

Developing Services and Skills

Administrators' Service Improvement Project in NHS Forth Valley

We all have a role in helping the service change to meet new demands. But how can we make sure that our own skills develop to help us deliver the changes we suggest? **Shiona Hogg**, AHP Manager, Rehabilitation, in NHS Forth Valley describes how her administrative team are working out how service development and skills development go hand in hand.

The administrators who work within AHP Services in NHS Forth Valley have a very wide range of responsibilities. Working with teams of physiotherapists, occupational therapists and other AHPs to provide a wide range of services across the area, the administrators need to be able to juggle a range of demands, from working across multiple IT systems to presenting the first welcoming face of our service to new patients. As we provide a really wide range of services, the administrators also become experts in supporting the area they are working in.

Their work was made a bit more complex a few years ago, when our 12 clinical teams were reorganised into five. We all soon realised that, if we were to work as efficiently as possible, we had to consider how administrative systems needed to adapt to support this change. We also realised that, when systems change, people may have to develop new skills to make the system work.

Introducing the Administrators' Service Improvement Project

The Administrators' Service Improvement Project began with two very important goals:

1 To develop shared systems where possible, so that people can work across the 'traditional' service areas:

Sometimes, knowledge of how a service area works rests with one single administrator. As a result, when holidays come around or the individual is ill, work can be left for their return or picked up by the clinical team instead – with an obvious impact on patients. We realised that, if we had shared systems where possible across all of our service areas, administrative staff could support each other – and the service as a whole – more effectively.

2 To identify the skills people have – and any new skills they need:

There is no point in developing a new system if the people who operate that system don't have the appropriate skills. So, from the beginning, service improvement and skills development were seen as two sides of the same coin. Everyone participating in the project needed to have the chance to reflect on their own skills, and how they might need to adapt those to work in a new way.



Phase 1: Learning about the landscape

This project has always been about administrators having the power to identify and influence changes to the services they provide. However, as a whole service, there is a need to make sure that any changes emerging from one area do not have a negative impact on services in another area. So, in March, all of the administrators in the department came together in a workshop to start the conversation about how to improve the service, and how to develop their skills. Following on from this, each team was asked to contribute information and ideas to the project. These included:

- **'Maps' of the processes used in different service areas:** Using a method known as 'process mapping', the teams detailed all the steps in a patient's journey in their service area. These maps identify who does what at each step of the way, why it's done, and where any blocks usually occur. By mapping out the work which is done in this way, it was possible to see what each team has in common and where there are differences. As a result, the administrators could decide where shared approaches to work might be useful.
- **Activity diaries:** Many of the administrators also completed activity diaries, showing how their time was spread across the different activities included in their maps. This gave the team as a whole a way of identifying which areas we need to focus on. For example, we recognised that administrators can often have urgent work interrupted by clinical staff asking for support. For example, the clinicians may need help to put information into an IT system or make a change to an appointment. As a result, tasks can take longer than they would otherwise need to. One suggestion, therefore, has been to find a more structured way of providing the support which clinical staff need whilst allowing administrators to complete the other tasks they have more efficiently.
- **Strengthening core administrative skills:** Having the opportunity to reflect on the work they do – and how to improve it – also gave the administrators in the team the opportunity to consider their own skills, and where they might need to develop. **The Core Skills Map for Administrators** was central to this work. The map outlines the skills needed by all administrative staff and, as a result, it has helped the team think about the skills needed to work across shared systems. By assessing themselves against the skills map, they are able to see where their skills are strong, and what skills they might need to develop further.

Continues overleaf ►



Administrators' Service Improvement
Project in NHS Forth Valley

Phase 2: Putting learning into action

Phase 1 of this project came to an end in August and we are moving into Phase 2. This will begin with a second workshop, bringing administrative and clinical staff together to start putting what we have learned into action. This means agreeing:

- where we can all use the same processes, and developing guidance that we can all share;
- where differences need to exist - and providing clear guidance on those different processes, so that work can continue if someone is absent;
- how clinicians can get any support they need in a way that's both effective and efficient;
- how we build the learning needs which individuals identify into our PDPR processes, and make sure that people get the learning they need for our new way of working.

The Administrators' Service Improvement Project is still a work in progress. However, the interest and enthusiasm for the project so far has been really encouraging. Our administrative team are keen to make sure that patients get the best service possible – and recognise that they have an important role in making those changes.

■ How will the Administrators' Service Improvement Project get on in Phase 2? We have asked Shiona to share progress with us in the next edition of **ACCESS**.



■ For more about Process Mapping, and other Quality Improvement methods, see ***The Administrator's Guide to the Quality Strategy & Quality Improvement***, available from **The Admin Centre**: (<http://www.theadmincentre.nes.scot.nhs.uk/working/your-role-in-delivering-national-initiatives/the-quality-strategy-and-quality-improvement.aspx>)

■ ***Core Skills for Administrators*** is also available from **The Admin Centre**: [<http://www.theadmincentre.nes.scot.nhs.uk/learning/supporting-your-learning/core-skills-for-administrators.aspx>]