

Evaluation of CHAIN 3

NHS Institute for Innovation and Improvement

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Executive summary

1. CHAIN (Contact Help Advice and Information Network) was established in 1997 as part of the NHS Research and Development Programme. Its aim is to support NHS staff and academics to share knowledge at both practical and theoretical levels. There are currently three CHAINS. Membership of CHAIN is open all and free. CHAIN 3 – Innovation and Improvement, was established in March 2005.
2. This document reports on the initial responses of a survey of CHAIN 3 members. It is part of a larger evaluation of CHAIN 3 being undertaken by the Research and Evaluation team at Tribal Consulting between June 2006 and March 2007.
3. The aim of the survey is to capture a snapshot of members use, experiences and assessment of CHAIN 3. It is also intended to identify potential improvement stories for subsequent case studies.
4. An email was sent by the CHAIN Team on the 10th August 2006 to a sample of 291 CHAIN 3 members (from 606) who had been members for at least one month. A total of 34 responses have been obtained (12%). The job type and role for the respondents broadly reflects that of the overall CHAIN 3 membership base.
5. The majority of members joined CHAIN 3 to exchange ideas (53%) and keep up to date with the latest information (35). Members find events information particularly useful (62%), also communicating (47%) and downloads (44%). However, members seem to be less sure about bookmarking, with only 11% finding it very useful and 33% selecting “Don’t know”.
 - Whilst only 29% of the members had used CHAIN 3 to request information about a topic or issue, 80% of these found it very useful. 50% of respondents had been contacted directly by another member of CHAIN 3 and 35% of these found it very useful and 47% quite useful. 41% of respondents had been contacted by the CHAIN 3 facilitator to participate in a discussion or with specific information and 29% found it very useful and 50% quite useful.
6. 59% of respondents agreed that being a CHAIN 3 member helps motivate them to undertake innovation and improvement projects. 47% agreed being a CHAIN 3 member give them more confidence in their ability to undertake an innovation and improvement projects. 71% had told their colleagues about CHAIN 3.
7. This survey has shown that CHAIN 3 is beginning to provide valuable support to its members. However, it is relatively new and its members have not had sufficient time to fully realise the benefits of CHAIN 3 or become fully acquainted in the use of all its facilities. Whilst they find familiar concepts such as events information, communication and downloads very useful, they are less familiar with the use of book marking and the online directory. The responses show that once members have used a facility (e.g. initiate a request for information about a topic or issue) the majority find it very useful. This highlights the challenge of raising members’ awareness of less familiar concepts used by CHAIN 3 and also further understanding in more detail why some aspects are not used.
8. The survey also indicated a number of areas where CHAIN 3 might be enhanced, by linking more closely to organisations which fund or undertake research and also complimentary knowledge sources. It also highlighted the need to take into account different members information requirements, and future versions of CHAIN 3 might support customisation, allowing users to set their preference for a ‘push’ or ‘pull’ model of information delivery.

1 Introduction

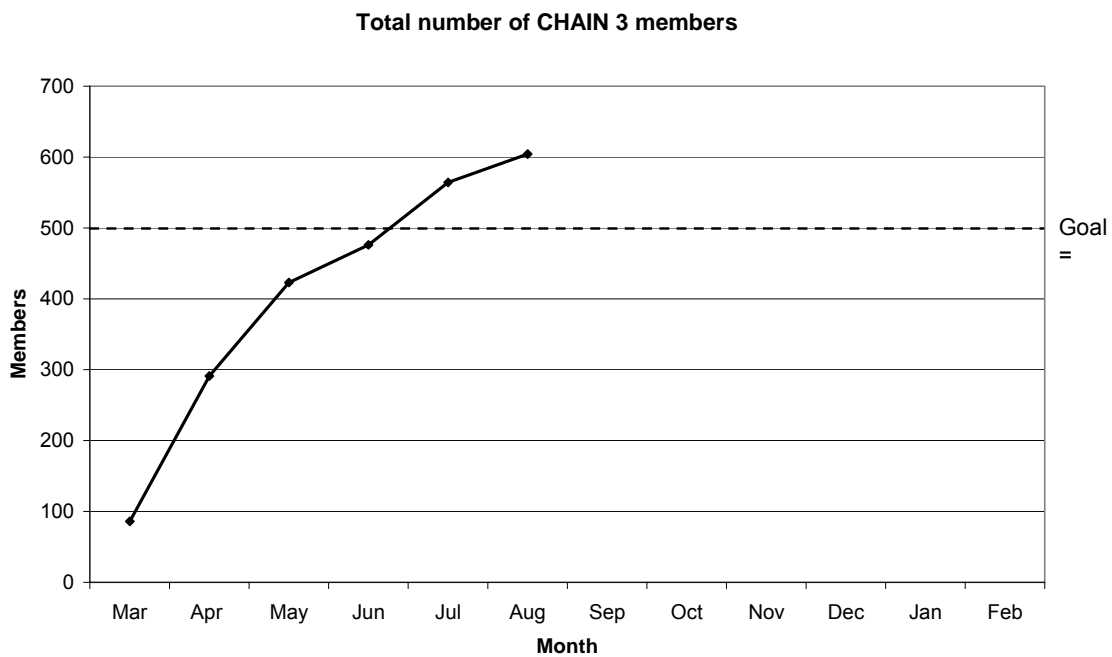
1.1 Background

1.1.1 CHAIN (Contact Help Advice and Information Network) was established in 1997 as part of the NHS Research and Development Programme. Its aim is to support NHS staff and academics to share knowledge at both practical and theoretical levels. There are currently three CHAINS:

- CHAIN 1 – Evidence Based Practice.
- CHAIN 2 – Work-Based Learning.
- CHAIN 3 – Innovation and Improvement.

1.1.2 Membership of CHAIN is open all and free. CHAIN 1 and 2 have more than 4,000 members. CHAIN 3 was established in March 2005 with a target membership of 500 for its first year. **Figure 1** below show the rapid growth in CHAIN 3 membership which at the time of writing this report has reached 606.

Figure 1: Growth in CHAIN 3 membership from March 2005



1.1.3 CHAIN 3 provides a rich pool of contacts who share an interest in innovation and improvement. Members can work with the CHAIN 3 facilitator to raise queries, generate interest in a particular issue, or disseminate and test ideas. Careful targeting means that members only receive a small number of emails which are highly relevant to their specific interests.

