

Pursuing Excellence in Healthcare: a case study

South Tees Hospitals NHS Trust: Obstetrics Directorate

Fran Toller is the Divisional Manager of Women and Children's Services at the South Tees Hospitals NHS Trust. Along with the rest of the Trust, the Division has been seriously engaged in the pursuit of excellence since the late 1990s, and they have made substantial progress on their journey. Fran and her colleagues have found a number of tools and approaches helpful as they have reviewed and improved their services, including the **PROBE** diagnostic tool, **The Excellence Model** and the Trust's approach to continuous improvement, which they have called **Developing Excellence**.

Fran's involvement began as the Developing Excellence programme began to roll out from corporate level to individual divisions.

The Trust had done an assessment using The Excellence Model, and we'd been involved in that. Now each division was to do an assessment. This Division had a history of being very willing to participate in new ideas, new ways of working, and there was a recognition within the Division that Obstetrics was ahead of the game in relation to willingness to change and to be change agents. We wanted to use *Developing Excellence* not just as a way of looking at the clinical process and outcomes, but also as a way of looking at the Model as a whole. Nobody had done that yet – at corporate level, there was a *leadership* Trust-wide steering group, and there were Trust-wide steering groups on other things, but within divisions it was actually *process review* that was going on. So we picked up *Developing Excellence* and started to look at whether we could do things in different ways, and we made a lot of changes. We looked at leadership development, how we manage people, and so on - all of the way through the Model's concepts.

In February 1998, led by Fran, a team from Obstetrics became one of the first to use the PROBE tool in a healthcare setting.

We didn't do PROBE because we wanted a base line to tell us how bad we were before we made improvements. We did it because we were already doing the work, and we genuinely thought we were a really good service - based on our clinical outcomes and clinical indicators, compared with what we felt was going on nationally in midwifery services. We wanted to benchmark ourselves, and we were looking for a model to help us do that. We thought of using The EFQM Excellence Model, but there would have been a lot of work involved in that. At that stage, we wanted something else that would be a bit easier to do.

The PROBE Partnership had begun to collaborate with The Learning Alliance, an NHS-based team established to build capacity and capability for improvement, to test PROBE's applicability in Healthcare and to adapt the tool to this sector's needs.

They were looking for people in the health sector to try PROBE, so we joined the pilot project. We picked a broad range of staff, from Health Care Assistants and Ward Clerks to Midwives, Consultants and Managers, and we went through the PROBE process. The results shocked us a bit. Once you've answered all of the questions, the feedback gives you overall scores for *Practice* and *Performance*. Our Performance score was quite a lot better than our Practice score, and the facilitator explained that this suggested that our performance might be "vulnerable". This was a bit of a shock - we thought we were marvellous! And I actually still think that, at that point in time, compared to other units, we were marvellous. But what we were really good at was - somebody would come with an idea, they would give us the idea

Pursuing Excellence in Healthcare: a case study

The James Cook University Hospital: Obstetrics Directorate

and we ran with it. But we had no baseline assessment, we had no proof that it had actually made a difference, we never did the full audit cycle. And then, hey presto, another idea came along, and we ran with that one. That was our philosophy - we just wanted to do things better, we were “change agent daft”! But we didn’t have the policies, processes, back up audits, systems and procedures in place.

Now I still think that doing all of those changes was right, because we could also be very critical if things came along that didn’t make sense. If a change made a difference that gave poorer outcomes, we were very quick in going “Cut it, get rid of it.” But we weren’t very good when it didn’t actually make any difference at all. We didn’t have the proof to support what we were doing, and I think that’s what put us in the “vulnerable” category at the time. And I think that was a lesson for us - we needed proof of what we were doing. We needed to demonstrate that it made a difference, and we needed to get better at completing the cycles and questioning some of the change. Sometimes you have to say “Yes, it’s good, but it’s resource intensive and it’s actually not making any difference.”

After completing the PROBE process, we then picked up the *Developing Excellence* model on the back of that, better than we had done before. That was the model that we used as the focus for all of our improvement work. We did a massive review of everything we did... not only from a process point of view, but also leadership, the way we managed the people, the way we dealt with our customers, and everything that went with that. And the outcomes that we expected to achieve. We linked in with what was going on corporately, but we equally did our own thing. We reviewed everyone’s job descriptions, we looked at the roles and responsibilities, we defined what the key competencies of roles were. We did lots of leadership development in relation to those roles, and set standards and expectations for those roles. We audited the staff on what they thought they wanted. Compared to the corporate approach, what we did was more focused on the delivery of the service, whereas I think the Trust looked more globally. But that was useful, because somebody like me got picked up in that process – in terms of my own development.

