

IMPLEMENTING TELECARE

AN ACTION GUIDE

NATIONAL TELECARE DEVELOPMENT
PROGRAMME IN SCOTLAND

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Joint Improvement Team



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Foreword

This Guide has been developed jointly by the Joint Improvement Team and the University of Glasgow Business School. The purpose of this Guide is to support those responsible for implementing Telecare throughout Scotland through the sharing of practical tools and examples. Whilst local projects develop the use of technology, their successful implementation depends on changing many established practices and processes. Processes need to be redesigned so that they work in harmony with the technology, enabling the new service to bring benefits for service users, carers and service providers. Making these changes in a coherent yet timely manner means that leading a local Telecare project presents a significant management challenge for those who take on this responsibility.

The Guide aims to help Telecare project managers, and those working with them on steering groups and project teams, by offering a step-by-step approach to the task of re-designing health and social care service delivery using the support of Telecare technology.

It also covers some of the common barriers to successful implementation identified during reviews of a number of Partnership's local telecare projects undertaken during 2008.

The Guide contains:

- the building blocks of an effective Telecare service development approach;
- checklists and activities to focus work on specific aspects of implementation;
- examples of telecare resources from Scotland and elsewhere; and
- web links to the new **JIT Telecare Resource Bank** where partnerships can “deposit” and “withdraw” telecare resources on an ongoing basis, as they progress with the mainstreaming of telecare locally.

Further copies of this publication can be downloaded from the JIT website.
(<http://www.jitScotland.org.uk>)

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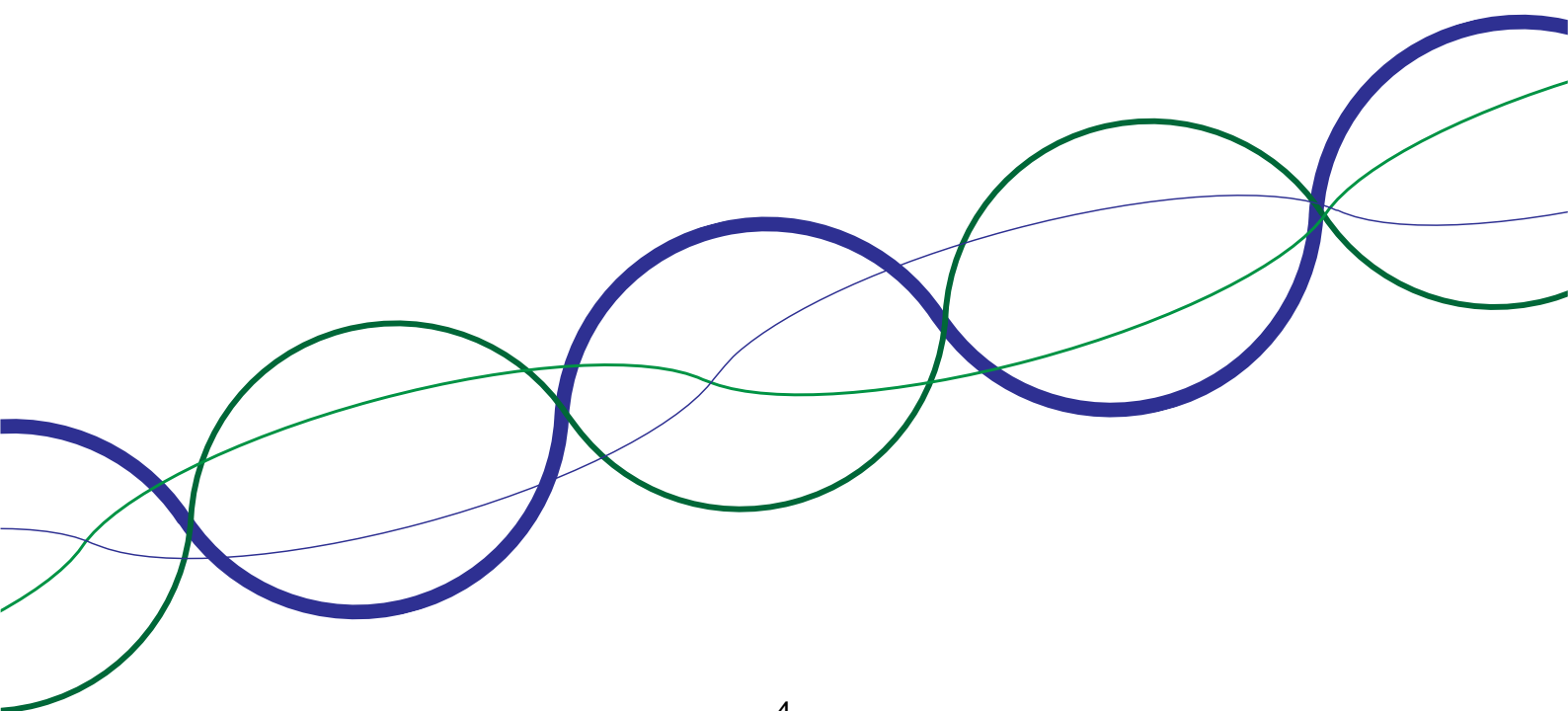
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CHAPTER ONE

INTRODUCTION

How to use this guide
An overview

1.1
1.2



1.1 How to use this guide

This guide aims to assist partnerships to implement Telecare by suggesting a logical sequence and process for implementation, although it is acknowledged that implementation may not happen like this in real life!

It is recognised that each local partnership will be at a different stage in their telecare project, and will have different strengths and challenges. The guide offers a range of tools, methods and resources that should be of benefit to all partnerships, at whatever stage of implementation. It has been designed so that it can be “dipped into” as and when required, rather than followed in a prescriptive fashion from end-to-end.

The guide includes an overview of telecare implementation broken down into 5 key building blocks –

- Getting started
- Planning to implement
- Early implementation
- Expansion
- Mainstreaming

It looks at each building block and provides:

- an introduction to the stage of implementation;
- ideas on how to manage the stage;
- exercises and checklists to aid analysis;
- project activities which help to turn ideas into practice; and
- examples of good practice from Scotland and elsewhere.

Partnerships should use the ideas, activities and examples that are of most relevance to them and adapt them to suit their own local needs.

1.2 An overview

Drawing on the evidence and experience from telecare and other change projects, this step-by-step guide provides a map which telecare project managers can use to plan / plot their telecare project activity.

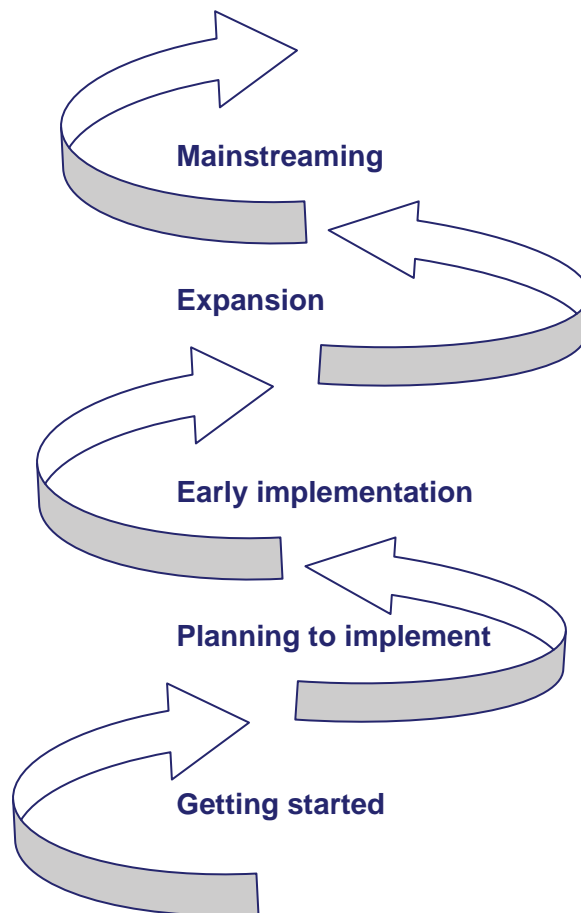


Figure 1

Figure 1 shows that a successful project moves through progressive stages from the initial roll-out towards becoming integrated into mainstream operational services. Managing these different stages becomes progressively more complex, requiring more resources and greater management skills.

Getting started – is the initial phase, when the appropriate senior managers authorise the local project and assign staff to begin working on implementation. There is a need to gather information and identify who will be affected by the project. It is also

recommended that they develop a clear statement commonly known as the **project terms of reference**. They also need to develop robust governance arrangements (e.g. a reporting structure for the **project steering group**) and begin to clarify the strategic vision – showing how the telecare project will add value and help meet the partnership's strategic goals.

Although this may sound a cumbersome task, experience (gathered from the Telecare Review process during 2008) has shown that unless the strategic vision is clearly set out from the beginning, it can cause difficulties for the project further down the line – particularly when trying to secure long-term financial investment in the telecare service from key stakeholders. The strategic vision can be revisited during the project lifespan to take account of changing priorities / agendas within the partnership.

Planning to implement – the next step is to lay out in more detail how the project will be managed. This involves creating a **project team** and establishing some ground rules for how it will operate.

The team itself then needs to work on defining **specific outcomes and measures of success** – at least for the early stages of the project. The outcomes may have been set in broad terms by those who authorised the project – the team needs to make them more specific, and include measures of success (i.e. “how will we know when we've got there?”).

Finally the team needs to begin to develop a **project plan**, covering what needs to be done – (e.g. development of operating processes, technology procurement, etc) and how it will be done (e.g.. communication methods, training programme, and the resources required), lead roles and timescales for completion.

Early implementation – the most common approach has been to begin with a focused implementation – usually with the aim of gathering information and experience to inform the mainstream implementation of telecare. This increases the chances of successful mainstream implementation by enabling staff to develop skills and expertise in telecare. This is necessary because there is currently a limited market from which to buy in these skills and expertise.

Key early tasks for the **project steering group** and **project team** will be to:

- decide on the focus of early implementation – e.g. which service user group, or geographic area.
- identify staff resources to deliver early implementation project.
- identify some baseline measures of present service provision which the project is likely to affect, e.g. number of people receiving home care packages over 10 hours per week; number of nights of respite care provided; number of admissions to care homes, etc.
- identify what data will be gathered during and after project completion to monitor and evaluate the impact of the early implementation project. Agree reporting and review format and timescales.
- carry out research into potential suppliers of elements of telecare service provision (telecare equipment, call handling, servicing and maintenance, call monitoring, response, etc) to inform decision making processes and procurement routes.

Expansion - if the evaluation of the early implementation project shows positive benefits, the **project steering group** may authorise the expansion of the project to other groups of users, or to a larger geographical area. This will increase not just the scale of the project, but also its nature. New and unfamiliar issues will arise, so although the early implementation project will offer valuable lessons, expansion will undoubtedly raise new challenges.

- A **business case** may be needed to justify the expansion and the investment of resources required to deliver it. The business case will propose where the expansion should focus for maximum impact.
- Technology will become more significant, as issues which probably did not present major difficulties in the early project may do so now as the service is set to expand – such as:

- the formalities of procurement processes;
 - compatibility of equipment with existing equipment and systems;
 - equipment maintenance, storage, battery replacement and other asset management issues.
-
- Larger numbers of staff will be involved in a more permanent way, therefore managers may have to deal with a range of Human Resources issues.
-
- Care management processes including those for referrals, assessment, care planning and review may need to be re-designed. This may have implications for the financial resources required both in the short and long term.
-
- Charging for services may need to be considered.
-
- Managers will need to consider how they will gather the data required to evaluate the broader service development programme and to disseminate the lessons learned to inform future service development.

Integrating into mainstream service - the final step is when the decision is taken that telecare is no longer a distinctive project, but is to be embedded in mainstream service provision.

Many of the issues already addressed (especially technology, staffing and process re-design) are likely to arise again, but on a larger scale. There may also be new issues e.g. previously separate services or agencies have to begin to work more closely together, therefore roles and responsibilities need to be clarified. This step may also include exploring the potential for reorganisation or restructuring of services.

Considering the work and issues that may arise during all five stages, the telecare **project manager** may well wonder 'where do I start?'