1.1.4 The NHS Institute is funding CHAIN 3 for six months from April – September 2006 and subject to the findings of an evaluation, for a further six months from October 2006 to March 2007.

1.2 Aims and Objectives of the CHAIN 3 Survey

1.2.1 This document reports on the initial responses of a survey of CHAIN 3 members. It is part of a larger evaluation of CHAIN 3 being undertaken by the Research and Evaluation team at Tribal Consulting between June 2006 and March 2007.

1.2.2 The aim of the survey is to capture a snapshot of members use, experiences and assessment of CHAIN 3. It is also intended to identify potential improvement stories for subsequent case studies. Key questions for the survey include:

- What were users' expectations of CHAIN 3?
- How is CHAIN 3 used by its members, what for, when and why?
- Is the scope and membership of CHAIN 3 appropriate to its objectives?
- What are the benefits and barriers to use?
- What would they like added or changed?
- Do they have an improvement stories they would be happy to share?

1.3 Methods

1.3.1 An email was sent by the CHAIN Team on the 10th August 2006 to a sample of 291 CHAIN 3 members (from 606) who had been members for at least one month. The email contained explanatory text and a link to a website from which the survey questionnaire could be downloaded.

1.3.2 At the time of writing this report, a total of 34 responses have been obtained (12%). Whilst this response is relatively small, it should be considered in light of the fact that the survey was sent out during the summer holiday period whilst many people are on annual leave.

1.4 Profile of Responses

1.4.1 There have been thirty-four responses to the questionnaire. These respondents all joined CHAIN 3 in either March or April 2006, 29% and 71% respectively. The following **Figure 2** and **Figure 3** show details of the member's profiles for both those who responded to the questionnaire and the CHAIN 3 membership as a whole.¹

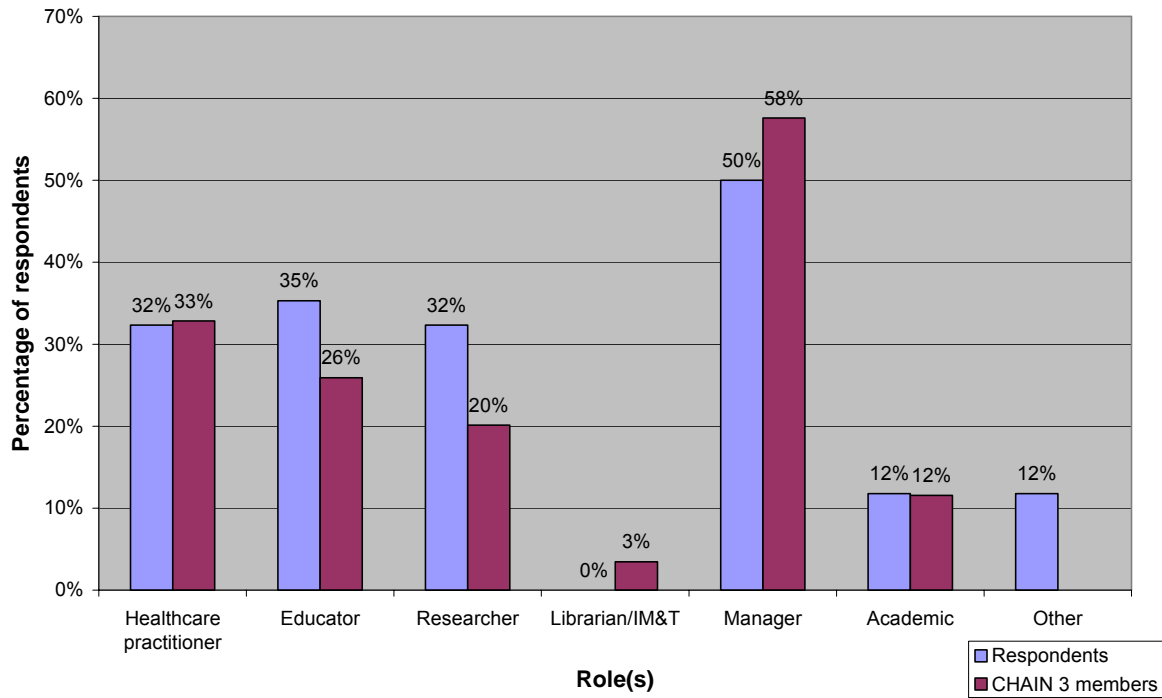
1.4.2 Figure 2 shows that generally the percentage of respondents selecting a particular job type is the same or higher than the whole CHAIN 3 membership. The exceptions are;

- Healthcare practitioners: These are fairly similar 32% respondents 33% CHAIN 3 members.
- Librarian/IM&T: No responses came from this group though there are only twenty-one CHAIN 3 members from this group.
- Managers: There is a higher proportion of managers in CHAIN 3 than responded to the questionnaire 58% as compared to 50%.

¹ Those members joining before the 31st August.

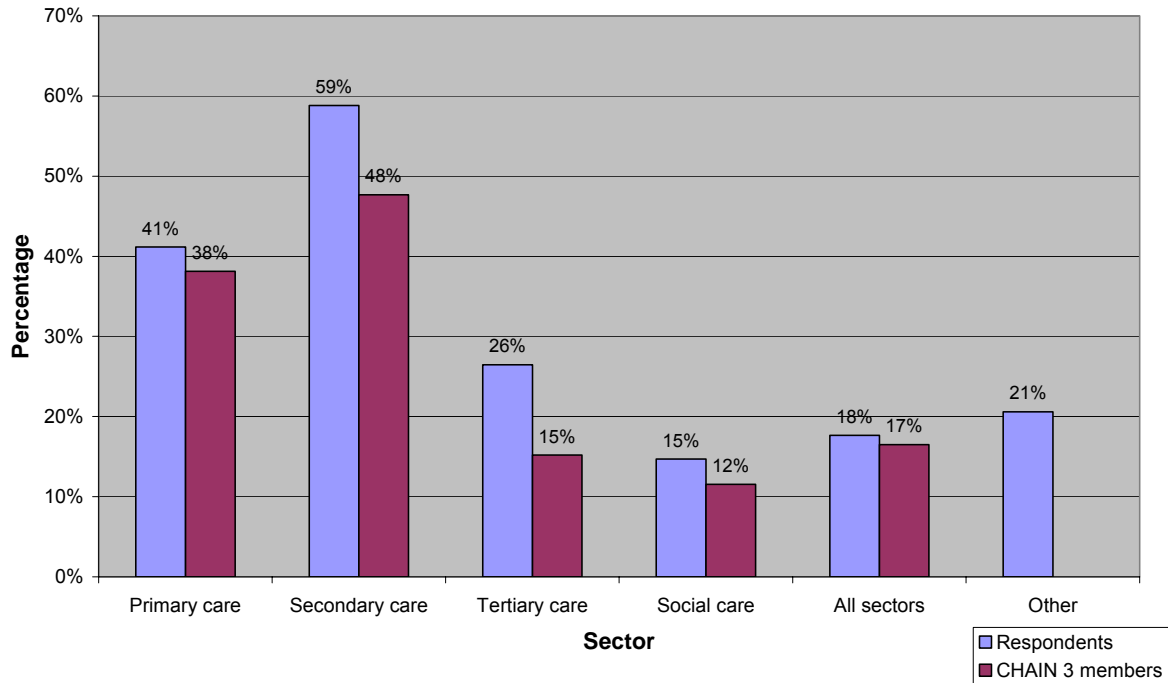
1.4.3 Overall the profile of job roles is similar with a higher response from Educators and Researchers and a lower response rate from Managers.

