



***Institute for Innovation
and Improvement***

**Measurement for quality and cost: Challenges, examples of
success and working collectively**

Report from WebEx, 16th April 2010

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Measurement for quality and cost Report from WebEx, 16th April 2010

Report summary

- Almost 100 people joined the 'measurement for quality and cost WebEx on 16th April. Another 40, who were unable to join, registered an interest in being part of this work. This is a clear indication of the high level of interest in the topic and the sense of urgency with which we need to address the measurement challenge
- The level of energy and enthusiasm throughout the WebEx was high. Participants contributed to the discussion and over 200 comments, ideas and suggestion were made to the on line chat
- The WebEx was framed around three questions/themes. 1) clarifying the barriers to measurement and why it represents a challenge to so many NHS organisations and staff 2) identifying examples of success, where measurement is applied effectively 3) determining how we can work collectively to overcome the barriers and increase the use of measurement across the NHS
- The main barriers to measurement are perceived as: lack of clarity about the definition and what we mean by measurement; staff not understanding the value and benefits of measurement; measurement being associated with performance management and judgement; fear of measurement; lack of practical skills and time; failing to build measurement into our work from the outset; an organisation's culture where senior leaders do not encourage and support the use of measurement; problems with measurement data; and the difficulty in measuring at scale.
- WebEx participants provided examples of success, where measurement is applied effectively. We will be following up these examples for more information. A separate report/database will be sent once this has been completed.
- The actions required to increase the use of measurement include: ensure that staff see the relevance and benefits of measurement (how it relates to patient care and experience); make measurement routine and an integral part of all of our work; share existing examples of success; celebrate success and create awards for measurement; provide simple, relevant and easy to use guides; provide skills training and allow time for measurement; leaders to communicate the importance of measurement and provide feedback on measurement information; consider measurement at an organisational level and across organisations as well as on a small scale at a local level; use measurement information to make informed decisions; use existing data; identify and prioritise the potential benefits and measure those rather than trying to measure everything; recognise the need for measurement experts who should work alongside staff; focus on cost savings as well as quality improvements at an earlier stage and develop a more robust and rigorous methodology to calculate cost savings and return on investment; use Quality Observatories to promote and support the application of measurement.
- The ideas channel for measurement for quality and cost was discussed during the WebEx. This is another strand of NHS Institute's overall programme for measurement and it will

be launched as soon as possible after the General Election. Its aim is to identify examples of where measurement has been applied effectively so that these can be shared and replicated across the NHS. WebEx participants were asked to contribute their ideas and suggestions to ensure that it is a success and to identify networks that can be used to encourage submissions

- A further WebEx will be held in a few weeks time to identify the priority actions we need to take and the ways in which we can work collectively to address the measurement challenge.
- For further information on any aspect of this work on measurement for quality and cost, contact Annette.neath@institute.nhs.uk

1. Background: the measurement challenge

Applying effective measurement systems and processes to all of our work and at every level of the NHS system (from ward level to whole health systems) is essential for us to be able to demonstrate whether quality improvements and cost savings have been made. We need to know what our operating costs are and the baseline measures for all areas that we are trying to improve. These might include: patient and staff experience and satisfaction, patient safety, quality of care, clinical outcomes, cost effectiveness, prevention, population health and staff productivity. We need to collect the right data (both quantitative and qualitative), at frequent intervals and over extended timescales to be able to make informed decisions about whether we are moving in the right direction.

However, we know that measurement represents a challenge for many NHS organisations and staff. This is demonstrated by submissions to recent NHS award schemes such as the NHS Innovation Awards, the ideas channels for High Impact Actions for Nurses and Midwives and the Establishing the Evidence project (which actually represent “the best of the best”). We can draw the following conclusions:

- Only a minority of the submissions to some of these initiatives specify quantitative data or demonstrate in depth identification of productivity gains, even where the template or entry form asks for such evidence.
- Where savings figures are set down they tend to be headline figures, lacking detailed assessment of the cost of the overall intervention.

Partly, this is a mindset issue; “we don’t think about quality and cost benefits when we are undertaking improvement projects”. There is also a technical capability issue: many staff do not have the skills to apply measurement to their work.

The challenge is: How do we create an approach to measurement that enables the delivery of results but which doesn’t feel like a bureaucratic straightjacket or top down imposition? The challenge shouldn’t be framed as a radical new direction but bringing together what we know already, identifying and reviewing current and potential resources and collaborating on the forward direction. Most of what we need is already there in the NHS system. We need to identify examples of where measurement systems and processes are being applied effectively and present them in a way that enables them to be replicated across the NHS.