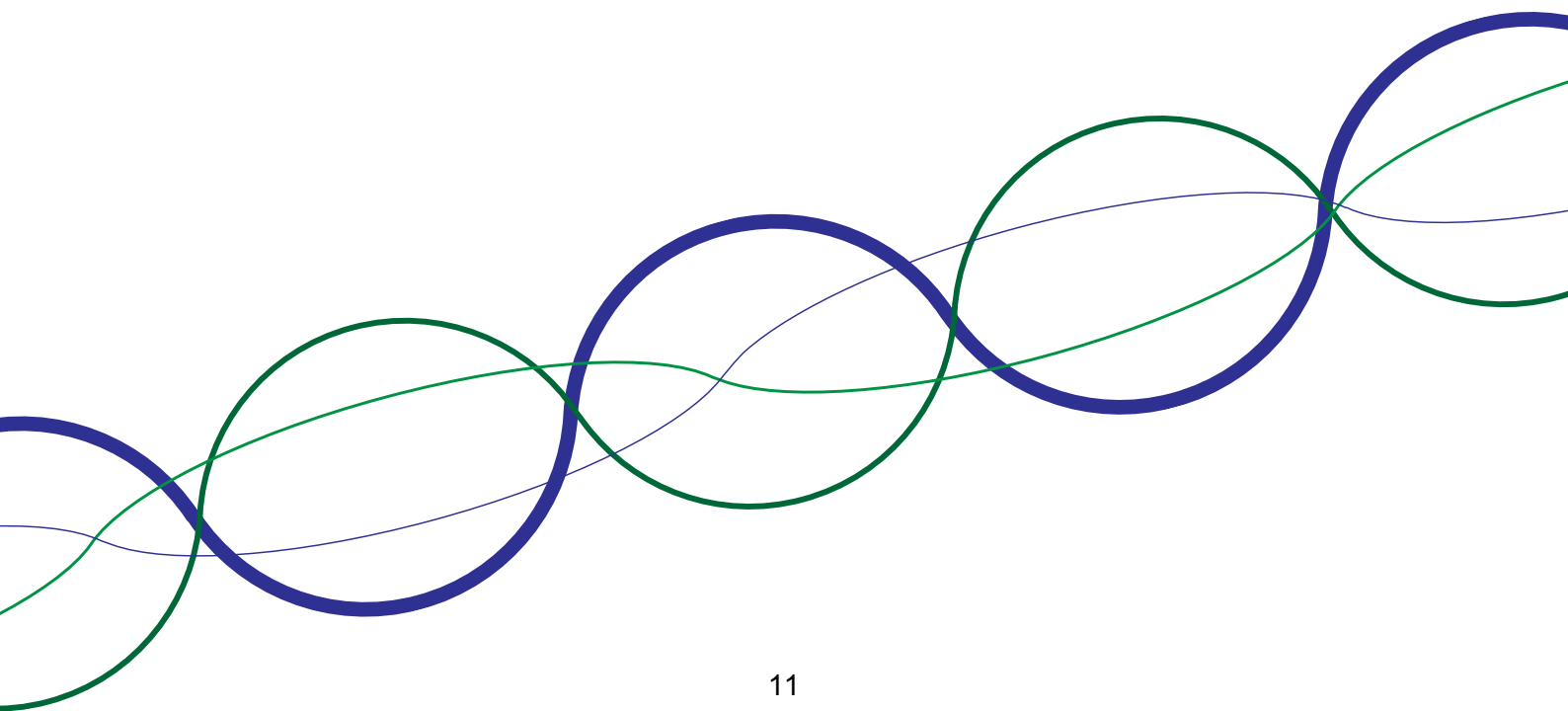
This guide is intended to help partnerships and project teams to answer that question, by encouraging them to work in a logical way from the start to help to set the project moving in the right direction, which in turn should build the project team's confidence that they can handle new or unexpected situations which may arise later in the project.

The guide includes advice based on the experiences of telecare projects within Scotland and elsewhere, however it obviously cannot cover every circumstance. As the national Telecare Programme continues to evolve, the Joint Improvement Team will continue to gather examples of telecare practice and resources which will be stored in the new **Telecare Resource Bank** so that local partnerships can access them as and when required. See JIT website. (<http://www.jitscotland.org.uk>)

CHAPTER TWO

GETTING STARTED

Gather information	2.1
Identify and analyse key stakeholders	2.2
Clarify vision and expected outcomes	2.3
Ensure strategic leadership and governance	2.4
Write the project terms of reference	2.5



2.1 Gather information

Introduction

The early stages of a project can be a time of great uncertainty. Someone or some group has an idea, obtains funds, launches an initiative – and perhaps a project begins to emerge, even if it is not yet formally established. Those involved at this stage, however tentatively, will soon be making decisions about the nature, scale and duration of the project which will have a significant influence on its future. Yet if the project is about a new service or technology, the individuals involved may have little direct experience or local information on which to base those decisions. They will need to spend some initial time and effort on research - gathering background information to guide their decisions. This is likely to make the project more valuable in the medium to long term by reducing the costs, understanding implications for processes or increasing the benefits of the change.

Research what?

Research itself is a cost, therefore it needs to be focused. Since the point of the research is to guide project decisions, the gathering of information should be relevant to specific forthcoming decision areas. These areas will change and refocus throughout the project lifespan. In the early stages particularly, stakeholders will have different ideas and interpretations about issues relating to telecare, so research can clarify these differences, and help those responsible to set a clear focus for the local project.

For example, at an early stage the project will benefit from information about:

- Telecare. What do people mean by the term, how have others interpreted it, and what does the sponsor of the project mean by it?

Where can we find that information?

Formal telecare sources include:

- the **Joint Improvement Team** website and the Scottish **Telecare Learning Network**
- relevant conferences and supplier demonstrations
- academic studies and evaluations
- websites such as **CSIP**, **TSA** – see **Chapter 8** for useful web links.

Informal sources include:

- Google and other web search engines
- personal contacts in other partnerships
- colleagues who have relevant experience, perhaps in a different setting – such as new colleagues who have relevant experience elsewhere.

Since, by definition, research will be uncovering new ideas, it is hard to plan in much detail – one contact leads to another. However, it is important to control the research process so that it remains focused on the decisions the project staff will soon need to make and is relevant to the local application. It is very easy to get side-tracked because of the wealth of information and materials that are available. It is important to set a timescale for carrying out the initial research to help to focus it on the task in hand.

How to use the information?

Information and ideas are only useful if they influence decisions, so the project team needs ways of sharing their research findings – most obviously at team meetings or in informal discussions. They may also consider sharing information electronically with each other to ensure maximum use is made of the materials that have been gathered.

In conclusion

- Gathering information and ideas will help the **project steering group** and **project team** make more confident decisions throughout the project.
- The **project team** should think widely and creatively about possible sources of information, using the internet and contacts in other partnerships to help to direct their search.
- Research activity is vital in the open, early stages of a project – but should continue through the project lifespan, albeit on an “as-and-when required” basis.
- While all can gather useful ideas, it is the **project manager’s** responsibility to ensure this happens, and that the information is used to usefully guide decisions.

Tool 1 Information gathering exercise

Activity guidance

Begin to gather preliminary information that could be relevant to your Telecare project, using the headings below as a guide.

- **Telecare definitions.** What do people mean by the term, how have others interpreted it, and what does the sponsor of the project mean by it?

A **Glossary of Telecare Terms and Definitions** can be found on the JIT website – <http://www.jitScotland.org.uk/action-areas/telecare-in-scotland/> - and this may help the project team to clarify stakeholders' understanding of telecare.

- **The possible benefits?** Who else has used it? What benefits have they achieved? Have they been able to integrate it into routine working?
- **The possible difficulties?** What obstacles or problems did they experience? Were there unexpected outcomes?
- **How did they manage the change?** Was it a straightforward project, or unusually difficult? What lessons can we learn from their experience?
- **What changes did they make in the organisation?**
- **What local or historical factors helped or hindered them?**
- **What if there is no-one else that has used it?** What research is available on similar topics that might help inform the way ahead?

Decide how you will share this information and who with to benefit the project.

The websites referenced below in the “**Practice examples and further information box**” include links to the experiences of other telecare partnerships and the outcomes they have achieved, including in relation to integration with mainstream service provision.

Links with other telecare leads in partnerships can be made through the Scottish Telecare Learning Network (www.jitscotland.org.uk/action-areas/telecare-in-scotland/learning-network) which can aid the information gathering process throughout the project lifespan to help to inform key decisions. Many partnerships have used questionnaires and email questions to involve telecare leads in their information gathering activities.

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT’s website, including:-

- Glossary of Telecare Terms and Definitions - <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/>
- JIT Telecare Factsheets - www.jitscotland.org.uk/action-areas/telecare-in-scotland/
- JIT Telecare Publications – <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/telecare-publications/>
- Scottish Telecare Learning Network – www.jitscotland.org.uk/action-areas/telecare-in-scotland/learning-network/
- CSIP Telecare Implementation Guide (2005)– www.telecare.org.uk
- CSIP Telecare Learning Network - www.networks.csip.org.uk/telecare
- Foundation for Assistive Technology (FAST) – www.fastuk.org
- AT Dementia – www.atdementia.org.uk
- Telecare Aware – www.telecareaware.com
- London Telecare – www.londontelecare.com

2.2 Identify and analyse key stakeholders

Introduction

'**Stakeholders**' is a term used to describe all the people, groups or organisations with an interest in a project, and who may have the power to affect the outcome. Their 'interest' can range from active promoters and supporters, who want it to succeed; through some who are indifferent; to those who strongly oppose the change. Their power varies – some have very little influence over what happens, while others can block a project which threatens their interests.

Stakeholders have an interest both in the outcomes, *and* in how the change is managed, so project managers need to gain and keep their support. To turn a general awareness about stakeholders into useful action, the **project manager** can:

- identify stakeholders (pressure groups, interested parties);
- assess their power to help and hinder the project;
- assess their commitment;
- assess their interests – how will the project affect their priorities, performance etc;
- manage relations with them - to gain their support, or to manage opposition.

Conclusion

Taking time to consider in detail who the project will affect, who can affect the project, and whose support you need, e.g. elected members, senior managers, front line staff, suppliers, etc is critical to the success of a project. Identifying a list of current key stakeholders, along with a clear view of their interest and influence in the project should help you to think about:

- Setting and framing the language for the project outcomes
- Creating steering groups and project teams
- Developing a communication plan
- Designing and conducting a monitoring and evaluation framework.

Tool 2 Stakeholder analysis exercise

Activity guidance

This activity should assist the project team to identify key stakeholders and to guide their thinking on how to manage their involvement in the project.

1. Identify stakeholders. In the centre of a sheet of paper, write the name of the Telecare project. Then draw other circles around the sheet, each identifying an individual or group regarded as having a stake in the project. Place the most significant nearer the centre; others around the edge. Think widely, as powerful stakeholders may not be immediately obvious.

2. Assess their power. Consider which of those listed could have the greatest effect on the project by giving or withholding their support. Identify why they can do that – i.e. what are the sources of their power over the project?

3. Assess their interests. Use a grid like that shown on the next page. List the three most significant stakeholders down the left hand side of a sheet, and note answers to the following questions for each stakeholder:

- What are their interests and priorities?
- What are they expecting from the project – what benefits or other results?
- How may the change affect them, such as in their working or in other ways?
- Are they likely to welcome the change, or not?
- What is their likely reaction? What might they do or say to help or hinder the project?

4. Manage stakeholders. The project team can begin to plan practical steps to influence and manage stakeholders. To assist with this, write down the team’s answers to the following questions:

- Who are the most significant stakeholders?
- How can the project be designed to meet their interests?

5. Involve stakeholders. The project team should consider **how** the main stakeholders are involved in the project. Think about the following:

- Are the most significant stakeholders involved in the right ways?
- If not, what can be done to address that?

Stakeholder analysis template

Stakeholder	Their interests?	What do they expect?	How may telecare affect them?	Will they welcome change?	What is their likely reaction?	Ideas for managing / involving them

Stakeholder analysis example

The following example stakeholder analysis is sourced from the CSIP Telecare Implementation Guide (July 2005). It focuses primarily on practitioners, service users and carers, so project teams should also remember to consider senior managers, elected members and other key strategic stakeholders who may influence (both positively and negatively) the development of telecare locally.

