Design and improvement: Insights from the Q initiative

@PennyPereira1   @TracyWebb007

Introduce yourself to others on your table:

Why did you choose this session?

Design and Improvement: insights from the Q initiative

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IHI BMJ Forum, March 2019

A connected community working together to improve health and care quality across the UK

#Quality2019   #Qcommunity

This workshop

By the end of this session you will:

1. Understand the potential of design to enhance improvement efforts in health and care

2. Learn how to incorporate design methods into your work

3. Try out practical design methods and know where to find more

Workshop outline

Interactive exercises

9.00 Setting the scene

9.15 What is design and what does it offer improvement?

10.00 Case study: co-design of Q

10.30 Break

11.00 Understanding users

11.20 Case study: Q Lab

12.00 Takeaways from today

12.30 Close

Case example: Q

- A connected community working together to improve health and care quality across the UK

- Makes it easier to share ideas, enhance skills and make changes that benefit service users

**NHS** Improvement | ◯ **The Health Foundation**

What is Q?

Core infrastructure
Q Lab
Q Exchange
Community of 1000s
Q Activities and Resources
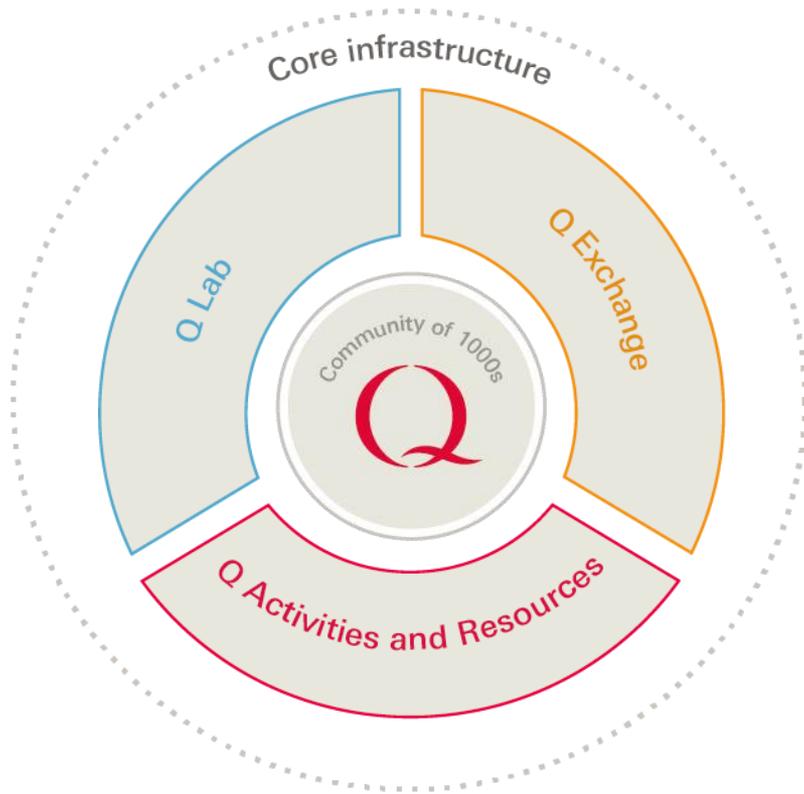
Know about Q?

Member of Q?

Here from beyond the UK?

Have something like Q in your country?

Community of 1000s

Figure 2: Growth of the Community from 2015–2018

Core infrastructure

Core infrastructure

Community of 1000s
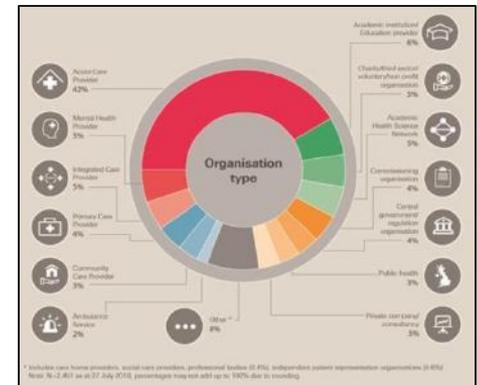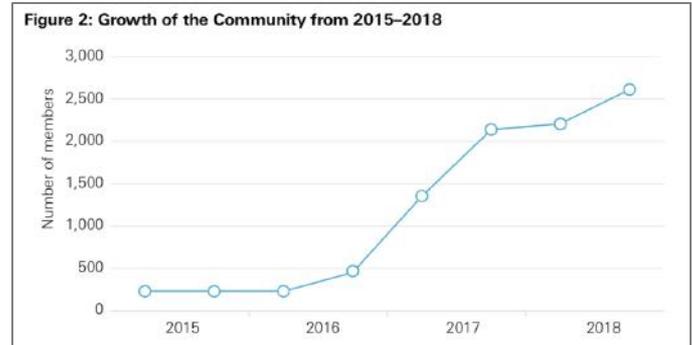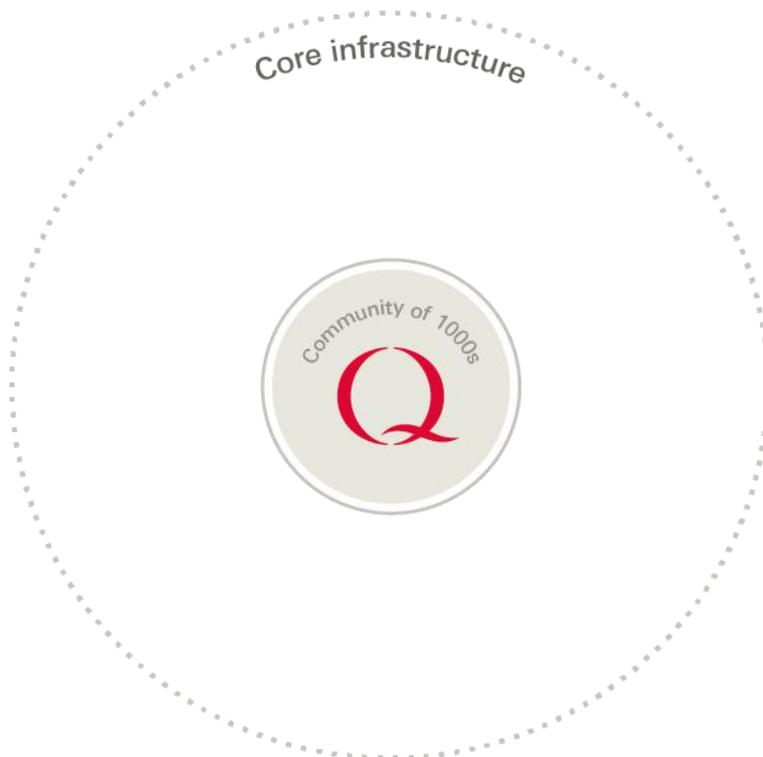
Recruitment	Directory
Groups	Partners network	Local leaders
Q website	Q-mmunicate	#theQCommunity
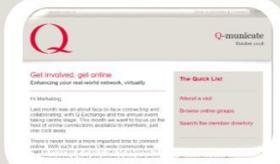
Activities and resources
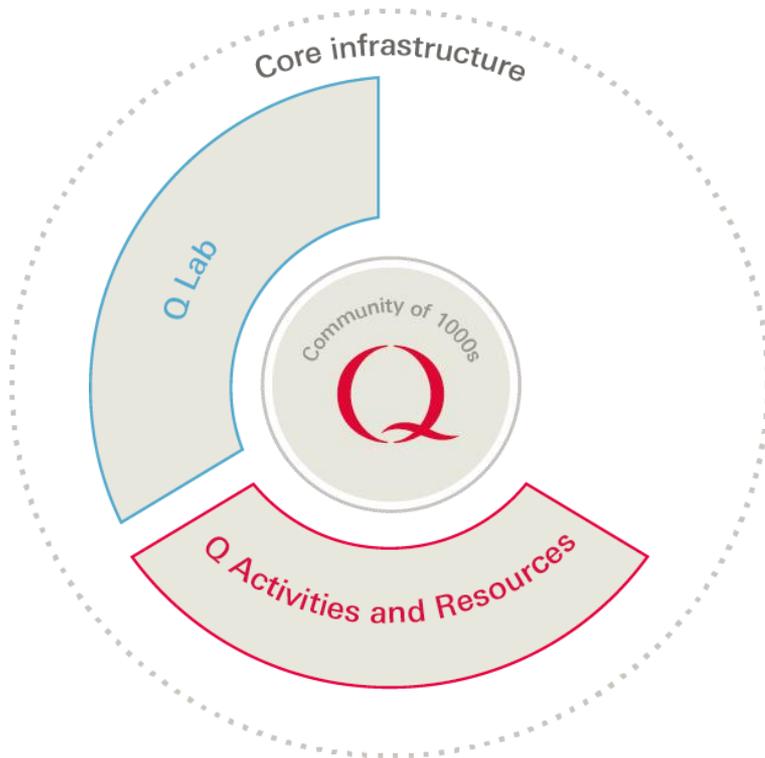
Core infrastructure

Community of 1000s

Q Activities and Resources

Masterclasses

Q community events

Q visits

Local events

Online events

Online resources

Q Lab

Build a deep and rounded understanding of the issue

Generate and test ideas for improvement

Develop skills and capabilities for action

Disseminate learning widely

Q Exchange
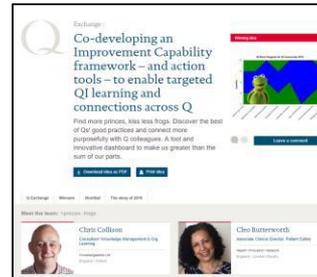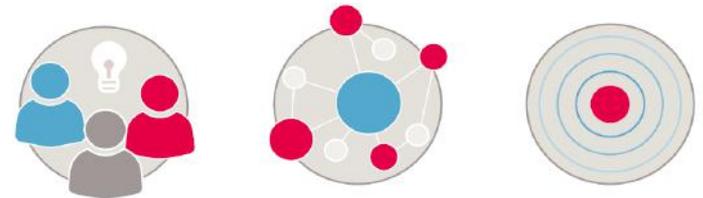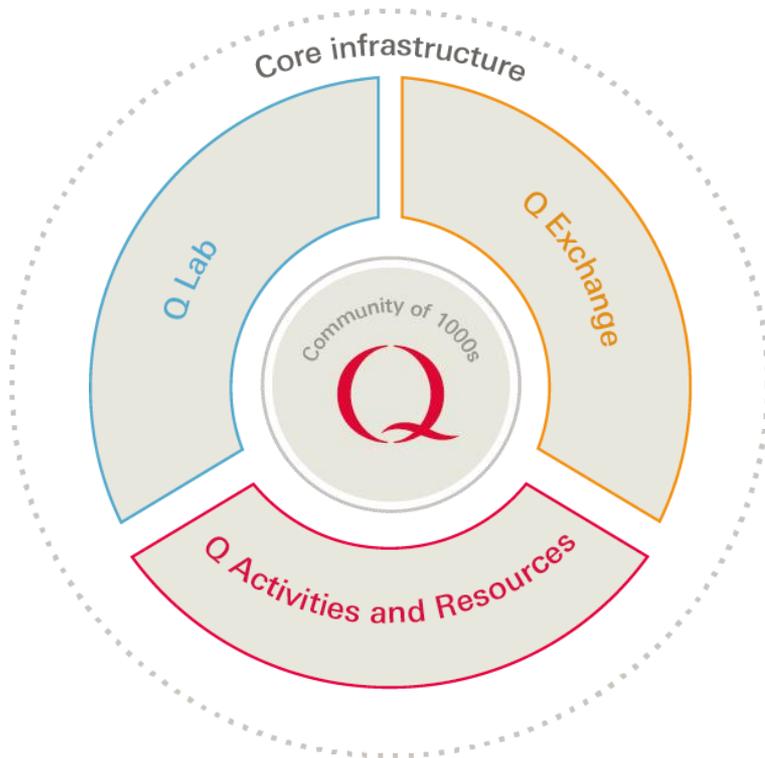
Use of design in Q

Design approaches used:

- To develop Q

- As part of what Q Lab does

- By improvers who came to it through Q

Why design aligns and enriches improvement

Aligns well with:

- Iterative approach

- Participative ethos

- Gemba focus

Enriches:

- Depth and richness of user and problem insight

- Creative discipline of idea generation and prioritisation

Design resources
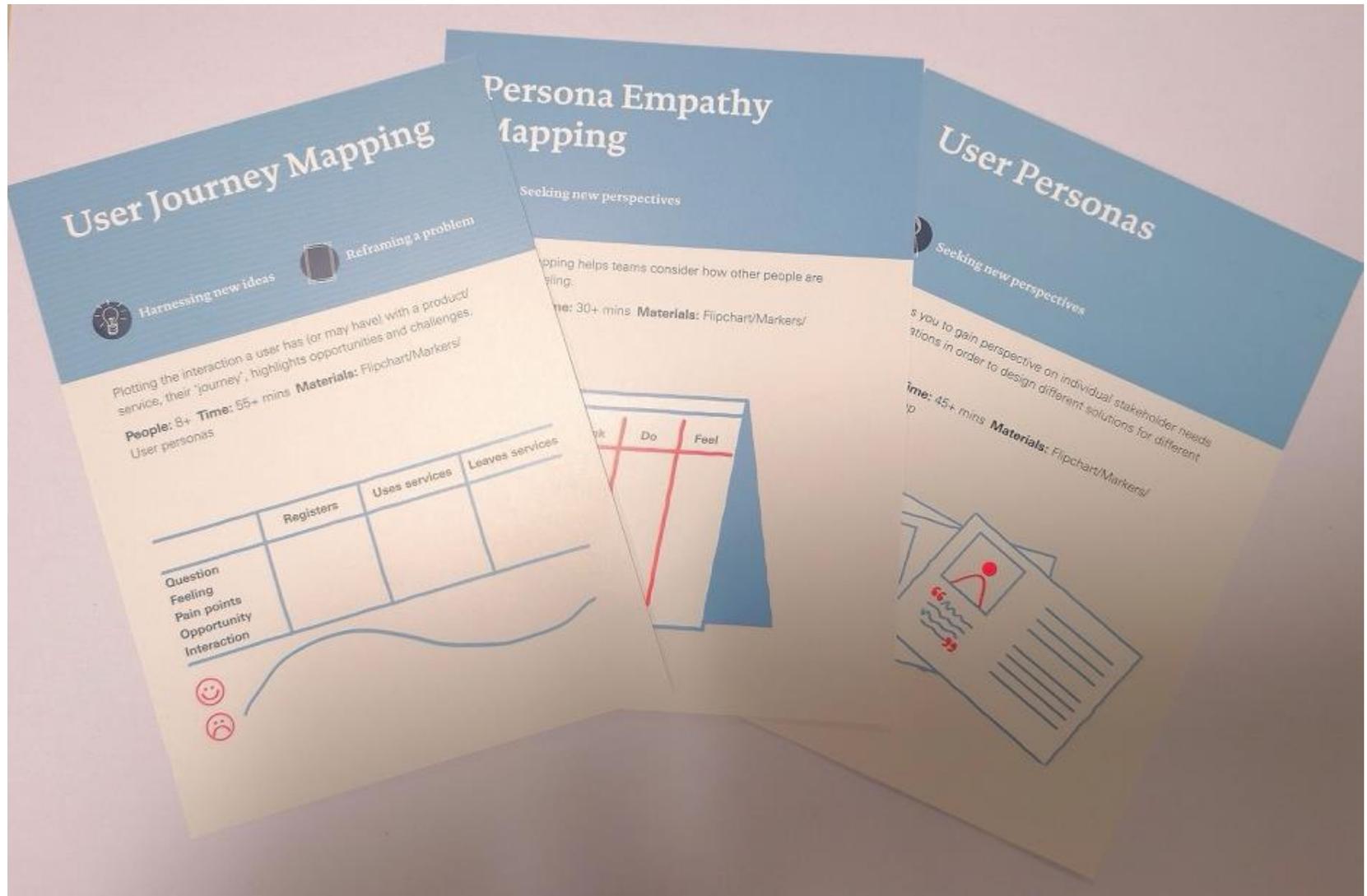
What is design?

And what does it offer Improvement?

FUTUREGOV

—

Design for Chariti

customers.

Design of artefacts & objects

Simple, engaging, accessible communication.

Awareness raising. Building brand.

Design of services, experiences, environments

Improves service procedures & flows, creates great experiences for customers & staff

Efficiencies, behaviour change, differentiates from competitors

Organisational change & design capability building

Transform organisations to innovate and adapt to change.

Future proof organisations and offerings.

Policy & strategic design

Creates alternative future visions, works towards them in an iterative low-risk way, embeds through overarching structures (frameworks, rules, incentives)

User-led strategies Enabling conditions and structures to deliver them

Systemic transformation

Look out across system and build communities with shared goals, influencing & connecting

Deliver impact beyond reach & resources of one organisation

Design ladder

Adapted from Van Patter's 4 domains of design'

"Design is one of the most important drivers of the quality of experience for users of services. For governments to remain credible to their citizens, they must treat the design quality of their services as seriously as the best businesses."

Tim Brown, CEO and president, IDEO

What is design**?**

Draw a vase
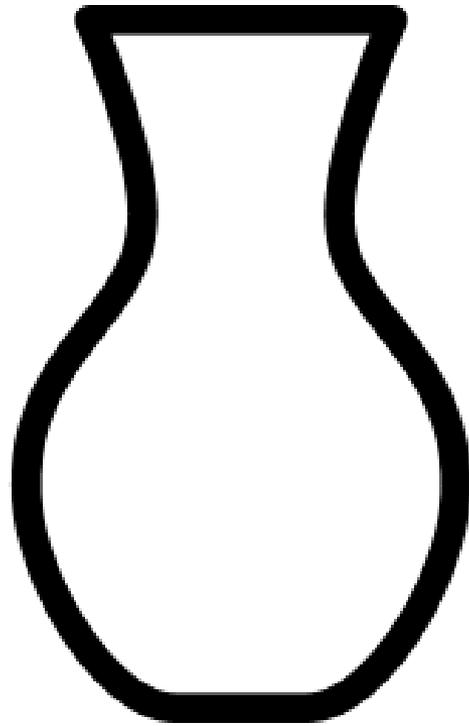
FUTUREGOV

What is design**?**

Draw a method of displaying flowers in the home without a flat surface

"A certain mindset is crucial: framed by inquiry not certitude, one that embraces paradoxes and tolerates multiple perspectives."

Frances Westley, Brenda Zimmerman, & Michael Quinn Patton in 'Getting to Maybe

Characteristic	Value	Mindset
Inquiring	Learning	Curious; observant; asks rather than assumes
Open	Growth	Defers judgement; seeks different experiences and perspectives; willing to change one's mind
Integrative	Accommodation	Avoids binary trade-offs; seeks win-win games; utilises tension between worldviews creatively
Collaborative	Teamwork	Listens actively; builds on others' ideas; grows social cohesion; builds shared ownership and accountability
Centred	Mindedness	Reflective self-awareness; views challenges in a larger context; mediates tensions between extremes

CoLab.
Complexity navigation | Collaboration | Co−design | Co−creation
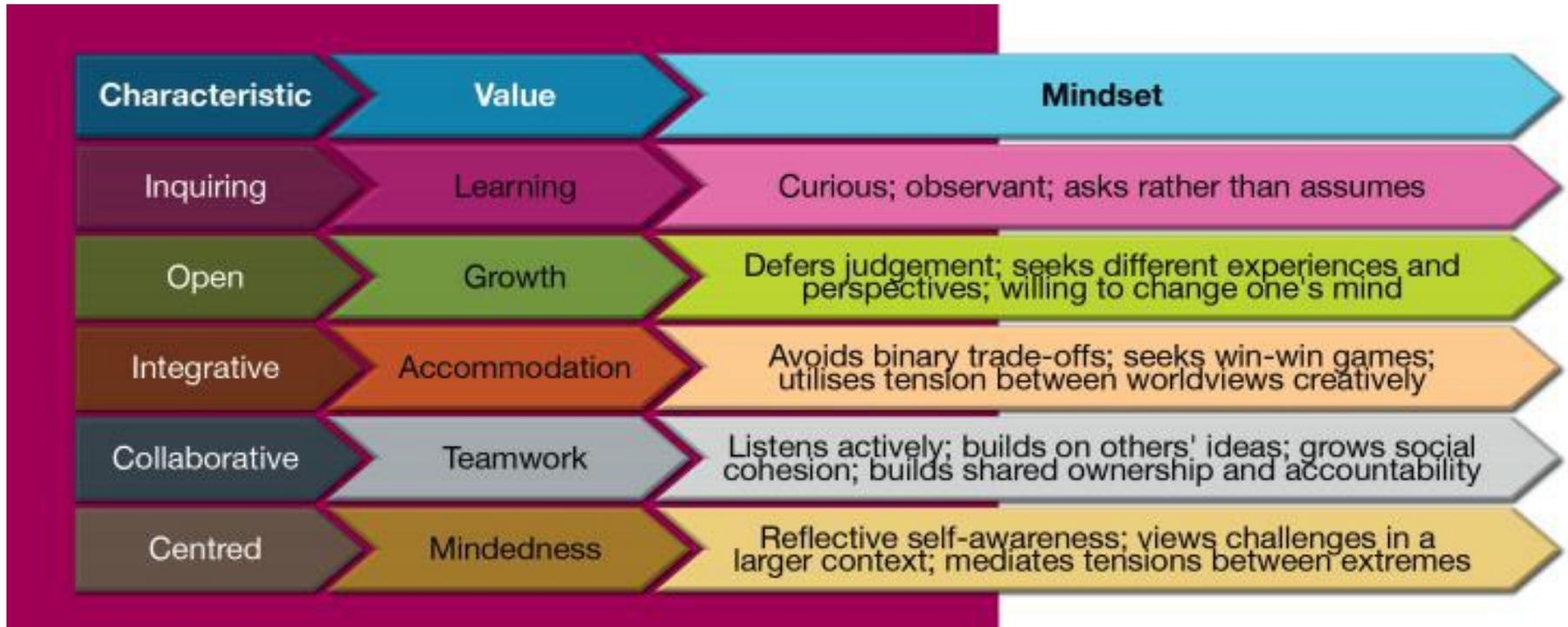
Assume you are wrong
People need space to try new
things. Failure is inevitable at times,
so surface it and learn from it.

Challenge the comfort zone
Process feels comfortable for
most people. What happens if you
remove the processes for a while?

Playfulness + discipline = creativity
Laughter and play is important and can
encourage divergent thinking. Discipline
is required to move teams into action and
rigorously test assumptions. Invest in
both of these.

Discover
insight into the problem

Define
the area to focus upon

Develop
potential solutions

Deliver
solutions that work

Problem

Problem Definition

Design Brief
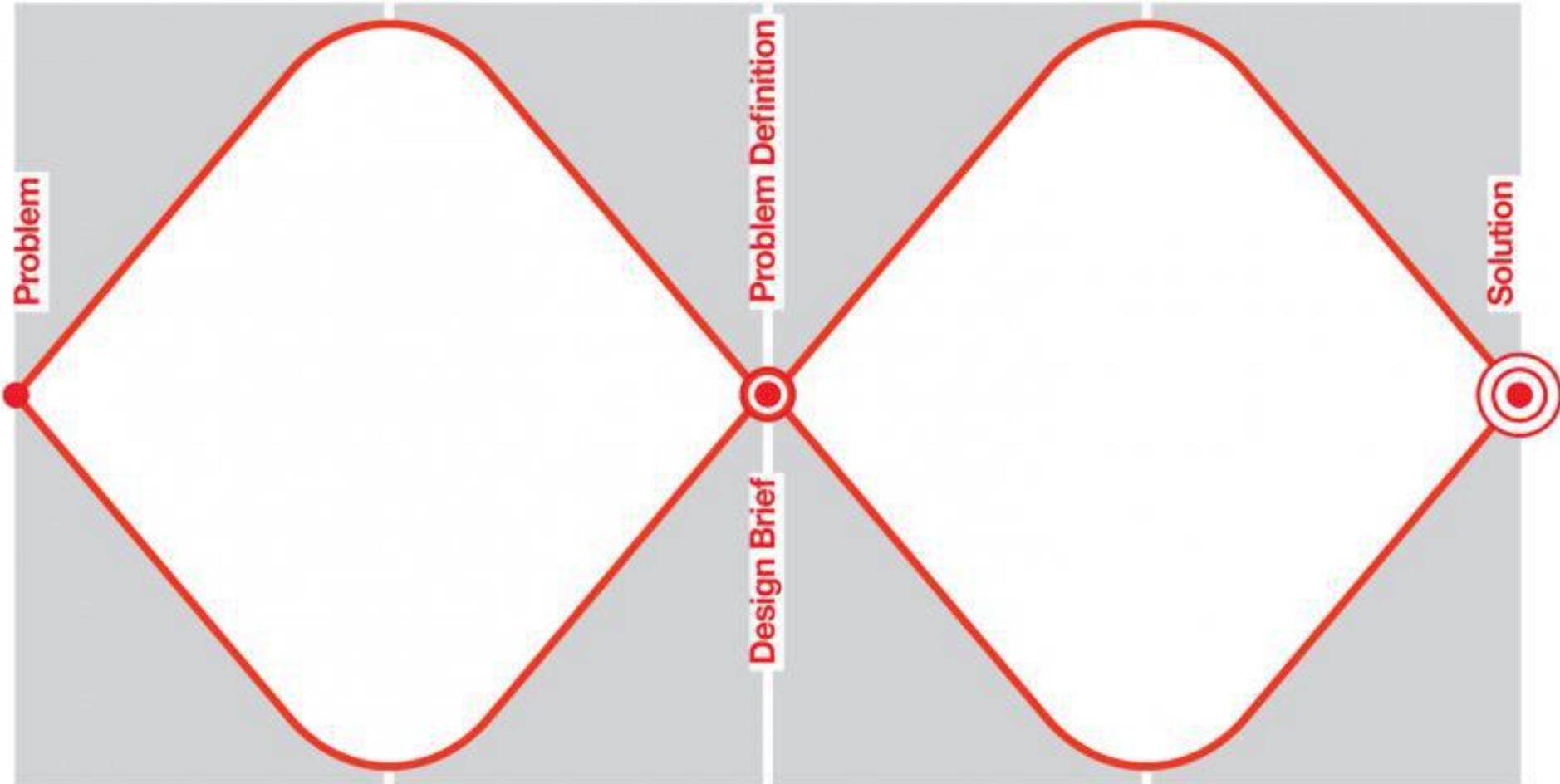
Solution

IDEO | DESIGN FOR EUROPE | **Nesta...**

1. The Discover phase

Objectives

- Identify the problem, opportunity or needs to be addressed through design

- Define the solution space

- Build a rich knowledge resource with inspiration and insights.

