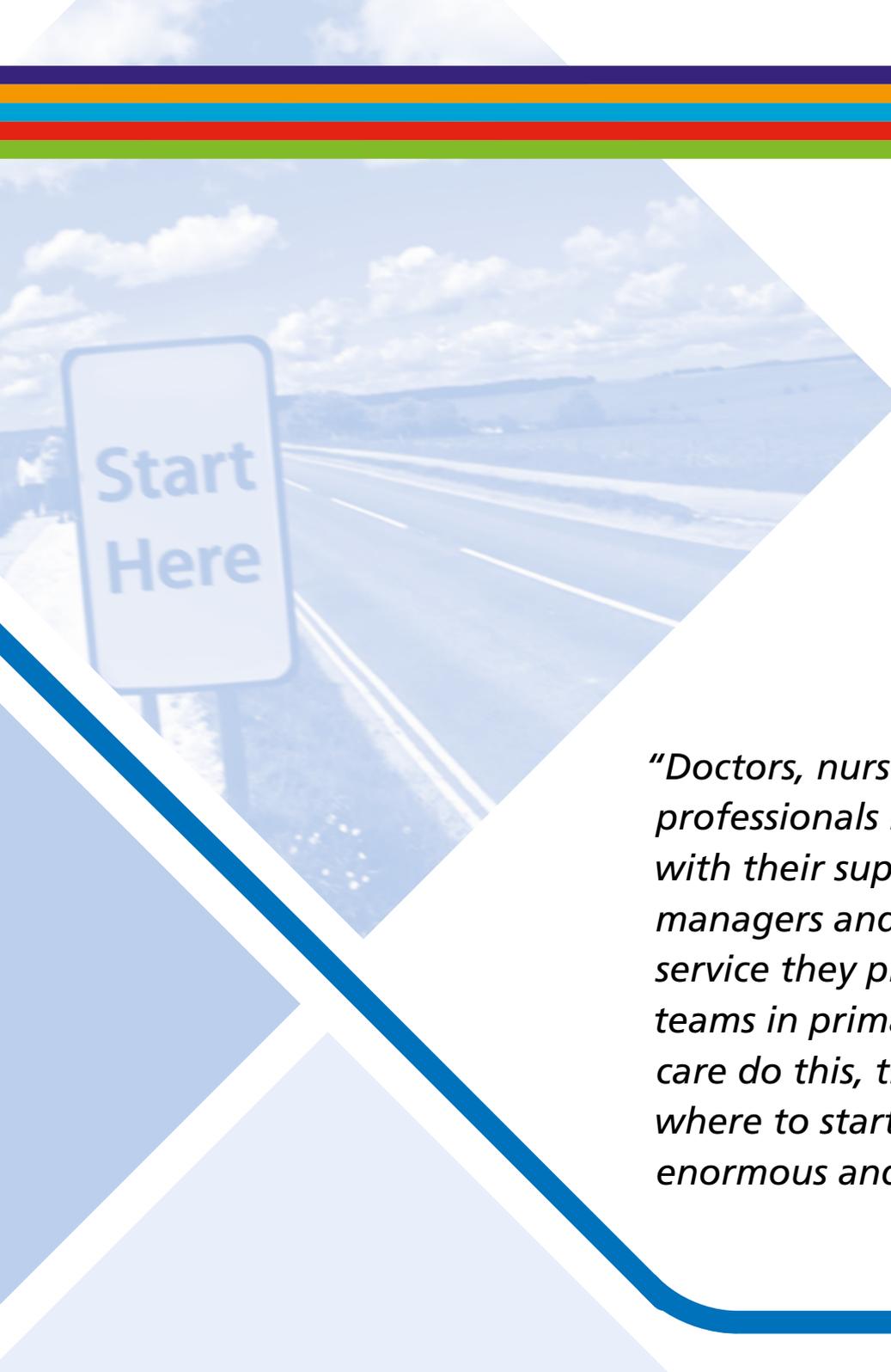
What can I do?