2. Responding to the measurement challenge

What we need to do

Whilst we know that measurement is a challenge, we do not really understand what some of the common barriers are. If we do not have a full understanding of the problem, we may jump to the wrong solutions. We also know that there are examples of excellent practice where measurement systems and processes are applied routinely and effectively, but we do not know where all of these examples are, or what makes them a success. We need to identify these and share what already exists.

3. Measurement for quality and cost WebEx

The NHS Institute hosted a WebEx on 16th April to begin to address some of these issues and identify how we can work begin to work together.

Nearly a hundred people joined the WebEx with a further fifty, who were unable to join, registering an interest to be involved in this work. This illustrates how important measurement has become and the sense of urgency with which we need to act.

The majority of the WebEx was structured around three key questions to provide maximum opportunity for participants to contribute their ideas and suggestions.

1. What is the measurement challenge for the NHS? (What is the problem and why do so few NHS organisations and staff routinely apply measurement to their work?)
2. Where are the examples of good practice where measurement systems and process have been applied effectively?
3. What do we need to do collectively to ensure that measurement becomes a priority for all NHS organisations?

The following section of this report discusses the themes that emerged through the discussions and over 200 contribution to the on line chat.

The measurement challenge

What is the measurement challenge for the NHS? (What is the problem and why do so few NHS organisations and staff routinely apply measurement to their work?)

Lack of clarity about what we mean by measurement

Concerns were raised that we are not always clear about what we mean by measurement and that it means different things to different people. Participants said that perhaps measurement is not the right term and maybe we are not using the right language. We also need to consider the different levels that measurement is/needs to be applied to.

'We are not always clear about what we mean by measurement'

'I'm not sure we have accurately defined "measurement" yet - I feel that clinicians are measuring all the time to do their job - how does this connect with what we are talking about? What measurement are we talking about?'

'One of the issues for measurement is that covers a vast range of activity and approaches at different levels'

'In some areas there is detachment between the different levels within organisations around what measurement means. I agree that measurement

brings assurance to organisations but which part and what proportion or organisation do we actually mean?’

‘What about the language? Measurement tends to imply a scientific approach’.

‘Are we clear about what we mean by measurement? Is it the right term?’

Perception of the value and benefits of measurement

A number of the comments showed that staff do not always recognise the benefit of applying measurement to their work. The importance of measuring may not be communicated effectively, or, because of the way it is presented, they cannot relate it to their work or see how it can be of benefit to patients. Staff are unlikely to engage if the importance and benefits of applying measurement are not clearly understood.

‘People are not always aware of the significance of measurement’

‘Measurement is seen as optional’

‘Measurements are not seen as clinically relevant’

‘Measurement perceived as an information function’

‘Clinical staff focus on clinical care and don't always see the bigger picture to appreciate the value of measurement. Staff can be disillusioned by the perceived lack of value of data collected so disengage’

‘People need to see the benefit of measurement’

‘It has to be relevant to people and cascading corporate measures is often not appropriate for true staff engagement’

‘The incentives for people to measure across whole pathways do not seem to be in place and therefore clarity of what needs to be measured and why is often not well understood’.

‘It takes time and effort to get staff bought into seeing measurement as of value to them and patients’

‘Measurement – not linked to outcomes for patients’

‘With the work I've done over the past 5 years I still see a huge disconnect between the people doing measurement and the people caring for patients’.

Measurement associated with judgement

In some NHS organisations, measurement is perceived as performance management and staff may feel that they are being asked to measure so that they can be judged. This conflicts with the need to innovate and do things differently, which means taking managed risks and accepting that things may not always work first time.

‘It seems that lots of organisations perceive measurement for judgement and there may be a need to highlight the need for improvement and to demonstrate how systems have improved. I believe this relates once again to organisational culture’

'We are encouraging people to innovate which means taking managed risks to do things differently. This means that ideas may not always work first time around. If colleagues feel they will be judged on stats which show 'failure' this will not encourage them to measure'

'Staff see measurement as the first step towards a performance culture, therefore if you do not measure then you cannot be judged'

'Front line staff generally aren't geared towards measurement – they generally associate it with performance management'

Fear of measurement

Staff can be fearful of measurement because of the language we use and also because they believe that it requires specialist skills and may be too difficult. They can feel overwhelmed by the amount of data they are expected to collect.