Tools & Methods

- User Journey Mapping
- User Diaries
- Service Safari
- User Shadowing

IDEO | DESIGN FOR EUROPE | **Nesta...**

2. The Define phase

Objectives

- Analyse the outputs of the Discover phase

- Synthesise the findings into a reduced number of opportunities

- Define a clear brief for sign off by all stakeholders.

Tools & Methods

User Personas

Brainstorming

Design Brief

IDEO | DESIGN FOR EUROPE | **Nesta...**

3. The Develop phase

Objectives

- Develop the initial brief into a product or service for implementation

- Design service components in detail and as part of a holistic experience

- Iteratively test concepts with end users.

Tools & Methods

Service Blueprinting

Experience Prototyping

Business Model Canvas

IDEO | DESIGN FOR EUROPE | **Nesta...**

4. The Deliver phase

Objectives

- Taking product or service to launch

- Ensure customer feedback mechanisms are in place

- Share lessons from development process back into the organisation.

Tools & Methods

Scenarios

Activity

Using personas

Personas:

Derek

Derek is 82 and cares for his wife Doreen who is 80 and has dementia. They have been married for 60 years. When Derek ar were in their 20s they emigrated to the UK from Jamaica and they have live Birmingham ever since. A carer comes to look after Doreen every morning.

Derek is finding it hard to manage day to day, especially shopping. The walk nearest supermarket takes 15 minutes and it's getting more difficult to walk the shopping. Derek has started buying most of his food from the local corn Derek has never been a great cook, and so often they will eat sandwiches in evening or heat up a ready meal but neither of them have much appetite the

Derek has bad pain in his right knee which hasn't helped at all with getting doesn't know what would happen to Doreen if he had to go into hospital so moment he has decided it is just best to put up with it and hasn't had a conv with his GP.

Derek has had Type II diabetes for over 40 years which he has been able to pretty well although sometimes he can't remember whether or not he has ta medication. He is thankful that most of Doreen's medication has to be taken day, so he can leave that to the carer. Doreen has had visits at home from nurse and what with one thing and another they are at their GPs surgery qu although they don't often see the same GP twice.

Derek and Doreen's son and daughter-in-law live in London with their four c really doesn't like to bother them with his and Doreen's problems as they liv busy lives. When they ask about how they are doing, he tries to put a positiv things. He used to love spending time with his grandchildren but he has not to travel down to London for the past few years; although they do come and

It was really Doreen who kept up with friends and neighbours locally – but D noticed that lots of the people she once knew have moved away or into care and the street now seems to be full of families with young children.

- The 2001 Census recorded 230,000 black and minority ethnic people and estimates suggest that this might grow by more than ten-fold by 2
- There are now over two million carers aged 65 and over and 417,000 and over. Just over a third of carers aged 80 care for around 20 hours further third care for 35 hours or more per week.
- An estimated 1 in 10 people over 65 living in the community are main

Personas:

Nicola

Nicola is just about to turn 16. She lives at home in Leicester with her mum, dad, older brother and two sisters. Her aunt and two cousins live close by.

Nicola has Downs Syndrome. Nicola has had asthma since she was a toddler and has a high BMI. She is prone to anxiety attacks and has spells when she feels worried and down and just wants to be on her own.

Nicola has been happy at school, but it is about to come to an end as her school only runs until year 11. Nicola has had a needs assessment drawn up to assist in the transition to adult social care services and to help her plan her education and future. She visited a few places with her mum and dad and then decided on the college she wants to go to which is where one of her friends will be going also. After college, she wants to find a job locally.

One of her friends who used to be at school with her now lives in supported accommodation. She loves spending time there and she is particularly close to one of the workers, Karen, who is friendly and funny. She would love to move in too. Her parents are not keen on the idea and think she should stay at home at least until she is 18. Other than this friend, Nicola has two close friends from school who she likes to spend time with and she loves music and dancing.

Nicola knows that she needs to get better at remembering to take her medicine especially if she is going to move away from home. At school, they have had lessons on healthy eating, looking after yourself and sexual health but there wasn't much information for Nicola about managing her asthma. Nicola has regular contact with her social worker and her mum takes her to the GP when she needs to. Her previous GP retired and she had her last learning disabilities health check a couple of years ago and she asked Nicola about her asthma then and she got some different medication.

- Around 1.5 million people in the UK have learning disabilities. Women with learning disabilities die on average 20 years younger than women in the general population and men 13 years younger.
- 28.3% of people with learning disabilities are obese compared to a fifth of the whole population
  At the age of 16, the presumption under the Mental Capacity Act is that people with learning difficulties will be able to make their own decisions.

Personas:

Judith

is 71 years old. She has been living in don, a small market town just outside Oxford, since the 1950s. Judith was ed in 2009 and has been living on her own since then.

loves to sing and hasn't lost her voice. She goes to the local church two or three a week and has a close circle of friends from church as well as quite a few ours locally who she keeps up with regularly. She volunteers at the local Scope once a week.

needs to see the GP every month or so, to monitor the medications that she is vertigo and her blood pressure. She likes to see her usual GP (Dr Chauhan) she can because he knows her notes and history.

tly Judith has been getting more worried about her health. Judith has recently oped arthritis in her hands and has been in quite a lot of pain which she is trying nage as best she can. She has noticed how difficult simple things have become; ng jars or doing up the buttons on her coat seem to take an age or have become sible.

it all, the other day Judith slipped and fell when she was coming down the step e kitchen and that gave her a nasty fright. But then she looks around at her s and all the health problems they have and she thinks she has done pretty well.

has one daughter, Sally, who lives in Salford. Sally and Judith speak every y and Sally tries to come and visit every few months. Sally just recently asked whether she'd like to move up North to be closer, but Judith would miss the n and her friends and really doesn't want to leave the area that she knows so

2.9 million people over 65 live alone. That is 45% of all older households.

At age 65, 16% of people have a difficulty with at least one activity of daily living. This increases to half of those aged 85.

There were over 57,000 hip fractures in England in 2014 and falls account for over 4 million hospital bed days every year.

Building empathy

Name:

Think?

Fear?

Hear?

See?

Say?

Do?

Hopes?

Fears?

Case study:

Designing Q

# *How did we get from a concept...*
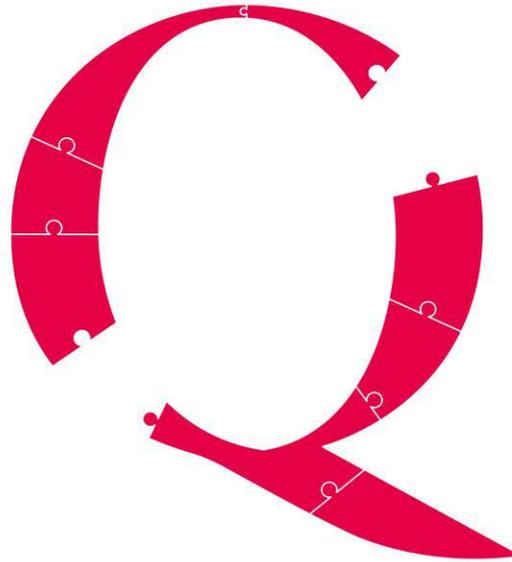
...to a set of multiple offers
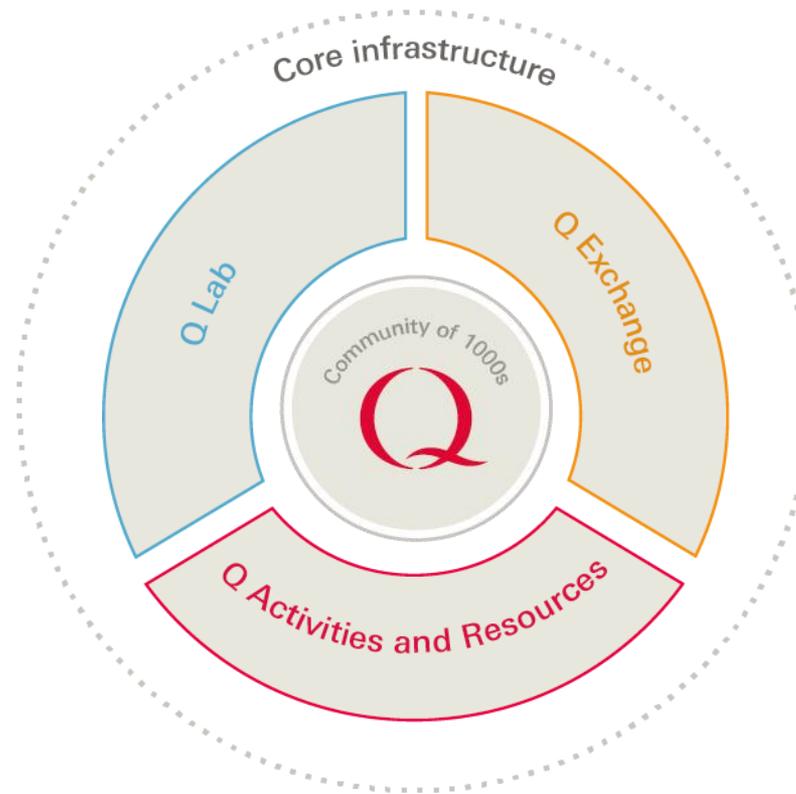
...and decide not to do other things?


Database of all improvement knowledge
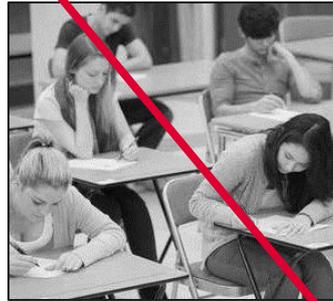
Taught programme

Guarantee of expertise
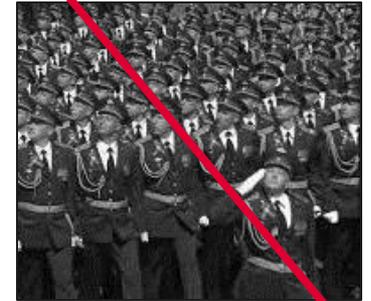
Standing army
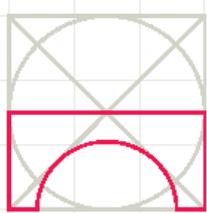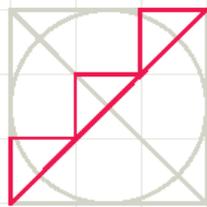
SUPPORTING   **DEVELOPING**   **CONNECTING**   **MOBILISING**
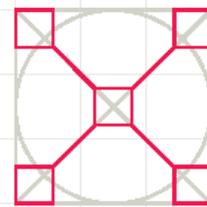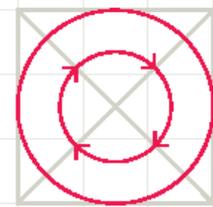
What we did

3 X 2 day workshops over 6 months

Collate, review, plan
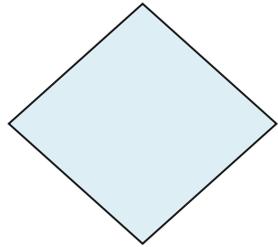
Collate, review, plan

- Introducing the co-design process and parameters

- Exploring member world, identities, needs

- Probing ideas / aspirations for the future
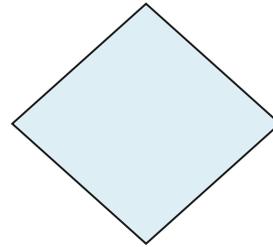
- Further work on mission, purpose

- Developing problem statement and theory of change

- More detailed iteration of ideas for activities, events, recruitment
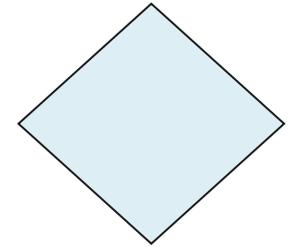
- Reviewing draft proposed operating model

