

# Planning guidance

## National Breaking the Cycle Initiative

### April 2015

#### Background

The aim of *Breaking the Cycle* initiatives is to rapidly improve patient flow to produce a step-change in performance, safety and patient experience. The initiative is typically run over one week during which the whole organisation and its health and social care partners focuss on improving the emergency care pathway.

Clinicians who have implemented *Breaking the Cycle* initiatives have been struck by how directly both safety and quality link to good patient flow. This is about much more than delivering the 4-hour emergency department standard. It is about reducing harm, saving lives and vastly improving job satisfaction.

Really sound planning and a good programme structure are crucial, along with smart metrics and measurement for improvement. As important is the creation of a 'social movement', true engagement of front-line staff and a 'buzz' within an organisation.

Many trusts have their own names for *Breaking the Cycle* initiatives, such as 'Operation Fresh Start', 'Peak Flow', 'the Perfect Week' and 'Spring to Green'. We recommend choosing a title that front-line staff can relate to.

#### Practical Guidance

This paper provides practical tips that will help you create a *Breaking the Cycle* initiative. It is based on the experience of hospitals that have successfully implemented the approach.

There are seven key priorities:

1. **Planning and preparation** – this is crucial to avoid potential problems cropping up.
2. **Creation of a compelling story** – so we know why we are doing it.
3. **Creation of a commitment** - so everyone shares a commitment to making it work.
4. **Staff engagement** – to involve everyone.
5. **Creation of a structure** – so it's clear how things will be done.
6. **Creation of a series of measured actions** – to measure success and spot drawbacks.
7. **Sustainability** – to make the good things stick.

*(Based on John Kotters 8 step change model)*

*"breaking the cycle provides an opportunity to galvanise the whole organisation, at all levels, behind an initiative that will create benefit for most staff and most patients"*

*Chief Executive Officer*

## 1. Create a compelling story

To successfully set up a *Breaking the Cycle* initiative, it's essential to create a compelling story or narrative so staff can understand the need for such an intensive initiative. It needs to resonate with all staff members, whether 'front-line' or 'back-office'. A narrative based on improving quality, safety, patient experience and staff job satisfaction is much more engaging than one about access targets.

When designing your narrative, consider including:

- Real patient stories or incidents (some of which may come from complaints)
- Using patient mortality information
- Clinical scenarios of existing pathways - describing how things happen now and how these could be improved in future for patients
- Research evidence that shows high bed occupancy and poor patient flow has an adverse effect on length of stay and mortality
- An acknowledgement that the present state is not where we want to be

*"Don't underestimate the power of creating the buzz! A perfect plan will fail without the buzz, and a good buzz will compensate for any planning shortfalls in the week".*

*Deputy CEO*

Organisational engagement needs to be secured from the outset. Early executive and senior clinical commitment must drive the initiative. There needs to be high level endorsement and visible support from the chief executive, chief operating officer / director of operations, chief nurse and medical director to set the tone and commitment for the week.

Commitment needs to be translated into concrete intention and then action. Examples of actions that characterise a *Breaking the Cycle* initiative include:

- *Significantly reducing non-essential email traffic for the week*
- *The cancellation of all non-essential meetings to enable staff to be released to focus on patients*
- *Consultants cancelling non-clinical sessions in favour of direct clinical care for the week*

- *Daily walk-around visits to wards and departments by executives and senior clinicians*
- *Executives and directors adopting wards/ departments and committing to visit them during the week and afterwards*
- *Committing to no diagnostic or therapy delays*
- *Reassign non-clinical staff to become **ward liaison officers (WLOs)** to support the wards in resolving problems and bottlenecks to enable clinical staff to focus on direct patient care. WLOs work best when they cover an area for the whole week if possible or blocks of days*
- *The implementation of 'internal professional standards' to improve patient flow, such as agreeing much faster response time from specialties and support services*
- *Giving staff permission to make rapid improvements and changes without having to forensically seek permission*

*"A Breaking the Cycle initiative creates a sense of togetherness, and excitement as the benefits to staff and patient's alike start to become apparent - It allows everyone to experience what normal should feel like, and convinces even the sceptics that improvement is possible, and a state of crisis not inevitable"*

*Chief Executive Officer*

## **2. Staff Engagement**

Preparation is crucial for any organisation planning a *Breaking the Cycle* initiative. It is important to focus on staff engagement. Without a clear commitment and will to engage and mobilise everyone, the chances of sustained improvement are unlikely.

Engaging staff needs to be through many approaches: face-to-face meetings, informal discussions, walk-about, videos, newsletters, blogs, social media and intranet postings all work. Ensure you engage staff from all disciplines at all levels. A simple method of assessing whether staff have been engaged effectively is randomly to ask ten members of staff if they know about the *Breaking the Cycle initiative* and what it's about. If more than half of those asked can answer this question, it is likely there has been good engagement. Remember, staff need to be able to answer some key questions about the initiative:

- Why are we doing this?
- What's in it for me?
- What's in it for patients?

*"The perfect week demonstrates that senior leadership recognises the issue of most concern for most staff"*

*Chief Executive*

### 3. Create a structure

The structure of a *Breaking the Cycle* initiative is similar to the emergency planning model, with clear hierarchies and roles. This should be established at the outset and communicated to the organisation as part of the project communication plan. From the outset, the structure and governance arrangements should be in place to ensure success. An 'operations centre' or 'hub' should be established to ensure continuity and momentum during the week.