'People can be scared of numbers and spreadsheets and think they have to be in a specialist info function'

'People are scared of the word measurement, it means too many different things, including performance, complex data, poor delivery, plain English is often missing in the language of measurement. Language of understanding success is sometimes better'

'Language around measurement and framing of measurement can be a barrier to staff engagement'

'I think people are overwhelmed with measures and audits and there is a lot of duplication too'

Lack of practical skills and time

There are practical issues that represent barriers to using measurement, which include lack of skills, experience and time.

'Clinical teams may not have the skills'

'Lack of experience and knowledge about measuring benefits'

'Staff don't have the skills or have the time - time is not made available to them'

'Measurement needs some rigour and discipline and takes effort'

'Do people have the skills required to understand what measures can be developed?'

'We do not equip staff with the skills to introduce measurement into their work'.

Measurement is not 'built in' from the outset

Measurement is not always built in to our work from the outset for a number of reasons: time pressures to deliver results; not recognising the value and benefits of measuring; and lack of clarity about the impact a change may have, which that means we do not always identify the right data to collect. We often think about quality and cost benefits

once the work is underway or even when it is completed, which may be too late to demonstrate the impact.

'Teams rush off to make changes without thinking about how to demonstrate their change has made a difference'

'We are not always clear about what we want to achieve and so we don't know what to measure'

'We jump in to change without considering the need to measure (time, lack of understanding the need)'

'NHS very poor at establishing improvement initiatives without a clear understanding of cost benefits and how to measure for this productivity opportunity'

'Often under pressure to make change quickly and don't have time to think about measuring impact of change at the start'

'Often we are not clear what impact change will have so aren't clear what we need to measure to demonstrate impact. Accurate baselines need to be established and clear numerators and denominators set out'

Culture: measurement is not encouraged or supported by senior leaders

An organisation's culture and its senior leaders do not always support and promote the value or benefits of applying measurement. If staff are not encouraged by senior leaders and/or they do not receive feedback or acknowledgement of the information they provide, there is little incentive to incorporate measurement in to their work.

'Measurement is not driven by senior leaders – everything goes into a black hole'

'There is not a culture which supports identifying things we can measure'

'Lack of feedback'

'We make savings from an organisational perspective rather than the benefit for whole systems. EG CEO said he would not reduce activity as it's not his role to do this as a foundation trust hospital'

'Culture – does not support measurement and measurement information is ignored – not taken seriously or acted upon by senior leaders'

Problems with measurement data

A number of comments related to data issues and these included: availability of data; questioning the reliability of data, particularly when making comparisons between electronic data and those collected manually, and not reviewing data.

'Are the required data sets easily available?'

'Electronic information systems churn out data that is not believed by clinical teams and it is at odds with information collected 'manually' - creates difficulties when what is reported to Boards is different to the reality!'

'Often measures are not reviewed and we carry on collecting data and adding more collections, without seeing if our current collections are still relevant. This can lead to staff being overwhelmed with data collection'.

Measurement at scale is a problem

It was felt that we are better at measuring in discrete areas and on a smaller scale, for example, length of stay for a particular procedure or condition, but we find it more difficult when required to do this at scale or across a broader area.

'People seem to measure things well in discrete areas - scaling it up is an issue'.

'We are ok at measuring within a department but not so good at measuring across a whole organisation or beyond the organisation'

Examples of where measurement is applied effectively

Where are the examples of good practice where measurement systems and process have been applied effectively?

Approximately forty participants contributed with examples of existing good practice, which demonstrates that there is a vast amount of excellent work already taking place across the NHS that can be shared. These ranged from small improvement projects at a local level to work across an entire SHA. They also included some useful websites. We are following up these examples for more information to enable us to create a measurement database. We will forward this to you as soon as this process is completed. If you have any more examples, please forward them to Stephanie.searl@institute.nhs.uk

What do we need to do collectively?

What do we need to do collectively to ensure that measurement becomes a priority for all NHS organisations?

Make measurement relevant to staff so that they can see the benefits

Measurement has to be meaningful rather than being regarded simply as data against which staff can be judged. To encourage use of measurement and build it in to all daily work, staff at all levels, need to see its relevance to their own work as well as the benefits of measuring, especially in terms of how it relates to improving patient care and experience. The number of comments below illustrates just how important participants believe it is to address this.

'We need to balance measurement with telling the story from a patient perspective to get buy in, momentum and pace – how will measurement benefit patients?'

