

# The CAREFUL programme:

## Five fundamental questions for senior leaders

This document provides some answers to five challenging questions that would occur to any senior leader considering launching a CAREFUL programme.

The questions are:

- 1) Why should I?
- 2) What's in it for me?
- 3) How will I (and my team) cope with the work?
- 4) Why CAREFUL - and not something else?
- 5) What's the business case?

The answers to the first four of these take a Socratic form: rhetorical questions which may, themselves, lead to an answer.

## 1) Why Should I?

**Ask yourself this:**

**How much would you, or a member of your family, want to be a patient in your hospital?**

To what extent does **every part** of your institution measure-up to the standards that you would set for yourself and your family?

Consider the written complaints that your institution receives and ask yourself “What’s next?”

If written complaints are the visible tip of a pyramid of service failures and “near misses” does this worry you?

Do you think that the boards of St Georges (Kane Gorney), Maidstone (C-Diff), Mid Staffs (SMR) - saw it coming?

Your organisation has the governance processes, committees and SOPs and a huge number of dedicated staff. But does your organisation encourage **all your staff** - especially the ones that touch your patients every day - to find the the headspace and the *ownership for performance* necessary to deliver high-quality, error free healthcare in a rapidly changing, increasingly high-pressure environment?

**In short: if you don’t do something about the culture of performance in your organisation, might you regret it?**

## 2) What’s in it for me?

**Ask yourself this:**

**Can your leaders deliver?**

What proportion of your staff are really great players: high quality, positive, energetic, capable people who will give everything to deliver? 5%, 10%, 25%

How many of your existing leaders have the capability to motivate the remaining majority change, to take-up-arms and deliver significant performance improvements in the next 4 years? Can **all** your leaders produce cumulative savings for four years in a row, without breaking themselves or those around them?



**In short: how are you going to create the change in the capability of your leadership population in order to deliver the results that you want?**

### **3) How will I (and my team) cope with the work?**

**Ask yourself this:**

**How much are you trying to do already?**

What is your organisation already doing? Leadership development? Lean processes? Customer Service training? Service reorganisation?

How hard are you already finding it to deliver these? Which of these should you continue? Which should stop?

If you could find a way to confidently “encapsulate” all the things that you are currently doing, would that provide a mechanism to stop doing the things that aren’t working and give you and your team more space to implement more of the right things?

**In short: if you can structure all then improvement work that you’re doing in a meaningful and engaging way, wouldn’t that make the work seem easier?**

## 4) Why CAREFUL (and not something else)?

**Ask yourself this:**

**What approach - that your organisation will actually believe - covers *everything* you need to do?**

The CAREFUL approach is:

### **Measurable**

The CAREFUL approach is built on the premise that culture is not “wooly”. It *can and should* be measured. All CAREFUL teams are expected to deliver results. The soft stuff needs to be ‘hard’.

### **Positive**

The programme incorporates positive psychology from the start, energising leaders and staff to deliver better performance through positive feedback and encouragement.

### **Flexible**

The CAREFUL programme allows you to add or subtract elements from each of the eight teams as needed, given the needs of your organisation. You get to choose, at every stage, what’s in and what’s out.

### **Complete**

The CAREFUL approach covers enough ground to incorporate and undertake everything that’s important to your organisation. This allows you to keep track of all the elements in your improvement work. It also means that you can do everything that you want to - at the same time.

### **Healthcare specific**

The CAREFUL programme has been designed by practising healthcare professionals. Dr Brown, who initiated the CAREFUL approach, has extensive experience as both a change management consultant and continues to work as a front-line doctor.

### **Systematic change**

The holy-grail of change programmes is sustainability. All the CAREFUL elements are delivered through the design and implementation of measurable systems - which is the only way we know of making anything ‘sustainable’. Whether you choose to sustain these is up to you.