- Live vote to test approval

- Testing rough prototypes for potential offers
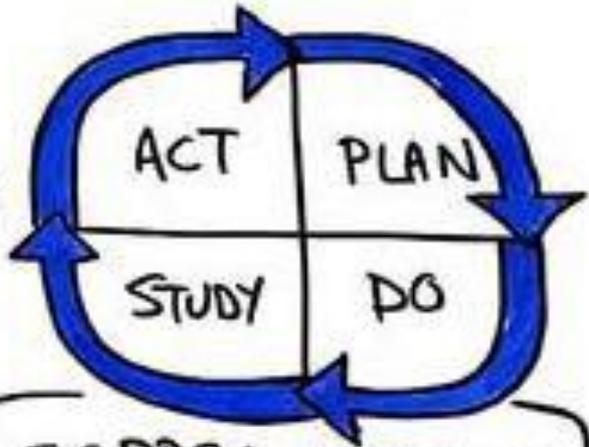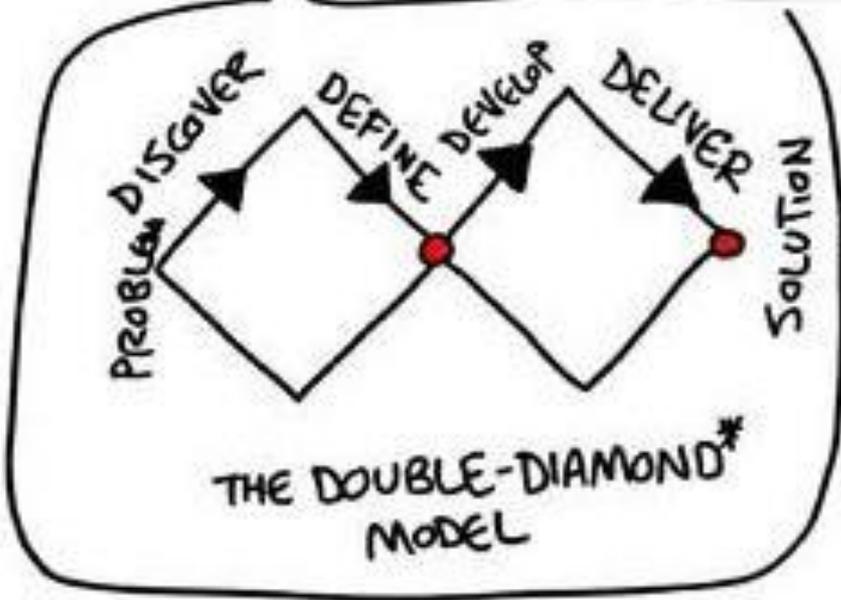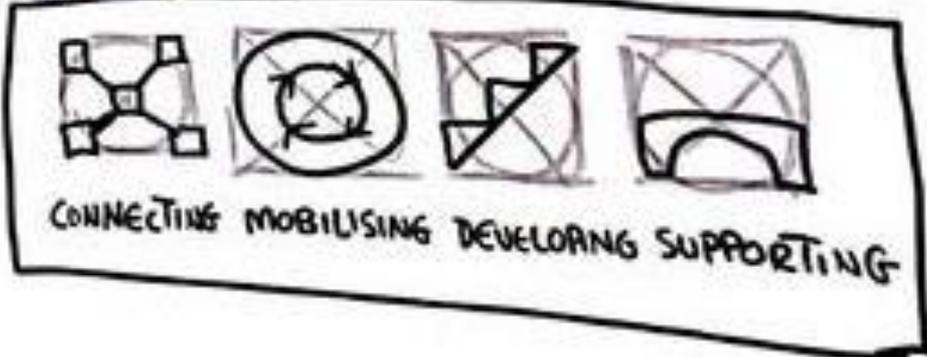
What did we learn?

Key insights on working with:

- Differences between people

- Ambiguity and emergence

- Participation and scale

Segmentation types

Using the answers from the survey you completed, we've plotted the current Q cohort based on how you prefer communicate and exchange knowledge around quality improvement (QI).
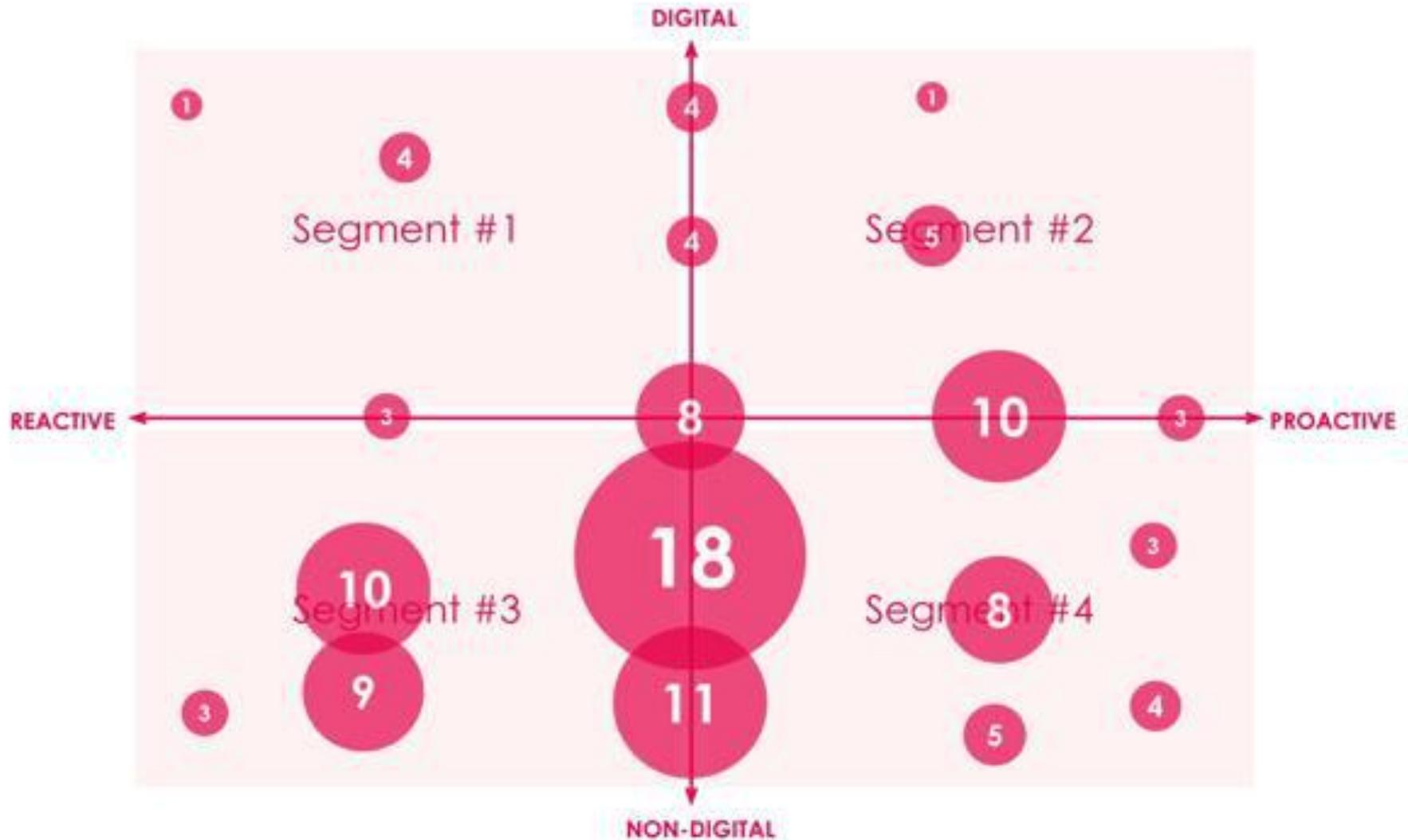
Different preferences

- Styles for communicating

- Approaches to networking and connecting

- Learning

- Comfort with ambiguity

How comfortable are you with ambiguity or uncertainty?

Very uncomfortable
- structured, like to have a plan, likes decisions
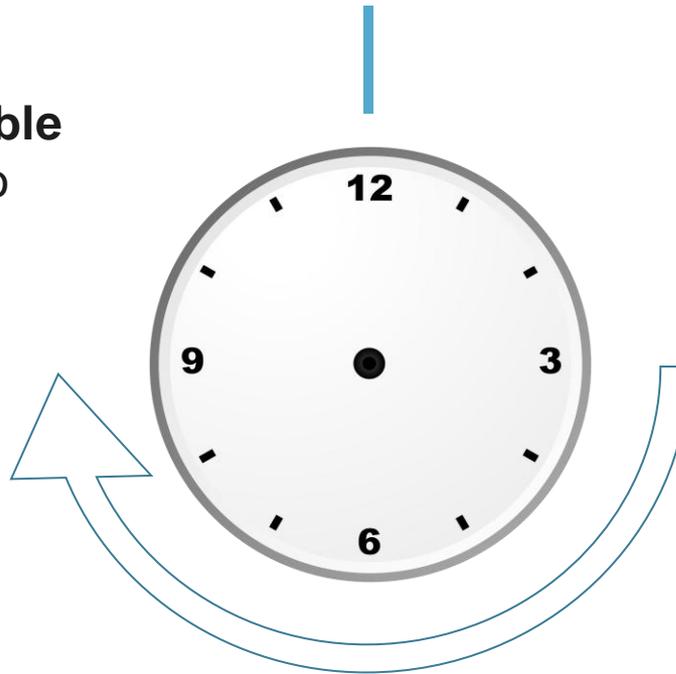
Very comfortable
- flexible, adaptive, happy to not have a plan, like to discuss

Participants thoughts on co-design

For me, co-design is:

Positive	Negative
A creative experience	Messy, slow
Credible	Theoretical
Engaging with end users	Lots of talk
Enabling sustainability	Little real change
Converging experience and blue sky thinking	Off-putting jargon
Giving opportunity for the quiet as well as the talkies	

Co-design
Co-delivery
with patients
and other partners

Ongoing use of design in Q

What using design has given us

- Helps us bring together multiple perspectives

- Keeps focus on members

- Encourages testing, bias to action

- Empowers those closest to the work to lead

- Fun!

Momentum built by design?

New connections

New learning

Learn about Q's impact so far: https://www.health.org.uk/publications/q-the-journey-so-far

Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

I currently have the skills and knowledge that I need for the quality improvement work that I would like to do‡

Before	6%	52%	25%	17%
After	12%	62%	14%	11% 1%

‡Statistically significant improvement, p=<0.05.

n=148

Data collected through evaluation surveys of the Q founding cohort in July 2015 and January 2016.

"Q members […] reported a statistically significant improvement in their assessment of their skills and knowledge needed for the quality improvement work that they want to do"

RAND Europe, 2016

Momentum built by design?
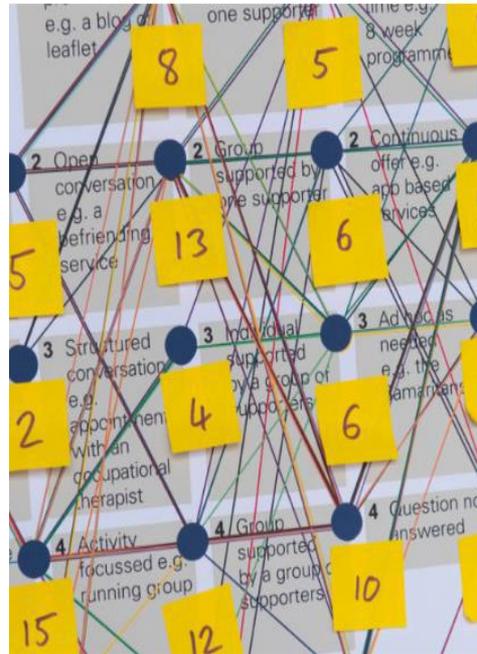
New connections

