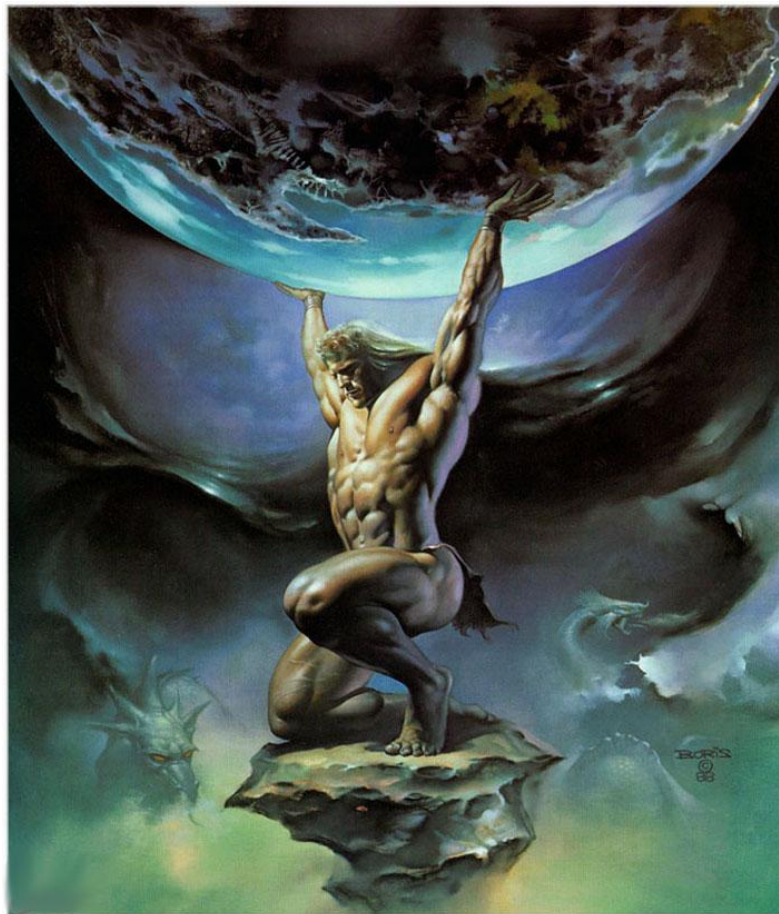# DEVELOPING POLICIES, PROTOCOLS AND PROCEDURES

It may be part of human nature to err, but it is also part of human nature to create solutions, find better alternatives and meet the challenges ahead

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CONTENTS

POLICIES AND PROCEDURES IN PRIMARY CARE

This guidance is to inspire you to have the will, provide you with the knowledge and enable you to develop the skill. To help you work out when and what to write and make writing and reviewing easier.

According to the Medical and Dental Defence Union of Scotland (MDDUS) errors in General Practice are likely to be due to system failure because of: the organisational culture; communication failures; ill-defined responsibilities; failure to follow protocols; equipment; resources; or low moral that lead people to make mistakes or fail to prevent them.

A fatal accident enquiry into the death of a female patient heard that she might still have been alive today had she been diagnosed as suffering from a spinal infection. The fact that the Practice had lost a result through misfiling for about a month contributed to the outcome.

Good policies and procedures play an important role in safeguarding against harm; quality, environmental, health and safety problems; and Statutory and Contractual breach.

Everyone makes mistakes. Unskilled and incompetent people are, at most 1% of the problem. The other 99% are good people trying to do a good job who make very simple mistakes and it is the processes that set them up to make mistakes[1]. The concept that bad systems, not bad people, lead to the majority of errors and injuries, has become a mantra in healthcare. However, healthcare will not become safe unless there is the will, the knowledge and the skill □.

Writing Policies and Procedures take time and can be disliked by busy people focussing on providing the service.

Marion Foster
August 2011

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[1] L. L. Leape and D. M. Berwick, "Five Years After *To Err Is Human*: What Have We Learned?" *Journal of the American Medical Association* 293 (May 18, 2005): 2384–90.

THE PRACTICE CULTURE AND ITS LEADERSHIP

The Practice's Culture is rooted in the values, beliefs and assumptions held by its members, and is demonstrated by its *Policies*, *Protocols* and *Procedures*, and delivery of care and discourse. A simple definition of culture is "the way we do things round here". The Culture can have different foci for example a Culture of Learning or Safety.

A Culture of Safety can be defined as 'an integrated pattern of individual and organisational behaviour, based on a system of shared beliefs and values that continuously seeks to minimise patient harm that may result from the process of care delivery.' [2]

An effective safety culture:

- sees errors as learning opportunities
- motivates individuals to talk about their own experiences by encouraging such experiences to be shared
- responds to problems that are identified
- does not unfairly penalise those who have made errors
- has a reporting system that is seen to uncover the underlying causes of incidents.

The National Patient Safety Agency[3] has identified seven key steps to patient safety, which places promoting a Safety Culture as the first step:

1. **Build a safety culture:** Create a culture that is open and fair
2. **Lead and support your staff:** Establish a clear focus on patient safety throughout your Practice
3. **Integrate your risk management activity:** Manage your risks and identify and assess things that could go wrong by developing **systems** and **processes** documented in the Practice *Policies, Protocols* and *Procedures*.
4. **Promote reporting:** Ensure your staff can easily report incidents locally and nationally
5. **Involve and communicate with patients and the public:** Develop ways to communicate openly with and listen to patients
6. **Learn and share safety lessons:** Encourage staff to use root cause analysis to learn how and why incidents happen
7. **Implement solutions to prevent harm:** Embed lessons through changes to practice, processes or systems and their documentation.

[2]Kizer K. *Large System Change and a Culture of Safety: Enhancing Patient Safety and Reducing Errors in Health Care.* Chicago: National Patient Safety Foundation; 1999.[3]

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CAN YOU RECOGNISE ATTRIBUTES OF YOUR PRACTICE? [4]

PROCEDURE-BASED CULTURE	NON-PROCEDURE-BASED CULTURE
Individuals share knowledge that everyone "owns".	Individuals "own" knowledge about work processes.
Knowledge is formally collected and retained in procedures.	Knowledge is informally collected and retained by individuals.
Everyone performs a task the best way.	Each individual performs a task their best way.
Anomalies stand out as problems or potential problems.	Anomalies are ignored.
Everyone has full access to the body of knowledge via Policies and Procedures.	New people must learn on their own by doing a job, or depend on the goodwill of others to share.
Formalise hold-points in doing work, check-off lists specified, and requirements for verification or peer review are clear.	No formalised hold-points, check-offs, or verifications.
Condition reporting is used when problems are encountered. Seeking the root cause and reviewing conditions and processes.	Frequent use of informally working around problems (temporary fixes) when problems are encountered.

4 Dew John, Curtis M R *Procedure writing* http://bama.ua.edu/~st497/pdf/procedurewriting.pdf. Last accessed 31 August 2011.

WHY WRITE POLICIES AND PROCEDURES?

FOR:

- Safety
- Efficiency
- Clarity and Consistency
- Accountability
- Capture and Retain Information
- Contractual and Statutory Requirements
- Quality Assurance and Improvement.

All Practices should have well developed organisational and clinical systems in place documented by their Policies, Protocols and Procedures, which define how you do things in your Practice. They can:

- Save time and effort.

- Help when issues arise. The Policy manual is checked for existence and validity of document.

- Help avoid conflict and the potential for misunderstanding. Depersonalise the issue.

- Avoid time spent reinventing the wheel or recreating policy.

- Assist in new member recruitment.

- Policy and procedures clearly tell people what you are all about.

- Provide detailed job descriptions

- Orient new members, about their purpose, job standards and expectations.

- Provide continuity and consistency in decision-making.

- Ensure the Practice will stay on track even when there is staff change.

- Set a positive direction for the Practice.

- Be a guide for leadership, which takes a proactive approach to present and future issues.

- Provide an efficient and safe way to review existing systems and services to ensure needs are met.

WHEN TO WRITE OR REVIEW THE POLICIES AND PROCEDURES?

WHEN

- It is important to do something
- Consequences of not doing it are significant
- We are not doing it now

WHEN

- **There is a need for:**

    - legal protection
    - fair and consistent treatment
    - a record (to create a paper trail)
    - accountability (to establish it)
    - training

- **There are:**

    - Questions
    - Accidents
    - Complaints
    - Inefficiencies
    - Too many exceptions/exemptions/waivers
    - Legislation/regulation changes

- **There is:**

    - Confusion about the required/appropriate way to act
    - Inconsistency in behaviour

WHEN *NOT* TO WRITE OR REVIEW THE POLICIES AND PROCEDURES?