Figure 2: Roles of CHAIN 3 members and questionnaire respondents



1.4.4 Figure 3 shows the profile of sectors of work. Overall the two profiles show a similar pattern. The largest differences are that secondary care has a higher response rate and tertiary care has a low response rate.

Figure 3: Sector of work for CHAIN 3 members and questionnaire respondents

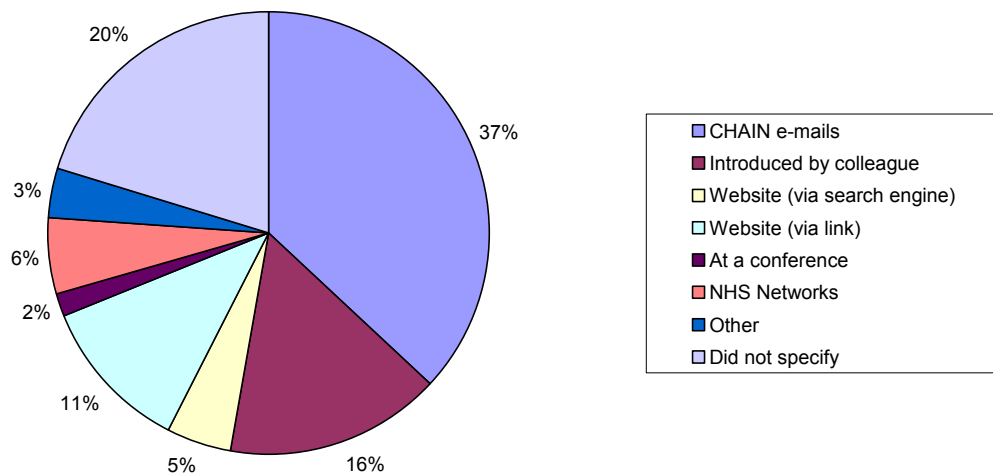


2 Survey Findings

2.1 Awareness of CHAIN 3

2.1.1 When members join CHAIN 3 they are asked how they heard about CHAIN 3. The following **Figure 4** shows how all members who joined after 1st April heard about CHAIN 3.

Figure 4: How people came to hear about CHAIN 3 Survey of new members between 1/4/2006 - 31/8/2006



2.2 Reasons for joining

Q1. Why did you join CHAIN 3?

2.2.1 This question had a free text field. The reasons provided had the following themes;

- Network, exchange ideas, 53%.
- Keep up to date, latest information, 35%.
- Research resource, exploring new ways, identifying best practice, 15%.
- Previous CHAINs useful, 9%.
- Recommended, 6%.

2.2.2 Many of the responses gave a combination of the above themes examples of comments are;

“Opportunity to find out what is happening within health & social care regionally and nationally, as a source of e-networking, exchange of ideas, and not having to re-invent the wheel”

“To access information that may be helpful in my professional role. It is a useful method of getting information to specific target groups. It is also useful to us to be kept informed about meetings, conferences and grant applications etc. We run a national specialist centre for rare diseases and it is important to be able to contact a wide spectrum of healthcare professionals who might assist us in raising the profile of rare diseases as they are often misdiagnosed. We forward information provided through CHAIN to other people we may think could benefit from the information even if it is not relevant to our specialty”

2.2.3 There was also an international response;

“The UK is the world leader in process improvement methodologies at the current time. I wanted to keep connected with the people who are making that happen in real time. Establishment of a virtual forum such as CHAIN is essential to dissemination of knowledge in a geographically distributed community of practice like this.”

2.3 Use of CHAIN 3 resources

Q2. How useful do you find the following CHAIN 3 resources?

2.3.1 The respondent was invited to rate the following resources, *very useful, quite useful, not very useful, never used, don't know*;

- Online directory of members.
- Information about events, conferences and funding opportunities.
- Communicating with CHAIN 3 members.
- Downloadable CHAIN 3 resources.

2.3.2 **Figure 5** shows respondents ratings of CHAIN 3 resources. Bookmarking is the aspect least used; 47% stated it was never used. Respondents found the events information to be the most useful with 62% rating it as very useful.