So, in some ways, our first PROBE in 1998 told us what Developing Excellence was already telling us, but it was a useful tool to actually point some things out to us. It allowed us to say “Well the reason why we’re vulnerable is because we’re not backing it up with anything. We’re just doing it and doing it and doing it, and running round like headless chickens.” To sum it up, PROBE pointed us in the right direction of making us a little bit more “completer-finishers.”

As well as overall scores for Practices and Performance, the team’s PROBE assessment identified some specific areas as potential opportunities for improvement. Fran recalls that this was helpful, although at first the team experienced some difficulty in relating to some of the questions in quite the way that a private-sector business would relate to them – including those questions which focus on the ‘market’ for the services.

One of the big things was “financial” performance, and particularly “managing costs and value.” And some of the dilemma that we really struggled with at the time... and this was one of the little downsides that we felt with PROBE at that ‘pilot’ stage, was that it was very business orientated. We found ourselves saying “...but we can’t go out and say ‘right we want more pregnant women’, or ‘we want less pregnant women’, or ‘we want to change the dependency of these women.’” We really struggled with that, and whilst it identified an area for improvement, we were very much saying “Well, we can’t do an awful lot about that. This is our business, and pregnancy is one of those things that are out of our control.”

Pursuing Excellence in Healthcare: a case study The James Cook University Hospital: Obstetrics Directorate

So there were times when we wanted to say “This doesn’t apply to us”, but the PROBE tool, because we had to put something in the box, made us push ourselves laterally. And maybe we wouldn’t have done that without the tool.

The experiences of the Obstetrics team, and others involved in the pilot project, have since been used to develop a tailored version called *PROBE for Healthcare*. The tailoring process has involved some changes in language and emphasis, designed to help healthcare-based teams to readily understand, relate to and learn from the questions that the tool poses. A careful balance is struck to ensure that PROBE’s core principles of practice and performance, which are universal and generic, remain intact, thus retaining the opportunity for healthcare-based users of the tool to compare ‘like-for-like’ with PROBE’s 5,000+ worldwide participants in every imaginable type of organisation and sector of activity. The opportunities for healthcare teams to learn from others, and vice versa, are too important to be compromised.

A positive side was that it helped us get our heads around the question “Are we delivering some things that are actually adding no value?” It made us start looking at some services that we provided, that really weren’t adding any value to the overall patient care process. We looked at things like parent craft, total number of antenatal visits, number of postnatal visits that were done, the way we managed high dependency and low dependency in women. We made lots of lots of clinical changes, looking at value of the service we provided.

Customer satisfaction was highlighted as an area we should focus on. At that time we believed we were good in this area - we did these ad hoc little customer satisfaction surveys. But PROBE was asking for regular and ongoing feedback. We didn’t have any consistent evidence. In fact at that point, if I remember rightly, we had evidence that would suggest the opposite and we had nothing to counter balance it. The level of complaints was fairly high – we knew that nationally the level of complaints in maternity was high, and litigation too, but we had nothing to compare it with. To be fair, the whole NHS has moved on a lot in this area since 1998. We now run annual customer satisfaction surveys. You can’t just wait for people to complain.

As well as substantially reducing the number of complaints received, and becoming much more proactive in measuring satisfaction, the Division has also involved its customers in many aspects of their service improvements. Customers have contributed directly to the redesign of schemes, in improving patient information and the introduction of patient held records.

Customers have taken on a whole meaning of their own, and that’s now supported by Department of Health’s emphasis on *patient and public involvement*, and in the *governance* agenda. But, to be fair, we had started before that process was in place.

Some of the challenges that PROBE issued to the team provoked the reaction “But that is the Trust’s responsibility.”

Some of the issues were out of our control really, because they were very much dictated by the Trust. But we said to ourselves “But they don’t have to be. We have to do what the Trust wants, but we can add on to that.” And that’s what we’ve done, we’ve added on rather than blaming corporately. And I would say that if you were using PROBE with other people, where it’s a section of an organisation, that is quite hard. It’s about getting people to realise that they can influence, and asking them “So why haven’t you influenced? And why haven’t you done it anyway? If you really

Pursuing Excellence in Healthcare: a case study

The James Cook University Hospital: Obstetrics Directorate

think it's a gap and it's 'doable' within your service, why are you waiting for someone to tell you to do it?"

Another area highlighted for attention was *setting explicit service standards*.

We now know that before you implement a change, you have to ask:

- ❖ What are we expecting as the outcomes?
- ❖ Are we going to measure whether it's useful?
- ❖ How are we going to manage that process?