OVERLOAD ALERT

There is a real danger in creating a policy or procedure for everything. People ignore them. When there are too many, they are hard to manage and they can all start to sound alike.

The user goes on overload.

It is acceptable, even desirable, to have unwritten policies and procedures, since it is impossible to write everything down. However, be mindful of the signs that *the informal, unwritten rules are no longer working.*

Consider leaving a policy or procedure unwritten when:

- It involves organisational culture and norms.
- It cannot be enforced (e.g., "Don't discuss your salary with your colleagues". If a member of staff realises that enforcement of a policy is lax, they think the same of all of the policies.
- When there will still be inconsistency.

When to write the unwritten rules:

- When unwritten rules that have been working well informally begin to break down.
- When the Practice grows; change increases; and/or complexity arises. When the following happens:

  - Accidents (involving injury or non-injury)
  - Changes
  - Complaints (internal and external)
  - Confusion
  - Cost overruns
  - External events or trends that have an impact (e.g., no smoking policy)
  - Frequent or recurrent questions
  - High waste factors
  - Inconsistency
  - Misunderstandings
  - Changes in laws, regulations, and contracts
  - Sensitivity, volatility, stress or frustration
  - Unique interpretations of unwritten policies or procedures

ARE POLICIES, PROTOCOLS AND PROCEDURES THE SAME THING?

No, they are not the same thing. *Policy, Protocol* and *Procedure* are words that often cause confusion. They are different levels of the Practice's documentation of its strategies to manage its key determinants of Quality and Safety.

Policies are not directives but the guiding principles of the Practice that are designed to reach certain objectives by which the service is provided. *Policies* are specific to the Practice and the Practice Culture.

Protocols are problem oriented. The **mandatory** set of decision-making rules/instructions/standards based on best practice (*Guidelines*) specific to the Practice. A *Protocol* defines a set of *Procedures* or steps to be followed for the accomplishment of a given task.

Procedures are task oriented. *Procedures* provide step-by-step instructions on how to do a task.

It is important to know that to arrive at a desired solution, the *Protocol* associated with the completion of a task (*Procedure)* is adhered to. Swerving from following a *Protocol* leads to commotion and misunderstandings or sometimes miscommunications too.

The "How to Register a Patient" *Policy* is about how this Practice registers patients. The *Protocol* is the rules that the Practice has to abide by according to the GMS Contract and Legislation and the *Procedure* is the step-by-step instruction of how the relevant staff go about registering the patient whilst complying with the *Policy* and *Protocol*.
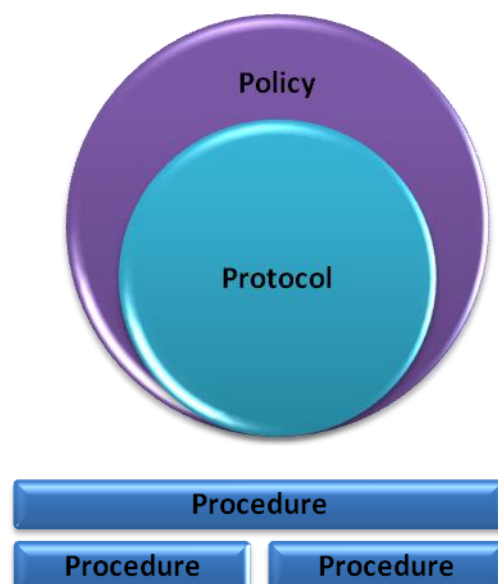
	POLICY	PROTOCOL	PROCEDURE	GUIDELINE
Definitions	The description of the service's commitments to key determinants of Quality and Safety; The guiding principles of the Practice and its service. The basis of the Practice's procedures and instructions. Unlike procedures, they do not tell the reader exactly how something will be done. Policies simply set the signposts.	The **mandatory** set of decision-making rules/ instructions/ standards based on best practice (*Guidelines*).	Based on the Practice Policy and Protocol. Specific step by step directions. Where policies provide the signposts or guidance, a procedure specifies what will be done, when, and by whom and what records are to be kept. It is the 'recipe' by which the policies are enacted. One procedure can be informed by a range of policies.	A collection of statements which guide best practice for use in specific circumstances.
Nature and scope	Ranges from broad philosophies to specific rules. Often imprecise and intangible.		Tangible, succinct, precise, exact, factual and to the point.	
Type of writing Required	Usually expressed in standard sentence and paragraph format.		Best expressed using special formats such as playscripts, flowcharts, and lists. Can include checklists that provide extra control to assure that work is performed properly.	

HOW TO WRITE & STRUCTURE A GOOD POLICY AND PROCEDURE

A GOOD POLICY	A GOOD PROCEDURE
✦ Policy statements address WHAT is the rule rather than HOW to implement the rule.	✦ Procedures are tied to policies. Making explicit this relationship along with how the procedure helps the practice achieve its goals or strategic plan. Helps ensure understanding and compliance.
✦ Consistency with Practice's mission, culture, strategy, vision	✦ Procedures are developed with the user in mind. Well developed and thought out procedures provide benefits to the procedure user.
✦ No overlap or contradiction with other policies/procedures	✦ There is a sense of ownership among procedure users. For this reason it helps to involve users in the development of practice procedures.
✦ Written in clear, concise, simple language – reader should not have any questions, nor should there be any ambiguity	
✦ Sufficient and appropriate content and level of detail	✦ The procedures are understandable. Procedures should be written so that what needs to be done can easily be followed by all users.
✦ Should always accomplish something and be capable of being implemented.	✦ When feasible, procedures should offer the user options. Procedures which are unnecessarily restrictive may limit their usefulness.
✦ Sufficiently researched and legislation compliant (collective agreement-compliant)	✦ Published in a manner that is easily accessible, easily updatable, easily searchable
✦ Address issues that we need to know about and want to know about	
✦ Appropriate consideration of "stakeholder's" input/feedback	
✦ Capable of being implemented	
✦ Published in a manner that is easily accessible, easily updatable, easily searchable	
✦ Create a standard format for your Practice.	

POLICIES

The Policy should be appropriately headed, see example below

EXAMPLE HEADING TEMPLATE

THE 3Ps PRACTICE	
TITLE OF POLICY (OR PROCEDURE)	
Responsibility to Monitor	
Responsibility to carry out Procedure	
Review date	
Responsibility for Reviewing: Policy	
Responsibility for Reviewing: Procedure	
Revision History	
Issue No	

*Note***:** The policy title should be carefully selected so that it is simple and clearly conveys the policy's content.

Record Electronic Path name of where the document is stored.

The Page Number and total no of pages (page 2 of 14) would appear on all subsequent pages; the footer of each page should repeat the Issuing Date and the Policy Title.

THE POLICY

Policy Statement/Purpose: Keep it comprehensive and concise in its meaning. This section contains an introductory paragraph that explains the objectives and reasons for writing the policy or procedure in the first place. Summary (one paragraph) clearly stating the rationale for the policy, including if appropriate, reference to external regulations, further policy discussion. Refer to relevant information and look for words and phrases that tell the story about the subject or solution to the original problem statement. Use consistent opening phrases e.g. "This policy establishes guidelines for……" the rest should follow as you recall information from your research.

Persons Affected: Include exactly whom the policy applies to (or not), the persons affected, target users and the consequences for non-compliance, if applicable.

Policy Text

This is the most important section heading for the policy or procedure because it provides the aims and objectives, strategies, culture, mission, vision of the practice as they relate to a specific policy or procedure. Outline or paragraph format. Consistent opening phrase e.g. "The policy of (Practice name) is to ensure/provide….." Include:

- State current practice
- The process, sequence or the journey relating to their procedures.
- Who does each step, including those involved at hand over times.
- Where and when it must be done
- What is the Protocol? Are there standards e.g. related to legislation to GMS contract?
- Actionse.g. other software to check, communication how and with whom, recording – who, how and with what.

Definition: Definitions acronyms, abbreviations, forms, reports, flow diagrams, models, words infrequently used. Or technical jargon.

Related Policies and Procedures/ Documentation/ References for more information

Detail information about buddy/ related policies or procedures, guidelines, forms, etc and where they can be found or "*Hyperlink"* to their source.

QUESTIONS TO ASK WHEN CREATING A POLICY

- What was the problem?
- How was this identified?
- What were the implemented improvements (tools/techniques)?
- What is the situation now?
- How is this change sustainable?
- What is the Measurable outcome

- What are the Patient, Staff & Organisational benefits?
- What are the lessons learnt?
- What plans are there to spread the improvement?
- Who is the Key Contact: Contact Name Email Telephone number
- What are the Rules?