New learning

Collaborative change
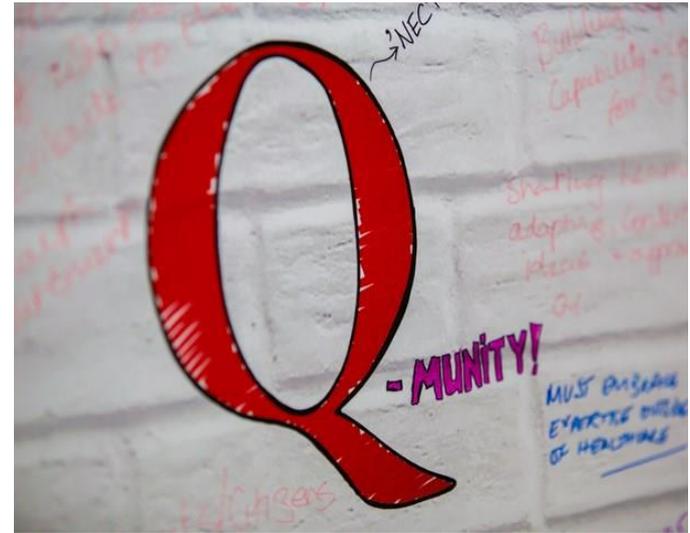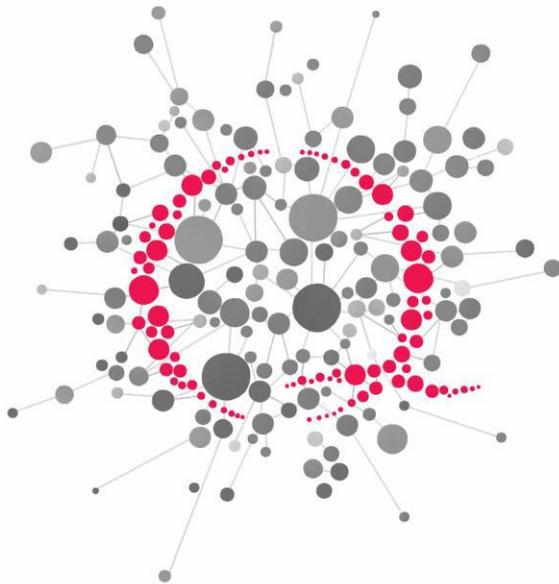
For more detail: www.health.org.uk/publications/q-the-journey-so-far
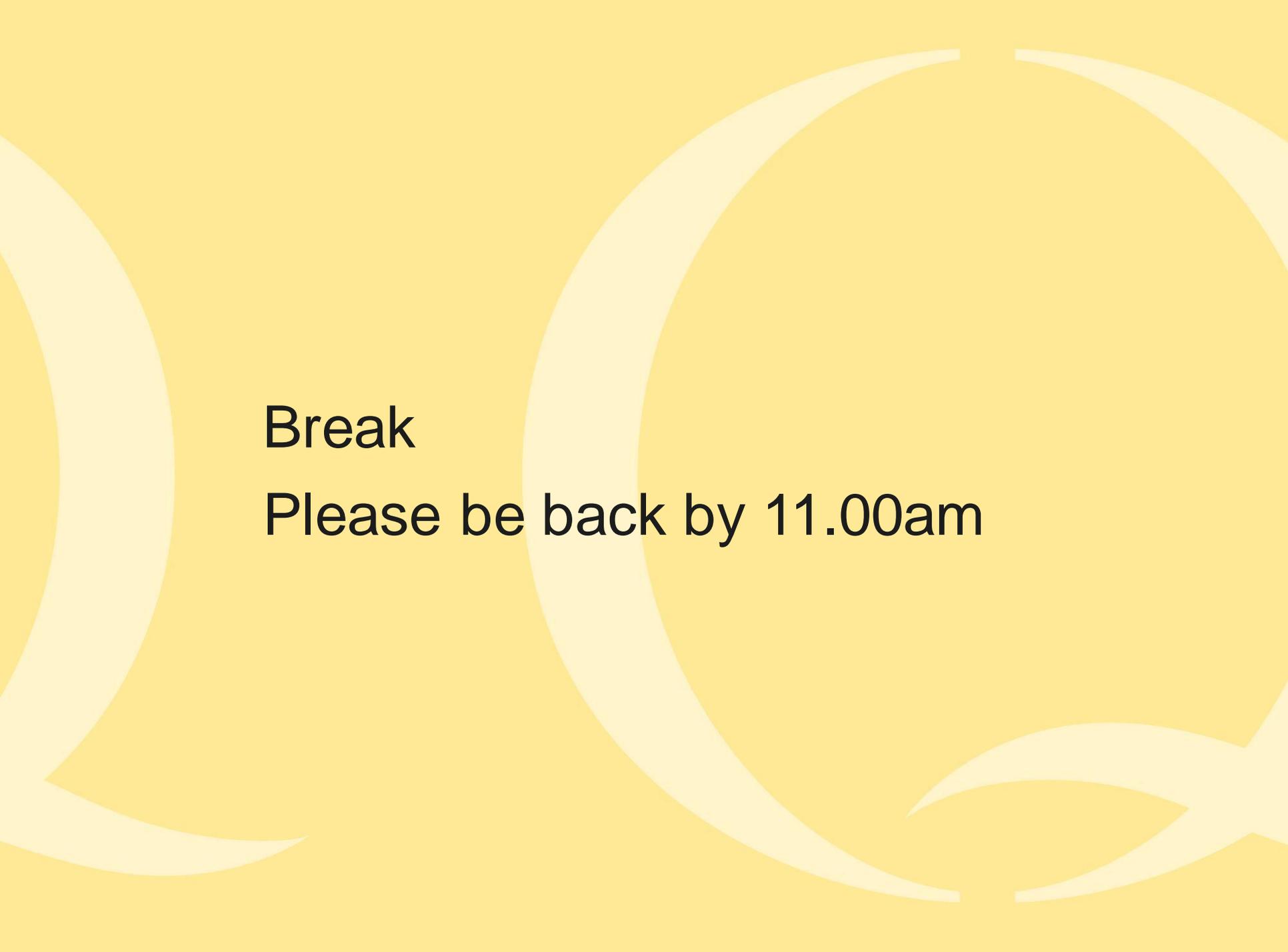
Break

Please be back by 11.00am

Focus on users
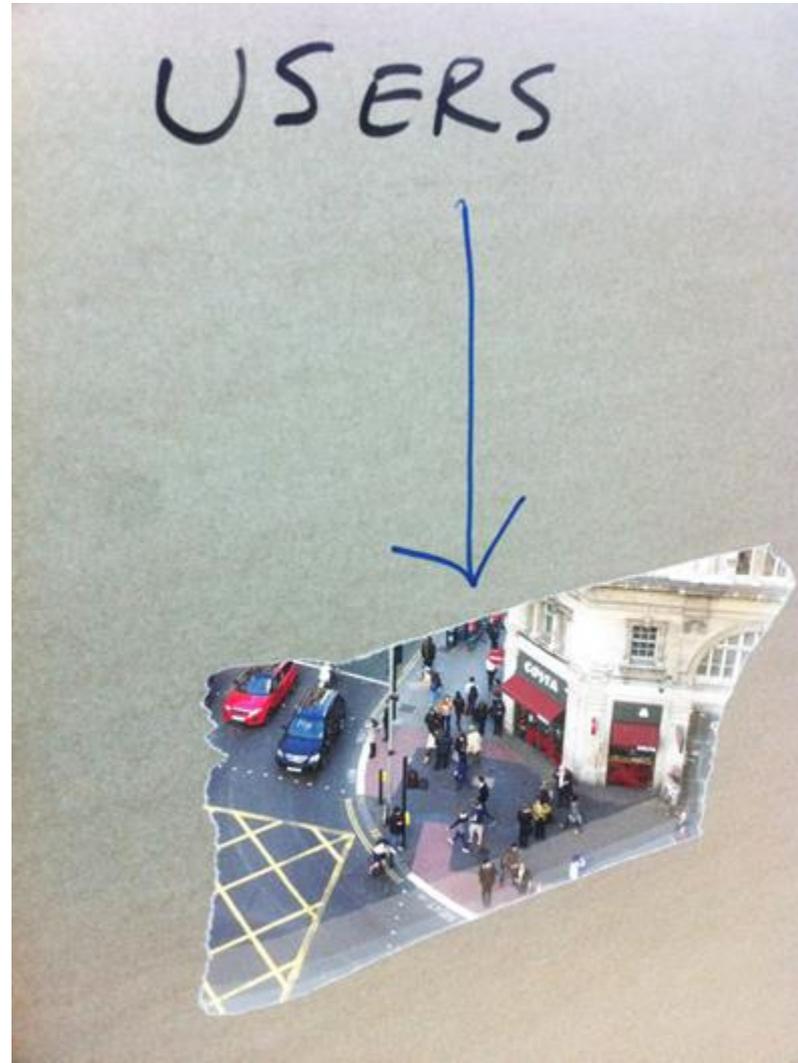
Bringing design to improvement

Shadowing

To understand:
how users are experiencing a problem or service from their perspective

Link tracing

Residents engaged in phase 1

To understand:
how users connects around a
problem or potential solution
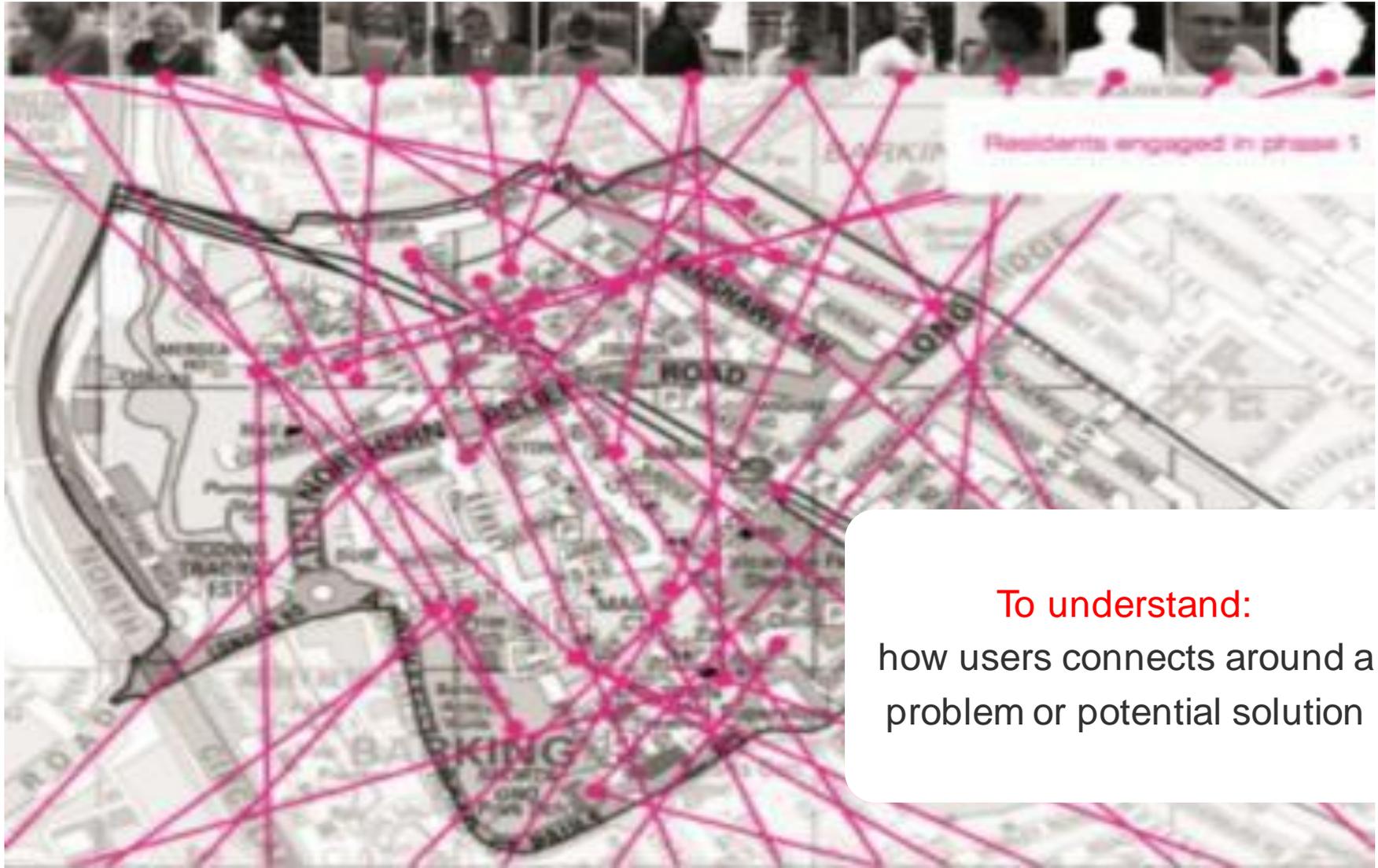
Cultural probes

To understand:
deeper motivations and emotional needs of users that cannot easily be communicated through interview