Stakeholder	Interests / expectations /benefits	Barriers and concerns	Ideas for managing them / comments
Care Managers	<ul style="list-style-type: none"> Options in a care plan either alone or with home care/Supporting People arrangements Alternative solutions to risk reduction Ability to improve independence. 	<ul style="list-style-type: none"> Initial cost Understanding knowledge of options 	<ul style="list-style-type: none"> Telecare needs to be built into care management systems and Supporting People plans Costing could be picked up by ICES S31 or other pooled funding arrangements
Carers	<ul style="list-style-type: none"> Supports a care plan Provides confidence and reassurance 	<ul style="list-style-type: none"> Lack of confidence in equipment and response Responding to false alarms 	<ul style="list-style-type: none"> Demonstration flats can be helpful Improved reliability Standards for equipment and response services
Discharge planners	<ul style="list-style-type: none"> Prompt discharge from hospital. Early discharge planning needed. Pre-admission information from district nurses (DNs) and GPs and better links with Occupational Therapists (OTs)/Allied Health Professionals, Care and Repair. 	<ul style="list-style-type: none"> Inappropriate identification of patients who could benefit from telecare Telecare could lead to lack of confidence in equipment 	<ul style="list-style-type: none"> Control centres could provide a “care coordination and reference role” as well as the monitoring service provision itself Utilise the work of Equipment and Adaptations, Care and Repair services to tackle disrepair, property health & safety checks and provide aids and adaptations
District nurses and Community matrons	<ul style="list-style-type: none"> Remote monitoring and clinic support by nurses Visits saved so time could be reallocated for preventative work Telecare devices such as falls monitors could be included in falls programmes to improve confidence 	<ul style="list-style-type: none"> Time for multi-disciplinary training, agreeing protocols etc Initial cost of setting up 	<ul style="list-style-type: none"> Comprehensive training, clear protocols and pathways of care are vital Links to NHS 24 and other out-of-hours services could be beneficial

Users and carers	<ul style="list-style-type: none"> • Supports a care plan • Provides confidence and reassurance • Encourages independence, control and self-care • May reduce adverse incidents e.g. falls • Reduces isolation • 24/7 monitoring 	<ul style="list-style-type: none"> • 'Big brother'/ethical issues • Monitors may be abused, disabled, forgotten, lost • Compliance issues 	<ul style="list-style-type: none"> • An early discussion with users and practitioners on ethical and other issues will help to overcome this.
Housing managers	<ul style="list-style-type: none"> • Support in sheltered/supported and extra care housing • Development of integrated care services • Services to enable older people to live independently 	<ul style="list-style-type: none"> • May be more difficult to co-ordinate in other community settings 	<ul style="list-style-type: none"> • Clarity needed on local capital and revenue funding arrangements • Link with Fair Access to Care Criteria (FACS), floating support and other Supporting People funded services
Intermediate care, Step-up, Step-down	<ul style="list-style-type: none"> • Support intermediate care programmes and rehabilitation • In-patient units can give time to test equipment and gain user and carer confidence 	<ul style="list-style-type: none"> • Lack of telecare awareness of Primary Health Care Team particularly GPs and district nurses may lead to uncertainty of benefits 	<ul style="list-style-type: none"> • Follow up after discharge vital to sustain clients rehabilitation and confidence in telecare • Assess 'move-on' housing with care options such as extra care
Occupational therapists	<ul style="list-style-type: none"> • Single shared assessment process (SSA) • Occupational therapy role in assessing for telecare and access to grants for adaptations. 	<ul style="list-style-type: none"> • Different types of assessments 	<ul style="list-style-type: none"> • Training and awareness needed in telecare assessment and implementation • Useful to include Telecare in SSA discussions
Community Safety officer	<ul style="list-style-type: none"> • Provides a number of crime prevention roles • Bogus caller protection • Domestic violence protection • Intruder detection Witness protection, racial harassment 	<ul style="list-style-type: none"> • Compliance issues 	
Specific user groups e.g. mental health/ dementia/ learning disabilities	<ul style="list-style-type: none"> • Allows early onset dementia sufferers to stay at home longer • Provides respite for carers 	<ul style="list-style-type: none"> • Compliance issues • Consent issues 	<ul style="list-style-type: none"> • Telecare needs to be built into Social Services care management systems and Supporting People plans

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website. These include:-

- Stakeholder Management and Communication Plan template (**Tool 3**)
- CSIP Telecare Implementation Guide (2005) – www.telecare.org.uk
- Edinburgh Partnership – Telecare Communication Plan
- Fife Partnership - Telecare Communication Plan
- Highland Partnership – Telecare Communication Plan

Tool 3 Stakeholder management and communication plan template

STAKEHOLDER ANALYSIS				COMMUNICATIONS PLAN							
1	2	3	4	5	6	7	8	9	10	11	12
Stakeholder Group	Names of Key Stakeholders	Benefits and/or perceived dis-benefits of project to stakeholder	Objectives, Changes Needed, Project Interest, Training Impacts	Resistance to Change (Politics) if any	Communications - Content Required (Messages)	Communications Method e.g. meetings, group reports, group eMail, bulletins, website, road shows, presentations	Developed by?	Distributed by?	Dates Frequency Monthly Weekly A-Ad-Hoc	Feedback (Two-Way)	Status: O-Open C-Closed P-Pending
<i>Sponsors: Decision makers, customer decision makers, budget controllers/finance, senior responsible officers - at the core of the project and have power to act. for/against the changes</i>											
<i>Regulatory & Political: Are interested and potentially impacted by the change, and have power to act for/against the change e.g. Audit or Scottish Government.</i>											
<i>Operational Staff & Influencers: Who will deliver the project and to whom? Are there people whose operations will be impacted? Are there people who can bring pressure to bear, or influence outcomes?</i>											
<i>Service Users: Who will be the users of the system or connected with the users of the system and new processes being implemented.</i>											
<i>Other Stakeholders: May be interested in the change, may be impacted at the periphery of the change and have little power to act for/against the changes.</i>											
<i>Associations: Is there a collective voice for any of the groups affected e.g. Trade Unions, Professional Associations, and Customer Organisations.</i>											

2.3 Clarify vision and outcomes

Introduction

Having a clear outcomes focus for a project helps to turn a broad idea or vision into practical plans that can change practice. All projects compete for resources and those with a clear strategic vision and plan of action are more likely to secure them, especially if they aim to achieve outcomes which stakeholders' value.

A project's strategy sets out the vision for the project, the outcomes it intends to achieve and how this will be done. It links the project to the wider context, and especially to the interests of powerful stakeholders – and to the wider strategic goals of the partnership. Any project is at risk of spreading its resources over too many targets: a clear strategy enables those leading the project to decide where to focus resources to support the successful delivery of the project. A strategy states what services the project will deliver and to which target groups. It enables the project team to give a confident answer to the valid question - 'why are we doing this?'. Is it, for example, to:

- Provide better quality of services for prioritised population groups?
- Lower service costs by introducing reliable and efficient operating processes?
- Improve staff satisfaction by making their work more interesting?

Considering this helps service managers to avoid making decisions driven by fashion. The technical possibilities of telecare are vast, and there is a danger of seeking the newest "gadgets" for their own sake. A sense of strategic direction provides a coherent framework within which to discuss project choices, and prioritise areas of service development and activity.

In conclusion

Developing a telecare strategy will help the project team to:

- secure and retain senior management support
- communicate with stakeholders
- set clear outcomes and measures of success for project stages
- create a project plan
- design an approach to monitoring and evaluation of outcomes.

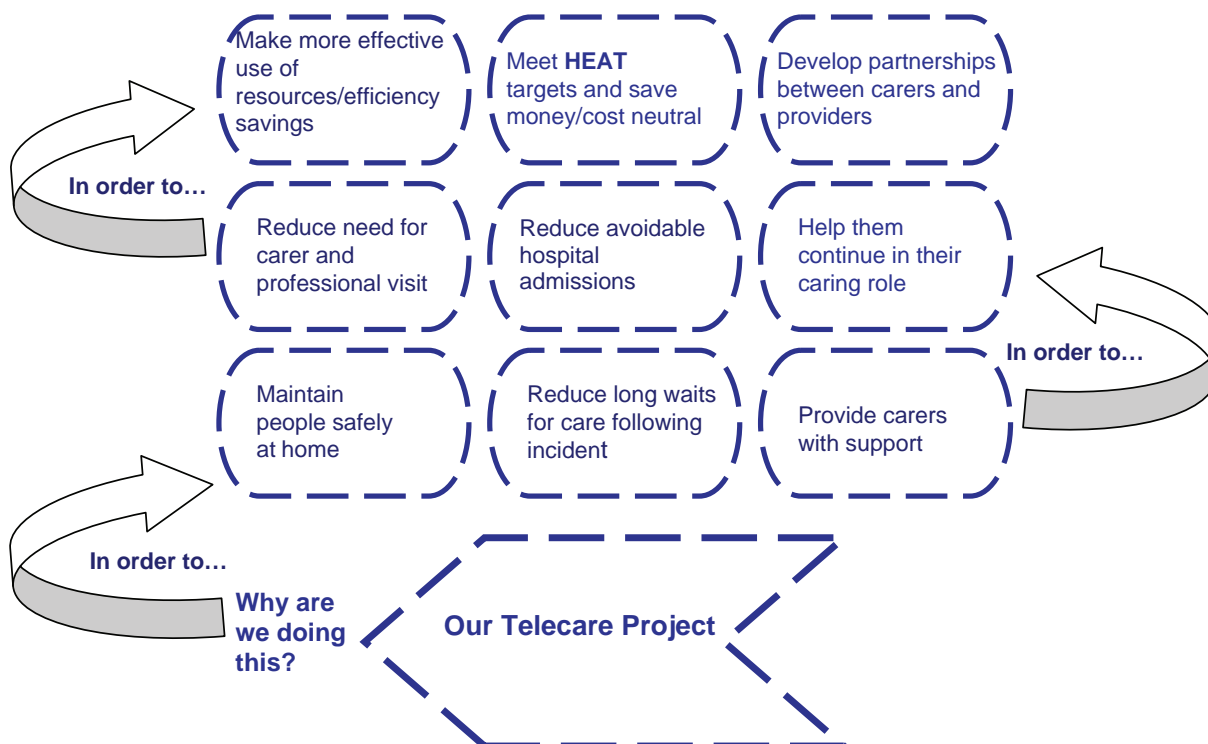
It is important to note that the strategy does not need to be a lengthy, published document.

Tool 4 Clarify vision and expected outcomes exercise

This activity can be used to focus the project team’s thinking.

Activity guidance - Part A

1. Write the name of your Telecare project on a ‘post-it note’, and then ask ‘why are we doing this?’ Begin your answers (there may be three or four) with the phrase ‘in order to ...’
2. Write each answer on another ‘post-it note’, and place it **above** the one with the name of the project.
3. Repeat the process for each of your answers - ask ‘why?’, and answer with ‘in order to ...’ Use a new post it note for each – and place them **above** the first level of post-its.
4. Continue this for a few minutes – until you have built up three or four levels of questions and answers: by then you should have a number of broad, long-term outcomes which the project can serve. You will need to re-arrange your chart a few times until it makes sense. An example:



5. If possible, share your chart with several key stakeholders and produce an agreed network (or hierarchy) of the outcomes you expect the Telecare project to deliver.

Part B

6. Refer to your stakeholder analysis (**Tool 2**) and recall the interests of your most significant stakeholders – including senior management and elected members.
7. Write down the interests of these stakeholders, and show how the outcomes you have identified for the Telecare project will support their interests – including the partnership’s strategic aims. If the outcomes you have identified for telecare do not appear to be supportive of your key stakeholder’s interests, you should revisit the outcomes you have identified to ensure synergy between the two.
8. The output from this exercise will be a list of agreed strategic outcomes for your local telecare project and enable the formulation of an overall vision statement.
9. You can then use this information to secure and maintain senior management buy-in to the project, through the development of a local Telecare Strategy and Implementation Plan.

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT’s website. These include:

- Argyll and Bute Telecare Strategy
- Edinburgh Telecare Strategy
- Fife Telecare Strategy
- Highland Telecare Strategy
- Inverclyde Telecare Strategy
- National Telecare Strategy (JIT) <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/>
- Orkney Telecare Strategy

2.4 Ensure strategic leadership and governance

Introduction

A project needs both support from, and ownership by, senior management, as without this it is likely to lack commitment from other staff, and will not receive the resources it needs. Equally senior management need to create suitable governance arrangements to ensure the project is targeted to wider strategic goals, and effectively project managed.