PROTOCOLS

Protocols are the Rules. They contribute to the content of the Policy.

The local tools that set out specifically what should happen, when and by whom in the care process. They can be seen as the local definition of a particular care process derived from a more discretionary guideline , contractual or statutory requirement. They are in essence tools that assist in quality improvement and reducing inequalities.

Protocols reflect local circumstances, and variation will due to the differing types of local provision.

EFFECTIVE POLICY CHECKLIST	
This checklist provides an efficient way to verify the effectiveness of a Practice policy.	
For each criteria question, state (Y)es, (N)o, or N/A to summarise the extent to which the specific policy you are reviewing meets the criteria.	**Y, N, N/A**
Is there a standard format for consistency?	
FRONT PAGE TEMPLATE	
Does the **FRONT PAGE TEMPLATE** include:	
1. Name of Practice?	
2. Title of Policy?	
3. Is the title simple and clearly conveys the policy's content?	
4. Who is responsible to Monitor compliance of the Policy?	
5. Who carries out the Policy and Procedures?	
6. The Review Date?	
7. Who is responsible for reviewing the Policy and Procedure?	
8. Record of date and detail of any change to the Policy and Procedure?	
9. Issue number?	
DOCUMENT HEADER	
Does the **Header** give:	
1. The name of the Practice?	
2. The name of unit/group if document is specific to one area?	
3. Title of Policy?	
4. Issue date and issue number?	
5. Are the Page Number and total no of pages (page 2 of 14) appearing on 1st page and all subsequent pages?	

DOCUMENT FOOTER	
Does the **Footer** of each page repeat the Issuing Date and the Policy Title?	

PERSONS AFFECTED	
Have you identified all stakeholder, contributors, persons affected, target users, audience?	

POLICY STATEMENT/PURPOSE	
Is it written in the third person?	
Is there an introduction and background?	
Is there a description of current practice?	
Is it clear why is the policy exists? Is the NEED for the policy clear? Does the policy state what the objective is, why the objective is being sought, and how the policy helps reach the objective?	
Does it protect the Practice from a specific risk?	
Is it clear which Practice "owns" the policy?	
Is the language active and positive?	
Is it clear to which: part of the Practice, situations, processes and specific groups or people this policy applies?	

POLICY TEXT	
Is there a breakdown of the process i.e. the journey, steps, sequence?	
With reference to the above does it include who is involved in each step, including those involved at hand over times?	
Is there reference to:	
1. Actions e.g. other software to check?	
2. Communications how and with whom?	

3. Recording – who, how and with what?	
4. To standards, external regulations/legislation and/or contractual requirements e.g. GMS Contract?	
Does it refer to the Practice's rules/protocols?	
Are exemptions to the policy identified?	
If applicable, are the consequences for non-compliance detailed?	
Is the policy simple, clear and unambiguous? Are there words, acronyms, or terms that are vague, undefined, or that could be misinterpreted?	
Is there reference to related Policies/References for more information?	
Is there reference to related Procedures, guidelines and forms?	
Is the person responsible for the document identified and contact details stated at the end of document?	
DEFINITIONS	
Does it include relevant jargon, acronyms, or definitions used in the policy that are not fully explained in the text?	
Are the definitions of terms clear and inclusive?	

THE PROCEDURE

Describes the overall objectives, functions, or tasks that the procedure is designed to accomplish and the circumstances under which the procedure should be used. The steps from a flow chart or task list outlined in a general sequence from start to finish.

Procedure details

Using an approach which is customised to the subject

i.e. can be a statement in outline format of each step required, a checklist of what needs to be done, an explanation of how to complete the necessary forms or screens—including copies of the forms or screens, or an appropriate combination of techniques, provide the user with the necessary procedural and "how to" information. Included in this section should be definitions of unique terms or terms subject to different interpretation and copies of all forms needed to complete the procedure. A transaction flow chart might also be included in this section.

Ground Rules for Developing Effective Procedures

1. The person who uses the procedure is the worker. Write with the worker in mind, not the expert.
2. Develop procedures that can be read and used under stress.
3. Place procedures where the users can get them. If it is difficult to get to the procedure, people will not use it and mistakes will come back into the system.

Writing the Procedure

Keep the structure simple

- Use gender-neutral language - use "their" instead of "he/she".
- Use short sentences (maximum of 15 words).
- Use short paragraphs (maximum of 100 words for policies; maximum 40 words for procedures).
- Use lists - it makes it easier to read, and encourages short sentences.
- List steps to follow in order to comply with the policy.
- List responsibility for each step. Use one action per step - steps that contain more than one action can confuse the reader.
- Do not assume the reader knows something.
- Put steps in the right sequence.

- Use numbering to facilitate easy referencing. Use 1, 2, 3 (not one, two, three).
- Use headings to help organise information. This helps people find information quickly and understand the flow of the procedure.
- Be consistent - repetition of familiar words increases comprehension.
- Remove words that don't add meaning. Tips to help achieve this include: write as you would normally do so, then edit to create short sentences to remove unnecessary words and information that does not add value to the policy or procedure. For example use "often" instead of "in most cases", "before" instead of "prior to", "because" instead of "due to the fact that".
- Use agreed definitions/terminology to ensure consistency of terms throughout policies and procedures.
- Use the practice agreed policy and procedure template - documents written and presented in a consistent manner aids readability
- Use agreed definitions to ensure consistency of terms throughout policies and procedures.

Use everyday language that readers will easily and immediately understand

- Use short words (one or two syllable).
- Use common words (eg. "use" instead of "utilise").
- Use active, rather than passive language.
- Wherever possible, start with an action verb, ie. "Submit completed form to Practice Manager" rather than "The receptionist should complete the form and then submit it to the Practice Manager".
- Be direct. Write as you would speak, editing out informal words or phrases.
- Avoid the use of jargon, unnecessary technical expressions and fancy vocabulary.
- Avoid the use of abbreviations or acronyms. If acronyms are necessary, use the full title/term first before using the acronym.
- Avoid too much detail - link to related documents stored on the Practice intranet or internet if necessary.

Be specific - mean what you say and say what you mean

- Rather than "send the appropriate letter" say "Send the 3rd DNA letter".
- If action is mandatory "must" or "will" is used.

- If the action is recommended or valid reasons to deviate from the requirement may exist in particular circumstances, then 'should' is used.
- If the action is permissive "may" is used.
- The word "shall" must be avoided unless there is a legislative requirement than prescribes its use. This word causes confusion between whether an action is mandatory or recommended.

Avoid the use of information that is quickly outdated and that therefore requires regular amendment.

- Use Role titles, rather than specific names (if possible). Individual names can be detailed on initial template detailing responsible persons and review date.
- Provide links generic web pages rather than specific web pages (if possible).

Example:

If ....Then for single person	
Condition	**Action**
IF the alarm bell rings…	THEN: 1. Stop the line 2. Check the monitor to find the location of the problem 3. Check the equipment to confirm the reported location 4. Call maintenance
IF the red light flashes…	THEN: 1. Check the warning system fir a message 2. If no message appears, run system check 3. If system check is negative for a problem, turn off the light and file a false indicator report.
IF the indicator moves outside the normal range.	THEN: 1. Double check the reading 2. Run system check 3. If no malfunction appears, call shift supervisor immediately

To write a Chaperone and New Patient Registration Policy & Procedure

If you have one look out the Practice:

1: *Lone Working and use of Chaperones Policy and Protocol* and any related *Complaints* and *Significant Event Analyses* (SEAs).

GMS: This protocol is a *Professional* requirement under the *Clinical Governance Arrangements* section in the *NHS Scotland Quality Strategy, 2010: Clinical and Staff Governance for General Practice in Scotland*.

Dentistry: *GDC's ethical guidance,* **Principles of Dental Team Working,**

If you have a Policy - THINK ABOUT the following to discuss at the workshop:

- Are there any situations when it is difficult to apply your policy, such as when a GP or practice nurse does a solo home visit?

- Are patients generally happy for a trained chaperone to be alongside a male or female GP when they undertake an intimate examination? Does your chaperone policy apply equally to GPs (male or female) and practice nurses (male or female)?

- To what extent do all clinicians adhere to the chaperone policy in the surgery and on home visits? Do they record the presence or absence of a chaperone in the patient's medical records?

- Is the policy up to date? Is there any new legislation that is relevant to a chaperone policy, or has there been a change in public opinion about the necessity of chaperones or their acceptability?

