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Review of the pilot Positive Deviance project for referrals in Hertfordshire Adult Care Services

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Hertfordshire Adult Care Services

Pilot Positive Deviance Project Review

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Introduction

Positive deviance (PD) is a technique to deliver quick improvements for communities or groups, within existing resources. Its underpinning principle is that in every community, there are a few people who cope better than others with the problems that beset the community. The community itself works to define the problem, find the positive deviants and discover in detail what they do, then shares these effective coping strategies.

It differs from the simple sharing of good practice as follows:

- Practices are discovered by the “community”
- Impact is measured by the “community”, which reinforces change
- The detailed “hows” of the practice are identified so they can be taught and learned by anyone
- People learn by doing, not by reading or telling
- The practices are accessible to all
- People are given time to discover and learn, and activity happens quickly

The Hertfordshire exercise is to my knowledge the first positive deviance project to be done in the UK, and one of few done without the direct involvement of the late Jerry Sternin, the co-founder of

the organisational approach to PD. Jerry kindly provided mentoring support until his final illness in September 2008. He passed away in December 2008.

The project has delivered measurable improvements in the referrals process in the North Hertfordshire area teams. My evaluation meeting with the project team confirmed that the completed Referrals workstream delivered a range of benefits including:

Quantifiable:

- Time savings of at least one hour (for locality team members) and 2.5 hours (for Referrals Management Team) per person per week (since used to help implement personalised care budgets) from changes to how care plans are completed on their computer system.
- Time savings for Referrals Management team of about 5 – 30 minutes for each equipment list.
- Time savings for social workers of between 5% and 30% of a day in dealing with incoming phone calls – and identification of the need for a new approach which is now being implemented.
- A step in the procedure for adaptations has been removed for Council tenants, cutting out the need for them to be put on one of three waiting lists

Qualitative:

- A more positive approach to challenging how the teams work which enabled a very constructive approach to the new BPR project. People felt able to contribute to improvements, regardless of status, and front-line opinions were seen as important. Taking part in the inquiry process opened people up to learning and development, and they became more used to working with data.
- Sam Hutcherson produced a laminated sheet that helped people understand the information flow within IRIS and Hyperwave, and how to complete the screens.
- Better use of time, for travelling, and use of touchdown centres.

A number of lessons were learned, primarily about roles and project management, that mirror findings from the American MRSA-control PD project that is being rolled out in six hospitals, as reported by the project team and OD expert Tom Devane (Devane 2009). These are now being incorporated into the Woodward Lewis approach. The referrals exercise required a total of six consulting days' support.

Original Project Objective

Following briefings from the Director of Social Care, the Assistant Director of Older people and Physical Disability (E&PD), and the former Assistant Director of Performance, the formal objectives for the pilot project was agreed. These were to engage people in completing IRIS to increase the level of completion of care records, and to increase throughput of referrals. The project had to be completed without changes to the system.