Strategic leadership

It is easy to initiate a project and generate early enthusiasm amongst those who are committed to telecare, or who believe they will benefit from introducing it. Sustaining a significant change depends on continuing budgets / resources, responding to other departments / services and having a robust defence against competing priorities. Allowing a project to be driven by one or two enthusiastic individuals who may move on can also present a significant risk to its success.

Senior management can support the successful delivery of a project by:

- Publicly advocating telecare and showing how it supports wider strategic goals;
- Committing adequate resources to it;
- Keeping up to date on progress, and providing support through difficulties.

Even if senior managers have given their initial approval, those responsible for putting telecare into practice need to ensure that ongoing approval and support is maintained. Senior managers are key stakeholders, so in the earliest stages of the project those managing it need to put time and effort into understanding their interests, and how best to secure and maintain their support (e.g. by using [Tool 2 – Stakeholder analysis exercise](#)).

Governance

Ensuring suitable governance arrangements which regulate the relationships between those involved in the project is crucial in maintaining senior support. If senior managers are committing significant resources, they will want reassurance that the project is delivering best value for their investment. This can be done by setting up a project governance structure, which links the project to the wider organisation.

This helps the project by linking it to relevant developments elsewhere in the partnership, and helps senior management to be informed about progress (e.g. regular six monthly

progress reports to committees, boards, etc). It also allows the project to adapt and be responsive to certain changes in the wider strategic environment within the partnership.

Terms used to describe arrangements will vary locally, but at the highest level there will be some form of *steering group* / project board, a *designated project manager* / lead, and an identifiable group of people who are members of the *project team*;

- ***Steering group***

This links the project to the organisation, and consists of senior managers from the relevant departments or units affected. They will not engage in detailed work, but will expect to ensure that the project outcomes support the wider strategy, receive reports on progress towards those outcomes, and to act as necessary if there is significant variation. This role will usually be carried out by an existing body, such as a partnership board. It is useful to have key stakeholders represented on this.

- ***Designated project manager***

The project manager is responsible for ensuring that the project achieves the outcomes set out in the *project terms of reference document*. Depending on the scale of the task, they may work full-time or part-time on it. They may be seconded from their normal duties for a limited period. They will be responsible for reporting to, and receiving instructions and advice from, the steering group. As well as selecting the person, senior managers also need to set out clearly their responsibilities, a job description ([see Tool 8 for a sample Project Manager Job Description](#)) and reporting requirements.

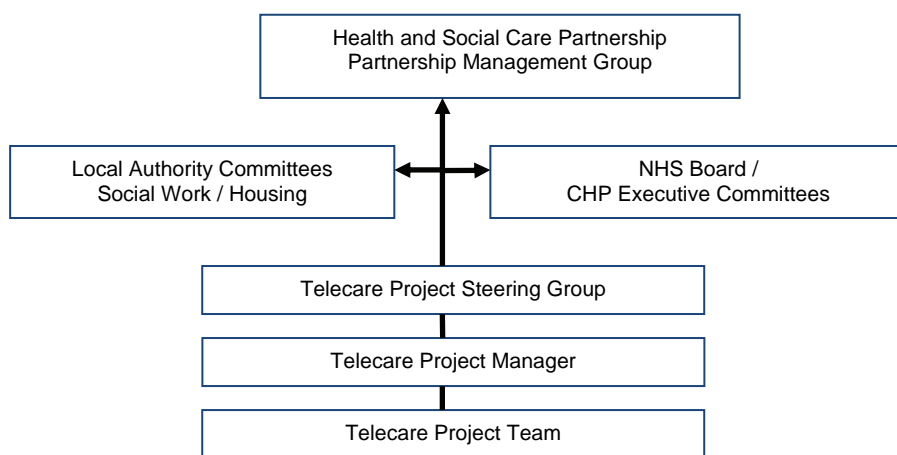
- ***The project team***

The project manager will need the support of other people. They may be in other services or organisations, so it is likely that the project manager will have no formal authority over them. If project work also competes with their regular work (which will usually take precedence), progress may be slow. Senior management can counter this by creating a specific structure – a project team, with terms of reference – which signals that the project is a separate task. Staff can be visibly appointed to the team, for an agreed and designated amount and duration of time. From a reporting and governance perspective, team members will meet regularly to decide what they need to do next, who will do it, and by when. They can then report progress as agreed, which in turn forms the reports to the steering group.

Tool 5 | Agreeing project governance arrangements exercise

Activity guidance

- Develop recommendations for an appropriate governance structure for the project, ensuring that key strategic stakeholders (e.g. elected members, budget holders, etc) are included in the reporting framework. Example:



- Draft the membership and terms of reference for the steering group, ensuring that appropriate representation from all key stakeholders is secured. **See Tool 6 for a sample template.**
- Identify meeting dates for the next 6 months to 1 year to secure the attendance of key stakeholders at project steering group meetings.

Tool 6 Sample template for project steering group remit

The role of the Telecare Project Steering Group is to lead the implementation of telecare within the xxx partnership.

Remit

The Steering Group will direct the development of telecare, with a particular focus on:

- Integration of telecare into mainstream services including primary care, secondary care, social care and the voluntary sector
- Flexibility and responsiveness to individuals and carers
- The development of practices and processes that are fit for purpose (including assessment, care planning and service planning/evaluation)
- Planned, anticipatory care / proactive interventions

Tasks

- Ensure connection with relevant partnership strategic agendas
- Ensure connection with relevant Managed Clinical Networks, Older People's Services, Children's Services, Mental Health & Learning Disability Services
- Agree an annual implementation plan for the development of telecare within the partnership.
- Monitor and support the effective management of project risks.
- Identify and optimise joint care approaches and common functional outcome measures
- Identify and optimise use of interagency care pathways
- Participate in monitoring and evaluation of impact of telecare on service delivery
- Ensure clear, valid process and outcome performance measures and that all agencies participate in audit
- Ensure alignment with the National Telecare Strategy

Annual Outcomes

- Review progress against agreed priorities in the Telecare Implementation Plan and revise in accordance with Local Authority and NHS Board priorities.

Membership

- Senior Partnership Representative (Chair) – health or local authority
- Senior Partnership representatives' e.g. Social Work Head of Community Care, Community Health Partnership General Manager, etc.
- Key operational managers in health, social work, housing, related services (e.g. Call Monitoring Centre, etc)
- Voluntary Sector / Lay representative

(The Steering Group does not need to include every possible stakeholder – just those with the power and influence to direct the implementation of telecare).

Key functions and responsibilities of individual members

- Members should effectively represent a body of opinion, not just their own.
- Members must take responsibility for the timely promotion of two-way communication between the Telecare Steering Group and all relevant partnership colleagues/organisations.
- Members should commit to regular attendance at meetings, as continuity and balance of input into the decision making process is of the utmost importance.
- Members should strive to ensure that an appropriate deputy attends meetings in their place to ensure that a balanced complement of representation is always present and that each meeting is fully quorate.
- If a member of the Steering Group will be unable to attend a meeting, he/she should inform the Steering Group Administrator.

Meetings

The Telecare Steering Group will plan to meet every [insert frequency e.g. two months (with a minimum of four meetings per year)].

Items for the agenda

Submissions should be sent to the Steering Group administrator no later than 2 weeks in advance of meetings. Items will be considered from any group member or from any individual, group or organisation represented or affected by a strategic decision.

Deputies

Members have responsibility to send a deputy in the event of their absence.

Quorum

The meeting quorum will be 5, which should include the chair or nominated deputy. Deputies will contribute to the quorum.

Chairperson's powers and voting rights

The Steering Group will work in a consensual manner. In the event of the Chairperson identifying the need for a vote, voting will be by simple majority. All members of the Group have equal status.

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website. These include:-

- **Aberdeenshire Telecare Group Terms of Reference**
- **Edinburgh Steering Group Design and Reporting Structures**

2.5 Write the project terms of reference document

Introduction

Any project benefits from clearly identifying the scope of the work that needs to be done to achieve the outcomes, to ensure that all stakeholders are clear about what the project will and will not set out to achieve. It avoids misunderstandings and provides a common reference point.

What should it include?

Early discussions will have focussed on understanding what powerful stakeholders expect the project to achieve. The terms of reference document is a convenient way of summarising this, as it ensures a common understanding amongst those involved, and is especially useful when new people become involved. It states:

- Why the project has been started –
 - the outcomes it is intended to achieve;
 - how it is expected to support the wider strategic objectives of the partnership such as the care of older people, reduction in delayed discharges, etc.
- Who is to be involved –
 - the names, roles and responsibilities of those on the main project team and of the units or agencies that will be part of the work.
- How it will be done -
 - set out (in broad terms) the **main sub-tasks** which will need to be completed, indicating the resources / funding that will be required;
 - include an indication of other issues / risk that might need to be managed;
 - include how the project relates to other similar projects elsewhere in the partnership (project dependencies).
- When it will be done –
 - specify when each sub-task will be completed;
 - is it to be implemented in one event, or gradually rolled out from an initial service area to complete integration with existing service provision?

A Project terms of reference template is included as Tool 7.

Tool 7 Project terms of reference template

Terms of Reference Document

Project Name

Published date	dd/mm/yyyy
Version	Version N, Draft M
Author	Name including author's job title

Notes on adapting this document

*This document can be tailored to suit the needs of any project. **You should delete, change or add details as required so that it is fit for purpose.***

Table of content

1. Introduction

- 1.1. Purpose
- 1.2. Background

2. Customer (service user) impact

3. Operational impact

4. Objectives / outcomes

5. Scope

- 5.1. In Scope
- 5.2. Out of Scope

6. Constraints / risks

7. Interfaces / dependencies

8. Success criteria

9. Key milestones

10. Key roles

11. Document approval / sign off

Introduction

Purpose

*The Terms of Reference (ToR) defines **WHAT** the project is intended to achieve. It sets the scope and objectives of the project once they have become clearer, and is a major input to the project planning stages. This document is a statement for the project, project team and governance bodies to refer back to. This ensures the project is still on track to deliver its desired outcomes.*

Background

This section should include a description of what has occurred to lead up to the production of this ToR. This section aims to answer the question “Why are we doing this work now?” Both the objectives of the ToR and the actions to be taken as a result of agreeing the ToR should be stated here. Refer to other documents (remember to provide dates and version numbers) rather than repeat information recorded elsewhere.

Customer (service user) impact

This section should outline the potential impact (positive and negative) on people who will use the service.

Operational impact

This section should outline the potential impact for service providers.

Objectives /outcomes

This section should detail the objectives of the project (these should be SMART), using the following guidelines:

- *Define the desired outcomes*
- *Remember that objectives should be measurable and achievable*
- *Be careful of writing down a solution*
- *Try to make objectives short and pithy. You can do this by starting each one with an active verb (e.g. enable, identify, agree)*

If the objective is hard to define perhaps there isn't really a problem to solve or an opportunity to exploit. If this is the case STOP NOW before any further time or money is used up on this initiative.

Scope

The aim of this section is to define as tightly as possible what needs to be considered. Do not forget to state what is explicitly out of scope.

In scope

Should take into consideration what is included within this stream of work. This could be in terms of:

- *Departments, services, agencies*
- *People (service users, carers and operational staff)*
- *Procedures (Operational and Technical)*
- *Strategic priorities / targets*
- *Equipment*
- *Technology adoption*

Out of scope

Topics would cover the above elements but specify what is excluded from the scope of the project.

Constraints / risks

Should include any limiting factors / risks to the project including:

- *Staff availability*
- *Staff skills*
- *Delivery timescales*
- *Budget*
- *Equipment*
- *Environment*
- *Limits to project manager's authority*

These should be things that materially affect how the work will be planned.

Interfaces / dependencies

Should take into account any relationships to this project such as:

- *Projects or sub-projects*
- *Major projects*
- *Existing systems*
- *Departmental and people interfaces / dependencies*

Success criteria

Determine the criteria against which the work of the project will be judged to have been satisfactorily completed.

Success criteria should be quantifiable, achievable and recognisable as well as agreed with service users and carers.

Success criteria should be measured in terms of service user and operational impacts).

It is helpful to have separate success criteria for each objective.

Success criteria should be regularly reviewed by any governing bodies to ensure the project remains on track to achieve them.

Key milestones

Insert any key milestones relevant to the project in addition to the basic milestones detailed below.