- Do clinicians give patients informed choice or, as a personal, defensive tactic, always insist on a chaperone being present?

- Are there prominent notices with easy-to-read and understandable text in every consulting and treatment room, advising patients about the availability of chaperones?

SOURCE AND RESEARCH: 1. national guidance, 2. journal articles, 3. other Chaperone Policies and other resources to critique, benchmark and using the provided guidance plan/develop a practice policy and protocol during the workshop.

e.g.

- http://www.lmc.org.uk/visageimages/guidance/2007/Chaperone_model%20framework.pdf
- http://www.mddus.com/media/297707/summonswinter09.pdf
- http://www.nhsemployers.org/SiteCollectionDocuments/CHRE_Clear_Sexual_Boundaries_doc_fb210509.pdf

2: *New Patient Registration policy*

SOURCE AND RESEARCH: 1. national contractual guidance, 2. journal articles, 3. other Policies and other resources to critique, benchmark and using the provided guidance plan/develop a practice policy and protocol.

These resources will enable you to develop evidence based Policy and Procedures.

....PRACTICE	
T	
Responsibility to Monitor	
Responsibility to carry out Procedure	
Review date	
Responsibility for Reviewing: Policy	
Responsibility for Reviewing: Procedure	
Revision History	
Issue No	

POLICY STATEMENT/PURPOSE

Keep it comprehensive and concise in its meaning. This section contains an introductory paragraph that explains the objectives and reasons for writing the policy or procedure in the first place. Summary (one paragraph) clearly stating the rationale for the policy, including if appropriate, reference to external regulations, further policy discussion. Refer to relevant information and look for words and phrases that tell the story about the subject or solution to the original problem statement. Use consistent opening phrases e.g. "This policy establishes guidelines for……" the rest should follow as you recall information from your research.

PERSONS AFFECTED

Exactly whom the policy applies to (or not), persons affected, target users and the consequences for non-compliance, if applicable.

POLICY TEXT

This is the most important section heading for the policy or procedure because it provides the aims and objectives, strategies, culture, mission, vision of the practice as they relate to a specific policy or procedure. Outline or paragraph format. Consistent opening phrase e.g. "The policy of (Practice name) is to ensure/provide….." Include:
- *State current practice*
- *The process, sequence or the journey relating to their procedures.*
- *Who does each step, including those involved at hand over times.*
- *Where it must be done*
- *When it must be done*
- *What is the Protocol? Are there standards e.g. related to legislation to GMS contract?*
- *Actions e.g. other software to check, communication how and with whom, recording – who, how and with what.*

DEFINITIONS
Definitions acronyms, abbreviations, forms, reports, flow diagrams, models, words infrequently used. Or technical jargon.

RELATED POLICIES AND PROCEDURES/ DOCUMENTATION/ REFERENCES FOR MORE INFORMATION

Detail information about buddy/ related policies or procedures, guidelines, legislation, contractual, forms, etc and where they can be found or "Hyperlink" to their source.

PROCEDURES
Describes the overall objectives, functions, or tasks that the procedure is designed to accomplish and the circumstances under which the procedure should be used. Specific step by step directions from for example, a flow chart or task list outlined in a general sequence from start to finish.

THE TOOL KIT

TOOL 1 - STAKEHOLDER ANALYSIS

When a development project fails, it is is commonly due to all the people involved haven't been brought together in the right way to create and support the project. Stakeholder analysis is a way to identify and understand the needs and interests of people affected by a project.

A Systematic Process to Identify and Manage Stakeholders in a Change Initiative

There are four worksheets:

1. Create a master list of potential Stakeholders using **Brainstorming** technique or the **1. Stakeholder List Worksheet** to be distributed to participants prior to, or at the beginning of, the meeting. Participants list all key stakeholders. You can use "Post its" and then create the list.

2. The **2. Stakeholder Analysis Guide** to be distributed to participants once a master list of stakeholders has been identified. This will help guide the team when they discuss each stakeholder.

For each stakeholder, discuss the following key questions:

   - What is the stakeholder's role?
   - How will the stakeholder react to the effort?
   - What are the stakeholder's needs and concerns?
   - What do we need from the stakeholder?

3. The **3. Power/Interest Grid for Stakeholder Prioritisation**
   - Map out your stakeholders on the Power/Interest Grid and classify them by their power over the work and by their interest in the work.Someone's position on the grid shows you the actions you have to take with them:
   - High power, interested people: these are the people you must fully engage with, and make the greatest efforts to satisfy.

- High power, less interested people: put enough work in with these people to keep them satisfied, but not so much that they become bored with your message.
- **Low power, interested people:** keep these people adequately informed, and talk to them to ensure that no major issues are arising. These people can often be very helpful with the detail of your project.
- **Low power, less interested people:** again, monitor these people, but do not bore them with excessive communication.

The **4. Stakeholder Analysis Summary** form can be used to summarise information gathered in the group meeting. Given all we know, how do we plan to deal with this stakeholder?

WORKSHEETS

1. Stakeholder List Worksheet: Name Your Stakeholders

Instructions: A stakeholder is any person, group, or entity that that can influence the success of, or is impacted by, the change effort. List all possible stakeholders on this page (e.g., names of key individuals, groups of employees, Primary Care, Secondary Care, Health Board).
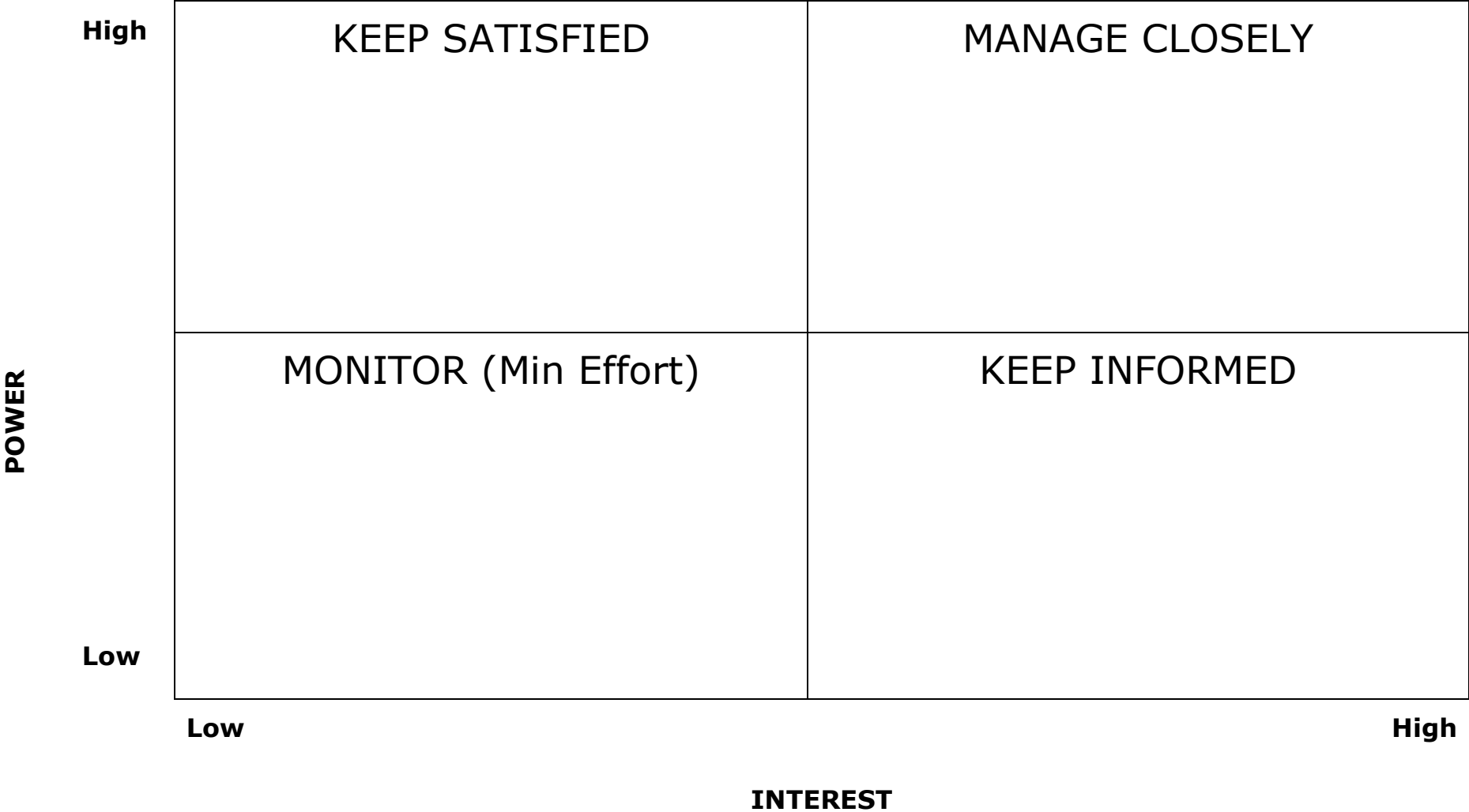
STAKEHOLDERS

1.
2.
3.
4.
5.
6.