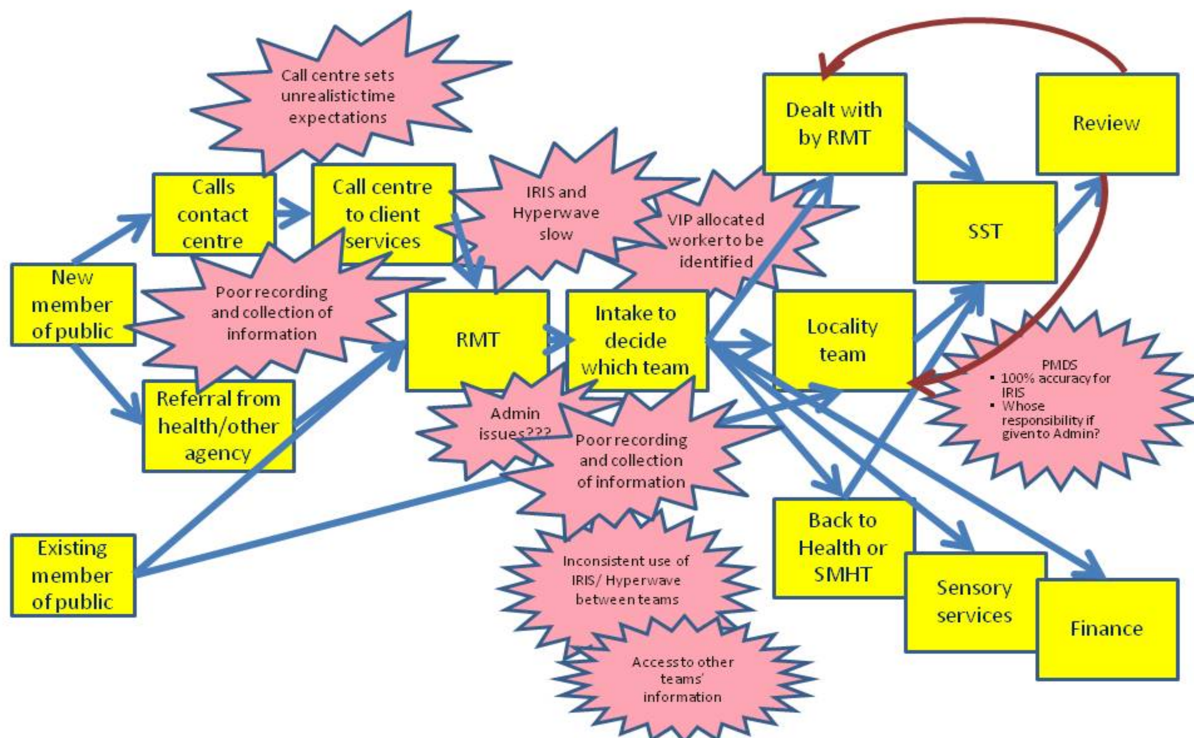
Setup

The project brief was to review referrals within North Hertfordshire, Stevenage and Welwyn and Hatfield (NHSWH). The project was set up on the basis of a series of half-day workshops for the project team, starting in July 2008.

The team was a representative cross section of six people from thearea. The deputy Manager of North Hertfordshire was involved with each group, to keep an eye on progress and to act as a focal point for project management and liaison with Jane Lewis. The role of the teams was:

- to work with their colleagues to define their problems in their own terms
- to carry out observation and enquiry exercises to find out if there were positive deviants and what they did
- to facilitate team meetings to share discovery and agree action
- to design ways of spreading what was learned

The team started by looking at how their process worked and where the main blockages were. The referrals project team produced the diagram below, and problems are identified in the pink call-out boxes, as follows:

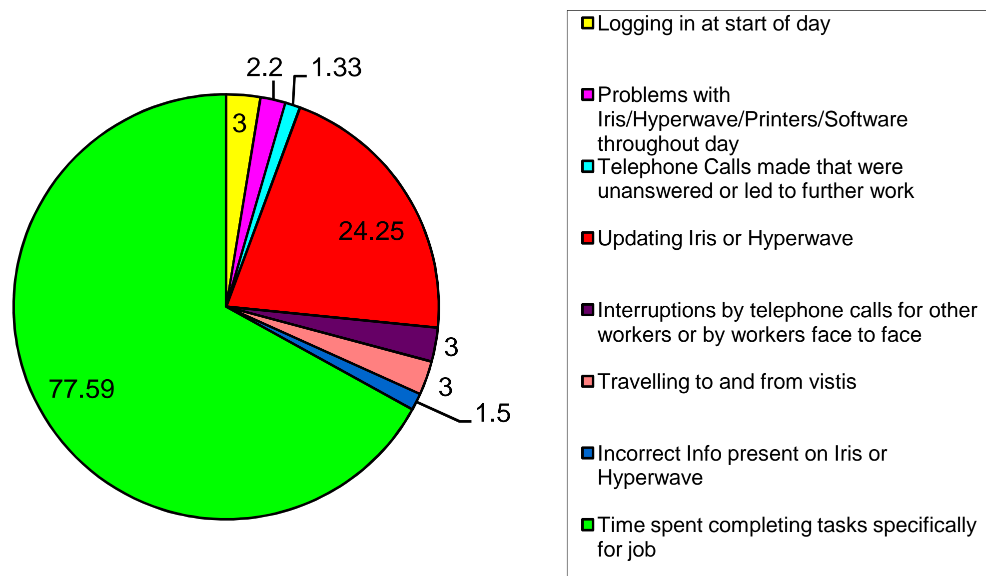


Step 1 – Define the problem

It was clear from preparatory meetings that the goal of completing care records was owned more by managers than social workers and occupational therapists. We needed the teams to define in their own terms what they saw as the problem to focus on. The feedback from the social work teams indicated that they saw completing the records as being the most time-consuming part of their job, and that staff thought it was a cumbersome and unfriendly system. It was a "given" of the project that this system would not be replaced for at least two years.

Staff perceptions were that they spent between 50% and 80% of their time on completing records. A review of closed cases indicated that 80% did not have IRIS completed properly.

The referrals project covered the locality teams and referrals management team, a total of 63 workers and about 18 administration staff. The first step was to define how much time staff were generally spending on completing care records, (the norm) and whether any staff spent less (the positive deviants). We agreed that a timesheet for one day taken at random would be sufficient and not too invasive. The review indicated that staff spent on average about 25% of their day on completing records but with large variations between individuals. The exercise also identified that another big part of "unproductive" (as they saw it) time, about 5% of the day, was spent fielding phone calls from people enquiring about the progress of their case, as shown below, either directly with the user or through calls from other workers. Some workers spent up to 30% of the sample day on this.



At this early stage, the referrals team were able to develop "latent solutions" to some of the issues – to get admin to field the users' calls, thus freeing up social workers, which has been implemented and is reported to be working effectively. Another idea was to develop a diagram showing the process to go out with an acknowledgement letter. It was ultimately agreed not to send the diagram as there were concerns that users would not understand it – however, until the system is replaced I think the idea merits reconsideration and trial with some service users.

Step 2 – Determine if there are any Positive Deviants

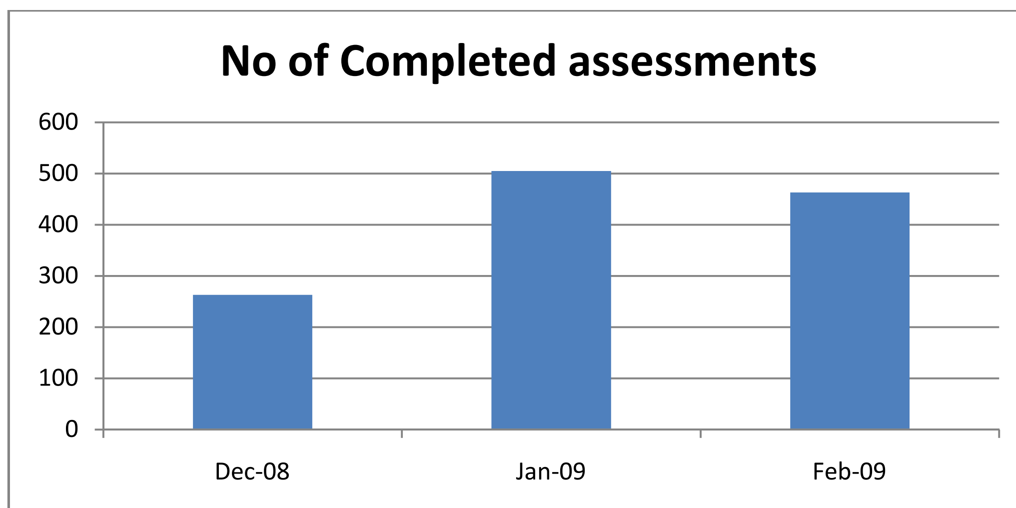
At team meetings, or working with pairs, the referrals project team members facilitated discussions about how people got the most from their time and how they worked with the system. They used team meetings to discuss specific practices and collated their findings in the next PD meeting.