'We need to measure more that shows improvement in patient experience and outcomes'

'We need to share measurements with all staff in a language they can understand and relate them to patient experience in order to engage them as without them we will achieve nothing'

'Measurement should be about the impact of what we are doing for our patients. What difference are we making?'

'Measurement is personal; it needs to relate to our goals'

'Measurement and quality improvement needs to mean something to everyone in an organisation not just the top tier, it has to connect directly with patient improvement and personal values around care to get everyone to buy in and connect with the importance of measurement'

'Part of that is allowing staff to see the benefits'

'But this needs communication about why it is important and the benefits so that it isn't measurement for the sake of it and added bureaucracy'

'The issue of measurement is strongly linked to organisational culture, capability and the feedback loop related to that measured - i.e. why measure? What is the benefit to the organisation/NHS as a whole? Everyone requires an understanding of why we are measuring, what the consequences of this are'

'People need to see the benefit of measurement. And yes, very much agree that SHAs have a role to manage utilisation of measurement'

'In order to ensure that measurement becomes a priority for all organisations, we need to show the benefit to all members of staff from Ward to Board. Make each member of staff feel empowered and what they do makes a difference to the whole system'

Make measurement routine

Measurement should not be regarded as an isolated activity: it has to be routinely built in to all of our work from the outset, rather than something we consider afterwards and it has to be regarded as part of our normal business.

'One of the main challenges must be around culture change so that staff think about measurement automatically as something they might need to do as business as usual because it will help further improve services'

'We need to develop a culture and discipline of establishing a baseline for any intervention and agree metrics at the outset by which improvement will be measured.'

Share what already exists

The examples of success show that many organisations and staff already apply measurement systems, processes and tools effectively. They demonstrate that we may not need to develop new methods and new ways of working. Participants' comments also suggest that we should learn from past experiences. The challenge is, what

mechanisms need to be in place to encourage and facilitate the sharing of good examples and what we know works well?

'To add value we need to have mechanisms for sharing

'We need to establish mechanisms to share the work that is being undertaken across the country to reduce duplication. We have developed sets of measures for each of the Darzi pathways and QIPP work streams - they are not perfect, but they are a start. No doubt very many others have similar info. We're happy to share and also want to learn from others'

'Organisations have made savings in the past (and are making savings today) - could we do some retrospective 'interviews' to understand what they did, what measures they used, how they did it. Could be done from SHA, PCT, Acute Trust? This might help to establish good practice and learn from poor practice?'

'Share measurement success stories as much as possible'

'Continuing on the sharing best practice theme, it would be helpful to have tangible examples we can communicate to demonstrate where measuring has led to further improvement not just at that organisation but how it can help uptake across region/nationally.'

A buddy scheme

Building on the idea of sharing, it was suggested that skills and experience could be shared and transferred through a 'buddying scheme'.

'How about a buddy scheme where more experienced organisations partner up with those who are perhaps less developed in this area?'

'Think that the buddy scheme is a great idea, particularly with clinical colleagues in trusts, but do need a range of approaches to get the information that we need.'

Celebrate success

Whilst we encourage and celebrate the success of improvement work, we rarely acknowledge or celebrate measurement in the same way. An awards ceremony for measurement may encourage staff to apply measurement and share their successes more widely.

'Let's have an awards ceremony on measurement - Or start a campaign - a narrative - community of practice'

'Celebrate success and promote it'

Provide simple and easy to use guides

We know from experience that staff often feel that measurement is too difficult and consequently, it becomes something to fear as they believe that specialist skills are

required and so it is best left to the analysts. Simple and easy to use guides are needed to reassure staff that measurement is not difficult: it is something that they can easily apply to their work

'Produce simple to use guides with worked examples and aim such guides at the ordinary person working at the NHS'

'We need to make it easier for people - simple tools - pathway basis'

'I would support development of booklets for measurement for use by staff'

Training and skills for measurement

Simple and easy to use guides will encourage greater use of measurement. We also need to 'demystify' measurement and make it simple, build skills through training opportunities, show how data can easily be collected, stored and used effectively and make technology for measurement easier to use.

'We need to equip staff with the skills to introduce measurement into their work'

'Need to help support staff in having the opportunity/skills to collect information locally (be that by pencil and paper) but then also need to give them a route where that data can easily be stored so that when they are asked to provide evidence of their change they have that information at hand'.