1. Stakeholder Analysis Guide: Issues to Consider

Stakeholder	Role	Anticipated Reaction	Stakeholder Needs/ Concerns	Our Needs	Plans
A stakeholder is any person, group, or entity that: ▪ Can influence the change **or…** ▪ Is affected by the change. Stakeholders can be: ▪ Individual people ▪ Groups of employees (e.g., first line supervisors) ▪ Committees ▪ Departments/Units ▪ Customer groups ▪ Government or other external agencies ▪ Strategic partners	Each stakeholder may assume **one or more** roles. Identify each stakeholder's role(s). Will this stakeholder: ▪ Need to approve resources and/or decide whether the change can proceed (a "**sponsor**" or "gatekeeper")? ▪ Need to change as a result of the effort (a "**target**")? ▪ Need to implement changes or convince others to change (an "**agent**")? ▪ React to or "**judge**" the success of the effort? ▪ Need to be an advocate of the effort (a "**champion**" or "**supporter**")? ▪ Perform work that can influence the success of the effort (an "**input**" or "**resource**")?	How will the effort and any resultant changes be likely to impact this stakeholder? Will this stakeholder benefit or be adversely affected? Given the likely impact and their prior behaviors, how is this stakeholder likely to react? ▪ **Active supporter** (vocal, visible supporter) ▪ **Passive supporter** (cooperative, quiet) ▪ Neither supporter nor resister (on the fence) ▪ **Active resister** (expresses concerns vocally) ▪ **Passive resister** (says okay but obstructs or complains behind the scenes)	What are the primary concerns of this stakeholder? ▪ What do they need or expect from the change? ▪ What might influence whether they are supportive of the change? ▪ What will this stakeholder need to feel informed, involved, prepared, or validated during the change? ▪ What are the "red flags" or "hot buttons" for this stakeholder?	What do we need from this stakeholder? ▪ Approval/resources ▪ Visible support/public endorsement ▪ Access to them ▪ Access to people on their team ▪ Lack of interference with or blocking of the effort ▪ Information ▪ Task completion ▪ Flexibility ▪ Change in behaviours	Given all that we know, how should we work with this stakeholder? ▪ How will we prepare them for the change? ▪ How will we communicate with them? ▪ How will we address their needs/concerns? ▪ Do we need to learn more about their needs, concerns, or likely reaction? ▪ Should they be part of the change team directly or indirectly involved (representative on team, solicit input, or provide regular feedback)?

2. Power/Interest Grid for Stakeholder Prioritisation

	Low INTEREST	High INTEREST
High POWER	KEEP SATISFIED	MANAGE CLOSELY
Low POWER	MONITOR (Min Effort)	KEEP INFORMED

POWER

Low   **High**

INTEREST

3. Stakeholder Analysis Guide: Summary					
Stakeholder	**Role**	**Involvement at which phase of the process**	**Stakeholder Needs/ Concerns**	**Our needs from the stakeholder**	**Action**

TOOL 2 - HOW AND WHY TO USE A RESPONSIBILITY CHART

Sure glad the hole isn't at our end.
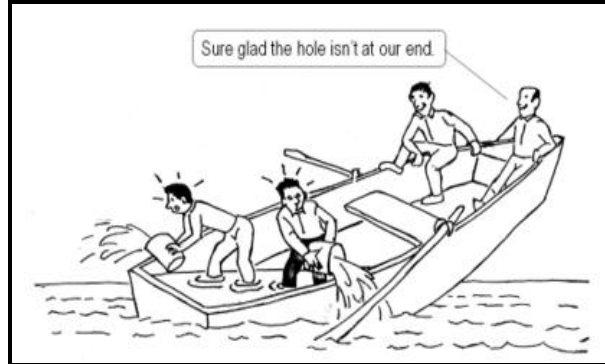
Definition A Responsibility Chart helps you determine "who-does-what-and-who-helps." This can be useful as the team is forming, or as new work emerges as part of the team's responsibilities.

Responsibility Charting is a technique for identifying functional areas where there are process ambiguities, bringing the differences out in the open and resolving them through a cross-functional collaborative effort.

It enables managers from the same or different organisational levels or programs to actively participate in a focused and systematic discussion about process related descriptions of the actions that must be accomplished in order to deliver a successful end product or service.

Managers and supervisors are not accountable for everything in their organisation. Responsibility charting ensures accountability is placed with the person who really can be accountable for specific work. Often this results in accountabilities for actions being moved down or up to the most appropriate level.

A Responsibility Chart can be used to clarify understandings, improve the distribution of work, and build agreements that involve all and therefore can last.

This chart may be completed in several different ways:

- ♦ By the team as a group (this method may be somewhat time-consuming but will result in a high degree of commitment and understanding).

- ♦ By a sub-group of the team (this may be a bit more efficient. A review by the full team and agreement on the chart content would be an important second step).

- ♦ By each team member (the team would then need to confirm areas of agreement and discuss areas of difference to reach agreement).

- By the team leader (while probably the most efficient method in terms of time, discussion by the whole team is needed to ensure clear understanding and accountability).

A. ***Setting Up the Responsibility Chart***

The main parts of the chart are shown in the partial illustration below. These parts must be named to set up the chart for use. They are:

1**.** **Purpose.** Defining exactly what project or work you want to understand is a vital first step in employing the chart. The purpose appears at the top of the chart.

2. Across the columns, list the **people** involved.

3. Next, list the **tasks** to be done. List these at the level of detail that seems right to you. You can increase or decrease that level as needed, and every task does not need be listed at the same level of detail. Look for the amount of detail that will ensure understanding and good distribution of responsibility.

SAMPLE RESPONSIBILITY CHART

Purpose: Responsibility Chart for determining distribution of financial responsibilities in our department.

Task Person or Role	Admin Asst.	Manager	Fiscal Officer	Faculty Member
Prepare budget	A	R	A	
Obtain budget approval				R
Submit travel receipts				R
Complete travel reports	R			
Purchases < £2500	R	I		C
Purchases > £2500	A	R	A	C

B. Making Responsibility Assignments

Once you have completed the initial setup of the chart, assign letters in each of the boxes.

R -- This person **is responsible** for carrying out the task, or accountable to see that the task is done. *Every task must have an R.*

Then assign letters A, C, and/or I as needed:

C -- This person **consults** to the R person for the task. Consulting means that the two work collaboratively, with both having *significant responsibility* for doing the work.

A -- This person **assists** the R person with the task. Assisting means this person helps carry out the work but is not as involved in making decisions about what is to be done or how.

I -- This person is informed about the status of the work, including when it is done, but is not directly involved in planning or doing the work.

Ground Rules for guiding these assignments

- There must be an R for every task.
- There is only one letter per person per task.
- A task may have just an R or may have an R and other letters in as many other boxes as needed.

C. Tips

- Building the charts in Excel or another spreadsheet allows for easy editing after the meeting.
- As new tasks emerge, you can add them to the existing Responsibility Chart to make sure the new responsibilities are clear.

D. Responsibility Chart

Task	Person or Role					

R = primarily responsible for ensuring task gets done
C = consults in planning and doing task
A = assists by doing some of the task
 I = is informed of progress on task and when task is complete

TOOL 3 – THE GROW MODEL for solving problems and achieving goals.
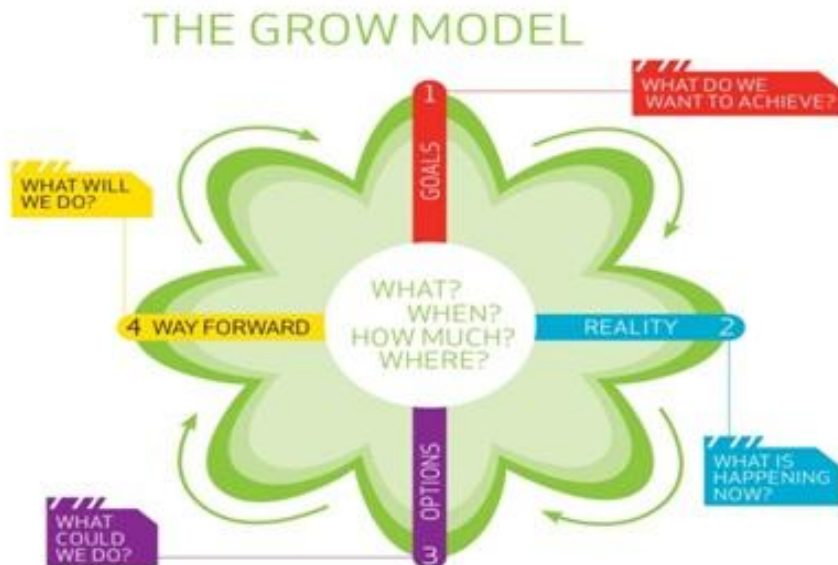
The power of GROW is that it is easily understood, straightforward to apply and very thorough. In addition, once you have an understanding of how it works, it is possible to apply it to an amazing variety of issues in a very effective way.