Step 3 – Discover what the Positive Deviants actually do

The referrals project team's observation and enquiry exercise identified that some people were better able to cope with care recording than others. The team found that some just cross-referenced the care plan pages to those on Hyperwave rather than duplicating them or leaving IRIS blank, which enabled these positive deviants to get through the recording process much more quickly than their peers.

It was agreed that the procedure would change, so that everyone cross-referenced the care plan to Hyperwave to prevent duplication and speed up the process. The referrals project team believe that this saves about 5 minutes per care plan item. There is an average of three items per care plan. The referral management team deal with between six to ten care plans per team member per week, and the locality management team with three to four. The referrals management team also found that they could hyperlink equipment requests – this also saved about five minutes per item and there are usually about six items per request.

Since the change in procedure at the end of November, it appears that the throughput of new allocations a month increased in North Hertfordshire, despite a high level of sickness absence due to the flu "epidemic" that hit the teams over both December and January:



Step 4 – Design a way of spreading the PD practices

Very little design was required to train others in how to update and link care plan items. The data quality officer designed a laminated sheet to help people complete the right screens on the system which has been successful, from project team feedback. This has now been reinforced by a new

data check that prevents records being closed when incomplete, introduced by the new Assistant Director of Performance.

Further work was being done to identify the details of other good practices on IRIS and to get team members to try out new ways of completing IRIS in a practical way, including setting time aside.

Benefits delivered by the referrals project

Significant time savings were delivered – of between about one hour per person per week for locality team members and 2.5 hours per person per week in the referrals management team, in speeding up completion of care plans, and up to 30% of a day for social workers by transferring call handling to administration. Further time savings were made in the Referrals Management team, who were able to cut down the time on equipment requests by 5 minutes per item.

Further to discussions at team meetings, more effective use of travel time and touch-down centres were identified, and it was decided to put time aside for IRIS completion each day.

One of the team devised a route-map guide through IRIS, which helped completion of care plans prior to the introduction of the data-checking process.

The PD review also cut out a step for Council tenants who needed adaptations made to their homes.

Although the project was slow to get started, the greatest activity happened between September and November 2008. The PD practices were discovered and implemented in three months.

Other observations

It was suggested that we got feedback from project team members on their experiences in PD. So far comments at team meetings have been positive – team members have enjoyed the chance to make a difference and have time to consider how to improve the job in a practical way. *"the drip, drip, drip of solutions helped to make for much more positivity"* – Hatfield team manager.

"Although it has been time consuming I have found the PD experience very stimulating and it has provided a good opportunity to step back and consider a whole range of practice issues that we do not usually have time to think about and discuss. I can certainly see the benefit of the PD approach; the main difficulty being the reality of implementation within the constraints of our structure." – team member.

The deputy manager of North Hertfordshire commented that it has helped all the teams, not just the PD project team members, to reflect on what they do and to think about better ways of working. She said that as a result, the business process review currently in progress is moving forward in a constructive way, with people challenging how things are done. People felt they had contributed regardless of status, and that front-line opinions were important and taking part in inquiry process opened people up to learning. The assistant Director, E&PD, observed that PD had fulfilled its role in identifying effective solutions based on the practices of non-conformists.