## 5) What's the business case?

The overall effect and emphasis of the CAREFUL programme will be to make your organisation more agile and more engaged. An organisation that:

- 1) consistently strives to build **a great place to work**
- 2) creates an **outstanding patient experience** - for every patient
- 3) delivers exceptional **financial and operational performance**

### Short term

“Agility” on its own does not make a business case - nor does it pay the bills.

In order to the CAREFUL programme to make short-term financial sense - and therefore to pay for itself - you will need to incorporate specific projects with short-term payback as elements of the programme, delivered with a ‘CAREFUL’ flavour.

Exactly which projects will depend on your organisation's existing needs. Clearly they will need to deliver more - and deliver more quickly and more sustainably - under a CAREFUL banner than as a ‘stand alone’ programme.

This means that they will be projects that need wide cross-functional support. This means that they will need delivery teams that are fully engaged and adequately trained and supported to meet the the change management challenges of organisation-wide change.

Three example areas of such elements - identified in Table 1 below - would be:

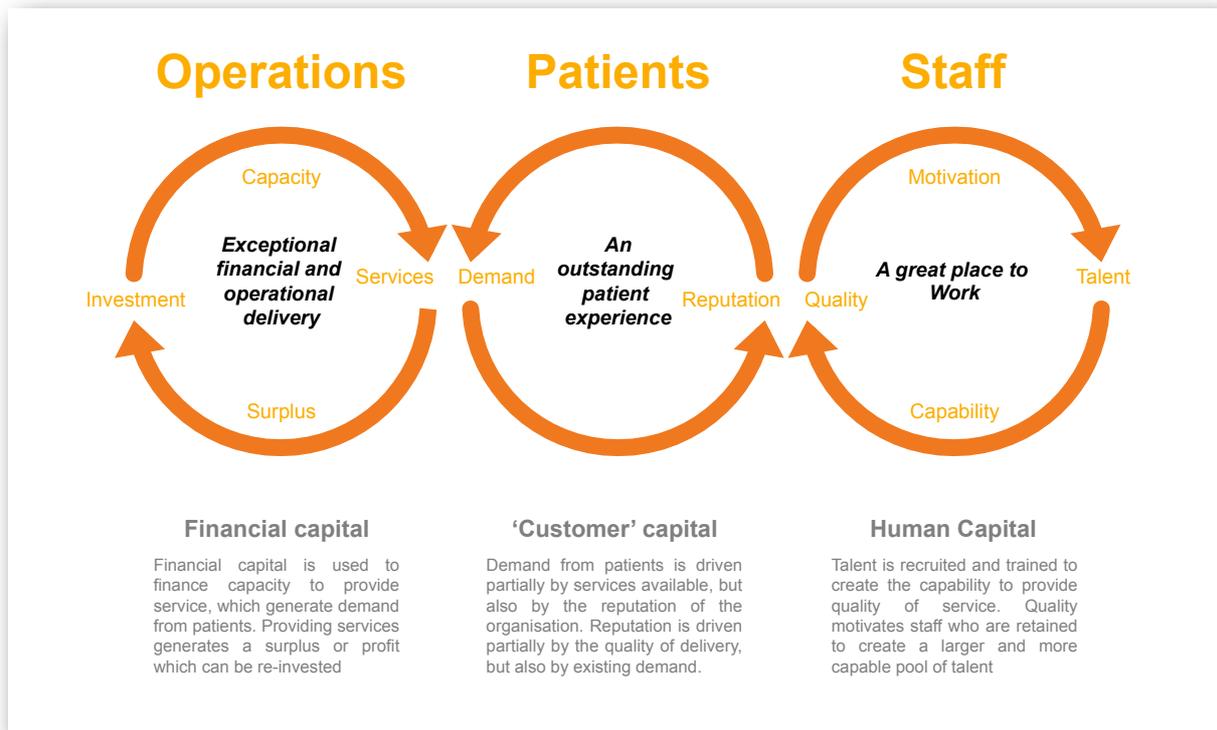
1. **Length of stay reduction**
2. **Increased volumes within existing capacity / patient flow management**
3. **Increased private patient revenues**

We recommend that these high return elements are made part of the ACTIVE team's remit - since this is the part of the CAREFUL programme which deals specifically with delivery team development - and change management capability.