Even complex, multi faceted problems can be tackled with GROW and it often enables individuals to make progress on issues even when they have been stuck for a long time.

Why does the GROW model works so well?

The GROW model provides a structured, effective process for goals and challenges.

The GROW Model enables you to break down an issue into its constituent parts. Once these are clear it becomes straightforward to develop solutions.

With GROW, you create the solutions yourself so it is likely you will be committed to carrying them through.

Below are examples of questions you can use at each stage. Don't limit yourself to these. Find questions that work for you and the person you're coaching.

The Step	Questions you could use
G = Goals **What is your goal?**	What do you want to accomplish? What are you trying to do? How do you know this goal is worth achieving? How will you (and I) know when you have achieved it? How will you know when you have reached the result you want?
R = Reality **What is the reality of the situation?**	What is really going on, as you see it? How do you know this is accurate? What's happening now? Where do you find yourself at this time? What solutions have you tried? What worked? What didn't?
O = Options **What are your options?**	What alternatives do you have now? What are the possibilities in front of you? Which choices do you have at this time? What have you seen work in similar situations? If constraints were removed what would you do? What else do you need to consider? Who might be able to help?
W = Wrap Up **What are you willing to do**	What can you do now? What are your next steps? What will it cost you if you don't take action? What might get in the way? Who needs to know? What support do you need and from whom? How much are you likely to pursue the direction you're targeting? What will it take to get moving towards your goal?

Source: http://www.excellerate.co.nz/qcgrowmodel.html

G.R.O.W Model John Whitmore's Coaching for Performance 1996

TOOL 4 – SCOT ANALYSIS

SCOT is an acronym examining an organisation's

- Strengths
- Challenges
- Opportunities
- Threats

And using the results to identify priorities for action.

SCOT MATRIX

STRENGTHS	CHALLENGES
OPPORTUNITIES	THREATS

Checklist for a Successful SCOT Analysis

1. Be **realistic and honest** about your organisation's strengths and challenges.

2. Remember, a SCOT analysis is **subjective**.

3. A SCOT Analysis distinguishes between where your organisation is **today**, and where it could be in the **future**.

4. Keep your SCOT **specific**. Avoid grey areas. Stay focused on the topic being analysed, in this case, the workforce.

5. Keep your SCOT **short and simple**. Avoid complexity and over-analysis.

TOOL 5 – MILESTONE PLANS & GANTT CHARTS

Two simple planning techniques are useful to Project Teams; Milestone Plans and Bar or Gantt charts shown below.

Milestone Plans focus mainly on the end-dates by which something needs to be complete or by which certain objectives need to be achieved.

Bar or Gantt Charts focus more on the activities to be carried out to complete the project.

Both are invaluable in forcing a Project Team to think through the detail of what needs to be done, what the priorities and linkages are, and then as a means of communicating intentions to others in a diagram or picture.
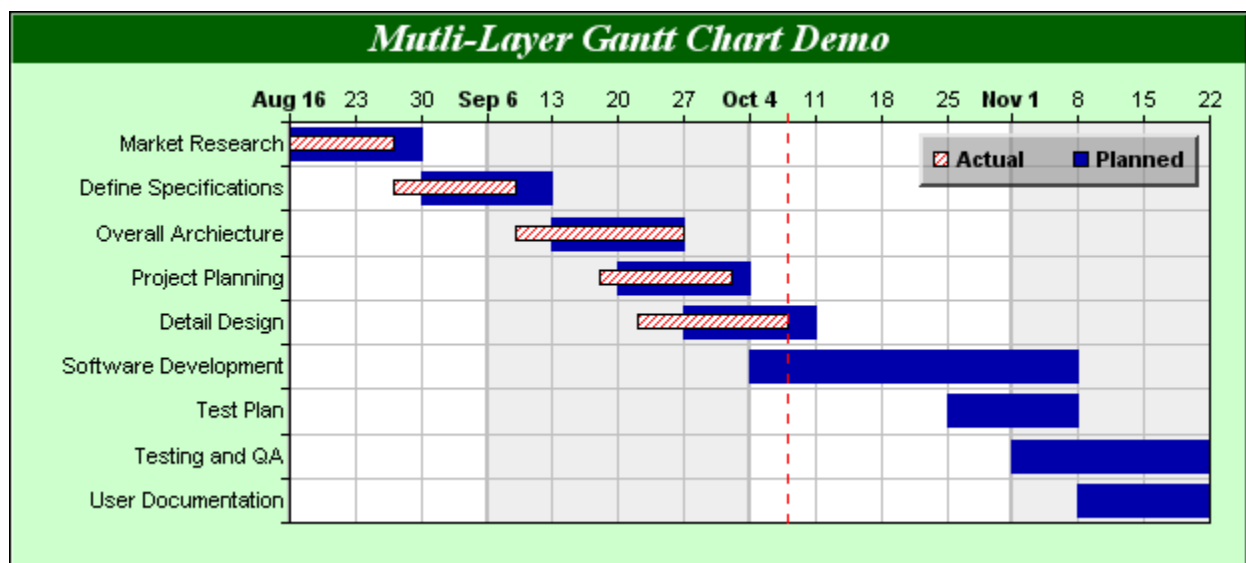
Source: http://www.advsofteng.com/gallery_gantt.html

TOOL 6 – ROOT CAUSE ANALYSIS USING FIVE WHYS

What is it and how can it help me?

By repeatedly asking the question 'why?' (use five as a rule of thumb), you can peel away the layers of an issue, just like the layers of an onion, which can lead you to the root cause of a problem. The reason for a problem can often lead into another question; you may need to ask the question fewer or more than five times before you get to the origin of a problem.

The real key is to avoid assumptions and logic traps and encourage the team to keep drilling down to the real root cause.

When does it work best?

By quickly identifying the source of an issue or problem, you can focus resources in the correct areas and ensure that you are tackling the true cause of the issue, not just its symptoms.

How to use it

How to complete the five whys

- Write down the specific problem. Writing it down helps you formalise the problem and describe it accurately. It also helps a team focus on the same problem

- Use TOOL 3 – BRAINSTORMING to ask why the problem occurs then, write the answer down below

- If this answer doesn't identify the source of the problem, ask 'why?' again and write that answer down

- Loop back to step three until the team agrees that they have identified the problem's root cause. Again, this may take fewer or more than five 'whys?'

Why use the five whys?