Video diaries

To understand:
deeper motivations and emotional needs of users that cannot easily be communicated through interview
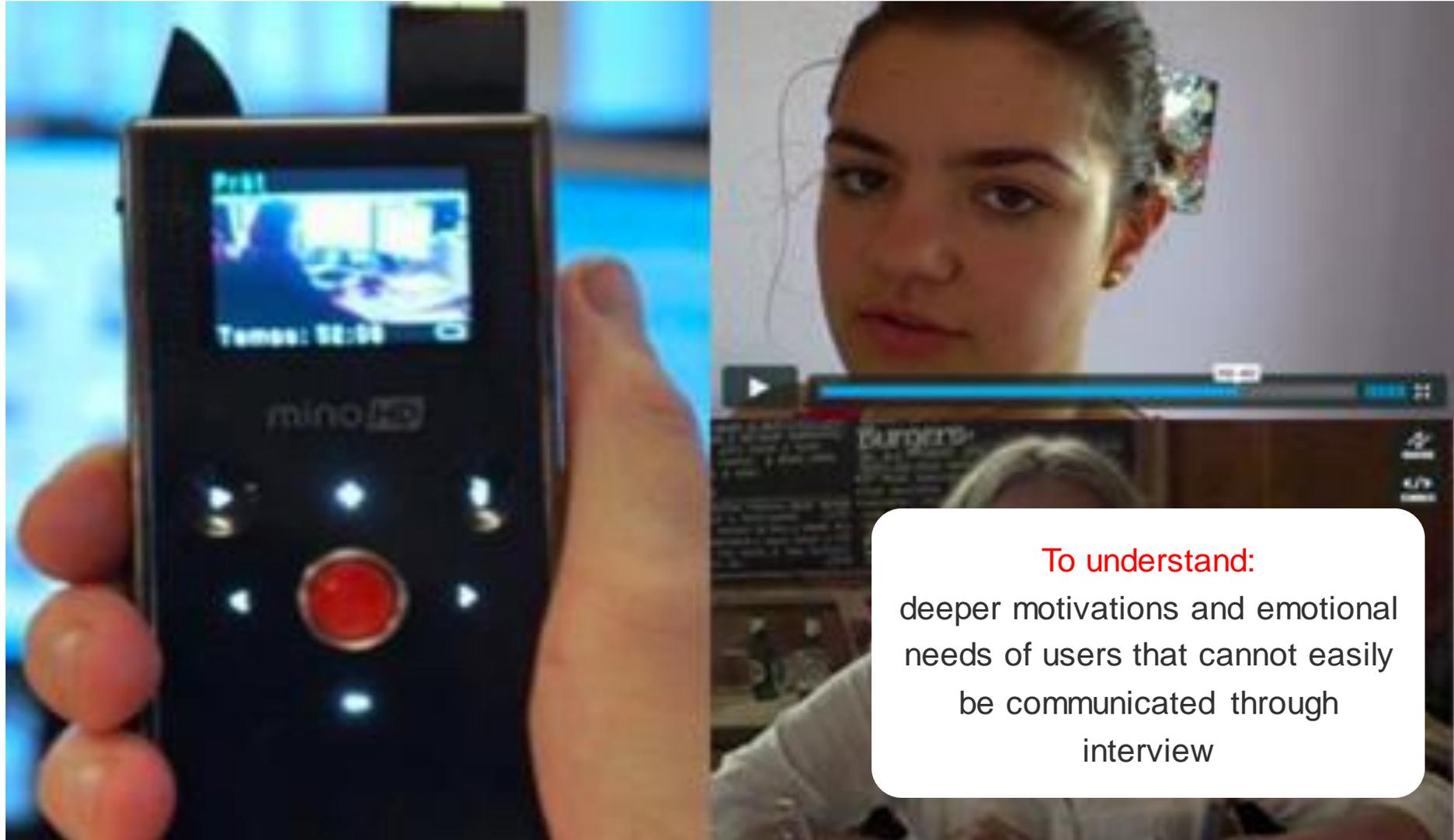
Mobile spaces
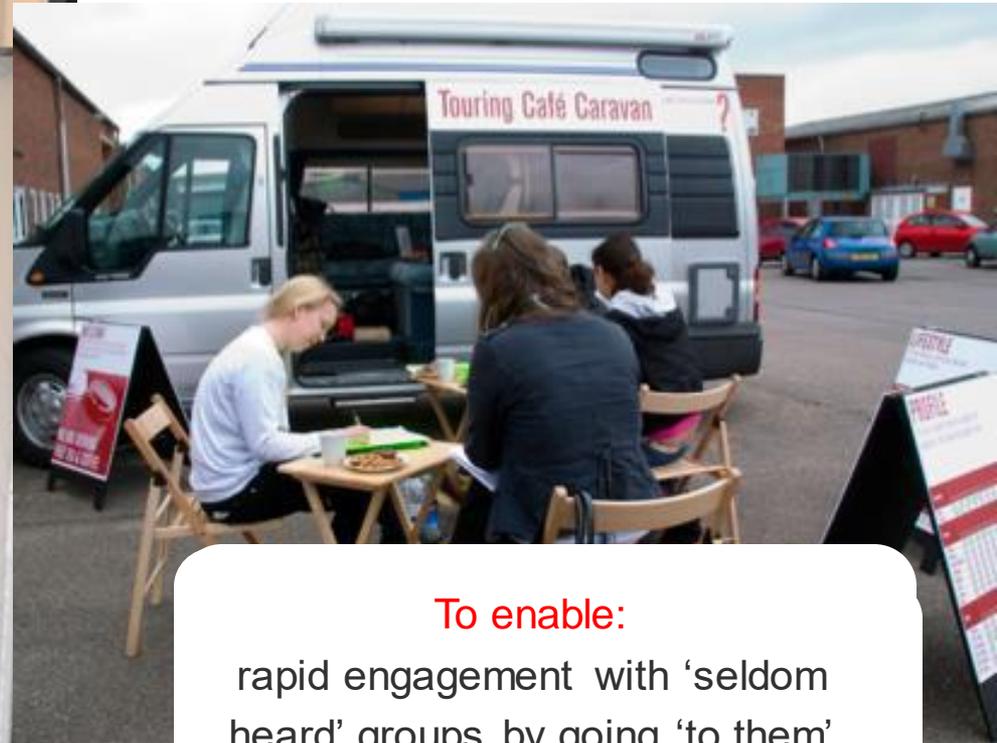
To enable:
rapid engagement with 'seldom heard' groups by going 'to them' and providing a bespoke opportunity to contribute

Peer to peer research
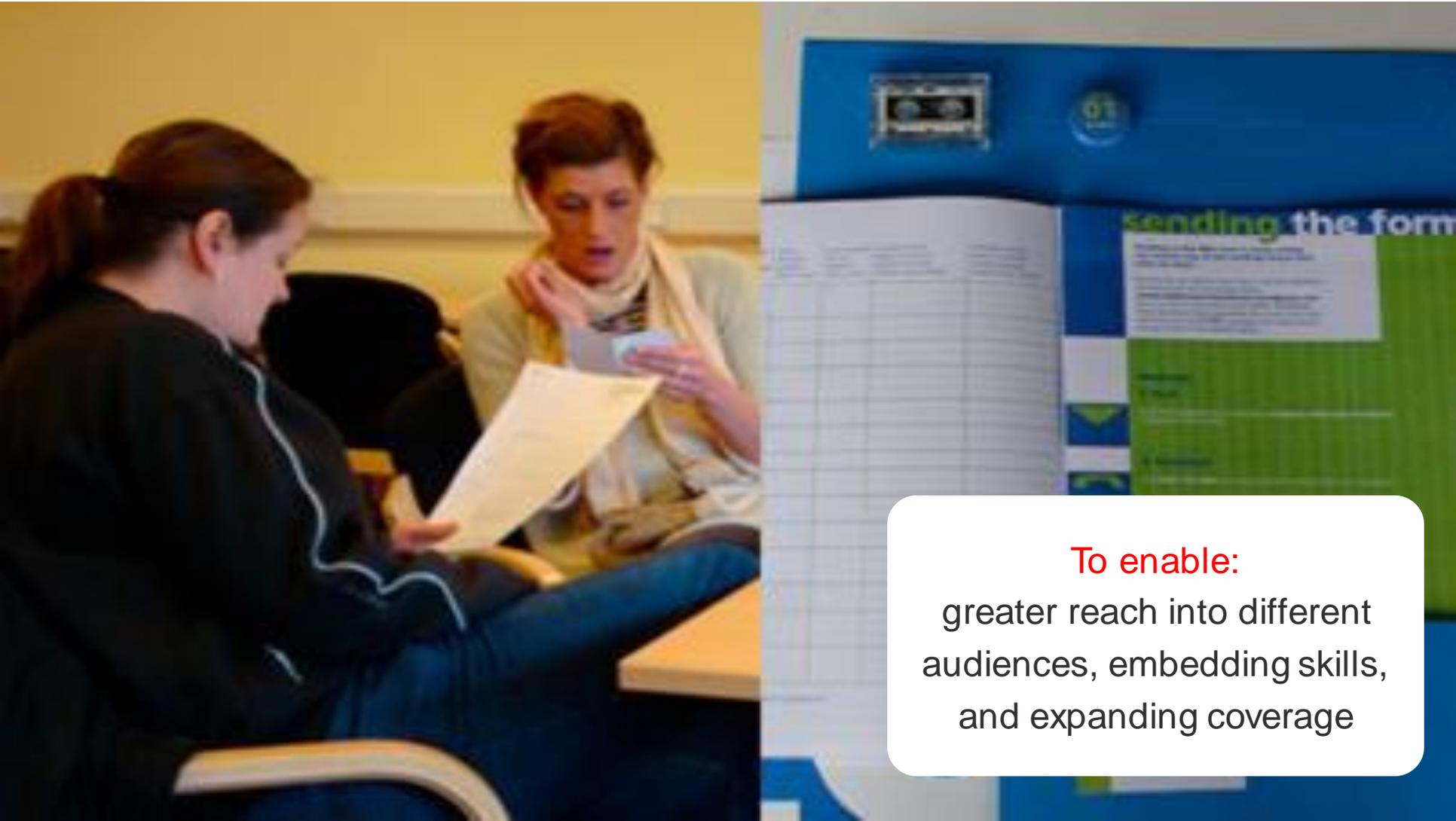
To enable:
greater reach into different
audiences, embedding skills,
and expanding coverage

Design resources
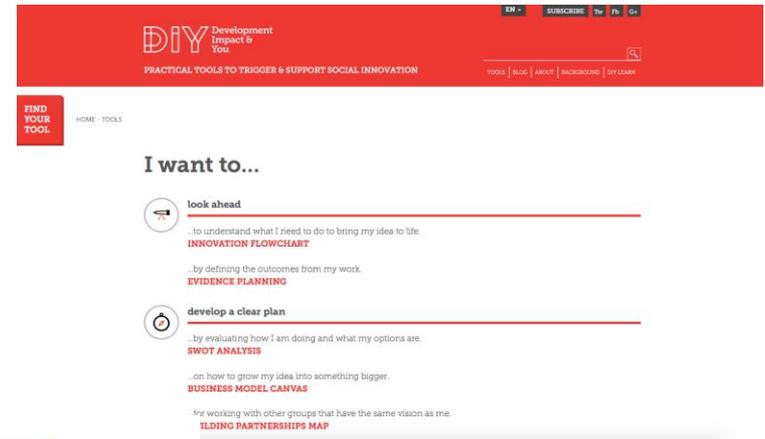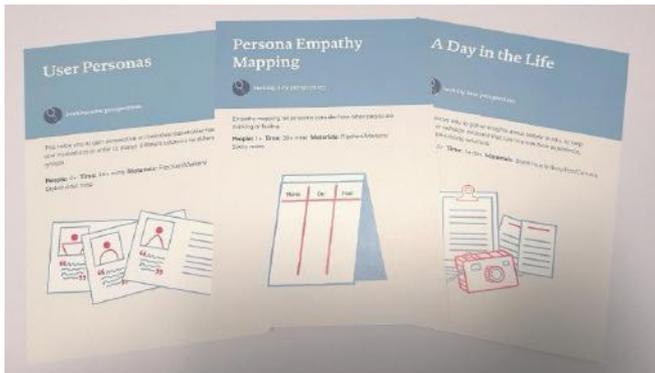
Q Creative Approaches to Problem Solving cards

DIY TOOLKIT
https://diytoolkit.org/tools/

COLAB
https://www.scribd.com/document/350117243/Follow-the-Rabbit-Systemic-Design-Field-Guide-by-CoLab-1

Involving people in design

Discover

Define

Develop

Deliver

Problem

Problem definition

Solution

User persona

Brand thinking

System mapping

Map the journey

A day in the life

Empathy mapping

Hopes and Fears

Circles and Soup

25/10 Crowd sourcing

Card Sort

Story board

Six thinking hats

Voting, Scoring, Rating

TRIZ

MoSCow method

Paper Proto-typing

CAP cards

Other

#Quality2019   #Qcommunity

Involving people in design

Name

Age

Discover

Define

Develop

Deliver

Problem

Problem definition

Solution

Engagement method
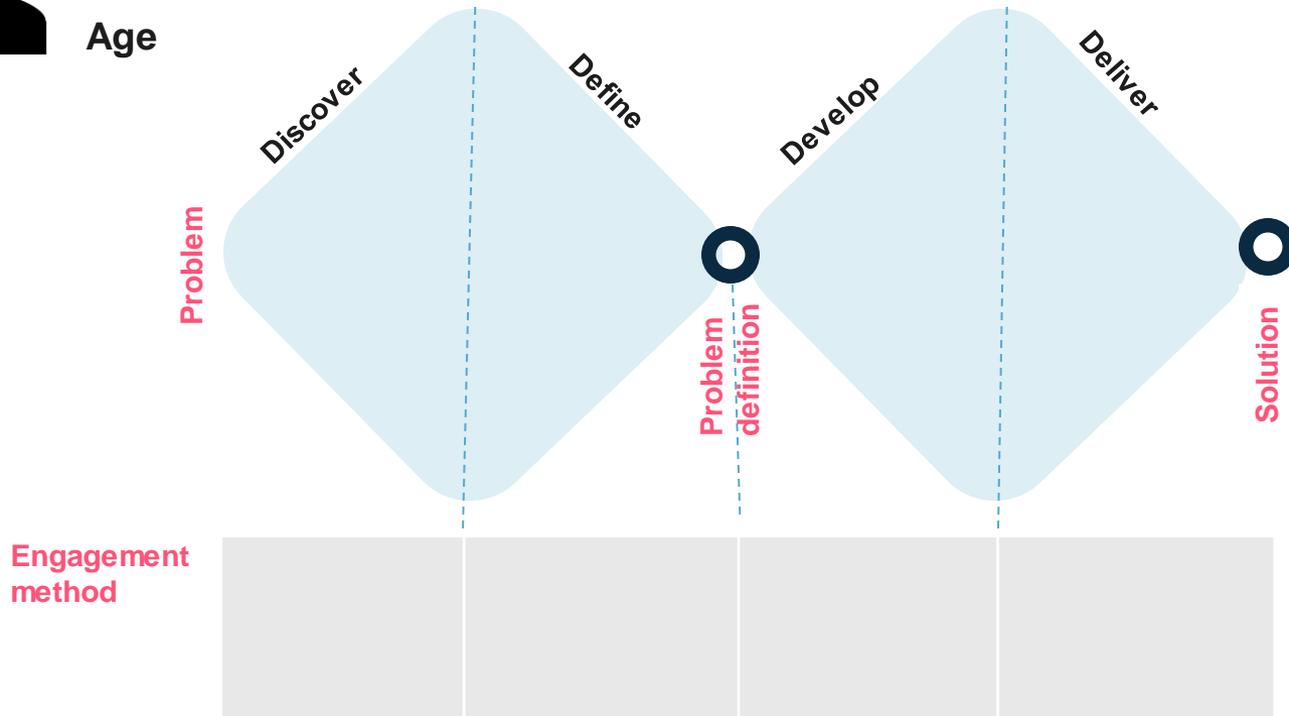
Exercise

10 minutes in pairs or on tables:

1) Think about the outpatients department. Focus on a particular problem (eg improving attendance or reducing waiting times in clinic).