It's obvious in one way: you need to work on reducing the number of steps and identifying and cutting out hidden waits.

What is challenging is that we are all so busy that as we strive to be efficient personally, we can actually make things worse, as you can see illustrated in the earlier example of the consultant. In order to keep the flow, you must reflect on the impact any changes you make will have on the whole system, not just your own work.

Quality and service improvement tools that may help you

Tools to make niggling issues visible, identify bottlenecks and introduce 'Lean' working practices are among the 80+ quality and service improvement tools that can help you reduce delays. Log on to www.institute.nhs.uk/qualitytools to start using them.



Start
Here

“Doctors, nurses and allied health professionals need to sit down with their support staff and managers and look at the current service they provide. Once clinical teams in primary and secondary care do this, the question is where to start? The task looks enormous and impossible.”

Dr David Levy, 2007



Getting started

Often staff know where the problems lie but have never been asked to and/or never felt they were allowed to make changes. When given an opportunity, they should carry out small tests to see if new ideas work and measure their impact.

Improvements led by staff are generally very successful and stand the test of time. Starting out with small achievable objectives will help to gain momentum for sustainable improvement.

Project management

Big change projects need focused project management that provides a structured yet flexible approach to implementing change. In addition, research has identified eight factors that are known to sustain change beyond the life of the project. Paying attention to these and having a structured yet flexible approach to enabling improvement, increases the chances of success.

The eight factors are:

- Benefits beyond helping patients
- Credibility of evidence
- Ongoing adaptability of improved processes
- Effectiveness of systems to monitor change
- Staff involvement and training to sustain the process
- Staff attitudes to sustaining change
- Senior leadership engagement and attitudes to sustaining change
- Clinical leadership engagement and attitudes to sustaining change

These factors are described in the *Sustainability Guide* developed by the NHS Institute for Innovation and Improvement.

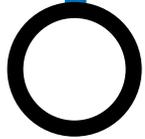
See www.institute.nhs.uk/sustainability for more information.

A starting point:

- Develop an idea about the current position and check what elements of *Seven Ways to No Delays* have been achieved
- Get help and advice where you can
- Map out the existing process, use fresh eyes to see how things currently work and make no assumptions
- Use patient and staff perspectives to broaden your understanding
- Identify the cause of delays and then focus on improvement and the **quality of care**
- Plan and start today

Resources

www.institute.nhs.uk/qualitytools



Fundamentals for quality improvement

The NHS Institute for Innovation and Improvement has developed a suite of publications that will assist you in finding innovative ways to improve the quality, productivity and efficiency of patient care you provide.

Quality and Service Improvement Tools Online

A web-based library of 80+ quality and service improvement tools that will enable you to expand your knowledge of tried-and-tested tools and techniques for improving quality and productivity. You can access the tools at www.institute.nhs.uk/qualitytools

A Step-by-Step Guide to Tackling your Challenges

This guide maps some of the key challenges you have told us the health service is facing against a range of quality and improvement tools and products developed by the NHS Institute to support the NHS in improving the quality, productivity and efficiency of services. This guide is available in hard copy and as an interactive PDF via the website at www.institute.nhs.uk/challenges

The Handbook of Quality and Service Improvement Tools

The handbook brings together into a single resource 75 proven tools, theories and techniques for quality and service improvement. Included in the *Handbook of Quality and Service Improvement Tools* is a six-stage project management guide, providing a suggested framework for service improvement within the NHS.