As part of the initial engagement phase with the CAREFUL programme, we recommend you commission a suitable scoping and analysis study to map out the payback curve for these elements and to plan the overall programme in more detail.

### Longer term

The CAREFUL programme is an 18-24 month programme. Over this longer term, the business case is more profound than creating a suitable ROI. The elements of the CAREFUL programme, taken together, will deliver across all of the three circles (see diagram below) and create a self-sustaining culture of performance ownership.



**Diagram 1. The three circles: a systems-dynamics approach to organisational value**

The emphasis of most of the CAREFUL interventions are the two circles on the right of the diagram (see Table 2 below). The programme focuses on creating new measures of human and customer capital and installing systems to improve them. This ‘right sided’ emphasis is intended mainly to balance the existing focus on operational and financial measures, rather than to underplay their importance.

This stress on balance recognises - unlike more linear models of value - that interventions are interdependent and should be additive. We all know that no amount of work on “motivation” or “reputation management” will improve a hospital with inadequate investment, nor will merely investing in new capacity motivate a depressed workforce.

The following table offers some examples of the short-term and longer-term financial and operational impact of the “right sided” value.

**Table 1: Financial and operational impact of the CAREFUL programme**

Organisational Value	Short-term	Longer-term
<b>Talent</b>	Reduced staff turnover, improved retention. Lower staff recruitment costs.	Improved quality and quantity of applicants
<b>Motivation</b>	Lower sickness and absenteeism rates and associated agency costs	Increased discretionary effort

Organisational Value	Short-term	Longer-term
<b>Capability</b>	Reduction in disciplinary management	Improved capacity to change
<b>Quality</b>	<b>Reduced length of stay;</b> CQUIN payments	Improved patient outcomes
<b>Reputation</b>	Reduced payouts for complaints	Merger and acquisition opportunities
<b>Demand</b>	<b>Increased volumes within existing capacity;</b> <b>increased private patient revenues</b>	Growth

For completeness, we have included Table 2, which shows how the elements of the CAREFUL programme contribute to increases in the 'right-sided' value of the organisation.

**Table 2: Linking the teams and elements of the CAREFUL programme to organisational value across the three circles**

Team	Elements	Focus	Value	Outcome Measure	Timing (months)
Preliminaries	Thank you letters, Leadership Rounds, Talking up	Leadership visibility and positivity	Motivation	Staff Barometer* Results	1 - 3
Committed	First or best position Measuring leadership Telephone Follow-up Staff surveys (Barometer)	Identifying, recognising and rewarding good practice; organisational alignment	Motivation; Reputation	Staff Barometer* Results; leadership measurement system; patient survey data	1 - 3
Active	Meeting Effectiveness Action Teams	Change management skills	Capability	Meeting effectiveness scores	3 - 6
Responsive	Behavioural Guidelines Do-Say Don't Say Customer Service Compliment Handling Complaint Handling Patient Forums Staff Forums	Staff and patient relationships	Quality; reputation	Disciplinary hearings	3 - 6

Team	Elements	Focus	Value	Outcome Measure	Timing (months)
Energetic	Leadership Training Coaching and Buddy Programmes	Leadership capability	Capability; Motivation; Quality	Staff Barometer* Results	6 - 9
Focused	Dealing with Negativity Staff-Led Recruitment Induction Breakthrough leadership training	Leadership behaviour	Capability; Quality; Reputation	Staff turnover; disciplinary management activity; Patient feedback	6 - 9
Uniform	Performance Boards Process Documentation Organisational Management System	Management through data	Capability; Quality	Performance data at department level	6 - 12
Leading	Recognising great performance Publicising the first or best position	Building reputation and alignment	Reputation; motivation	External measures of reputation	9 - 12

\* The staff barometer, a key element implemented 'up front' is a way of measuring staff attitudes and satisfaction, montly.