Milestone	Date	Notes
Define project tasks		
Commence project tasks		
Complete project tasks		
Project closed		
Post Implementation Review		

Key roles

Role	Name	Acceptance Signature / Date
E.g. project sponsor, project manager, etc		Physical signature, electronic date

Document approval & Sign-off

Name	Business Area & Role

Practice examples and further information

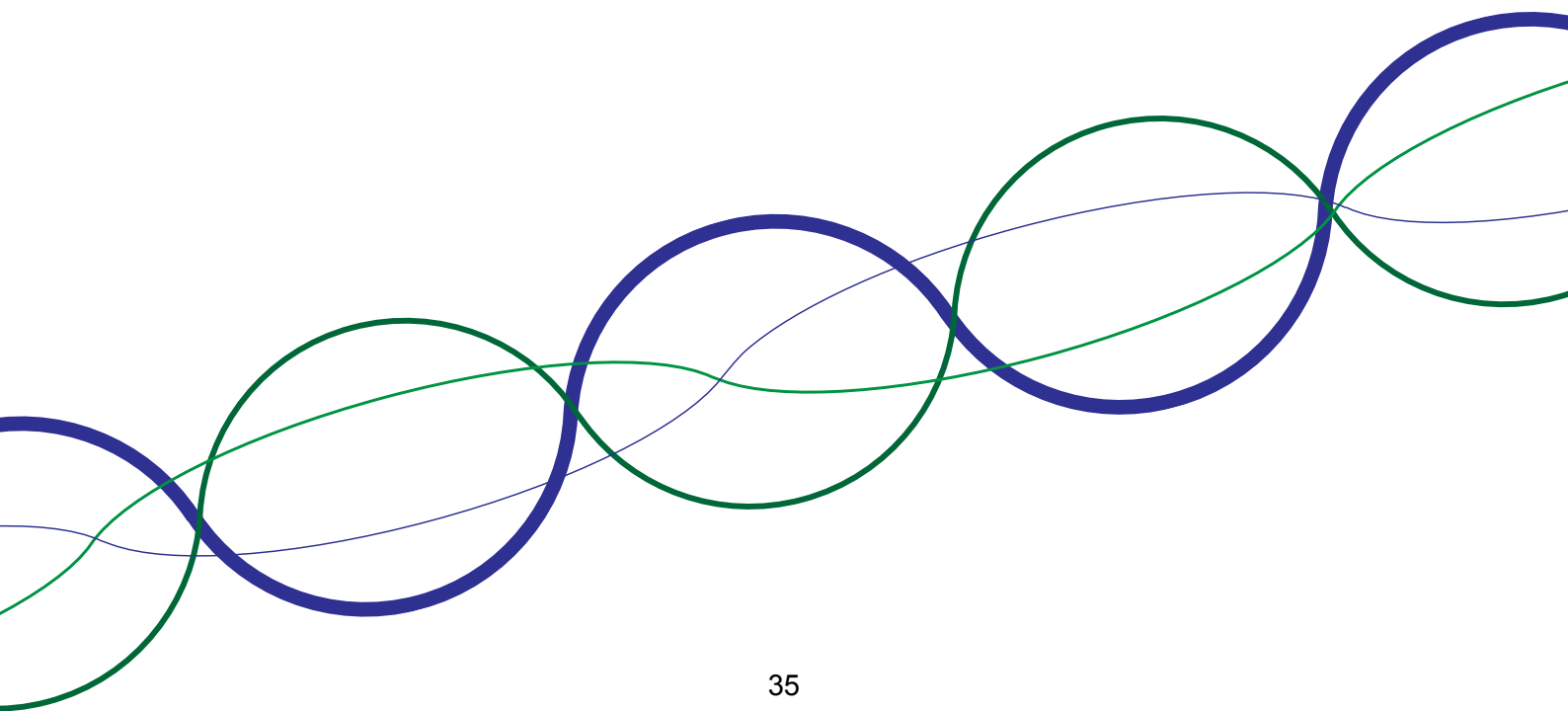
Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website, including:-

- Project Terms of Reference Template (Tool 7)
- Edinburgh Partnership – Project Briefs and Plans for Safe Walking Trial and Supporting People Review, Telecare Falls Programme and Just Checking Trial

CHAPTER THREE

PLANNING TO IMPLEMENT

Appoint a project manager and project team	3.1
Establish a common method of working	3.2
Set specific objectives and measures of success	3.3
Developing a project plan	3.4
Assessing and managing project risks	3.5
Developing communication	3.6
Assess resource requirements	3.7



3.1 Appoint a project manager and a project team

Introduction

As projects grow and involve a wide range of players, they need a management structure within which people work – typically a project manager and a project team.

The project manager

Projects need an identifiable leader, who takes responsibility for achieving the outcomes which senior managers expect. The person in charge of a project needs to be able to:

Ensure agreement with goals – spend time with stakeholders clarifying the overall objectives, and ensure that others understand and agree to them (need to negotiate and review objectives as required).

Obtain resources - identify what they need, negotiate their release, retain them, and manage them effectively.

See the whole picture - take a broad “whole systems” view through continuous monitoring, anticipating stakeholder reactions, spotting links and reacting to unexpected events.

Influence others – keep the project going by using their personal energy and initiative, and by working through structures such as the project team and steering group.

Communicate - to obtain and retain the commitment of the departments and individuals whose support they need, and to establish networks.

In other words, projects are most likely to succeed when managers put effort (and skill) into agreeing goals, securing resources and monitoring progress. To do this they need to listen to and influence others and communicate effectively with them, using good negotiation skills, on an ongoing basis.

The project team

On all but the smallest projects, the manager needs to work with a team – people drawn from departments or services with an interest in the project, and who are committed to

working on it. Such teams are difficult to manage as they are typically composed of people:

- on part-time or temporary assignment
- with diverse backgrounds
- who are physically separated and
- with departmental / organisational as well as project agendas.

This diversity benefits the team, but also makes it easy for them to become dysfunctional. Ideally a team includes members with a bias for action as well as some who can mediate conflicts and smooth working relationships. However, in practice a project manager has little choice over those appointed to the team by other departments or services, and has to be able to quickly recognise strengths / weaknesses of those appointed and use to benefit the project.

The team does not need to have a constant membership – it can evolve as the needs of the project change. Some ‘core’ members may work together throughout the project; others may work on it from time to time, as and when it requires their input.

Perhaps the most important early stage activity is to ensure that:

- line managers agree to release the project manager and team members from normal duties for the agreed activity. Obtaining a formal agreement may be wise; e.g. email confirmation, etc.
- the project manager, and the membership of the team, are identified, formally established, and publicised;
- their roles and responsibilities are clear;
- their time commitment is specified.

Unless this is done, there is a strong likelihood that team members will continually be drawn back into their regular work, thus affecting the progress of the project. If the likelihood of removing team members from their “day job” is slim, there is a need to have their managers agree to prioritise their input for an agreed amount of time to ensure the timely delivering of the tasks they are involved in.

Tool 8 Identifying a project manager and team exercise

Activity guidance

- Prepare a job description for the role of telecare project manager – give consideration to:
 - Level of responsibility they will have and who they will report to;
 - Type of essential skills they will require, etc budget management, people management, communication, etc.
- Identify likely project team members and agree the terms of their involvement in the project with their respective line managers.

Sample Telecare Project Manager Job Description – Aberdeen City

Aberdeen City Partnership – Telecare Development Officer Job Description	
1. JOB PURPOSE	
The postholder will work with all relevant stakeholders across health and local authority boundaries to promote, develop and co-ordinate telecare equipment that can help people to overcome physical, sensory or cognitive problems and to manage associated risks. The postholder will be tasked with establishing systems, procedures and protocols to ensure efficient provision of Telecare equipment and contribute to the co-ordination and development of a local Telecare Strategy. There is a vision for the provision of seamless and joined up services between health and social care providers.	
2. KEY TASKS	
2.1	Promote the development of telecare to services and organisations with the objective of improving ways of meeting people's care and support needs.
2.2	Undertake preparatory work to ensure the technological foundation, policies and procedures and professional awareness have been established prior to implementation of a telecare strategy.
2.3	Assist with the development of a comprehensive local Telecare Strategy, in partnership with Housing, Health and Social Services.
2.4	Ensure efficient management of the Telecare equipment.
2.5	Contribute to reports and collate statistical information detailing the achievements of the project.
2.6	Work within the policies and procedures of Aberdeen City Council.

3. ACTIVITIES BY KEY TASK	
3.1	Assist in the development of Telecare to services and organisations with the objective of improving ways of meeting people's care and support needs.
3.1.1	Promote awareness in all key health, social care and housing staff of the opportunities and broad range of Telecare equipment and systems that are available.
3.1.2	Produce a training plan to ensure all key staff are made familiar with and kept up-to-date with telecare equipment.
3.1.3	Provide advice and guidance on telecare to all key staff as required.
3.1.4	Ensure that all staff have the opportunity to be made aware that the assessment for telecare is integral to the assessment process.
3.1.5	Assist in the set up of telecare equipment in appropriate settings/establishments (older people, intermediate care, learning disability) to promote the overall development and awareness of telecare.
3.1.6	Encourage the development of telehealth pilots in appropriate settings/establishments (care home, residential settings).
3.2	Undertake preparatory work to ensure that the technological foundation, policies and procedures and professional awareness have been established prior to implementation of a telecare strategy.
3.2.1	Gain an in-depth knowledge and understanding of telecare equipment/systems currently available from suppliers/manufacturers.
3.2.2	Development guidance, criteria and procedures for the telecare strategy.
3.2.3	Utilise best practice from other authorities and areas as appropriate.
3.3	Assist with the development of a comprehensive local Telecare Strategy in partnership with housing, health and social services.
3.3.1	Work in partnership across all boundaries to achieve joined up services.
3.3.2	Attend relevant meetings as required.
3.4	Ensure efficient management of the telecare equipment.
3.4.1	Develop a referral and recording system for telecare requests.
3.4.2	Develop or identify an appropriate system to enable the purchase, supply and installation of telecare equipment
3.4.3	Ensure an ongoing system of monitoring and maintenance for telecare equipment supplied as appropriate.
3.4.4	Ensure all appropriate health and safety regulations are complied with in relation to telecare equipment.
3.5	Contribute to reports and collate statistical information detailing the achievements of the projects.
3.5.1	Deliver regular and clear reports on the status of the project to the board or other statutory bodies as required.
3.5.2	Identify issues and risks relating to change management and present findings to the Steering group for the project.
3.5.3	Complete statistical returns as required for national and local performance indicators.
3.6	Work within the policies and procedures of Aberdeen City Council

3.6.1	Carry out necessary administrative duties in accordance with council guidelines and procedures.
3.6.2	Participate in planned, regular supervision and appraisal in accordance with council policy.

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website, including:

- Examples of Telecare Job Descriptions from:
 - Aberdeen City – Job Description for Telecare Development Officer
 - Edinburgh – Job Description for Telecare Programme Manager, Telecare Project Manager, Telecare Assessor, Telecare Installer, Telecare Administrator Posts
 - Highland – Job Description for Telecare Co-ordinator

3.2 Establish a common method of working

Introduction

Those working on a project typically come from different services, and bring with them different perspectives and ways of working. Whilst acknowledging individual perspectives, projects perform better if they follow common working methods, such as:

- **Plan meetings** – ensure that dates and times are set for a significant period ahead (e.g. 6 months to 1 year) to ensure good attendance; agendas and papers circulated at least three days ahead; a clear finishing time.
- **Use project planning sheets** – to record the tasks which the meeting decides upon, showing each sub-task, the start/finish date, and the person responsible.
- **Set clear completion dates for tasks** - and ensure people report regularly on progress against the plan. This allows appropriate action to be taken to keep the project on track, or to advise others that the project is being delayed. It also encourages buy-in and commitment.
- **Record decisions / actions** – to show progress against project plan, with names against action points. These may need to be chased up if not delivered as agreed. Circulate these within 1 week of the meeting. Formal minutes may be required for steering group meetings.
- **Provide administrative support** – if possible!
- **Provide regular reports to the steering group** – this helps retain their support, and gives them confidence that the project is being firmly managed. Alert them to any difficulties, and ask for their support in solving them.
- **Develop an agreed method of working** – as the project team works together, the project manager should encourage effective working practices (such as regular attendance at meetings, etc) to ensure that the team works together effectively.