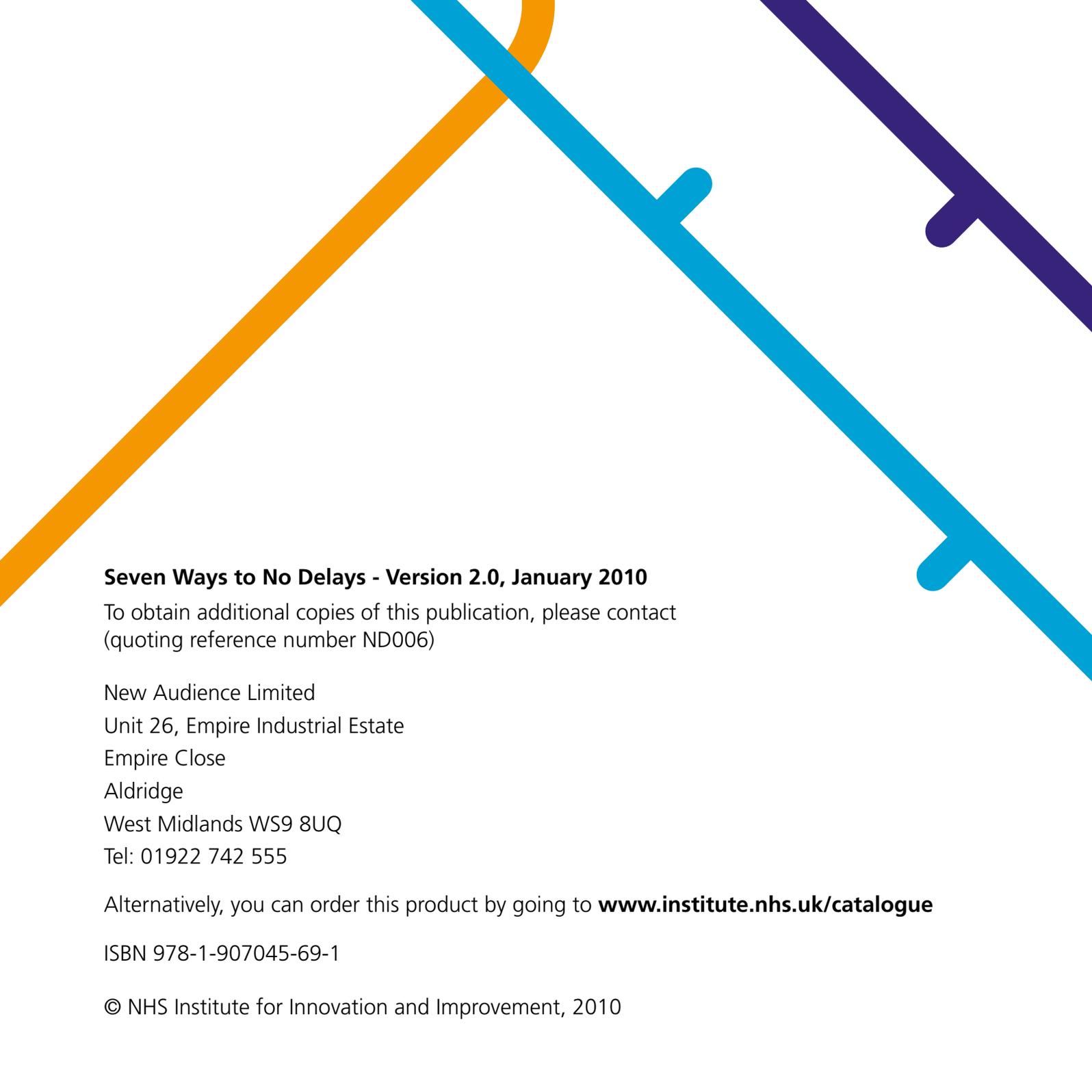
A Handy Guide to Facilitation

If you are involved in improvement work, you may be required to facilitate a group meeting or workshop to discuss how to improve services for patients. The *Handy Guide to Facilitation* has been designed to give you the know-how and confidence to effectively facilitate workshops and group meetings.

The Facilitator's Toolkit

Filled with helpful hints and top tips, *The Facilitator's Toolkit* is essential reading for anyone new to facilitation or looking for new ideas to make group meetings more productive.

For more information and to download any of the Fundamentals for Quality Improvement, visit www.institute.nhs.uk/fundamentals or email the Organising for Quality and Value team at organisingquality@institute.nhs.uk.



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