Key learning points

This project shares a number of learning points with the MRSA-reduction projects in hospitals across America. This project has been the subject of a review by Tom Devane, a leading presenter on organisational development, sent to me by Dr Jon Lloyd, the MRSA project facilitator. These are:

- Activity needs to be concentrated into a relatively short space of time, in short bursts, to keep up the energy. We lost momentum when meetings were postponed due to the office move and then because of illness, and most of what was achieved happened between September and November 2008.
- Workshops need to be consistently lively and interesting, even when dealing with data. Generally the sessions were well received and created energy and enthusiasm but this tended to dissipate between sessions, and internal meetings with teams need to be shorter and more focused.
- In organisations, the PD teams will come up with a range of "latent solutions", ideas that are not currently practised, but which have been at the back of people's minds for some time. Teams will only focus on the detail of current practices once these latent solutions are discovered, discussed and tried out.
- Managers are useful to have in the team, to focus effort and ensure actions are seen through. However, they have to bite their tongues when the team discover solutions manager think are either obvious, or that are things they should already know. Managers also have to let people try things out. Fiona was very mindful of this and worked very tactfully.
- The PD team needs to have its own internal team leader to ensure tasks are carried out. Sometimes in this project this role wasn't clarified and this will need to be made clear in any subsequent work.
- Although PD itself is a very democratic and egalitarian approach, senior management backing is essential for it to happen, and this helped the project to work in Hertfordshire. Use of unofficial power is important as well – hence it helps for the facilitator to spend time in the organisation before the project starts to identify communications flows and influencers.
- Some of the Sternins' teaching about PD in the community does not work so well in organisations. The concept that "time is not of the essence" goes against a project-management approach. The willingness for things to emerge, and to keep coming up with new areas to address in new iterations, means that the scope of the work can creep. However, the emergent, unplanned approach accords with Stacey's views of managing complex organisations (Stacey, Griffin and Shaw, 2000, Stacey and Griffin, 2006)

The aspects of PD that worked very well were that:

- That the team members were the prime movers in collecting data and engaging people in observation and enquiry – this created interest and ownership, and enabled progress to be tracked, and the data was helpful in getting a shared view of the issues
- Working through the team honoured the existing culture and avoided the resistance to management initiatives
- The energy created rippled out and got people thinking more widely about how to improve their roles
- The solutions identified were straightforward and easy to copy, and were examples of where people had thought outside the normal procedure in a constructive way.

Conclusions

Although the project had a number of learning points, it was able to deliver a significant range of quantifiable improvements that can now be spread more widely to other teams. It also helped to deliver a positive culture shift. It also demonstrated that there is a sound methodology behind Positive Deviance that can be replicated, and which is cost-effective. It is best used for behaviour rather than systems change, and in retrospect it would have been helpful to have worked with the new Assistant Director of Performance and Business Support, once he joined, to review progress and to ensure that PD work dovetailed neatly with his projects.

It is interesting that the main learning points from both this and the USA MRSA reduction programme are virtually identical (Devane, April 2009). It has also demonstrated, again in parallel with the US MRSA project, some differences between PD in organisations and PD in communities. The project had to work round and with significant organisational changes, but in honouring the knowledge and culture of the teams, it meant that there was very limited resistance to the changes that emerged.

PD is being promoted within healthcare as a means of reducing MRSA in the UK by the team that ran the US project. My belief is that the applications for PD are much wider, and that it works well in social care environments because it suits the professional ethos of the service.

The project has helped us to tie down a more specific programme that will be easier to establish and manage. Refinements developed in the light of learning from this exercise will make the process more cost effective. The Referrals pilot needed a total of only six days of consultancy support.

Acknowledgements and interested parties

My thanks go to all the members of the PD teams, who gave selflessly of their time and who were great fun to work with. Fiona Day provided very helpful co-ordination and support and was a valuable sounding board.

As the original instigators of the project, I would like to thank Denise Radley and Penny Soper. Without their interest and enthusiasm this project would not have happened. It has been agreed that this report will also be forwarded to them.

Jane Lewis

References

Devane, Tom (April 2009) – *the Positive Deviance Approach* – A briefing www.tomdevane.com

Lewis, Jane (September 2007) – *Positive Action*, Quality World, CQI, London

Stacey, Ralph, Griffin, Douglas and Shaw, Patricia (2000) – *Complexity and Management – fad or challenge to systems thinking?*, Routledge, London

Stacey, Ralph and Griffin, Douglas (eds) (2006) – *Complexity and the experience of managing in public sector organisations*, Routledge, London.