- Helps you to identify the root causes of a problem

- Helps you to determine the relationship between different root causes of a problem
- It is one of the simplest analysis tools as it's easy to complete without statistical analysis
- It is easy to learn and apply

TOOL 7 – DE BONO'S 6 HATS
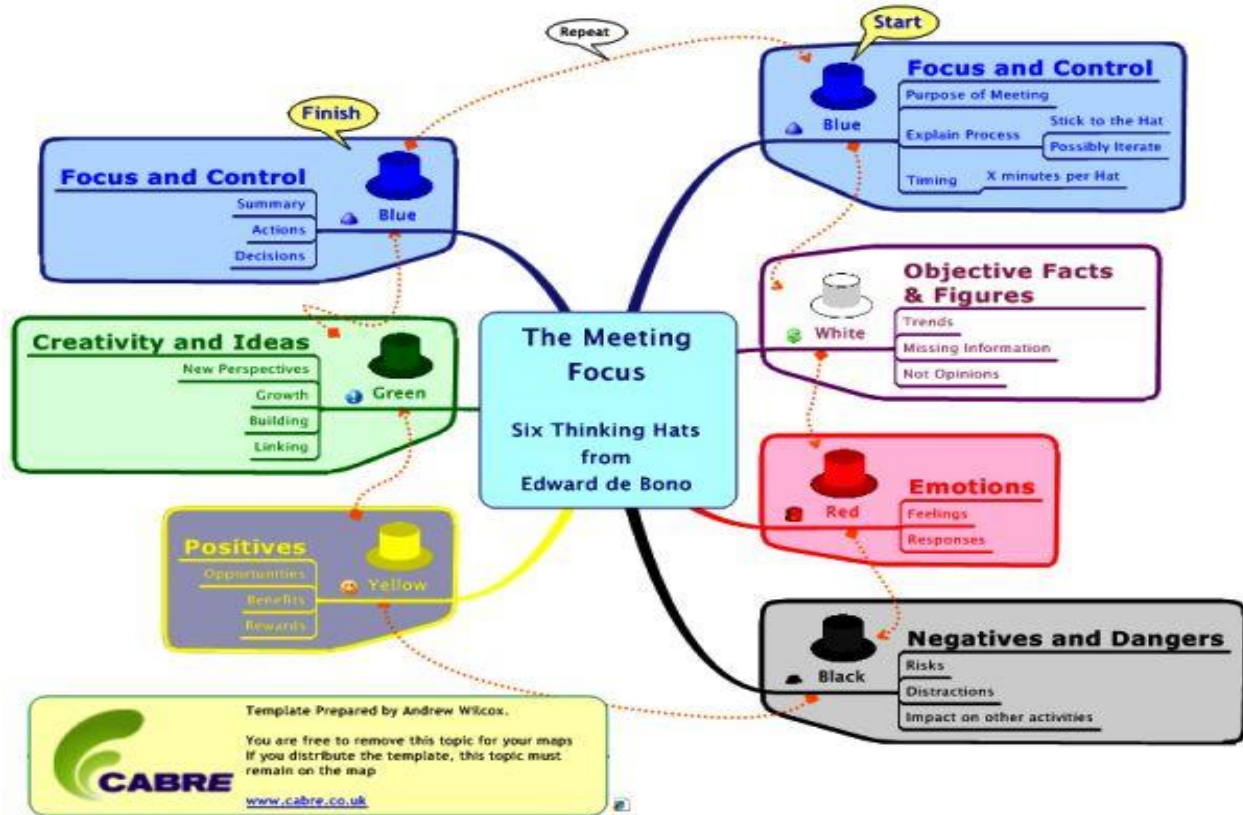
After your team learns the skills behind the **Six Thinking Hats®** system they'll:

- Hold critical meetings without emotions or egos making bad decisions

- Avoid the easy but mediocre decisions by knowing how to dig deeper

- Increase productivity and even more important -- be more effective

- Make creative solutions the norm

- Maximize and organise each person's thoughts and ideas

- Get to the right solution quickly and with a shared vision

By **mentally** wearing and switching "hats," you can easily focus or redirect thoughts, the conversation, or the meeting. You don't need to **mention** "hats", just focus on the process and the types of questions each hat would dictate. It isn't so much in the collective mental capacity, but in how well the team can tap into its collective wisdom and function together.

THE SIX THINKING HATS (OR MODES)

The White Hat

The White Hat calls for information known or needed. Fact-finding, for first instance, is when you (and in a meeting, all the others) concentrate on the facts, analyse the information you have, and identify what more you need to know.

The Red Hat

The Red Hat signifies feelings, hunches and intuition. Intuition takes command. Never ignore a 'hunch' or 'gut feelings'. They result from the same intellectual processes as controlled thinking. You may not be conscious of those processes, but you can benefit hugely from the result of their silent work.

The Black Hat

The Black Hat is judgment. The devil's advocate or why something may not work. There are also positive results from thinking negatively. It is important to think through all the negatives - all the reasons why a plan may not work. Ensure that the black, cautionary warnings have all been thoroughly examined.

The Yellow Hat

The Yellow Hat symbolises brightness and optimism. This is positive thinking, where you concentrate on the benefits and show the sunny, optimistic side of your thinking.

The Green Hat

The Green Hat focuses on creativity: the possibilities, alternatives and new ideas. Yellow goes hand-in-hand with green - creativity. While logic and organisation are required to develop creative excellence, this depends on free thought - in which lateral thinking covers a highly valuable body of techniques.

The Blue Hat

The Blue Hat is used to manage the thinking process. With this hat on, you think about controlling the process, about organising discussion, planning and execution to achieve the best possible result.

TOOL 8 – COST/BENEFIT ANALYSIS

Performing a cost benefit analysis is a valuable way to weigh the pros and cons of implementing a proposed action. A cost benefit analysis that has thoroughly identified and realistically quantified all costs and benefits is an accurate way to determine whether an opportunity is worth a company's time and energy.

A cost-benefit analysis has three parts.

1. Identify all potential costs that will be incurred by implementing a proposed action must be.

2. Record all anticipated benefits associated with the potential action.

3. Subtract all identified costs from the expected benefits to determine whether the positive benefits outweigh the negative costs.

Identifying Costs

1. Identify and quantify all costs associated with a proposed action.

   1) Make a list of all monetary costs that will be incurred upon implementation and throughout the life of the project. These include start-up fees, licenses, payroll expenses, training, and travel expenses, among others.

   2) Make a list of all non-monetary costs that are likely to be absorbed. These include time, imperfect processes, potential risks, and influences on one's reputation.

   3) Assign monetary values to the costs identified in steps one and two. To ensure equality across time, monetary values are stated in present value

terms. If realistic cost values cannot be readily evaluated, consult with market.

    4) Add all anticipated costs together to get a total costs value.

Identifying Benefits

The next step is to identify and quantify all benefits anticipated as a result of successful implementation of the proposed action. To do so, complete the following steps.

1. Make a list of all monetary benefits that will be experienced upon implementation and thereafter.

2. Make a list of all non-monetary benefits that one is likely to experience. These include, increased reliability and durability, greater patient and staff satisfaction, and improved practice reputation, among others.

3. Assign monetary values to the benefits identified in steps one and two. Be sure to state these monetary values in present value terms as well.

4. Add all anticipated benefits together to get a total benefits value.

Evaluate Costs and Benefits

The final step when creating a cost benefit analysis is to weigh the costs and benefits to determine if the proposed action is worthwhile. To properly do so, follow the subsequent steps.

1. Compare the total costs and total benefits values. If the total costs are much greater than the total benefits, one can conclude that the project is not a worthwhile investment of company time and resources.

2. If total costs and total benefits are roughly equal to one another, it is best to reevaluate the costs and benefits identified and revise the cost benefit analysis. Often times, items are missed or incorrectly quantified, which are common errors in a cost benefit analysis.

3. If the total benefits are much greater than the total costs, one can conclude that the proposed action is potentially a worthwhile investment and should be further evaluated as a realistic opportunity. .

TOOL 9 – FORCE FIELD ANALYSIS

In any situation that you wish to change, there are forces for and against the change:

- Supporting forces - people or circumstances which will help and support the change.

- Opposing forces - people or circumstances which will try to block, oppose, and hinder the change.

Your success in introducing the change depends on that balance and how you manage it. In a Force Field Analysis you map those forces, assess the forces and the balance, and then devise actions to either reduce the opposing forces or to strengthen the supporting forces.

Lewin's force field analysis is used to distinguish which factors within a situation or organisation drive a person towards or away from a desired state, and which oppose the driving forces.

These can be analysed in order to inform decisions that will make change more acceptable.

'Forces' are more than attitudes to change. Kurt Lewin was aware that there is a lot of emotion underlying people's attitude to change.

To understand what makes people resist or accept change we need to understand the values and experiences of that person or group.

Developing self awareness and emotional intelligence can help to understand these forces that work within us and others. It's the behaviour of others that will alert you to the presence of driving and restraining forces at work.

The following steps are a guide to using the force field analysis and the Application Tool..

1. **Agree and define the current situation and the desired situation, Define the change you want to see -** Write down the goal or vision of a future desired state OR you might prefer to understand the present status quo or equilibrium.

2. **Brainstorm or Mind Map the Driving Forces** - those that are favourable to change. Record these on a force field diagram. Can use PostIts.

3. **Brainstorm or Mind Map the Restraining Forces** - those that are unfavourable to, or oppose change. Record these on the force field diagram.

4. **Evaluate the Driving and Restraining forces -** You can do this by rating each force, from 1 (weak) to 5 (strong), and total each side. Or you can leave the numbers out completely and focus holistically on the impact each has.

5. **Review the forces -** Decide which of the forces have some flexibility for change or which can be influenced.