2) What activities could you use to help understand the problem?

   Focus on the discover and define stage of the diamond.

Q Improvement Lab – Case example
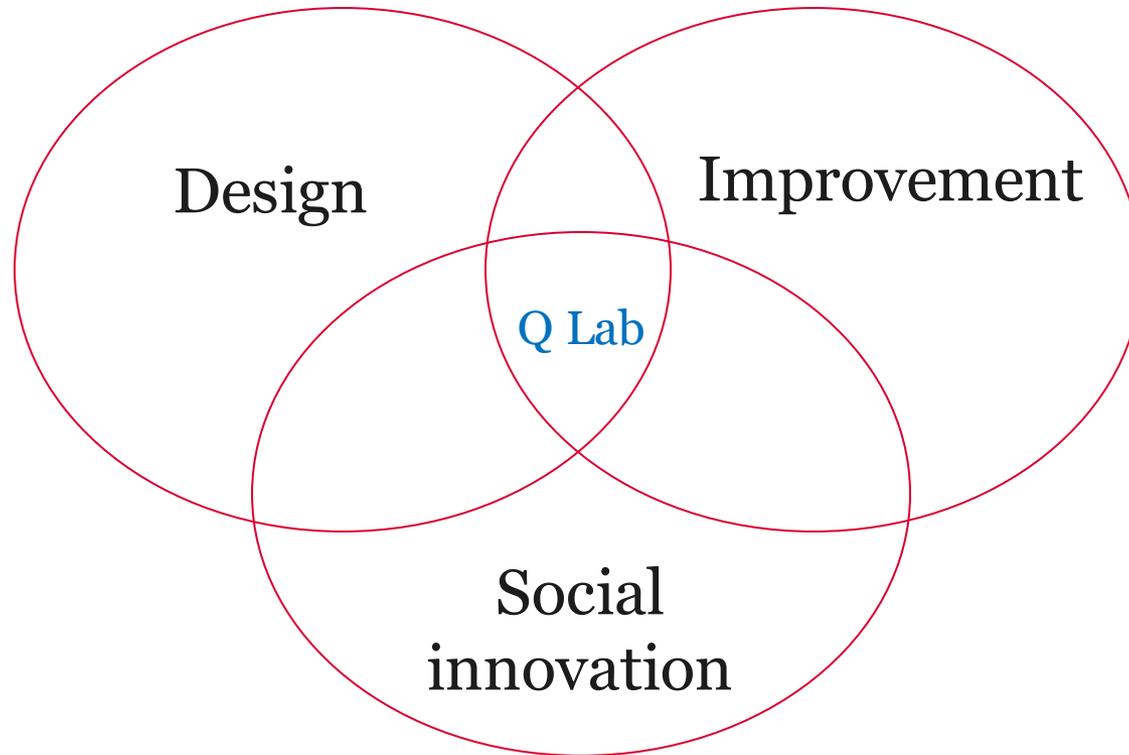
The impact we seek to achieve

Build a deep and rounded understanding of the issue

Generate and test ideas for improvement

Develop skills and capabilities for action

Disseminate learning widely

Build a deep and rounded understanding of the issue

Almost **1 in 5** members of the public had used peer support
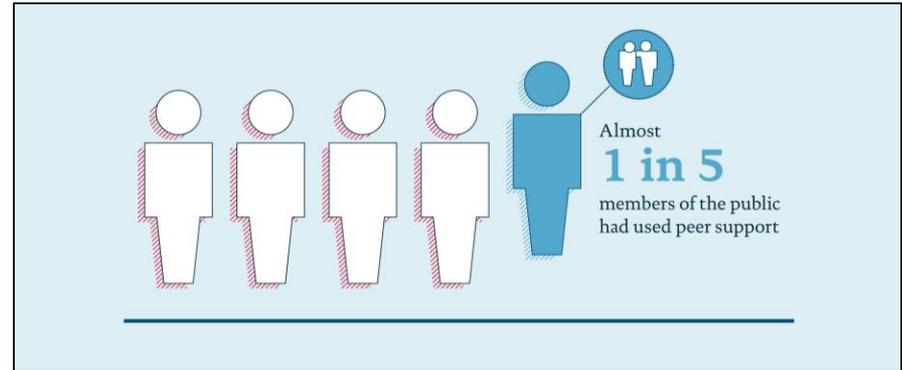
Paper and pen activities

Frequent Activities Map
What are your frequent activities?

Services

People

Hourly   Daily   Weekly   Monthly
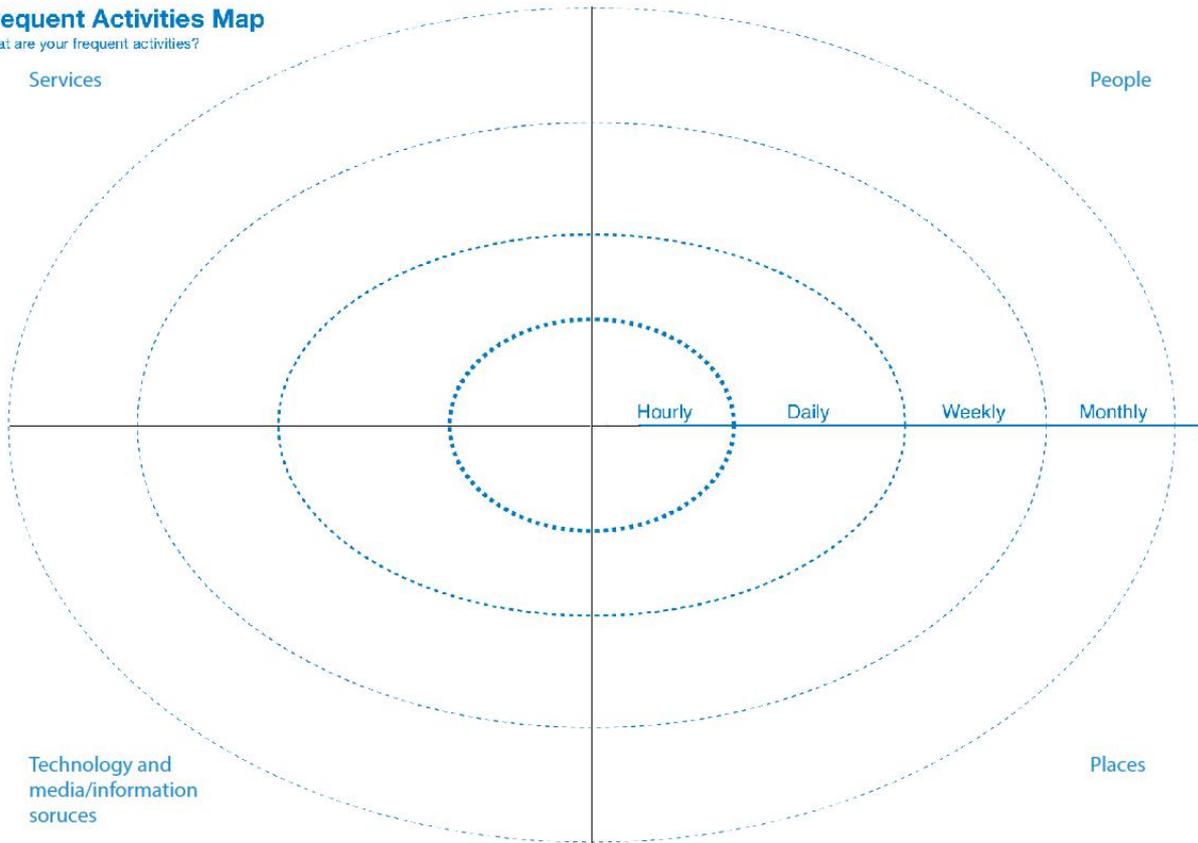
Technology and media/information soruces

Places

Figure 3.2: Breakdown of elective and emergency hospital admissions for patients aged 75 and over in 2011/12

All aged 75 and over

75 and over living in a care home postcode

■ Elective admissions

■ Emergency admissions

Patients admitted from a postcode containing a care home are displayed as a subset
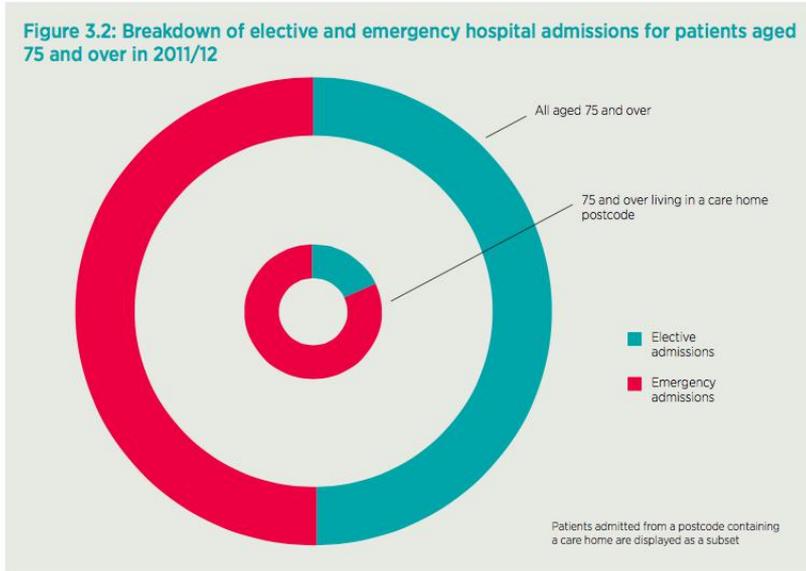
Generate and test ideas for improvement

The THREE HORIZONS FRAMEWORK
Wendy L Schultz (from Sharp, Curry & Hodgson)

1st Horizon

Current paradigms, assumptions, data, infrastructure

2nd Horizon

Incremental adjustments

Transformational experiments

3rd Horizon

Emerging paradigms, ideas, innovations

Pockets of the future found in the present

Now

Near Future

Far Future

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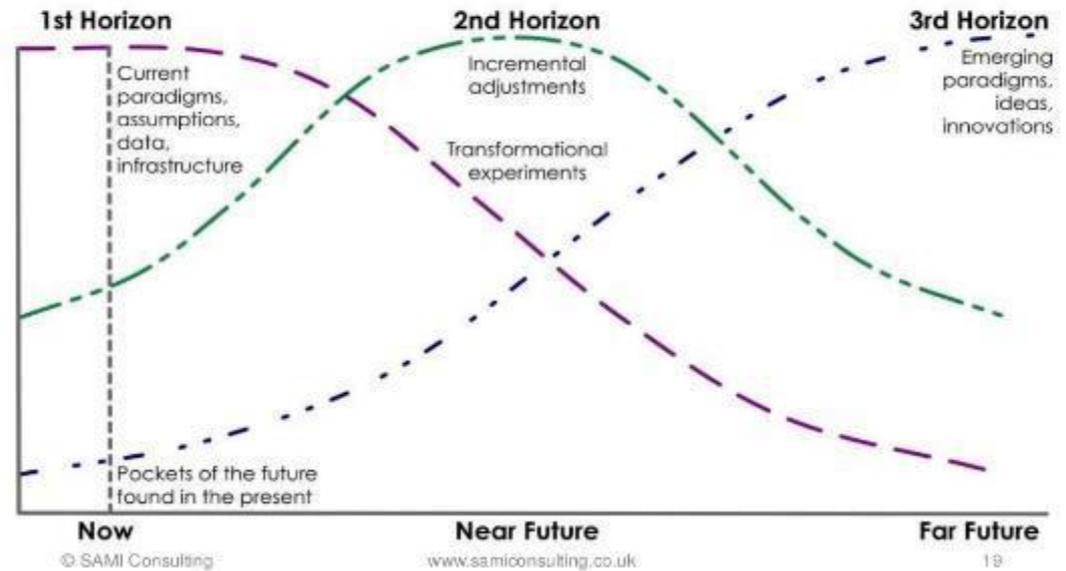
Develop skills
and capabilities
for action