The general structure typically includes:

- **Gold Command:** *Strategic* – an executive oversight and decision making tier, able to release resources quickly to support and guide the initiative. This executive leadership tier should meet at least daily in the operations centre to review progress and consider both risks and issues. *Gold* leaders will regularly visit wards, thank staff for their efforts and identify and praise innovation. Visibility is crucial in leadership and demonstrating commitment.
- **Silver Command:** *Tactical* – senior management and hands-on oversight of the operational delivery of the initiative. This level must actively support the delivery tier (*bronze*) while informing *gold* of risks and issues for resolution. The senior management and clinical team fulfils this role in most Trusts and must be hands-on. It should work out of the operations centre where quick decisions can be made and issues considered and resolved. Any issues at this level must be managed, recorded and closed - or escalated to *gold* quickly if there is no prompt resolution.
- **Bronze Command:** *Operational* – direct operational delivery of the initiative. This tier must focus on day-to-day delivery. Many hospitals deploy '**ward liaison officers**' (WLOs) as part of this tier to assist clinical staff. WLOs are usually staff from support services e.g. human resources and finance. They are deployed, to specific wards for the week, to provide direct support and assistance. Each ward or area also has a lead nurse and lead senior clinician for the week.

*"Make sure you create a sense of fun in the weeks running up to it, visit wards, sort out practical issues for clinical teams and be very visible. I aimed to visit at least ten wards every day before our week launched"*

*Chief Operating Officer*

### 4. Create a series of measured actions

Before the week commences, outcome, process and balancing metrics need to be agreed. We recommend that run charts and statistical process control charts (SPC) are used, as these readily show improvement. Metrics should be visible across the organisation so everyone knows exactly how they are doing. They should be produced daily and where possible, be 'live'. For example, *gold* leaders will have

high level, cross-organisational metrics, while a ward will want metrics that specifically relate to them.

Examples of metrics include:

- Outcome metric – number of empty inpatient beds at 8am
- Process metric – the percentage of patients discharged before midday
- Balancing metric – the number of re-admissions

We recommend that ambitious objectives are agreed with clinical and operational teams. An important aim is to reduce non-value adding time for patients.

*"It is vital to make the aims of the week clear and then develop appropriate metrics with the staff involved. It is easy to measure timeliness of care but outcomes are the most important. Don't forget to collect the qualitative data - "how did it feel", "did it feel safer" as well as the quantitative data. Remember to think of the negative comments cynics will make (e.g. It was a quiet week) and ensure you can demonstrate whether this is true. Wherever possible make the data available every day so it can help motivate people during the week as well as demonstrate the change afterwards".*

*Director of Transformation*

## 5. Sustainability

It is really important to have a **clear vision** of how the hospital will be working by the end of the Breaking the Cycle initiative. A common question that arises is, "how will we sustain the improvements we have made?"

A number of trusts have adapted the clinical care bundle approach (i.e. if everyone follows specific actions, outcomes will improve) and created a patient flow bundle called the 'SAFER' patient flow bundle. The SAFER patient flow bundle is a simple set of rules that if consistently followed (with minimal variation) will help improve patient flow. A Breaking the Cycle initiative provides a great opportunity to launch the SAFER patient flow bundle with a clear aim to sustain it after the week.

Using the bundle approach (i.e. simple rules) helps clinical staff relate to the approach rather than seeing it as coming top-down from 'management'.

*The "SAFER" patient flow bundle is similar to a clinical care bundle. When the five interventions of the SAFER flow bundle are systematically enacted by teams of doctors, nurses and AHPs the outcome is increased safety, improved outcomes for patients, improved staff experience and an overall improvement in reputation.*

*Chief Nurse*

A *Breaking the Cycle* initiative is all about creating a social movement. There are six characteristics within effective social movements. Prior to undertaking an initiative, it is worth considering if the organisation (at all levels) has or is working towards these.

**A shared sense of purpose** – There needs to be a purposefulness about collaborations, discussions, actions, decisions and a sense of forward momentum.

**They are united** – Groups learn to manage their differences well enough that they can unit to accomplish their purpose. Differences are openly debated, discussed and resolved.

**They share understanding** - There is a widely shared understanding of what's going on, what challenges are and why what is being done has to be done.

**People participate** – Lots of people and organisations in the system are active – not just in discussions and meetings, but getting the work done.

**Initiative is taken** – Rather than reacting to whatever happens in their environment, people are proactive and act upon their environment.

**People act** – People do the work they must do to make things happen that need to happen.

(information source – building alliances for change, school for health and care radicals, NHS IQ)

## Our Conclusion

A *Breaking the Cycle initiative* is not a 'silver bullet' that will ensure good patient flow. Generally it is best used where there is a stubborn and persistent performance issue despite efforts to embed good practice. It is something akin to a 'system reboot' or a 'firebreak'. It is most effective when great leadership is evident, there is a sense of urgency and there is true staff engagement.

A *Breaking the Cycle initiative* will show what is possible and may help confound those who believe that improvement is beyond their grasp. In many hospitals, it rekindles optimism and builds a movement for change.

If you have any queries - please email [nhs.ecip@nhs.net](mailto:nhs.ecip@nhs.net)

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