We never did that before we did PROBE in 1998. We just did it, and went on gut instinct about whether it was good or not. We have totally changed that around. For example, I have a full filing cabinet of evidence from when we did the *Developing Excellence* visioning exercise. And that has been very useful when we've been externally assessed. The Trust has had a CHAI assessment ['CHAI' is the Commission for Healthcare Audit and Inspection – also known as 'The Healthcare Commission']. Maternity was one of the areas that were picked for that CHAI assessment, and we did very well in it, because we did have the evidence, and we had worked collaboratively, and we did have policies and protocols, and expected outcomes, and so on.

So, yes, the key opportunities for improvement identified by that first PROBE have definitely been acted upon. Looking back, we were not a bad organisation, but we were very naïve when we did that benchmark. And very naïve in understanding what you needed to do to back up and monitor everything that you did. And I think that, if we went back in time, with the knowledge that we've got today, the scores might actually have been lower. Because I think we're much more critical of ourselves than we were at that point in time. We were on a learning curve, and PROBE has assisted in that learning curve, it was part of the picture. But it wasn't the only thing, and I think if you use it as the only thing you're just going to be doing it by numbers, and that is not what it is all about. You can't look at the tool and say "Right, it tells us that we have to look at business performance... now what does that mean? And let's tick that box off, we've done that". It is about how that interplays with everything else that you're doing, and where your priorities are.

For example, you might score very low on something, but it's also about saying "...as a service we can live with that being low. Whilst we scored high in another section, but it's not high enough because that's really where our standards should be." *Customer satisfaction* would be one of those things for us, and *understanding our customer* - understanding what makes them happy, what gives them good outcomes, what they want to get from the service. This wasn't our worst score in the whole benchmarking exercise, but it was the score that should have been the best. I think you've got to ask yourselves:

- ❖ What is our service all about?
- ❖ Where are we going?
- ❖ What are our priorities?
- ❖ What's absolutely fundamental to be good at?
- ❖ And what do we need to be fairly good at to support that?

We weren't yet at that level when we did that first PROBE... not at all.

I think if anybody's going to use PROBE and think its going to be the answer to their prayers and tell them everywhere that they need to improve... well, it isn't! It's a tool, that's all, a tool to assist. But it does allow you to start seeing where your

Pursuing Excellence in Healthcare: a case study The James Cook University Hospital: Obstetrics Directorate

weaknesses are, and where you need to put your effort. And it offers an opportunity to listen to other ways of describing your service. As I've said, we had difficulties getting our heads around some of the questions. But, because the question was there, the debate occurred. And that was helpful in the long run.

In common with many other teams who have used tools like PROBE and The Excellence Model, Fran and her colleagues found themselves confronting some fundamental questions that the process brought out into the open.

We had to ask ourselves "Who are our customers?" And we struggled with that for a long, long time. We said they were GPs, they were internal, they were this, they were that, they were the other. And we did that immediately after we completed PROBE... saying we have all of these people and we have to engage them all. We now say our customers are the patients. They're the patients who receive the service from us. We are working in collaboration with other partners to provide that service, and the other people are our partners, they are not our customers. I think that ultimate decision to say "It's only patients" is right, because we can't govern who holds the money, who holds the purse strings, who's the purchaser, who's the provider. We are a service provider and our customer in the provision of that service is the patient. But it took us three years to get to that point!

The Division's management team were pleasantly surprised by some aspects of the PROBE process, and saw them as unexpected benefits.

One of the real successes out of the process was that we took a multi disciplinary group into a meeting, and asked some really nitty, gritty things about the way staff were managed and the way patients were managed, and I thought the staff would absolutely slate it. I really thought we had a good service, and most people thought we had a good service, but when we were asking such nitty, gritty questions, I thought they might slate it. But they didn't. They were really arguing strongly to be scored high, and it was actually us, the managers, who were saying "The tool is not saying we're not doing it, but we haven't got the evidence of doing it." And it was us having to bring them back down, rather than the other way around. And of course none of that's visible in the result.

In our case, the staff's loyalty, and their commitment to the service, was quite surprising. I guess if it was the other way, whilst it would be a bit shocking, it would be important to know that... because how do you start off managing change with a group of staff who think you're really naff? Whereas our staff didn't. We were starting off with staff who thought we were absolutely marvellous, and we were saying "Right, but we need to make ourselves more marvellous then, and we need to prove that we're marvellous." And that was quite a good starting point for us really.

The Obstetrics Directorate decided to repeat their use of PROBE three years on from the first time, in March 2001. This time around, the overall scores were substantially improved, particularly the *Practice* score, to the extent that the suggestion of "vulnerability" had been completely turned on its head – this time, the picture that emerged was of a "Practice-led" organisation that was in PROBE's "contender" category, clearly progressing along the journey towards excellence.

