

“Being and feeling part of something is really important,” says Louise Molloy, Improvement Coach, reflecting on the experience of running a Digital Outpatients Collaborative

Common challenges faced by Trusts

There were a number of shared challenges faced by teams participating in the collaboratives. There were practical challenges such as lack of time due to clinical or operations pressures or needing input from a decision maker in another part of the Trust others were linked to. In addition, there were the challenges linked to variable QI knowledge across and within teams, differing expectations, underestimating the time and preparation required to make change and lack of enthusiasm for change from people outside of the direct project group.

Anticipating that some of these challenges may arise, the collaborative team designed bespoke materials and gave teams time to use them during the sessions. The Pledge Cards during the first session for example asked teams to detail what progress they intended to make before the next session and what help they needed from the collaborative or their Trust to achieve that progress. In addition, facilitators made coaching an essential element of the collaborative and were able to provide support to teams during and in-between sessions.

Lessons Learned

Being and feeling part of something is really important. Like with almost everything in life doing something with other people makes it feel easier – when you think about it there are clubs for almost everything, so why not create a club, or in this case a collaborative, to approach improving outpatients. It is an undeniably simple concept but one that has proven to work again in this case. It was very heartening to hear people from different Trusts offering to share information and experiences with each other, for example sharing resources such as standard operating procedures or information governance guidelines.

As facilitators we worked hard to make it easy for teams to find out what each other was doing and to ensure that sessions were relevant, useful and interesting. We spoke to or visited each team before the first session; we asked what participants would find useful for future sessions and ensured that these requests were met, for example, Information Governance seemed to be a barrier that multiple teams were experiencing. In response, we organised for an Information Governance specialist to attend the next session creating the perfect platform for knowledge sharing.

Relationships, Trust and Diversity are paramount

The collaborative worked with teams over a period of three months. Across three separate sessions teams from different hospitals had the opportunity to get to know and build trust with each other and the facilitators. It was the strength of these relationships that helped to uncover why, for example, a specific part of a project wasn't moving forward. Once we understood the problem we were able to work with that team to find a solution.

There was a real mixture of experience, role, quality improvement methodology knowledge and stage of project across the teams participating in the collaborative – this diversity is something to be encouraged for future collaboratives. For example, one team were coming to the end of a programme of work that had to date taken two years of work. What a fantastic message of perseverance to bring to groups just starting on a programme of work. The 'quick win' is often something we hear about, but the reality is that implementing a change in process or practice takes the time it takes sometimes even the easy ones.

Coaching is key

The value of coaching cannot be underestimated. Practically coaching supports teams to apply some of the tools and techniques they learned during the sessions such as process mapping for their specific pathway. Coaching supports teams to problem solve next steps, builds morale, maintains energy so that team members believe the change they want to implement is possible.