*"I learned a great deal and it
really encouraged me to **think
from different perspectives**
about peer support."*

*"I think, working in the NHS, it can be quite
lonely sometimes...t's been great to get into the
[Q Lab workshops], really, where you can kind
of **think out loud and explore new ideas**
and get support"*

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Q

Citizen & Stakeholder Engagement
Actively involving citizens, stakeholders and unusual suspects

Creative Facilitation
Creatively processing different perspectives and deliberating multiple options

Building Bridges
Orchestrating interaction to find common ground and create shared ownership

Brokering
Mediating contrasting interests and reducing friction between multiple stakeholders

Political & Bureaucratic Awareness
Operating political dynamics and bureaucratic procedures to ensure strategic support

Financing change
Understanding the many ways to liberate and use financial resources for innovation

Intrapreneurship
Being insurgent and use business acumen to create opportunities

Demonstrating Value
Articulating the value of new approaches and solutions for decision-making purposes

Storytelling & Advocacy
Using narratives and media to articulate vision and information in compelling ways

WORKING TOGETHER
Engaging with citizens and stakeholders to create shared ownership of new solutions

LEADING CHANGE
Mobilising resources and legitimacy to make change happen

CORE SKILLS
KEY ATTITUDES

Empathetic
Understanding others' experiences and frames of reference

Agile
Responding to changing environments with flexibility

Action-oriented
Biased towards action and learning by doing

Resilient
The perseverance to deal with resistance

Curious
The desire to explore multiple possibilities

Imaginative
Exploring and envisioning new possible futures

Competencies for
EXPERIMENTING & PUBLIC PROBLEM SOLVING

Reflective
Habit of critically reflecting on process and results

Outcomes-focused
Strong commitment to real world effects

Courageous
Willingness to take risks

ACCELERATING LEARNING
Exploring and iterating new ideas to inform and validate solutions

Future Acumen
Connecting long-term vision with short-term achievable tasks

Prototyping & Iterating
Testing ideas and systematically improving them

Data Literacy & Evidence
Using different kinds of data effectively to accelerate sense-making

Systems Thinking
Combining micro and macro perspectives to grasp complexity

Tech Literacy
Understanding technological developments and use their potential

Public sector innovators combine key attitudes and skills to successfully drive innovation in government and solve public problems

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QLab Compentency Framework:
DRAFT

Working Collaboratively

With a diverse range of people to better understand an issue in order to build ideas with them, rather than for them.

Creative facilitating
To support people articulate and share their ideas.

Co-creating
With those affected by or affecting an issue, and building solutions with, rather than for them.

Cultivating relationships
Across sectors and disciplines, to learn with, and learn from.

Systems thinking
Across an issue to consider the details, the big picture and the relationships between the two

Capabilities for...
Collaborative practice and experimental problem solving
...in health & social care

Empathetic
Agile
Humble
Reflective
Outcomes oriented
Curious
Resilient
Imaginative
Action orientated
Courageous

At ease with uncertainty
Feeling comfortable navigating the uncharted waters of change.

Seeking alternatives
Considering many possible futures; discovering alternative perspectives; and testing new methods, tools and resources.

Mobalising resources
By finding, convincing and making available people, funding, time, space and trust.

Prototype & iterate
Creating and testing a theory to learn what works, gaining feedback from those affected by (or affecting) a challenge.

Making the case
By articulating the value of it in a way that resonates.

Experimenting in practice
Learning what works, why and how. Finding new methods, tools, and technologies relevant to the challenge at hand.

Creating conditions for change
Able to create and protect new spaces and opportunities for action

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Disseminate learning widely

Q LAB ESSAYS

Print-friendly version

PROJECT ONE : #2 : MAY 2018

Share f y in

Learning and insights on peer support

What we learned from the year-long project

by Libby Keck, Hannah Patel and Tracy Webb | 20 min read

Jacqueline Morton Head of Continu...
@jmortonQl

Follow

Replying to @theQCommunity

Glad to have had the opportunity to be part of this research. I would Encourage you to read the findings to inform current and future initiatives.

8:42 PM - 31 May 2018

Research
September 2018

The spread challenge

How to support the successful uptake of innovations and improvements in health care

Tim Horton, John Illingworth and Will Warburton

The Health Foundation

AGAINST THE ODDS:

Successfully scaling innovation in the NHS
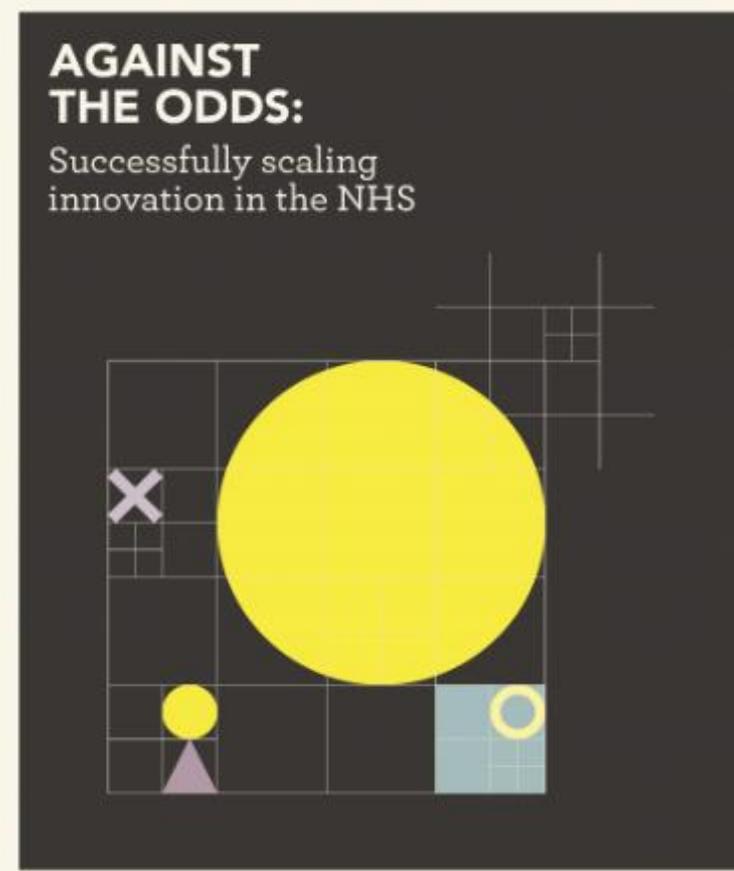
Innovation Unit

The Health Foundation

Build a deep and rounded understanding of the issue

Generate and test ideas for improvement

Develop skills and capabilities for action

Disseminate learning widely

Inspiration from other brands

Thank you

Visit us online: http://q.health.org.uk

Email the Health Foundation: Q@health.org.uk

Follow us on Twitter: @the Community #Qcommunity

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Making this useful after today

How to bridge the gap: turning great ideas at a conference to something you actually use:

- Select a few things

- Think about what it will take to use in practice

- And who else will need to 'get it'

Prioritise...
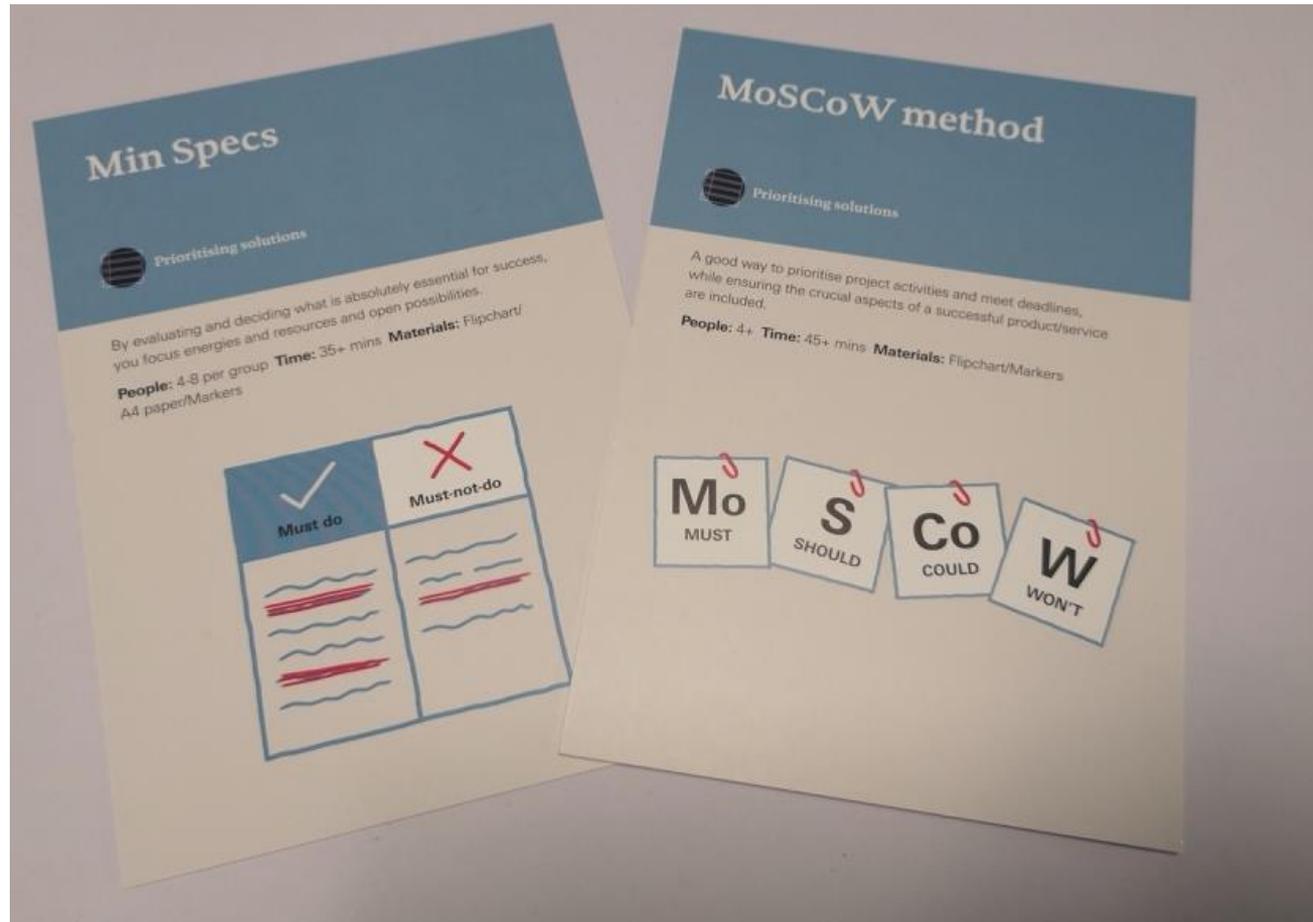
Design your takeaways

What are the key methods and ideas you want to use after today?

Who do you want to tell about it?

How would you describe it in a sentence?

Draw a picture of using it in action

Tweet your box: #Qcommunity #Quality 2019
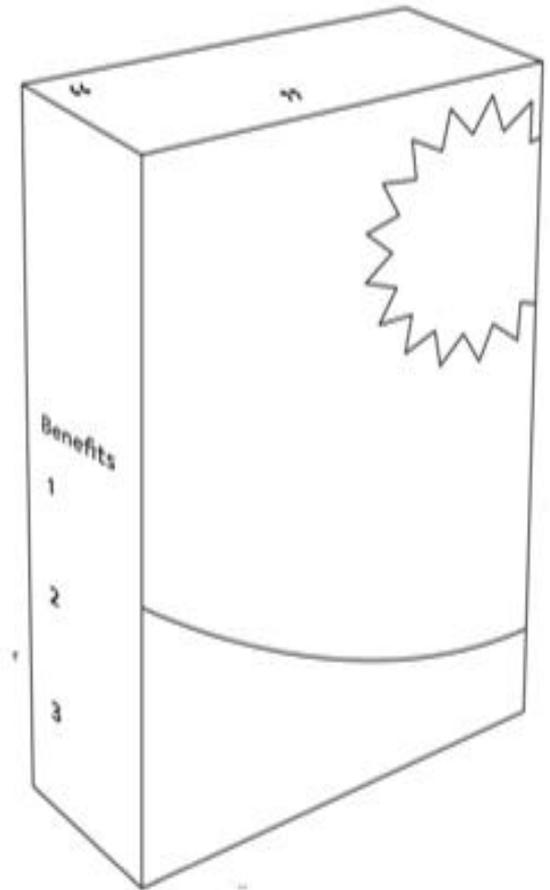
Thank you

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