We'd done an awful lot of work in the meantime, within the *Developing Excellence* framework. The strengths identified in the second PROBE report reflected that work - around leadership, people management and some other areas. The difference in the scores seemed right. We were able to say "Right we have that, we have that, we

Pursuing Excellence in Healthcare: a case study The James Cook University Hospital: Obstetrics Directorate

do that, there it is...” And we had other ways of assessing ourselves that we were doing, that were giving us the same answers.

There were still some areas for improvement, or course. We were still talking about customer relationships, still at that time quibbling over who our customer was. And doing PROBE the second time was the catalyst to say “Look, this is ridiculous, our customer is the patient.” There were other things in the outcome that we still weren’t so brilliant at... such as the *Use of Information Technology*. At that point in time we were very much driven by “The Centre” in terms of what we could get from IT, what was available to us, how we could access it. I would say that the NHS has moved on a lot since then, in terms of IT. We now find that, because we have our act together, we’re very clear about what we expect from service providers in IT terms, and have been able to pursue that and to influence it.

Some of the other things that were highlighted the second time, we have been able to achieve. One was *well communicated standards*. We had standards, but they were sitting on the shelf, not everybody knew about them, not everybody understood them and what they were driving for. I think now this is in place. It has had to be, because we have to achieve ‘CNST’ status. CNST is the Clinical Negligence Scheme for Trusts. It’s an assessment, and Maternity gets assessed separately, and there are loads of standards in there that you have to prove and have the evidence for. Part of CNST is that all the staff know about the standards, we work collaboratively, things are visible, and so on. And the CHAI process has pushed us down that route as well. And that debate, in getting that evidence together, has made us be much more explicit with staff about the service standards and so on.

The experience of using PROBE a second time seems to have reinforced Fran’s perception of its usefulness. It has also provoked some deep thinking about how an organisation progresses and improves, and how this is reflected in an excellence-based assessment like PROBE. And, specifically, about the desirability of reaching the point where both *Practice* and *Performance* scores exceed 80% of the maximum possible, in which case the ‘headline’ PROBE feedback graph would show the organisation in the ‘top right-hand corner’, and designate them as ‘World Class.’

Every time you do it, it moves you on, but for me it’s not about getting in that top right hand box. If we did another assessment now... and probably the timing is right to do that, because it’s another three to four years on... we might actually score ourselves very much the same. That wouldn’t be because we haven’t moved, it would be because our criticism of ourselves is at a higher level. That’s another thing with benchmarking - the more you do, the more you can see that there is to do, and the more critical you get that you’re not doing it. I guess that’s another use of benchmarking, that it allows you to ground yourself again and say “Well we are better, and yes we have done that, and yes we have got that, and no we haven’t actually picked that up as an issue.”

You do get much more critical of yourselves. Definitely as a managerial and leadership team we demand much more of everybody. In fact, we’ve had that debate recently over things like leadership competency and difficulty in filling posts. It is difficult to get people into these posts when our level of expectation is so high. Do we have to actually come down a bit in our expectations, and develop people up to that level?

When we first did PROBE in 1998, we would have liked to be in top right hand corner. Now, I would be very worried if we were scoring that highly. I’d think “Who’s going to come and ask us ‘where’s the evidence?’ Are we absolutely hand-on-heart sure?” We would be very critical of every answer now. I’d be frightened to death to

Pursuing Excellence in Healthcare: a case study

The James Cook University Hospital: Obstetrics Directorate

be in the top right hand corner, because it would say “we’re there”... and I don’t think anyone’s ever “there” really.

Since 2001, the improvement work has continued, of course, and the Division has also exposed itself to external scrutiny in several other ways.

We submitted an entry for the North East Excellence Awards (a regional awards process based on assessment against The EFQM Excellence Model). We were short listed, and in the end we were a runner up for that. Our Maternity Day Unit has achieved “Developmental Unit status.” We did the level one CNST assessment in 2004, and we’ll do level two in February next year. And we’re looking beyond that, and thinking about Charter Mark, because we feel that that’s probably orientated to the service.

We’ve also got what we call “baby friendly initiative”, which is a breast feeding accolade. That’s an assessment where the patients are asked what they think, the policies and protocols are looked at, and the leadership, how it’s developed, how the staff are trained and everything. So it’s actually the same principles as *Developing Excellence* and the questions that are asked in PROBE, but on one defined subject matter. We were monitored by the National Baby Friendly initiative, and we were one of the few Trusts in the North East to get that award. And I think that’s just indicative of where we are now - for something as fundamental as breast feeding we can go and get an award for it, because we’ve got the systems processes, procedures, training, leadership etc in place. But we still have a mountain to climb, because... the mountain’s moving all the time, isn’t it?

