

# Implementation Summary Template: Completion Guide

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## Introduction

This is a guide to completing a CLAHRC North West Coast [Implementation Summary Template](#) for your project.

It includes **advice** and **links** to various resources, including support offered by [NICE](#).



**“Implementation is where thought moves to reality”**

(from our online PPP Implementation guide)

## Structure of the Implementation Summary Template

The CLAHRC NWC Implementation Summary Template (IST) includes the following sections:

- Overview of your project
- Raising Awareness
- Lead Identification
- Baseline Assessment
- Measuring Improvement
- Developing an Action Plan
- Planning Change
- Review and Monitor

## Guide to completing individual sections

A short introduction to and advice for completion follows for each section of the implementation summary **template**.

An offline version of the template has been developed to allow PPP project teams to prepare and refine information for their Implementation summary template.

It is intended that the offline version will be used to populate an online version once teams are satisfied with a first draft of their implementation plan (set out in the Implementation summary template). Once online, the template content can be updated. For example, with experience of decision-makers considering implementation and learning from implementing the project.

## Overview of project

You have been planning or undertaking a service improvement. To support implementation, it is important to be able to summarise key features of the service improvement, likely benefits and the context it could be implemented in. For your project please provide:

- The **title** of your project.
- A list or brief summary of its **potential benefit(s)**. Bullet points are fine, think about likely benefits to users of the service, staff, the service or NHS and care overall.
- A short **summary** of up to 300 words. This can be 'cut and paste' or adapted from your Project application to the CLAHRC Steering Board.
- Details of the **evidence and policies underpinning** your project. For example, these may identify why the proposed change is needed or an important potential impact of implementing the project. This might be NICE guidance; evidence (such as recent research findings); policies or business need.

Where there is a link to NICE guidance, please consider using your project as a [NICE Shared Learning case studies](#). For further information, see: NICE Shared Learning [submission form](#) and [advice for completing a submission](#) (PDF).

## Raising Awareness

Raising awareness of what needs to change and why is a vital step in facilitating change.

THINK ABOUT:

What messages do you need to communicate and to whom? How might you achieve this communication?

IDEAS on channels of communication include:

- Use internal communications such as newsletters, team briefings or intranet pages.
- Contact your internal communications/ press office to help write articles or short 'posts' for internal communications or consider a press release for external use
- Identify regular meetings within your organisation where you can present at. These could be clinical or managerial or at team, departmental or a higher levels.
- Consider attending internal events and organise a stall to present and discuss your project
- Identify regional network meetings where the project and outcomes be presented

- Think about the role social media or other digital communications play. Seek advice from communications teams or those who manage relevant social media. Consider writing a blog – many hosts of blogs are keen to get new content and may help you complete your blog.
- Consider how printed materials could be effective (including clinical environments where display of printed materials may be restricted). Consider how leaflets could be effective. Think about theming a poster or leaflet on a component of your project or service setting where implementation would be effective.
- Note that a questionnaire to assess reaction to implementing your project could be used to gather further evidence, fill gaps and promote your project to key people.
- Make good use of your BITE
- Remember - you may need to consider different communication channels and content for audiences inside your organisation to those outside of it.

For further ideas see the following example:

Case Study: [A campaign to raise awareness of atrial fibrillation in Lancashire](#)

### Quick wins:

Identify things (such as tips or immediate benefits) that could be integrated into practice as a 'quick win' straight away?

## Lead identification

Identify a lead, or leads, who should take an interest in and, importantly, champion your project.

Leads should be key individuals who have specific understanding of the context your project is to be implemented in, and have the knowledge, skills and authority to enable them to explore new ideas and influence others. These may be Clinical Leads, with responsibility for service delivery and championing pioneering new ideas to improve patient care. See an example of a [Clinical Lead Job Description](#) – this role includes bringing about change and using a combination of evidence and expertise to inform change.

Discussion with key individuals can also help identify potential barriers, and ideas to overcome the barriers, that might arise as a result of introducing the new procedures.

## Baseline Assessment

A Baseline Assessment is a set of measures or observations used as benchmarks or comparisons in relation to specific objectives (elements of the service that you wish to change by your project).

NHS Improvement has produced a matrix [Example Baseline Assessment](#) which may help you to identify your own:

- ELEMENTS – the components or features of the practice you plan to introduce or change
- DESCRIPTIONS of the elements
- MEASURES - how you will assess the current situation with respect to each element.

Depending on the complexity of your project, you might have several elements or just one.

THINK ABOUT:


- What sources of data can you access that can help support or provide a good context to your project? The level of detail needed can vary depending on the need for data to help facilitate implementation.

There are different ways to consider baseline assessment. It might focus on mapping out current activity in your service and relating that activity to what needs to change to implement your project, meet standards or business objectives.

NICE develops resources to help services put guidance into practice. This includes publication of a form of baseline assessment along with most new guidelines. An example from a NICE guideline on [common mental health problems](#) an [Excel sheet](#) (see 'Data sheet') links recommendations to a set of questions on current activity and implementation.