'De-mystifying measurement and giving people the learning (hands on doing as well as theory) to build the capacity around this'

'Need technology that is easy to use by frontline staff'

'Very locally, short, focussed training in very basic issues around measurement to support continuous improvement e.g. only measure what you can change, very basic stats e.g. what exactly is an average, basic excel, etc for clinicians who haven't looked at numbers since leaving school 20 years ago, to give basic skills and give confidence'

A common theme that is beginning to emerge is, 'make measurement simple and easy to do'

Leaders have to drive measurement, use information and provide feedback

Some of the challenges around measurement relate to an organisation's culture and lack of encouragement and support from senior leaders. If the importance of measurement is not communicated from the top of an organisation and there are no feedback mechanisms when information is provided, there is no real incentive for staff to apply measurement to their work. Senior leaders need to lead by example, communicate the relevance and benefits of measurement to all staff, review information and provide feedback and show how they intend to act upon the information they receive

'Do we need to think about where the drive for measurement does or should come from inside and outside of organisations?'

'I agree -- it's made a difference in our organisations when senior leaders have led by example and are actually doing the measurement for improvement alongside staff'

'We need to engage senior leadership teams to ensure that organisations recognise the importance of measurement and actually follow up on important measures. In private sector work, the management boards review detail of critical measures on a monthly or quarterly basis and then take action on those measures'

'Plus leadership - interest needs to come from boards, and support for training'

'Inclusion of education in use of benefits management/measurement integrated into leadership programmes at all levels'

'Leaders need to provide feedback and say how information will be used'

'Reporting back to staff is really important. They often say they collect lots of data etc but never get anything back'

'We need to make sure that while we are creating the culture in organisations to innovate that we show that the information will be used for learning so we don't stifle innovation'

Measurement for decision making

It is important that we use measurement and the information it generates to make informed decisions. For example, are we delivering the right care at the right cost? Is an improvement a success? Should it be spread to other areas? If it hasn't been successful, do we need to change things or stop the work?

'We need to be able to answer the "so what" question - how will this data help us with decisions'

'We have to be very clear what we need the measures to help us with and what decisions we will make as the result of this information'

Measurement at multiple levels

It was felt that we are better at measuring locally and on a small scale than we are at measuring across an entire NHS organisation or SHA. We need to consider measurement on many different levels and we should also share measurement information with other NHS organisations

'Most of the chat so far has focussed on smaller scale measurement. I think we also need to think about larger scale measurement e.g. measurement of engagement across an SHA, measurement of progress on a journey'

'Agree needs to be measured and used locally - but also need to share so other organisations can benefit from your experience'

'We need a multiple level approach - how do we get the big picture measures working better, built into commissioning, built into health systems transformation AND how do we get skills built into the frontline'

Use existing data

One of the barriers to measurement (identified earlier in this report) is that staff can feel overwhelmed by the amount and different types of data they are expected to collect. It was suggested that we should make more use of existing data rather than asking staff to collect new data. Also, rather than trying to achieve perfection, we could start by using existing data that are 'good enough'. It is better to measure and generate some information that provides an indication of how we are doing, than prolong it until we have an agreed perfect set of measures. However, we need to make data that already exist more accessible and easier to use.

'Suggested challenge: to intelligently use the data that already exists'

'Could we start from a position where we ask what's already being measured at the clinical level and try to tie that into what everyone needs?'

'We don't make enough of the big picture measurement data that we have already - data is in a range of different places, not always known about, not easily accessed and a bit opaque. We could benefit from some work in making what we have easier to access and find'

'Also, we can sometimes spend forever going around in circles trying to agree a perfect set of measures and we could start with using a 'good enough' set'.

Identify and prioritise the benefits

For some NHS organisations, there is a long way to go before measurement is applied to all work. A good starting point would be to prioritise the benefits, rather than trying to measure everything. We could also focus on particular areas (for example, the top five pathways) where we feel the greatest impact is likely to be made.

'If benefits management is applied as it should be then it is about prioritising the benefits (out of the, hopefully many) that will most effectively demonstrate the benefit. Benefits methodology does not suggest that we should measure everything'

'Agree that a 10 actions approach to the skill set, best practice in analytics etc but feel that we could set out a hypothesis on what the aim for measurement is...i.e. to determine the top 5 pathways or specialties areas where measurement could support the delivery of QIPP'

'Absolutely agree, we need to focus on particular areas/sites with biggest impact and go for those, link across regions as much as possible'.

Use measurement expertise appropriately

Whilst it is generally agreed that all staff require skills in measurement, we also need 'measurement experts' with specialist skills. However, experts should not work in isolation: they should be a member of a team, working alongside different staff groups. They also have a role to play in promoting good practice.