2.3.3 The following **Table 1** supports this figure providing the actual number of respondents and their responses.

Figure 5: Ratings of CHAIN 3 resources, percentage of respondents

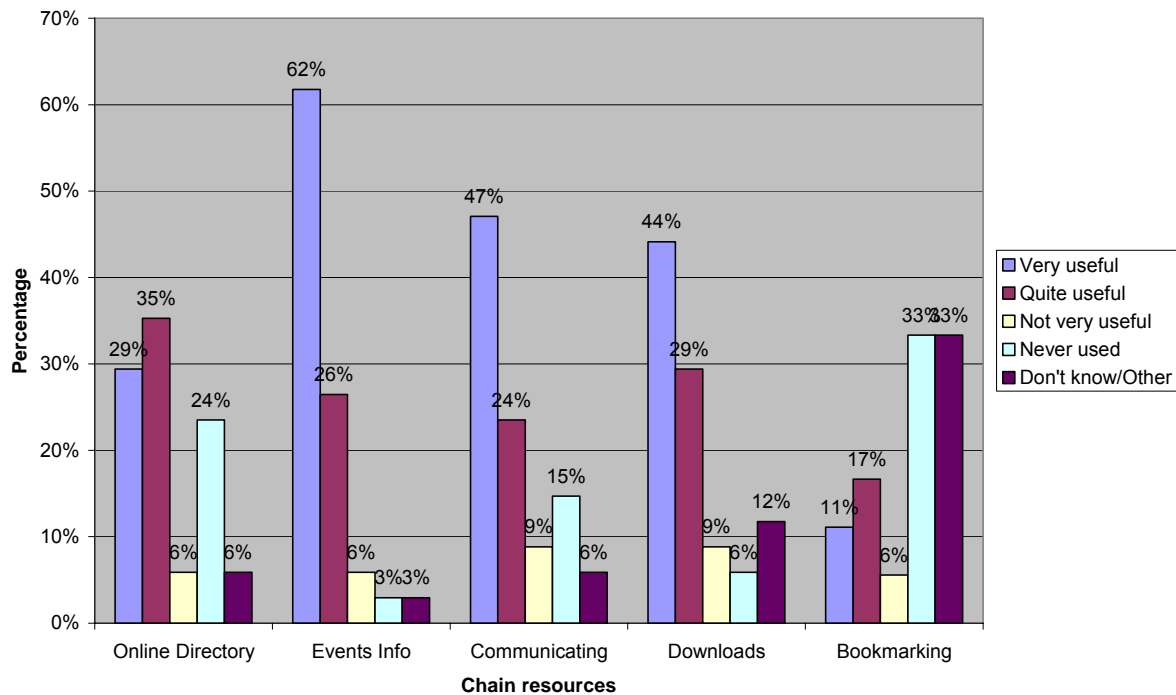


Table 1: Rating of CHAIN 3 resources, number of respondents

	Very useful	Quite useful	Not very useful	Never used	Don't know/Other
Online Directory	10	12	2	8	2
Events Info	21	9	2	1	1
Communicating	16	8	3	5	2
Downloads	15	10	3	2	4
Bookmarking ²	2	3	1	6	6

On-line Directory

2.3.4 The on-line directory provides information on the relevant interests and experience of all members, along with their contact details. CHAIN 3 users can search the directory using key terms in order to locate and contact people for:

² Note the total here has been reduced to exclude those that were not aware of this feature. All members would be aware, to some degree, of the other resources.

- Help.
- Advice.
- Information.
- Collaboration.

2.3.5 This had been used by over 75% of respondents. Of those who had used this facility 40% found it very useful and 48% quite useful; 88% found it useful.

Events information

2.3.6 Events information is posted on the website and members are alerted by email when new information relevant to them is loaded. There have been ten events alerts since 10th March 2006 up to the end of August.

2.3.7 This had been used by 94% of respondents. Of those who had used this facility 66% found it very useful and 28% quite useful; 94% found it useful.

Communicating

2.3.8 CHAIN 3 members can communicate with other members. Members can initiate electronic requests to other members. Twenty requests have been initiated by CHAIN 3 members since 10th March 2006 up to the end of August.

2.3.9 This had been used by 82% of respondents. Of those who had used this facility 57% found it very useful and 29% quite useful; 86% found it useful.

Downloads

2.3.10 Downloadable information is posted on the website and members are alerted by email when new information relevant to them is loaded. There have been six events alerts since 10th March 2006 up to the end of August; only in July and August.

2.3.11 This had been used by 85% of respondents. Of those who had used this facility 52% found it very useful and 34% quite useful; 86% found it useful.

Book marking

2.3.12 A definition of social bookmarking from EDUCAUSE is:

‘Social bookmarking is the practice of saving bookmarks to a public Web site and “tagging” them with keywords. Bookmarking, on the other hand, is the practice of saving the address of a Web Site you wish to visit in the future on your computer. To create a collection of social bookmarks, you register with a social bookmarking site, which lets you store bookmarks, add tags of your choice, and designate individual bookmarks as public or private.’³

2.3.13 This is an aspect of CHAIN 3 that is currently being piloted. It has been set up for the Clinical Microsystems Sub-group and the Lean Thinking in Healthcare Sub-group to deposit and share information on microsystems and lean thinking.

³ <http://www.educause.edu/ir/library/pdf/ELI7001.pdf>

2.3.14 Although the social bookmarking in theory is available to all members of CHAIN 3 it has only been promoted to, and used by, these subgroups. The respondents are members of these subgroups:

- Lean Thinking Sub-group: 41%.
- Clinical Microsystems Sub-group: 35%.
- Member of one of these Sub-groups: 53%

2.3.15 This sub-group membership level is slightly higher than that of the total membership of CHAIN 3⁴, Lean Thinking Sub-group: 30%, Clinical Microsystems Sub-group: 26%.

2.3.16 This had been used by 50% of those who are a member of one of these subgroups. Of those who had used this facility 22% found it very useful and 33% quite useful; 56% found it useful. Several respondents were unsure of this facility with 33% selecting "Don't know". As this is currently being piloted and is perhaps something that gains more value as more people using it, to a limit, a high level of Don't know's are not unexpected.

2.4 Use of CHAIN 3 facilities

Q3. Have you used CHAIN 3 to initiate a request for information about a topic or issue?

2.4.1 Ten of the respondents had used this facility, 29%. They were also asked if they found it *very useful*, *quite useful*, *not very useful* or *don't know*. The following results were obtained;

- Eight found it very useful, 80%.
- One found it quite useful, 10%.
- One found it not very useful, 10%.
- One did not know, 10%.

2.4.2 From the above a total of 90% found the facility very or quite useful.

Q4. Have you been contacted directly by another member of CHAIN 3?

2.4.3 Seventeen of the respondents had used this facility, 50%. They were also asked if they found it *very useful*, *quite useful*, *not very useful*, or *don't know*. The following results were obtained;

- Six found it very useful, 35%.
- Eight found it quite useful, 47%.
- One found it not very useful, 6%.

⁴ As of the 5/10/2006.

- Two did not know, 12%.

2.4.4 From the above a total of 82% found the facility very or quite useful.

Q5. Have you been contacted by the CHAIN 3 facilitator to participate in a discussion or with specific information?