THINK ABOUT:

- How this approach could be adapted for your project?

 Look for NICE guidance that is relevant to your project. There may be a baseline assessment tool that can be adapted for your project. Follow the links for examples from [rheumatoid arthritis in adults](#) and [intrapartum care for women with medical conditions or complications](#).

## Measuring Improvement

This section asks what metrics you would use to measure improvement once your project is implemented, and how you will collect the data you need. You might want to work with other health and social care organisations and specialist groups to compare current practice.

Depending on the project, the metrics you need may include:

- **System**-level measures of community wellbeing and population health e.g. reductions in avoidable deaths for treatable conditions, improved mental health and wellbeing, and the proportion of populations engaged in healthy lifestyle behaviour
- **Personal** health outcomes to people and communities e.g. measures of improved quality of life, remaining independent, and reducing risk factors to better manage existing health conditions
- **Organisational** processes and characteristics related to the provision of high quality, person-centred care e.g. improving access, care planning, better care transitions, self-care support, care management, and medications reconciliation
- **User and carer** experiences, e.g. of shared decision-making, care planning, communication and information sharing, and care co-ordination.

 Note – work you completed for your **module assignment** could be used to inform measurement and metrics.

The table overleaf shows some example outcomes and metrics that could be used to measure impact.

<i>Outcome domain</i>	<i>Example outcomes</i>	<i>Example metrics</i>
<i>Financial sustainability</i>	<i>1. CCGs and LAs are able to remain within their financial allocations</i>	<i>A. Percentage of provider networks which go over their allocated spend B. Percentage of individual within their capitation budget</i>
	<i>2. Savings are achieved</i>	<i>A. Percentage of provider networks which achieve savings within the system B. Spend per patient vs. previous year</i>
	<i>3. Efficiency of process</i>	<i>A. Average cost of delivering a certain service versus the national average cost of delivering that service</i>
<i>Professional experience</i>	<i>1. Professionals are satisfied with their experience in the workplace</i>	<i>A. Percentage of professionals who report they are 'satisfied' or 'very satisfied' with their job B. Turnover rate for professionals</i>
	<i>2. Training is provided and well attended by professionals</i>	<i>A. Percentage of professionals attending &gt; 80% of training programmes each year B. Percentage of professionals who do not meet their training standards C. Percentage of professionals who feel that training programmes teach them the knowledge that they need</i>
<i>Transformational indicators</i>	<i>1. Care is provided in a timely manner</i>	<i>A. Percentage of patients seen within two weeks of referral to a specialist B. Percentage of adults who had an appointment in the last twelve months who got an appointment right away</i>
	<i>2. Continuity of care</i>	<i>A. Percentage of service users who have a named GP or care professional B. Percentage of service users with a named care coordinator</i>
	<i>3. Maintain up-to-date care plans</i>	<i>A. Percentage of people with a care plan that has been updated in the last 6 months</i>
	<i>4. Handovers happen efficiently and avoid loss of information</i>	<i>A. Percentage of care handovers in which all required documentation was filled in and signed off B. Perception of people that they do not have to repeat their story to multiple providers C. Regular review of information systems to ensure continuity of information</i>

*Source: Whole Systems Integrated Care module working group*

## Developing an Action Plan

Creating an Action Plan will help you identify the steps needed to get your project into practice.

Your action plan can be a 'live' document both for reference and as a practical record of your progress during implementation.

You might want to base this on the plan you developed for your module assignment. As an example of a structured approach, you may wish to use the University of Warwick's [8-step action plan template](#).

## Planning Changes and Resources

Please indicate whether the implementation of your project will represent a small, medium, or large change (involving less than 50, 50 to 500 or more than 500 members of staff).

For large service changes, a more detailed list of milestones and a solid business case may be needed. This should set out additional costs, savings and possible areas for disinvestment. If this is required, a small group would need to be established, including the leads (identified in section 1), staff involved in implementing the project, and specialists in finance, information and other support.


The Baseline Assessment and Action Plan prepared as part of the Implementation Summary Templates would provide the key data to be discussed and feed into consideration of resource implications, impacts and measurement of change (for example).

## Review and Monitor

THINK ABOUT:


The activities that are needed to review and monitor the implementation of your project.

 Note – work you completed for your **module assignment** could be used to inform how you propose to review and monitor.

 Please also discuss with your CLAHRC facilitator. Some reviewing and monitoring statements could be a little as three bullet points.


## Communication of results

This section of the implementation summary template aims to encourage you think about and record if you have plans to communicate results and experience of planning implementation and implementing your project more broadly, such as services in other parts of the country or across NHS, Local Authorities or community services.

 Note – projects supported by CLAHRC NWC must acknowledge that support (and include a disclaimer) in related publications and dissemination activities.

## Links with CLAHRC NWC themes

Which CLAHRC NWC themes are relevant to the implementation of your project? It may be that there is a primary link, then other areas 'secondary' areas of relevance related to the nature of your project.

 Note – all PPP projects are linked primarily with the **Knowledge Exchange, Engagement and Effective implementation** theme.