3.3 Set specific objectives and measures of success

Introduction

Being unclear about outcomes is probably the main reason for project failures – while clear outcomes can be motivating (for those who agree with them) and help people to work efficiently. Having established the broad vision and outcomes (as described in [Section 2.5](#)) within the terms of reference document, the project team then needs to go through a similar process to establish specific objectives for each of the outcomes from successive stages of the work, and/or for major sub-projects. This section cross-references with [Section 4.3](#) which considers outcomes measures in more depth.

Outcomes are NOT the same as inputs, activities or outputs.

- *Inputs*: are essentially resources that get used up in the provision of a given service, e.g. money/staff.
- *Activities*: are what an organisation does with inputs to achieve its purpose, e.g. carry out assessments, install telecare equipment, handle calls, and respond to emergencies.
- *Outputs*: are direct products of activities, e.g. the number of people with a telecare package, the number of people maintained at home. Outputs are important because we assume they lead to something else such as an improvement in quality of life (e.g. feeling safer). This is an outcome.
- *Outcomes*: are more generally understood as what service users are enabled to do, or what has changed in their condition, as a result of a service being provided.

To assess progress on outcomes, appropriate measures or indicators of success should be identified. Because outcomes can be subjective and direct contact with the people affected is not always possible, it is common to infer outcomes on the basis of suitable measures of output. This is the approach that has been adopted for the [National Community Care Outcomes Framework](#).

Thinking about outcomes and their links to outputs is valuable because it:

- Forces you to think clearly about what you are actually trying to do, and how this could be measured.
- Allows you to assess whether you are actually making a difference to people's lives.
- Provides a measurement against which an organisation can review its approach and adapt it to become more effective over time.
- Provides evidence of the impact of funding from a range of sources (e.g. government, other funders and the public) on direct benefits for people.

A robust performance management system has benefits on a number of levels and, when used effectively, can help organisations to focus clearly on what they need to deliver. It is no accident that the most successful and innovative organisations are usually underpinned by good information systems that allow them to self manage effectively. Being able to demonstrate input/activities/outputs/outcomes effectively can also be extremely useful to the project manager in discussions about resource requirements.

From broad outcomes to early implementation objectives

People will support an activity if they know and value what it will achieve. This includes external stakeholders who need to see value in a project, and those directly involved in the project (internal stakeholders). Being clear about intended outcomes also helps the project team to work efficiently – if they know the purpose of a task they can adapt intuitively to new circumstances, without waiting to be told what to do.

From objectives to measures of progress

Objectives then require specific measures to be identified which will indicate whether or not the overall outcome has been achieved. These measures can be quantitative and/or qualitative. A success measure will only be useful if the data required to deliver it is readily available and accessible – preferably using existing sources of data. A measure which depends on someone collecting new data means new processes for data collection need to be developed and put into practice – i.e. more work!

Telecare projects will achieve several types of outcome – with different measures of success. For example:

Type of outcome	Objective	Possible measures
Financial	To save x number of sleepover hours.	direct cost efficiencies, avoidance of future expenditure
Service user	To extend telecare services to an additional x number of service users and carers	client or carer satisfaction or other measures of quality
Staff	To integrate telecare assessment process with Single Shared Assessment to reduce bureaucracy for staff.	quality of processes, staff satisfaction, working relationships
Innovation	To develop x telecare champions in health, social care and housing.	new services, skill development, reputation

Developing clear outcomes, objectives and success measures at all levels of the project helps to:

- Ensure the project is focused on delivering outcomes that meet the interests of stakeholders
- Convince stakeholders that it is meeting their interests, and so retains their support
- Design and conduct an efficient process for monitoring and evaluation

Tool 9 | Developing outcomes and success measures exercise

Activity guidance

1. Use the outcomes network exercise (**Tool 4**) starting with the particular step or sub-task of the project you are dealing with.
2. When you have constructed an agreed network of outcomes, write down the most significant outcomes. If possible, these should be of more than one type (e.g. cost, quality, staff satisfaction etc.).
3. For each outcome chosen write down objectives and key measures which you will tell you (and stakeholders) how well you have achieved it, using a grid like that on the next page.

Template

Outcome	Objective	Measures

Example of outcomes, objectives and measures of progress

Outcome	Objectives	Measures
<ul style="list-style-type: none"> • Carers able to continue in their caring role 	<ul style="list-style-type: none"> • Deliver telecare awareness raising sessions to carer groups and practitioners • Increase number of telecare packages for carer support 	<ul style="list-style-type: none"> • Qualitative – individual perceptions through questionnaires • Quantitative – numbers of packages put in for carer support • ISD statistics • Local improvement target of number of telecare packages alone
<ul style="list-style-type: none"> • Reduction in admissions to care home • Reduction in length of stay in care home 	<ul style="list-style-type: none"> • Deliver telecare awareness and assessors training to care managers • Increase number of telecare packages for older people 	<ul style="list-style-type: none"> • Quantitative – average length of stay • Admissions per annum • Population +65 years • Source contacts
<ul style="list-style-type: none"> • Reduction in delayed hospital discharges 	<ul style="list-style-type: none"> • Deliver telecare training to hospital staff and care managers • Design and set up processes for fast assessment and installation of telecare for hospital discharge care packages 	<ul style="list-style-type: none"> • Number of delayed discharges (reported every month to Scottish Government) • Telecare referral forms
<ul style="list-style-type: none"> • Reduction in admissions to hospital 	<ul style="list-style-type: none"> • Redesign and set up new processes for monitoring and response services to avoid unscheduled admissions to hospital 	<ul style="list-style-type: none"> • SPARRA data • Telecare referral forms • SWS records
<ul style="list-style-type: none"> • Improvement in individual's quality of life 	<ul style="list-style-type: none"> • Design training a programme which promotes a person centred approach to the assessment of telecare 	<ul style="list-style-type: none"> • User groups • User surveys

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website, including:-

- **Telecare Factsheet – Outcomes and efficiencies –**
<http://www.jitScotland.org.uk/action-areas/telecare-in-scotland/learning-network/archived-learning-network/>
- **Community Care Outcomes Framework –**
<http://www.scotland.gov.uk/topics/health/care/jointfuture/nationaloutcomes>

3.4 Developing a project plan

Introduction

A project plan sets out on paper the **high level (main) project tasks** that need to be done to achieve the desired outcomes. In Telecare projects, the technology and equipment are only a small part of the whole project, and although often the areas where many people feel they have limited knowledge, to focus on this alone would be a mistake. Many other aspects of the service delivery process need to change – and these are likely to have a much bigger effect on whether or not the project succeeds. They need time and resources to make them happen, so need to be anticipated, planned and implemented in good time to take the project forward.

The details will depend on local circumstances, and in an initial roll-out in a limited area, the changes may seem to be quite minor. Nevertheless a Telecare project will usually require some changes to:

- operating or working processes - how work is done – in, for example, referrals, access criteria, financial assessment, call handling and response services;
- roles and responsibilities of staff;
- training – developing the skills and experience required for new ways of working.

To make these (and other) changes happen, plans are also needed for:

- Communication – to raise awareness of, and interest in, the Telecare project.
- Resources – even if quite limited at this stage, these need to be identified and secured.
- Scalability – to ensure that solutions which appear to be appropriate in the immediate term may need to be revised for further roll-out.

A useful task in this initial planning stage is to identify the areas in which changes such as those identified above are likely to be required, and what their scale is likely to be. That alerts the project manager and the team to the challenges they will face, and can also alert the steering group and senior management to the likely scale of the changes. This may in turn affect some early decisions about the scope and timing of the project.

Tool 10 | **Developing a project plan exercise**

Activity guidance

List on a project planning sheet (similar to the template below):
the specific areas where:

- The initial roll-out is likely to require change;
- Who is responsible for dealing with it; and
- By when.

Focus on only three or four main areas.

Project planning sheet template

Tasks	Lead (who is responsible)	Start / finish dates	Comments

See Pages 59 and 60 for an extract from the Highland Telecare Project Plan as an example of a working project plan.

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website, including:-

- **Highland Telecare Project Plan**
- **Edinburgh Partnership – Project Briefs and Plans for Safe Walking trial, Supporting People Review, Telecare Falls Programme and Just Checking**

3.5 Assessing and managing project risks

Introduction

Risks can be defined as ‘the circumstances that can transpire to impede or prevent a project from achieving its stated objectives’.

There are a number of different approaches to the management of risk, ranging from the extremes of completely ignoring risk to obsessive approaches which almost become an end in themselves. The most effective approach lies somewhere in the middle, and it is recommended that partnerships develop a measured and reasonable approach to considering and managing the risks involved within their local telecare projects.

If risks are not managed effectively they could threaten:

- the capacity of the project / programme to achieve the identified objectives;
- the ability of the project to contain costs within set budgets;
- the long-term existence of specific services.

Effective risk management leads to fewer shocks and unwelcome surprises, as the majority of things that can go wrong will have already been anticipated and considered. It can help the project team to manage expectations and provide a vehicle for adjusting and amending these on an ongoing basis. It also has the capacity to reassure stakeholders as it indicates a degree of control over the project outcomes.

Dealing with risk in a structured way

Risk Assessment and **Risk Management** provide a systematic way of identifying the circumstances that might blow a project off course, and an opportunity to manage these in a proactive way.

Risk Assessment involves identifying the possible risks that could arise, and appraising the potential impact of these risks. Risks generally come from two main directions – **Internal** and **External** - and can be further subdivided into different categories depending on the operating environment:

External

Economic: Changes in the economic environment can have an impact, which may be specific to a particular service area, e.g. changes in housing benefit levels have an impact on affordability in the private rented sector.

Political: The introduction of a new political administration can change direction and significantly alter the operating environment and its priorities.

Competition: Where a private provider comes along and begins to operate in a previously public sector dominated environment this can change dynamics.

Technology: Technological progress may mean that some equipment may become outdated fairly quickly, and something which is not feasible today may be available in 12 months time, presenting additional risks in purchasing equipment.

Internal

Delivery: Working in partnership depends on others. When a key member of staff leaves, their replacement may have a different skill set, impacting on how services are delivered.

Governance: Where this changes, it can entail different organisational priorities and a change in the operational environment.

Risk Management involves consideration of what would be done if an eventuality does occur. A particularly difficult part of this is establishing and assigning responsibility. Risk Management is not risk avoidance and it is not suggested that the right approach is to be as conservative as possible. Risk management is also not about needing to weight the situation in such a way that failure is unavoidable before an approach can be undertaken, but to try to shift factors to increase the probability of success.

Government Advice on risk assessment and management is contained within “The Orange Book” produced by the Treasury, which recommends taking an approach to risk which is proportionate and appropriate to local circumstances.

Prioritising risks

Once the risks have been identified these should be prioritised. Where high risks are identified and something can be done to mitigate them, activity should clearly be prioritised around these. Where high risks are identified that cannot be controlled judgement should be applied – a decision is needed as to whether the objective sought is so important that it is, literally, worth the risk.

A model framework for managing risks

Once the risks have been considered and evaluated there is a need for a framework to pull it all together – a ‘risk register’, supported by an effective planning process. This process should ensure that senior management are made aware of the risks, can validate these, and can assist to overcome them. A risk register in itself cannot make a problem magically disappear. However, with thought and consideration on a range of fronts, innovative solutions can often be identified. A typical risk register should include the following:

- A unique identifier for each risk;
- A title for the risk that is clear and easily understood;
- What the consequences of the risk might be;
- What is the probability of it occurring;
- If it happens, what level of impact would it have;
- What can you do about it – counter-measures which could be applied;
- What is the residual risk in terms of probability and impact once the countermeasures have been applied;
- Who is responsible for managing the risk;
- The date at which the risk was first identified;
- The date at which the risk was closed;
- Space for comments.

A model risk management plan for the Telecare Development Programme, developed by the Joint Improvement Team, is included as **Tool 11**. Where local partnerships have not yet developed a risk management plan, consideration should be given to reviewing this model and tailoring it to local circumstances.

Colleagues / partners should be engaged meaningfully in this process, to confirm that the key local risks are identified and agreed upon. The risk management plan should be embedded within local senior management decision making processes, and consideration should be given to how this can be best achieved. Experience has suggested that the majority of the identified risks are likely to be capable of being addressed by staff activities, with the remainder requiring input of some other nature, e.g. political decision.