2.4.5 Fourteen of the respondents had used this facility, 41%. They were also asked if they found it *very useful*, *quite useful*, *not very useful*, or *don't know*. The following results were obtained;

- Four found it very useful, 29%.
- Seven found it quite useful, 50%.
- Two found it not very useful, 14%.
- One did not rate the facility, 7%.

2.4.6 From the above a total of 79% found the facility very or quite useful.

Overall use of CHAIN 3 facilities

2.4.7 **Figure 6** summarises the use of the CHAIN 3 facilities. For each of the three facilities provided by CHAIN 3, the majority of respondents indicated they had never used that facility. This may be explained by the fact that most members are relatively new to CHAIN 3, as highlighted by the comment:

“However, I have only recently joined, so the 'never used' options below do not reflect a lack of interest so much as opportunity.”

2.4.8 The following **Table 2** supports this figure providing the actual number of respondents and their responses.

Figure 6: Use of CHAIN 3 facilities, percentage of respondents

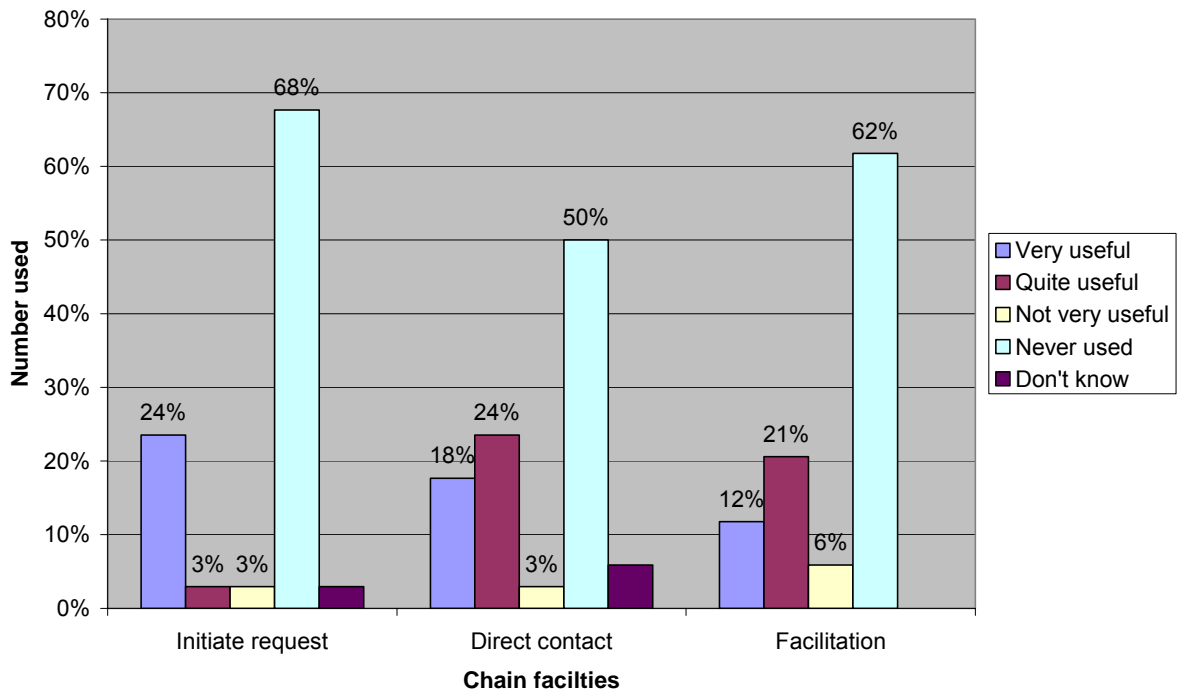


Table 2: Use of CHAIN 3 facilities, number of respondents

	Very useful	Quite useful	Not very useful	Never used	Don't know/Other
Initiate request	8	1	1	23	1
Direct contact	6	8	1	17	2
Facilitation	4	7	2	21	0

2.5 Benefits of CHAIN 3

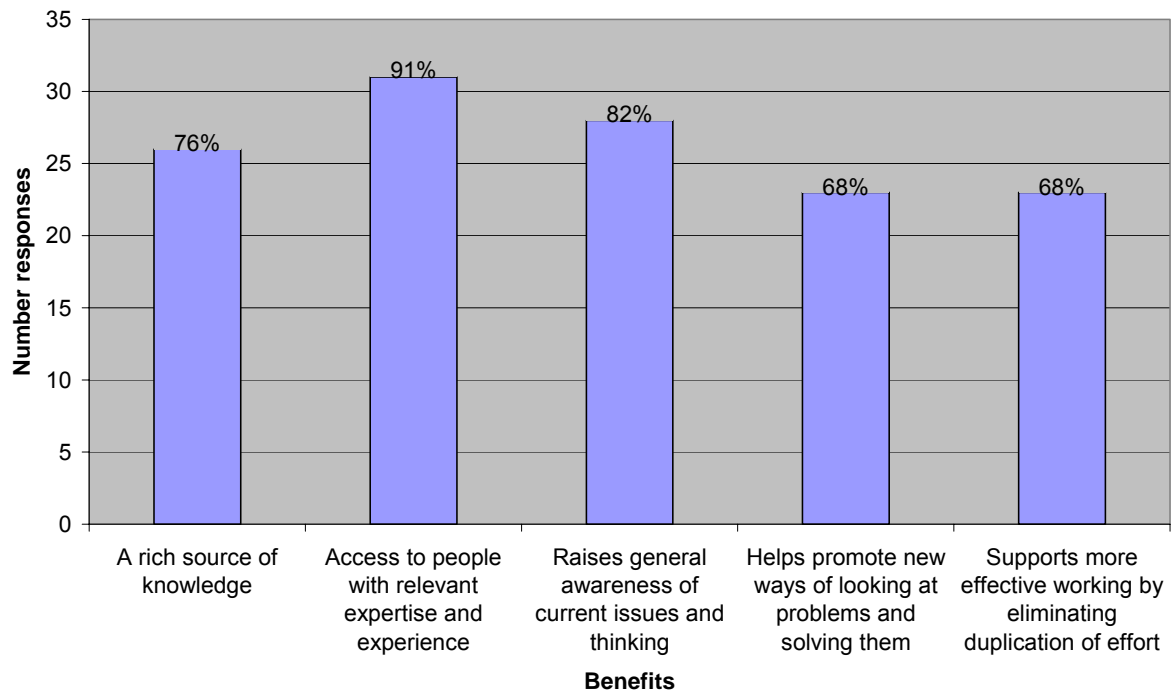
Q6. What are the potential benefits of being a CHAIN 3 member?