Fran has kindly given her permission for these experiences to be written up and made available, so that others who are considering using PROBE in healthcare settings can make better-informed decisions about its suitability for their purposes. So what advice would she offer to someone who is asking “Should I use PROBE?”

Well, the first thing I would do is to ask some questions:

- ❖ What are you using it for?
- ❖ What do you want to get out of it?
- ❖ How would you expect to use the results that you would get?
- ❖ Where are your areas of concern before you start?
- ❖ What do you think you do well, and what do you think you don’t do well?
- ❖ And why would you think you do those things well, or not so well, and would you have evidence?

After getting those answers, if I felt that the person was using it for the right reasons, I would say that it’s a tool not to be used in isolation. It gives you some fundamental ideas that should help you reinforce where you think you’re coming from, and help you drive the changes that you want, and point you in the right direction. But if you think that using the PROBE tool is going to give you all the answers, it won’t. It will actually raise more questions than it will give you answers.

And then it’s about how you will use the opportunity to create a forum for discussion, to have those questions discussed and answered for yourselves. And when you’re answering the questions in the tool, be honest. There are no rewards for telling lies. You can tell lies to get a good outcome, but at the end of the day, when someone like CHAI walks in the door, they’ll say “You’ve said you’re doing that, that and that... but there’s no evidence of that.” So I guess that would be another question to ask up front... “Who are you using it for? Are you doing it because you’re told to do it? Or using it because you really want to make a change?”

Pursuing Excellence in Healthcare: a case study

The James Cook University Hospital: Obstetrics Directorate

If you use the tool more than once, it really can give you something that says you've put all this effort in and can help you to see that things are better. It also gives you a comparison with where other people are up to, which you don't always get. You can say "Well, we think we're better", but the whole world might have got better at the same time.

If we'd never found PROBE and used it, I think we'd have found another way to do the job. We needed to look at where we were coming from, and monitor ourselves on what did we need to do to make ourselves better. I think the difference, if you look at The Excellence Model for example, is that it's a much more holistic model, and it's got a lot of detail in it. PROBE gives you something very pictorial, so you can see where you are and identify aspects that look low and others that look high, and ask "What's going on there?" So it's very easy visually. And then you get a lot of information afterwards. But if you look at something like our portfolio that we submitted for the North East Excellence Award, it was mammoth, and it included a lot of contextualisation and evidence etc.

So you could argue that PROBE is quite 'user-friendly' from that point of view. But different things turn different people on. Some people want detail, detail, detail; but other people would say "I couldn't possibly read that 300 page document to understand where we are going wrong - give me a summary." Others want to hear "There's a graph, now you tell me where you think the areas for improvement are..."

So I think PROBE is just another thing that helps you to reinforce the messages you are trying to give your team, and to hit the buttons for different people who are coming from different points of view. And for some people within your team... for example, if you look at consultants who tend to be very audit- and benchmark-orientated... if you say to them "My gut feel is so and so...", they'll ask "Where's your evidence." PROBE can help you to say "Well, here's my evidence." If we hadn't had any tool of choice, I personally believe we would have got there anyway, but we might not have been as questioning about things like business performance.

One other situation to think about is... if you're a manager and you're struggling with turning people on, and yet you can see the problems. Particularly if you've come from outside and into a new posting, and people are entrenched. A tool like PROBE actually gives you something that helps you to sit and talk to your team about the services. Irrespective of the outcome, it's a tool to get people in a room and start to open up the debate about your service. Say for example if you look at something like *understanding your customers* and they're saying "Well, we haven't got a problem, and the patients love us, and we hardly get any complaints... and we get loads of thank you cards." The tool allows you to sit down and say "Ok, let's have a look at what it says in here. Have we got this? Have we got that? Have we got the other? Where would the evidence be? If I asked you tomorrow for the evidence, would it be there?" And it helps you to get into hard questions like "How reliable is a customer thank you card? Have you ever had a thank you card but then got a complaint from the same patient?" It allows you, I think, to have something tangible to discuss and open the level of debate with a team that's maybe reluctant to change.

Comparison International and The Learning Alliance are grateful to Fran Toller and to The South Tees Hospitals NHS Trust for their support in the development of *PROBE for Healthcare* and in writing up this case study, and for permission to publish it.

© Comparison International 2006. Do not reproduce this document or extracts from it without the explicit permission of the copyright holders.