6. **Strategise! -** Create a strategy to strengthen the driving forces or weaken the restraining forces, or both.

   If you've rated each force how can you raise the scores of the Driving Forces or lower the scores of the Restraining Forces, or both?

7. **Prioritise action steps -** What action steps can you take that will achieve the greatest impact? Identify the resources you will need and decide how to implement the action steps.

   Hint: Sometimes it's easier to reduce the impact of restraining forces than it is to strengthen driving forces.

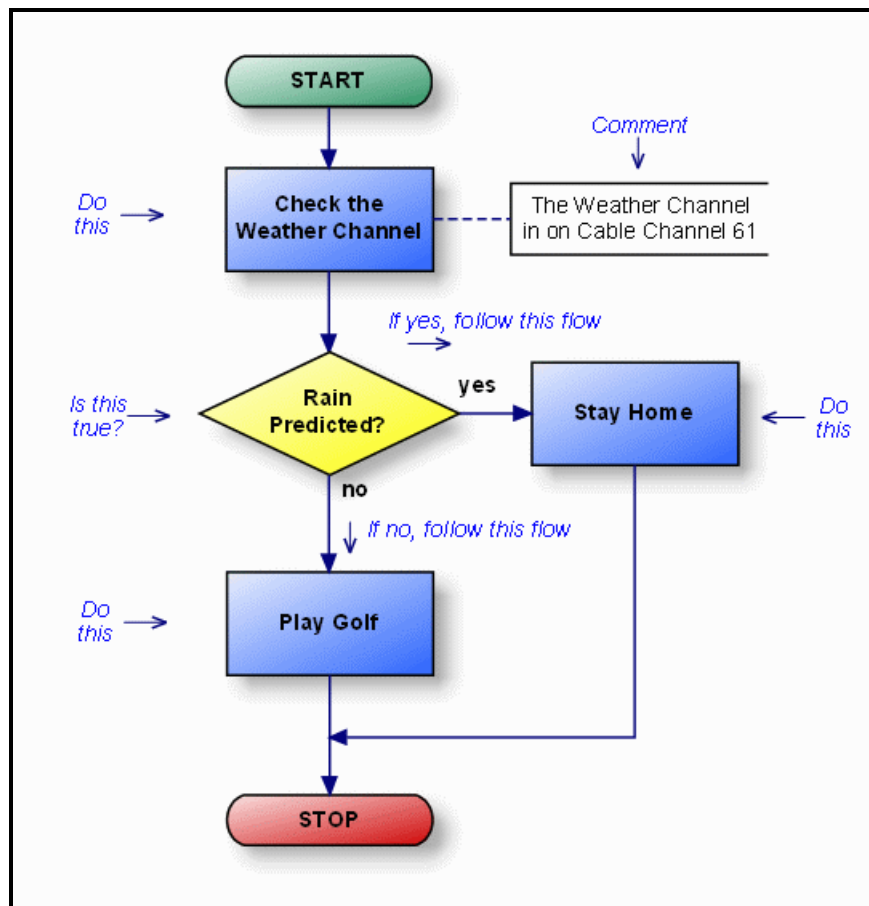| FORCE FIELD ANALYSIS: PRACTICAL APPLICATION TOOL				
Driving Forces (For Change)	Score	Proposed change	Restraining Forces (Against Change)	Score
Result			Result	

TOOL 10 – FLOW CHART

A Flow Chart:

- Is a pictorial representation showing all the steps of a process.

- Can be applied to anything, from the travels of a communication or aspects of the patient's care.

- Provides excellent documentation of a process

- Is invaluable for examining how the various steps in a process are related to each other.

- Can often uncover loopholes which are potential sources of trouble.

- Are handy tools to get information organised for writing a procedure.

- Puts a flow diagram into a procedure to give people a quick visual concept of the overall work flow.

- Enables procedure writersto sketch their own rough charts as they observe the performance of a task and interview the people who are doing work to get everything in the correct order.

- Consists of action items placed inside blocks and connected by arrows that indicate the sequence of steps.

- Consists of decision points indicated by diamonds, which are also connected to actions by the arrows.

Flowchart examples:

Handling results steps

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Tests ordered	Tests done	Results returned	Results seen	Actions ordered	Actions taken

The general procedure for Flow Charting is:

Step 1 - Define the Process

- Listing all the Key Steps involved.

Step 2 - Draw the Diagram

- Place the process steps in boxes linked by arrows to each other.

Step 3 - Check the Logic and Analyse the Flow Chart.

Look at the Flow Chart and ask:

- Are all the Steps Necessary? Can any be taken out?
- Are any Steps Missing?
- Where can Delays occur?
- Can the process be Simplified?
- What Steps can be taken in Parallel?

TOOL 11 - CRITICAL EXAMINATION PROBLEM SOLVING TECHNIQUE IN POLICY AND PROCEDURE DEVELOPMENT.

The questioning technique can be used after flowcharting a process as a way of examining the process, and identifying and choosing improvements. It involves using systematic questioning with your team in a structured way, going through each part of the process in turn. It needs creativity and discipline. Possible questions to ask are set out in the table overleaf.

To make improvements to a Policy etc, work with the team responsible for the process.

- Use step 1 to:
    - help identify the purpose of the process
    - to explore what patients and stakeholders expect the process to deliver to them

- Use step 2 to:
    - understand how it works now – including resource requirements, skills needed
    - Explore ways of measuring how well it is work ing

- Use step 3 to:
    - examine ways to improve the process;
    - assess the implications and consequences of these improvements.

- Use step 4 to:
    - propose the best options, given the available resources.

Use each of the steps to examine ways of making improvements and what the implications and consequences of these improvements

A final Tip: Look for the small changes to the process, which could have a big impact on the process as a whole. "What small change would significantly improve the process?"

CRITICAL EXAMINATION PROBLEM SOLVING TECHNIQUE

Present method	Challenge	Improvement Options	Best Option
1 What is achieved?	Why is it necessary?	What else could be done?	What else should be done?
2 How is it done?	Why that way?	How else could it be done?	How should it be done?
3 When is it done?	Why then?	When else could it be done?	When should it be done?
4 Where is it done?	Why there?	Where else could it be done?	Where should it be done?
5 Who does it?	Why them?	Who else could do it?	Who should do it?

Adapted from Tucker, M. (1996) Successful Process Management in a Week, Institute of Management, Headway, Hodder and Stoughton

TOOL 12 – MIND MAPPING
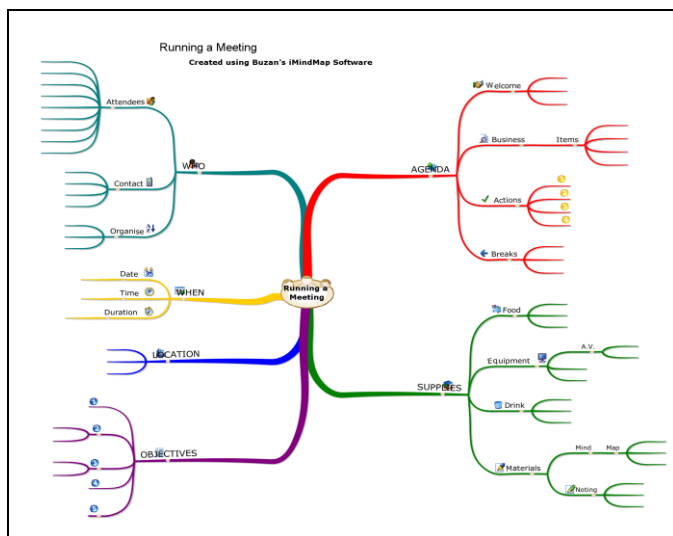
Mind Mapping is a way of creating or recording ideas in a creative but structured way. It can be used by individuals as a form of individual brainstorming, to help to structure a presentation, or as a way of taking notes during a meeting or a lecture.

—

The Mind Map's great strength is that you can link points together as they arise, in a non-linear fashion, rather than simply writing them all down in a linear fashion, only to have to review and analyse them later.

It can also be used very effectively by groups, not all of whom have to be present at the time, as another means of brainstorming.

The general procedure is:

Step 1 - Circle the Problem or Issue

- Write the problem or issue in a circle in the middle of a sheet of paper.

Step 2 - Branch-Off

- Draw initial ideas about the issue as branches out from the centre, and then link related ideas to them as in the example.
- Each Branch is developed until ideas run out and then another is pursued.

Step 3 - Review it and let it Grow

- Perhaps leave it pinned to the wall for a week or so, so that others can add to it.

Step 4 - Use it

- Gather data on the ideas and then prioritise them for action.