2.5.1 Respondents were invited to select as many of the following that applied;

- A rich source of knowledge.
- Access to people with relevant expertise and experience.
- Raises general awareness of current issues and thinking.
- Helps promote new ways of looking at problems and solving them.
- Supports more effective working by eliminating duplication of effort.

2.5.2 Most responses, 97%, selected at least one of the above benefits. **Figure 7** shows the benefits of CHAIN 3.

Figure 7: Benefits of CHAIN 3



Q7. Does being a CHAIN 3 member help motivate you to undertake innovation and improvement projects?

2.5.4 CHAIN 3 was felt to help motivate more than half of the respondents to undertake innovation and improvement projects.

- Twenty, 59% agreed.

Q8. Does being a CHAIN 3 member give you more confidence in your ability to undertake an innovation and improvement projects?

2.5.5 Almost half of respondents felt that CHAIN 3 gave them more confidence in their ability to undertake an innovation and improvement project.

- Sixteen, 47% agreed.

2.6 Promotion of CHAIN 3

Q9. Have you told any of your colleagues or friends about CHAIN 3?

2.6.1 Twenty-four of the respondents had told their colleagues about CHAIN 3, 71%. They were asked why and themes in the responses are as follows:

- Useful/Access to same benefit, 9, 26%.
- Information relevant to them, 8, 24%.
- Identify experts/access people, 5, 15%.
- Expand membership – fuller coverage, more people more useful, 2, 6%.
- Part of job/work in same area, 2, 6%.
- Avoids duplication of effort, 1, 3%.
- Monitoring system to implement own similar system, 1, 3%.

2.6.2 Examples of comments are:

Different professional groups seem to have their own communication channels. To share information and expertise effectively across MDTs there should be one whole-system channel. CHAIN can provide that.

If it is relevant to a particular work being undertaken, or give some one the opportunity to meet with like minded people, or a training opportunity. I often filter the relevant information for colleagues and forward what I know would be of interest

2.6.3 These recommendations to colleagues have lead to membership of CHAIN 3. Two respondents have listed this as their reason for joining e.g.

"I was given a demonstration by a colleague and felt it would be useful to me too."

2.7 Improvement of CHAIN 3

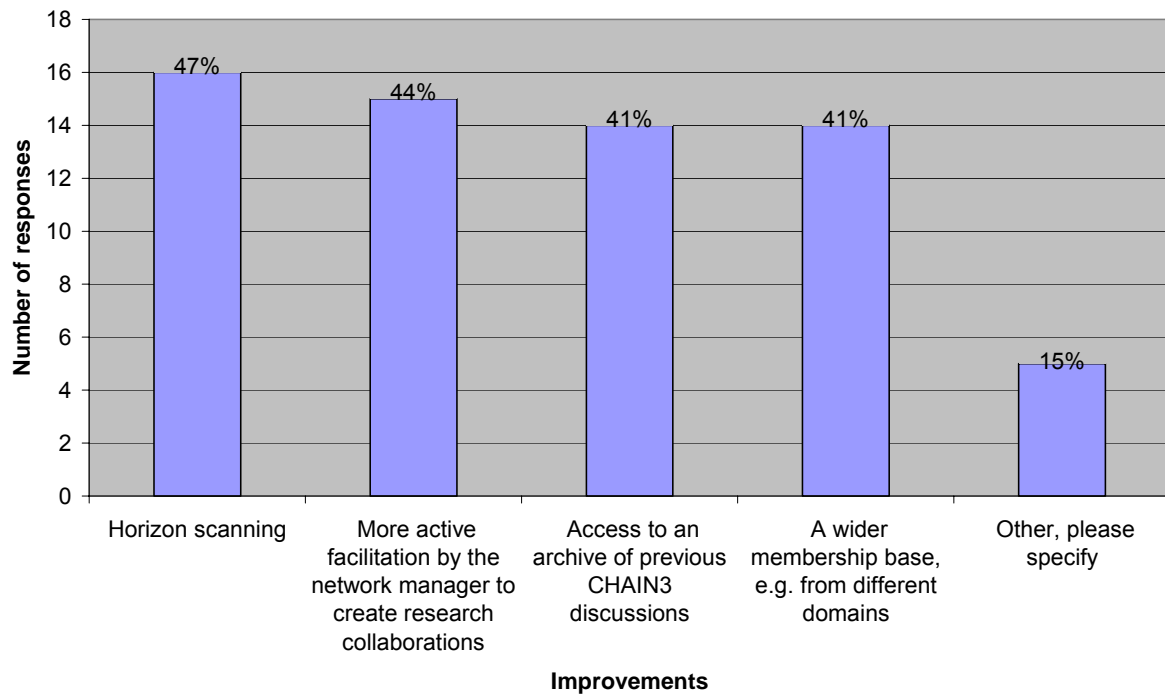
Q10. Do you think CHAIN 3 could be improved?

2.7.1 The respondent was invited to select as many of the following that applied;

- Horizon scanning.
- More active facilitation by the network manager to create research collaborations.
- Access to an archive of previous CHAIN 3 discussions.
- A wider membership base, e.g. from different domains.
- Other, please specify.

2.7.2 Twenty-five respondents selected at least one of the above aspects as a potential improvement. **Figure 8** shows the potential improvements of CHAIN 3.

Figure 8: Potential improvements of CHAIN 3



2.7.3 Five respondents selected other, their comments are as follows:

- All other NHS sites and professional groups would benefit from a web link to CHAIN, as part of Clinical Governance and Organisational Development/Strategic Improvement.
- If it was linked up more closely with organisations that start research, for example research councils.
- Links to other similar sources e.g. Knowledge Exchange.
- Getting a bit too much mail from this. Could it be on a pull system rather than push please?
- Push lit searches to me on relevant areas e.g. evidence of change influences, latest leadership thinking, latest papers in these areas, Harvard Business Review contents pages maybe. Some lateral journals maybe like design journals for cross-sector ideas on.

2.7.4 The two last comments both refer to the action of ‘pushing’ information to the group members, with one respondent requesting more information and another less.

3 Improvement stories

3.1.1 The survey questionnaire also invited respondents to indicate if they had improvement stories they were willing to share by providing a brief summary (a few lines) and a contact name and address.