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website, including:-

- **JIT Telecare Factsheet – Risk Management**
<http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/learning-network/archived-learning-network/>
- **Edinburgh Partnership – Risk Register and Lessons Learned Templates with Practice Examples**
- **Fife Partnership – Risk Management Plan**

Tool 11 Risk Management template

ID	Risk Title	Risk Description	Consequences	Inherent Risk		Countermeasures	Residual Risk		Risk Owner	Date raised	Date Closed	Comment
				Impact	Probability		Impact	Probability				
1	Resistance to "Culture Change"	Staff/Service Users/Carers do not understand or have confidence in the role and benefits of telecare and resist its use	Failure to ensure long term basis for service; lack of service "penetration"; poorer quality outcomes for service users	H	M	Training for staff on telecare equipment; use of performance frameworks by managers to ensure adoption; Information packs and roadshows for users; Encouragement of independent organisations (GP surgeries/ Age Concern etc) to promote telecare solutions	M	L	Should be vested in a senior manager - eg a Service Head	Should be the date a service is first mooted	Should be once the governance body (eg the Council) is advised by officers that telecare service is successfully embedded in overall framework of service provision	This 'risk' really covers a wide range of specific problems, not all of which will necessarily apply in a given location. For some the problem may lie with user acceptance, with others provider resistance. It should therefore be tailored accordingly
2	Skill shortages undermine service provision	Difficulty recruiting staff with the necessary understanding of telecare possibilities; loss of key skills and experience as staff move on results in delays in project delivery	Delays in project initiation; service provision terminated or run at reduced level; initial investment in service provision wasted	H	M	Advertising for new staff targeted towards firms providing telecare equipment; establishment of joint posts across partnerships to offer higher rewards and make best use of limited staff availability; internal training to spread skills from those who have them to other staff	M	M	Partnership Human Resources Director	Should be the date a service is first seriously mooted	Likely to be a continuing risk and should be continuously monitored	Until telecare service is considered the 'norm' skill shortages are a fact of life, and while risk impact may be mitigated the probability of the risk actually occurring will be hard to reduce
3	Inadequate revenue funding for ongoing service provision	Difficulties of securing sustainable revenue streams to support the roll out of telecare and invest in the wider system	Any progress made through the initial 'pump prime' funding provided by Scottish Executive is dissipated and telecare service fails to grow or even maintain itself over time	H	H	Secure agreement from partner organisations for ongoing funding before service introduction; put in place a monitoring framework to demonstrate organisational benefits arising from service provision; explore wider revenue funding possibilities (including charging)	H	M	A named service director should be charged with the responsibility of ensuring long run service viability	Should be the date a service is first seriously mooted	Likely to be a continuing risk and should be continuously monitored	This has proved a core concern for many partnerships. It may be that direct political intervention (eg Ministers telling Health Boards to revenue co-fund service provision) is required, but this can't happen without a pre-existing desire from within partnerships to address the issue

ID	Risk Title	Risk Description	Consequences	Inherent Risk		Countermeasures	Residual Risk		Risk Owner	Date raised	Date Closed	Comment
				Impact	Probability		Impact	Probability				
4	Lack of senior commitment to telecare service provision	Senior support of local partnerships and projects insufficient	Any progress made through the initial 'pump prime' funding provided by Scottish Executive is dissipated and telecare service fails to grow or even maintain itself over time	H	M	Contact successful partnerships to learn how they have addressed this problem; generate 'good news stories' through service provision and make sure senior personnel (and local politicians) get associated with them; bring the views of other partner organisation members to bear on recalcitrant partnership member bodies; ask JIT to get involved	H	L	Difficult one, as the lack of ownership at senior level is the core problem; probably the most senior 'committed' partnership staff member	Should be the date a service is first seriously mooted	Probably best decided in discussion with JIT as an independent judge of the state of play	While quite a commonly voiced concern, this type of problem can be avoided or minimised if the advocates of telecare services can 'pitch it' well to senior personnel and local politicians
5	Unmet demand for telecare service provision	Positive experience of Telecare services results in unmanageable pressure on call centres and current response services	User enthusiasm for service is wasted; extra strain placed on other services to compensate; poor VFM from overall service provision	M	M	Identify the source of the bottleneck (staff skills/revenue funding/equipment availability); seek additional funding (charging/other partner contributions/load sharing arrangements with other call centres); re-engineer call out arrangements to lower pressure	M	L	Should be the part of the service thought most exposed to the risk (eg the Call Centre manager if that is thought to be where a bottleneck would arise)	Should be at the outset of service provision	Probably best decided once a service has been running for a period of time, and service demand trend is established	In some ways the reverse of risk 1, and a situation many partnerships might welcome! The 'risk of success' is essentially one of inadequate resource availability, and involves either finding new resource streams to fund additional service, re-engineering the service to lower unit costs, or a combination of both
6	Failure to integrate telecare service	Telecare service is not incorporated effectively into wider system (eg into the Single Shared Assessment process)	Lower uptake of telecare service provision; some types of telecare may be systematically under used; poorer user outcomes; wasted resources and poor VFM	M	M	Establishment of an effective monitoring framework to identify potential problems early; awareness training for all staff involved in service provision; establishment of a working group reporting directly to Head of service provision charged with making recommendations for improvement	M	L	Head or Director in charge of service provision, or partnership governing group	Should be at the outset of service provision	Once signed off as an issue by the partnership governing body	This will be a common teething problem, but properly managed should not be a long term structural concern. The objective of risk management should be to address the problem (should it arise) as quickly as possible

ID	Risk Title	Risk Description	Consequences	Inherent Risk		Countermeasures	Residual Risk		Risk Owner	Date raised	Date Closed	Comment
				Impact	Probability		Impact	Probability				
7	Poor service targeting	Available telecare services are not targeted on those who will benefit most	Poor user outcomes and poor VFM	M	M	Effective targeting involves good provider awareness of equipment possibilities and limitations. This is likely to be most effectively dealt with by a rolling programme of key staff training and product awareness sessions (to keep up to date with new product developments); independent service provision audits every 2-3 years would also be valuable.	M	L	Head or Director in charge of service provision, or partnership governing group	Should be at the outset of service provision	Should be seen as a continuous issue for monitoring as part of an effective service provision management process	This risk is a constant threat due to the fact that the possibilities generated by telecare will always be changing as equipment improves
8	Unable to demonstrate effectiveness of telecare	Failure to measure the impact of telecare on outcomes for service users as required by JIT	Could result in partnership missing out on future funding possibilities; could also undermine the argument for extending telecare service provision at national level	M	M	Early engagement with JIT regarding its information requirements if there is likely to be any problem meeting them	L	L	Named partnership contact	Date of application for JIT funding	Once signed off as an issue by the JIT	The appropriate way to manage this risk is through contact with JIT to ensure that there are no problems, and to agree a method of handling any that arise
9	Telecare ineffective for certain user groups	Evidence shows telecare not effective in managing the risks associated with service users with reduced capacity or more complex needs	Loss of user confidence in the available service; poor VFM	H	M	Establishment of a monitoring framework (including regular user feedback) to identify the problem and allow a reconfiguration of service as quickly as possible. Independent service provision audits every 2-3 years would also be valuable	L	L	Named partnership contact	Should be at the outset of service provision	Should be seen as a continuous issue for monitoring as part of an effective service provision management process	The biggest risk here occurs at the outset of the service, while unfamiliarity amongst staff and users is greatest. Over time the problem should reduce, although it will recur whenever there is a major advance in equipment to improve the service. The impact of this problem could be high, but effective management processes will minimise the risk.

ID	Risk Title	Risk Description	Consequences	Inherent Risk		Countermeasures	Residual Risk		Risk Owner	Date raised	Date Closed	Comment
				Impact	Probability		Impact	Probability				
10	Delays in introducing a telecare service	Delays in project implementation or shifts in focus make the assessment of effectiveness more difficult to evidence	Failure to secure full amount of funding available; inability to demonstrate meaningful delivery within the timeframe of the telecare development programme.	M	M	Establishment of clear (measurable and realistic) objectives for the local partnership at the outset; establishment of a strong partnership framework, with clear (individual) areas of responsibility identified, including explicit management arrangements	M	L	Named partnership body	Should be at the outset of service provision	Once signed off as an issue by the JIT	In practice the risk has either arisen or not by now with respect to Telecare Development Programme Funding. However, the risk continues with respect to any further funding that might become available through JIT, and is a recurring issue for all service initiatives.

3.6 Developing communication

Introduction

The project manager needs to ensure that those directly concerned receive information about the project in a way that sustains their support. This includes significant external stakeholders, and also those working on the project, to ensure that all are up-to-date with developments – both positive and negative.

Project planning, therefore, needs to include an approach to communication which aims to raise awareness and understanding of the project. Good communication will help to:

- Reassure senior management that the project is on track, using resources effectively, and contributing to wider strategies
- Create visibility and a positive attitude towards the project which will help it if it needs additional resources
- Demonstrate to managers of other areas that the project can support their interests and strategies
- Enable other managers to offer ideas and suggestions, based on an informed understanding and awareness of the project's achievements or difficulties

Informal communication

The grapevine is the spontaneous informal system through which people pass information and gossip, and which develops as people meet or communicate with each other. The information on the grapevine is usually well ahead of the formal system - who said what at a meeting, how that project is going, an idea being discussed in another department – and is a valuable source of information. The project manager can use this to help their project.

Formal communication

As projects grow, it becomes more difficult to rely on informal channels, so people build formal channels to exchange information with staff, users, colleagues, senior managers. Methods include:

- A clear and well-presented project plan, which can be presented at relevant management meetings: this gives confidence that the project is being run well, as well as being a focus for constructive suggestions

- The project steering committee, with representatives carefully chosen to provide links to significant stakeholders: a focus for dealing with issues, and for communicating information
- Regular newsletters or websites to update people on progress, within and beyond the organization: outside media, for example, can be valuable sources of support if properly managed
- Planning to deliver and publicise 'quick wins' – visible successes (even if small) that arouse interest and motivate people.

Communication is two-way

As well as sending information out, an effective communication system will also feed back to the project the opinions and ideas of service users, carers, and other agencies. This is valuable information, as it helps the project team to adapt to meet their needs, and may provide examples of success which can be part of future communications, or highlight concerns and issues which need to be addressed.

It is not always necessary to create a formal Communication Plan, as the approach can be effectively included within the overall Project Plan. However, a plan can be useful in logging more detail, and using it to demonstrate to stakeholders how valuable they are. Also, if one member of the project team has a particular interest / expertise in this area, and it is a significant work stream, a formal plan could be beneficial.

See Tool 12 – Developing communication exercise and Tool 3 - Stakeholder management and communication plan template.

Tool 12 | **Developing communication exercise**

Activity guidance

Outline how you will communicate to raise awareness of the project.

This should specify (at least):

- Who you will be aiming to communicate with (interested parties);
- What information do they need?
- Who will provide it?
- Frequency of communication
- Format and method of communication

Summarise your **communication** approach within your project plan, if not within a dedicated Communication Plan.

A Communication Plan defines all key stakeholders who have an interest in the project and the means and frequency of communication between them and the project.

Practice examples and further information

Links to examples of related materials produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website, including:-

- **Telecare Programme Board Communication Action Plan**
- **Argyll and Bute Telecare Information Booklet**
- **Dumfries and Galloway Telecare Information posters**
- **Edinburgh Telecare Leaflets, Poster and Pop-ups, TV Media Pieces**
- **East Renfrewshire Safety Net Leaflet**
- **East Renfrewshire Safety Net Card**
- **Edinburgh Telecare Leaflet**
- **Fife Telecare Communication Plan**
- **Fife Telecare Leaflet**
- **Highland Communication Plan**
- **Highland Telecare Leaflet for service users**
- **Highland Telecare Leaflet for volunteer responders**
- **Highland Telecare Newsletters**
- **NHS Lanarkshire – Stakeholders Communication Matrix**
- **Renfrewshire Telecare Leaflet**
- **Supporting Scotland DVD**
- **Digital Stories DVD**

3.7 Assess resource requirements

Introduction

All projects need resources, and the effective project manager ensures that they secure those they need, and use them effectively to secure the intended outcomes. Having agreed what the project is intended to achieve, by when, the project team will also establish how to achieve that – such as re-design processes, procure technology, provide training. These will all require resources, and they need to be specified and secured for the project to achieve the outcomes. It is worth spending time assessing resource requirements and identifying potential sources of funding in order to ensure that:

- all the resources needed to deliver a new service are identified;
- this is done in sufficient time that they can be made available in the most cost-effective way;
- those providing them do so willingly, as they can see it is in their interests to do so;
- senior management gives formal commitment to release these to secure the desired outcomes.