'Suggested challenge: integrating analytic teams in organisations into improvement work'

'Use local and national expertise to spread the importance of measurement where the expertise is available and promote good practice'

'Let's not forget it's also about having specialists in an organisation and using them productively'

'There is a lot of clinician (docs/nurses) talent that we need to tap into - at the end of the day - they are the people that make the changes on the ground - SHA and national bodies don't do it - we can only help and support.'

Demonstrate cost savings/ROI reliably and accurately

One of the barriers to measurement, highlighted at the start of this report, is that we focus on the change or improvement without considering what the impact might be. When we do, we tend to focus on quality improvements without considering the cost savings. If we do calculate the cost savings and/or return on investment, people do not always trust the figures that are quoted. We need to make the links between what we measure and the potential impact on costs and develop more rigorous and robust methods that allow us to: identify the right metrics from the outset; make better use of data; and calculate ROI more reliably.

'Also need to make the links between measuring activity / events and then impact on costs / savings'

'Before we get to measurement, we need to identify the relevant costs and benefits and that needs to be based on a conceptual understanding of what costs and benefits are (for example are negative costs different from benefits?). Health economics has been grappling with this for ~30 years and could add to short-cutting of the skills and thinking that people need to get this right'

'People don't trust the ROI figures that are "banded about" in relation to improvement work - we need to report ROI in a way that enables others to drill down into the data - that way, robust judgements and decisions can be made.'

'It's important to provide some form of clear commentary with any metrics or analysis to make it clear what is being shown, clear definitions or methodology, why we think it is important, data quality issues, perverse incentives, etc particularly important for proxy indicators where the purpose of the metric may not always be clear.'

Role of quality observatories

Finally, it was suggested that Quality Observatories have a role to play in supporting and promoting measurement.

'Let's use our quality observatories!'

'Is there a role for the quality observatories in driving the focus on measurement?'

Ideas channel for measurement

The remainder of the WebEx focused on the ideas channel for measurement, which is another strand of the NHS Institute's Measurement for Quality and Cost programme. The ideas channel for High Impact Actions (HIA) for nurses and midwives proved to be an excellent mechanism for identifying examples of success and the measurement ideas channel will be run in a similar manner.

The aims of the ideas channel for measurement are to:

- Build on what we have learned through the WebEx and develop a more informed picture of the measurement challenge within the NHS. For example, how widespread is the problem? What are the common barriers?
- Identify the best examples of where measurement systems and processes are applied effectively that can be replicated across the NHS
- Identify champions to help promote these best practice examples
- Identify any 'products' that have been used effectively. This might be a piece of software, a particular way of using a graph, a spreadsheet etc
- Help develop any interventions that are required to encourage us to incorporate measurement into all of our work
- Identify the skills and training needs

The ideas channel for measurement will be web based and hosted on the NHS Institute's website. NHS staff will be invited to submit their own measurement examples and they will be able to comment on any submissions that have already been posted. The submission process will last for four weeks and selections will be made after the closing date. The level and quality of the submissions will determine next steps and how we take this forward but it is envisaged that the best examples will be widely promoted so that these can be replicated and spread across the NHS.

WebEx participants were supportive of the ideas channel and their ideas and suggestions will be incorporated in to its development.

More details about the ideas channel will be sent out over the next few weeks and we will advise you of the launch date as soon as it has been confirmed. In the meantime, please consider all of your networks that we can draw on to maximise the number of submissions.

(NB we are currently constrained by the restrictive period during the run up to the General Election. The ideas channel will be launched as soon as possible after the election)

Next steps

The WebEx generated hundreds of comments and excellent ideas. It identified some of the actions we need to take and the ways in which we can work collectively to address some of the measurement challenges. It also generated many examples of existing good practice that can be shared across the NHS. If you provided us with an example

but were unable to provide the details, we will be in touch for more information. These examples will be incorporated into a separate report/database, which we will send to you as soon as we have completed this process. .

The NHS Institute will be hosting another WebEx in a few weeks time to identify what our priority actions should be and how we can begin this work together. All participants from this WebEx will be invited.

In the meantime, if you have any ideas or suggestions about this work, further examples of good practice, or there is anyone you think should be involved, please email Stephanie.searl@institute.nhs.uk.

For a copy of the WebEx presentation, voice recording and on line chat please contact Nicole.hobley@institute.nhs.uk. .