Q11. Do you have an improvement stories you would be happy to share?

3.1.2 From the thirty-four responses seven have indicated that they have improvement stories:

- Endoscopy units improving capacity utilisation and reducing waits.
- I manage the service innovation scheme at the North West innovation hub and therefore have many service innovation and improvements that can be shared with others.
- Implementing e-ICPs and the issues surrounding this Project.
- Lean implementation in a hospital laboratory - reduced overall lead time from receipt of sample to delivery of results by 75%.
- We have a number of pilots where we will be able to share their best practice in relation to achieving working time directive. They are in the early stages so will have stories to share in the future.
- We have recently completed an evaluation of a quality improvement tool widely used in the NHS and seen if its use can be extended to involve the voluntary and social care sectors, demonstrated how it could be used to improve collaborative working and review of care for older people in care home environments.
- I am a member of the North Northants Service Improvement Team, we have been working as a successful team for over 5 years, there have been several projects we have taken part in. We would be happy to share them all. E-Referral ENT (Pre Choose and Book) reducing wasted capacity. Working in Cardioversion Services, Implementation of Choose and Book. Designing a patient self management tool for Chronic Pain suffers etc.

3.1.3 We have developed a pro forma for the collection of information on improvement stories and their use of CHAIN 3. This can be seen in **Appendix A**.

3.1.4 Three of the above improvement stories have been followed up and the information is summarised in **Appendix B**. However, only one of these stories has used CHAIN 3 as an input to the improvement. This may be a reflection of the fact that CHAIN 3 has been in existence for a relatively short time compared to the timescales of improvement cycles, so there has been limited opportunity for support.

4 Discussion

4.1 Caveats

4.1.1 This report presents the findings of a survey of CHAIN 3 members conducted in August 2006. These findings should be viewed in light of the following factors:

- The survey was only sent to 291 CHAIN 3 members (from the full set of 606) who had been members for at least two months.
- The response rate (12%) was relatively low, but not unexpected given the survey was distributed during peak holiday time.
- CHAIN 3 was initiated in March 2005 and its members have had little time to learn about the system or use it to support their work.
- One aspect of CHAIN 3 social bookmarking is currently being piloted and only 53% of the respondents would have been aware of this tool.

4.2 Summary

4.2.1 The majority of members joined CHAIN 3 to exchange ideas (53%) and keep up to date with the latest information (35%), as illustrated by this quote:

“Opportunity to find out what is happening within health & social care regionally and nationally, as a source of e-networking, exchange of ideas, and not having to re-invent the wheel”

4.2.2 Members find events information particularly useful (62%), also communicating (47%) and downloads (44%). However, members seem to be less sure about bookmarking, with only 11% finding it very useful.

4.2.3 Whilst only 29% of the members had used CHAIN 3 to request information about a topic or issue, 80% of these found it very useful. 50% of respondents had been contacted directly by another member of CHAIN 3 and 35% of these found it very useful and 47% quite useful. 41% of respondents had been contacted by the CHAIN 3 facilitator to participate in a discussion or with specific information and 29% found it very useful and 50% quite useful.

4.2.3.1 The benefits of CHAIN 3 cited by respondents include:

- Access to people with relevant expertise and experience (cited by 91% of respondents).
- Raises general awareness of current issues and thinking (cited by 82 % of respondents).
- A rich source of knowledge (cited by 76 % of respondents).

4.2.4 59% of respondents agreed that being a CHAIN 3 member helps motivate them to undertake innovation and improvement projects. 47% agreed being a CHAIN 3 member give them more confidence in their ability to undertake an innovation and improvement projects. 71% had told their colleagues about CHAIN 3.

4.2.5 Respondents highlighted a number of improvements which could enhance CHAIN 3:

- More active facilitation by the network manager to create research collaborations (44%).
- Access to an archive of previous CHAIN 3 discussions (41%).
- A wider membership base, e.g. from different domains. (41%).

4.2.6 Respondents also suggested that CHAIN 3 might be improved by linking more closely to organisations which fund or undertake research and also complimentary knowledge sources such as the Knowledge Exchange. However, they also highlighted different requirements with regard to the use of 'push' or 'pull' models of information delivery.

4.3 Conclusions

4.3.1 This survey has shown that CHAIN 3 is beginning to provide valuable support to its members. However, it is relatively new and its members have not had sufficient time to fully realise the benefits of CHAIN 3 or become fully acquainted in the use of all its facilities. Whilst they find familiar concepts such as events information, communication and downloads very useful, they are less familiar with the use of book marking and the online directory. The responses show that once members have used a facility (e.g. initiate a request for information about a topic or issue) the majority find it very useful. This highlights the challenge of raising members' awareness of less familiar concepts used by CHAIN 3 and also further understanding in more detail why some aspects are not used.

4.3.2 The survey also indicated a number of areas where CHAIN 3 might be enhanced, by linking more closely to organisations which fund or undertake research and also complimentary knowledge sources. It also highlighted the need to take into account different members information requirements, and future versions of CHAIN 3 might support customisation, allowing users to set their preference for a 'push' or 'pull' model of information delivery.

4.3.3 This last point could relate to the social bookmarking, which is currently been piloted. There is scope to consider the use of this for developing the 'pull' model of information delivery.

Appendix A

CHAIN 3 Improvement stories pro forma

CHAIN 3 Improvement Stories	
Main Contact:	Insert name or leave blank if required
Input/Role of CHAIN 3	
Input Description Here	
Aspects of CHAIN 3 used	
<input type="checkbox"/> Online Directory	<input type="checkbox"/> Information on event, conferences and funding opportunities
<input type="checkbox"/> Downloadable resources	<input type="checkbox"/> Social bookmarking
<input type="checkbox"/> Communicating with CHAIN 3 members	
<input type="checkbox"/> Facilitated discussion	
Benefits of CHAIN 3	
Input Benefits Here	
Did CHAIN 3 act as a catalyst to the improvement?	
Input evaluation here	
Did CHAIN 3 help shape an idea? If yes how Select option	
Input evaluation here	
Did CHAIN 3 help put plans in place? If yes how Select option	
Input evaluation here	
Description of Improvement	
Location of improvement	Insert details
Key people Involved	Insert details of groups involved job roles
Aims	
Input Description Here	
Activities	
Input Description Here	
Improvement tools used	
Input Description Here	

Outcomes
Input Description Here
Future plans / Expansion plans
Input Description Here

Appendix B

Improvement Stories

Improvement story 1

CHAIN 3 Improvement Stories		
Main Contact:	Fiona Barber, Assistant Programme Manager-Service Improvement Team Service Improvement Support Centre, North Northants Kettering General Hospital fiona.barber@kgh.nhs.uk tel: 01536 493640	
Input/Role of CHAIN3		
<p>.A lot of their work was was pre-CHAIN but Modernisation Agency has funded them for past 5 years</p> <p>More info on 'Aspects of CHAIN3 used' section (below).</p> <p>It appears that CHAIN is used as a general resource for the hospital. e.g. 'Info on Events etc' section. Fiona (contact person) tends to act as a filter for the whole hospital and re-distributes info on events, conferences and funding to relevant personnel. Cost is a major issue though, so events that are too expensive are not distributed</p> <p>. 'Communicating with CHAIN3 members' facility was 'used for the first time this week' i.e. w/c 12 Sept 06</p>		
Aspects of CHAIN3 used		
<input checked="" type="checkbox"/> Online Directory	<input checked="" type="checkbox"/> Information on event, conferences and funding opportunities	<input checked="" type="checkbox"/> Communicating with CHAIN3 members
<input type="checkbox"/> Downloadable resources	<input type="checkbox"/> Social bookmarking	<input type="checkbox"/> Facilitated discussion
Benefits of CHAIN3		
"I am sorry but it's really a no to all of these, we have utilised all our training that we as a team developed when we were members of the Modernisation Agency. We are involved with Chain on the periphery and use it to keep up to date on things such as the 18 week pathway, but cannot really say that has supported us up to now."		
Did CHAIN3 act as a catalyst to the improvement?		
No		
Did CHAIN3 help shape an idea? If yes how No		
Did CHAIN3 help put plans in place? If yes how No		

Description of Improvement	
Location of improvement	North Northamptonshire
Key people involved	Five members of staff: Service Improvements Manager, Service Improvements Assistant, three Project Facilitators, one of whom is seconded to PCT
Aims	
Main aims are always linked to patient satisfaction: commence with Patient Discovery interviews	
Activities	
Process mapping, patient and staff interviews, focus groups, handheld patient diary, facilitated nursing staff and focus groups	
Improvement tools used	
PDSA (Plan Do Study Act) interview format developed for every service.	
Outcomes	
Example given of Endoscopy Dept where patients spend a long time in the waiting area. Realisation that by telling them in advance to expect a long wait, 'they would bring a book to read'. Now also have magazines and television in waiting areas. Meeting patients' immediate and long term needs. Next plans are concentrating on service delivery and 18 week patient pathway	
Future plans / Expansion plans	
Choose and Book at the moment. Halfway through process of bringing acute clinicians online. Next tranche of work (PCT funded) will assess 'what's best and what's worst in north and south of region' (Northamptonshire). The three sites (Daventry, Kettering, Northampton) will amalgamate work. N.B Kettering General Hospital has been shortlisted on HSJ Awards	

Improvement story 2

CHAIN 3 Improvement Stories	
Main Contact:	james.walker2@nhs.net
Input/Role of CHAIN3	
Networking with other NHS Modernisers	
Aspects of CHAIN3 used	
<input checked="" type="checkbox"/> Online Directory	<input type="checkbox"/> Information on event, conferences and funding opportunities
<input type="checkbox"/> Downloadable resources	<input type="checkbox"/> Social bookmarking
<input checked="" type="checkbox"/> Communicating with CHAIN3 members	<input type="checkbox"/> Facilitated discussion
Benefits of CHAIN3	
Rapid access to good practice and to lessons learned from the NHS and from a wider Health audience	
Did CHAIN3 act as a catalyst to the improvement?	
No	
Did CHAIN3 help shape an idea? If yes how Yes	
By looking at other Projects of a nature and sharing the 'evidence base' even if anecdotal and not empirical	
Did CHAIN3 help put plans in place? If yes how No	
Description of Improvement	
Location of improvement	Order Communications System, online Results and Ordering of PAtiology tests and Radiology results and ordering from a single web based source
Key people Involved	In-house and other Order Comms sites
Aims	
To reduce inappropriate and repeat testing for Pathology. Eliminate paper results and make the process electronic and protocol driven. Anecdotal evidence showed that > 10% of Path tests were inappropriate. This could result in savings >£600 to £800k per annum on an investment of £500k + 20% revenue costs per annum. ROI in 12 to 1	
Activities	
8 months	

Improvement tools used
PDSA, Process Mapping and Change Management. ISIP and Benefits Realisation Programme Approach (Cranfield University model utilised).
Outcomes
In early stages of deployment, there is huge clinical interest and ownership of the protocols, even from clinical areas that will not be turned on to Order Comms for at least twelve months
Future plans / Expansion plans
Completion of the initial deployment of A&E, MAU and CADMU and the existing nine GP Practices to go for a complete roll out across the whole Health Community

Improvement Story 3

CHAIN Improvement Stories	
Main Contact:	Sean Barnett - sean.barnett@northeast.nhs.uk
Input/Role of CHAIN3	
None	
Aspects of CHAIN3 used	
<input type="checkbox"/> Online Directory	<input type="checkbox"/> Information on event, conferences and funding opportunities
<input type="checkbox"/> Downloadable resources	<input type="checkbox"/> Social bookmarking
	<input type="checkbox"/> Communicating with CHAIN3 members
	<input type="checkbox"/> Facilitated discussion
Benefits of CHAIN3	
None	
Did CHAIN3 act as a catalyst to the improvement?	
None	
Did CHAIN3 help shape an idea? If yes how Select option	
No	
Did CHAIN3 help put plans in place? If yes how Select option	
No	
Description of Improvement	
Location of improvement	North East SHA
Key people involved	Endoscopy teams
Aims	
Reduce waiting times, maximise patient flow and efficiency of suites.	
Activities	
Data collection, service redesign, clinical networks	
Improvement tools used	
Demand and capacity using SPC, spider diagrams, mapping, networking	
Outcomes	
Reduced waiting times, some common pathways/protocols, increased GRS scores, better	

use of suite capacity, two centres part of bowel screening programme
Future plans / Expansion plans
Use Lean thinking in one area, hope to increase bowel screening programme, expansion of nurse-led work