Implementing a telecare service and then discovering (for example) that there is no budget for training or equipment maintenance is likely to lead to failure, unless other creative approaches are adopted.

Work to assess the availability of resources may lead the project team to propose a revision of the strategic outcomes – if they believe they cannot secure the resources they need, they may wish to make senior management aware of this sooner rather than later. The team should undertake an options appraisal to highlight the options for the way forward.

Steps in estimating resource requirements

Some steps in estimating resourcing include:

1. Identifying the resources required

These arise from each of the headings in the project plan, and include:

- Finance to secure equipment, software, maintenance contracts, additional staff etc;
- Time and expertise of, say, a training department to provide an in-house service;
- Availability of staff – ranging from significant commitments as active members of the project team, to being willing to give occasional advice and support – always in competition with other demands on their time.

2. When will they be needed?

Resources will typically be required at different stages of the project. The sooner requirements can be established, and approaches made to secure them, the more likely it is that they will be available: or if the preferred source cannot deliver, there is more time to identify and arrange alternatives.

3. Who will provide them?

Identify whether these are coming from:

- central government;
- departments / services within in the local authority, or NHS Board;
- other public agencies;
- commercial suppliers;
- voluntary organisations;
- charges to service users.

It will help the project team to be as precise as possible about what is required: and also to think about alternative sources of resourcing if the first source cannot deliver.

4. How to persuade potential resource providers?

The project will probably be competing with other projects for some, if not all, of the resources required. Once the team has established who they hope will provide the

resources; they need to decide how they will persuade them to meet requests for finance, staff, etc. They do not **have** to agree, so the team needs to plan their approach—by demonstrating how the telecare project will support the interests of the different resource providers. Remember – even if not successful initially, other opportunities may arise at a later date. Project teams need to be aware of budget setting processes and timescales and look for opportunities, for example secure underspend at the end of the financial year.

Tool 13 **Identifying resources exercise**

Activity guidance

Identify the resources which the Telecare project is likely to require, in as much detail as you can.

- Identify ways of securing them.
- Consider other options if Plan A does not work!
- Include the above detail in your project plan.

See an extract from an early Telecare project plan from the Highland Partnership identifying resources required on [Pages 59 and 60](#).

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website, including:-

- **Fife Telecare Installers Options Appraisal**
- **Perth and Kinross Telecare Installers Options Appraisal**
- **Highland Partnership – Telecare Implementation Plan**

Extract from Highland Telecare Project Plan showing resources identified

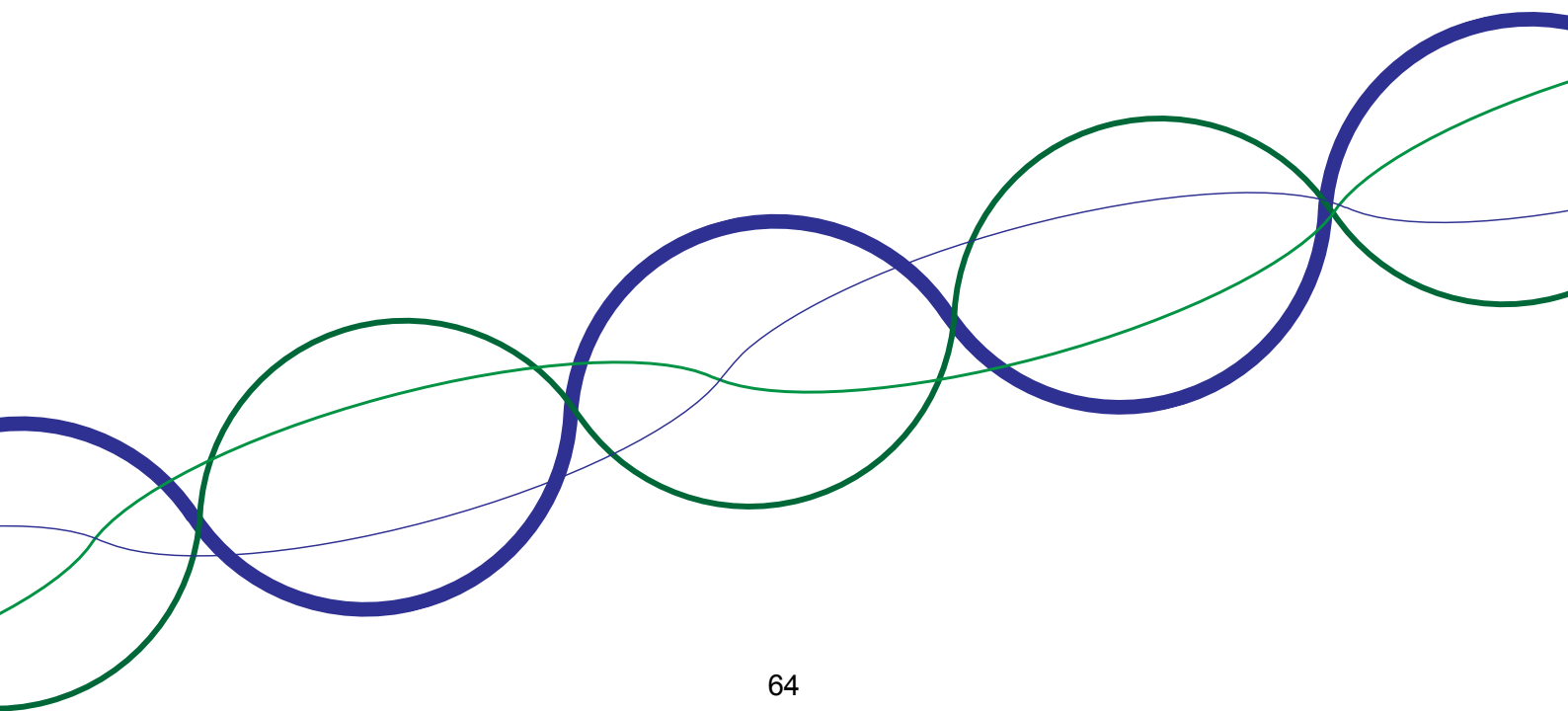
Area of Action	Action Required	By Whom	Timescale	Resources Required	Resource Source
Administrative preparation prior to transfer to new call handling service.	<ul style="list-style-type: none"> Send letter to service users to alert to change in call handling and to request updated contact info. Arrange telephone call or visit to service users who cannot respond to letter to update info. Track non-returns and T/C or visit to get info. Send letter to each Contact to info. changes and check their agreement to continue. Check replies and collate information. For service users with 3 contacts – send info to Call Centre. For those without 3 contacts – hold back till response service is agreed with Community Care Team. 	<p>Letters and telephone calls - dedicated admin support, under supervision of Unit Manager.</p> <p>Visits (only where required) – information could be gathered by home carers, if service user is known to Home Care. Otherwise, unit manager may have to undertake visits.</p>	<p>One month – to send out letters, track replies and arrange alternative means of gathering information for those service users who cannot, or do not, respond.</p>	<p>Dedicated administrative support for two months during transition period.</p> <p>Dedicated time of Unit Manager to oversee transfer to new service.</p>	<p>Social Work Care Home staffing budget</p> <p>Social Work Care Home staffing budget</p>
Procurement of equipment	<ul style="list-style-type: none"> Identification of no. of units which require to be replaced (10 years plus) (estimated by BIT to be 303 units) Place order with supplier for new units (est 303 plus additional units to allow battery replacement during transfer) and supply of spare neck cords, wrist bands and pendants. Identify no. of units which require battery replacement during transition phase and schedule engineer visits to Unit. 	<p>Dedicated admin support and unit manager</p>	<p>1 day</p> <p>1 month (including Lead In time)</p>	<p>Dedicated time for admin support and unit manager</p> <p>350 units@£115 = £40,250 Plus supply of wrist bands, neck ties, pendant types = £1,000</p> <p>20 engineer visits @ £380 500 unit batteries@ £5.00 =£2500 500 pendant batteries@ £3.00=£ 1500</p>	<p>Social Work Care Home staffing budget</p> <p>TDP grant</p> <p>TDP Grant</p>

Area of Action	Action Required	By Whom	Timescale	Resources Required	Resource Source
Transfer of service process	<ul style="list-style-type: none"> Identify and train staff who will undertake visit – in new equipment and procedure required to reprogramme units to new call centre. Schedule reprogramming visits with service users. Check that call centre has received updated Service User details. Undertake reprogramming visit and transfer calls to call handling service. 	<p>Unit Manager with Home Care Co-coordinator, etc</p> <p>Admin support</p> <p>Admin support</p> <p>Identified staff (e.g. home carers, support workers, etc)</p>	<p>Two weeks</p> <p>One month</p> <p>One month</p> <p>One month</p>	<p>Dedicated time for unit manager</p> <p>Dedicated admin time</p> <p>Dedicated admin time</p> <p>Dedicated hours and mileage to undertake visits – est 583 visits @ £20 = £11,660.</p> <p>Call handling = 583 x 57p per week = £332.31 per week / £1329.24 per month / £15,950.88 per year.</p>	<p>Care at Home staffing budget</p> <p>Care at Home staffing budget</p> <p>Care at Home staffing budget</p> <p>Community Alarms / Housing Revenue budgets</p>
Arrangement of Response service	<ul style="list-style-type: none"> For those service users without 3 Contacts, appropriate response service to be arranged prior to change over to new service. Call Centre will agree to less than 3 contacts, providing response is robust. 	<p>Community Care Team input</p>	<p>Three months</p>	<p>Funding for care package for response service for each service user. Could be private sector, home care, community warden, organised volunteer response.</p>	<p>Community Alarms budget</p>

CHAPTER FOUR

EARLY IMPLEMENTATION

Plan the roll-out	4.1
Identify and procure technology	4.2
Establish performance measures and baselines	4.3
Establish monitoring and evaluation methods	4.4
Review your implementation processes	4.5
Provide regular feedback to stakeholders	4.6



4.1 Plan the roll-out

Introduction

All the work of planning and preparing is lost if the early implementation is not introduced into the operational environment with care and sensitivity. The early roll-out is where users and carers experience Telecare for the first time. Those who were reluctant about, or felt threatened by the changes now have their opportunity to show any faults in the system or reiterate their concerns.

Items in the plan

The initial project plan will have anticipated as many actions / activities as possible, but will inevitably miss something. This could include:

- equipment purchase and (inter)connectivity requirements;
- property surveys and modifications, including cabling, joinery, security, telephone connections;
- selecting and managing installation contractors;
- battery management (replacement programmes), asset management, storage, decontamination and recycling;
- call handling requirements;
- staff training, and cover for staff absent on training;
- financial control;
- communication with staff, contractors, service users.

Which group of users?

If not already decided in the initial planning stages, one of the first project tasks for roll-out will be to agree which group of service users, or which geographical area, will be the first to benefit from the project – e.g. people with dementia, those with long-term conditions, or those with learning disabilities, etc. Many factors will influence this choice, including:

- where most benefit is expected;
- perceived readiness of service users to accept and use the system;
- enthusiasm of care staff in an area;
- technical factors, such as available equipment suited for one group;
- pressure from elected representatives or media;

- wider strategic objectives of the authority;
- whether there is a focus on prevention or risk management within the partnership.

Measuring the baseline

Once an area is chosen for early implementation, an urgent task is to assemble baseline data on the factors which will be used in evaluation – otherwise it will not be possible to demonstrate improvement / outcomes derived from using Telecare. [See Section 4.3 of this chapter for further guidance on how to do this.](#)

Active communication is vital during roll-out. Staff need to know what is happening to their area, when it will happen and how it will affect them personally. Local management must also understand and approve the process or they will not promote the project.

Surveys of completed areas (involved in initial roll-out) will provide the project team with vital information on how to deliver future service developments by learning from the experiences of service users, carers, staff and their managers.

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website, including:-

- **Fife Partnership Telecare Implementation and Risk Plan**
- **Edinburgh Partnership – Project Briefs and Plans for Safe Walking trial, Supporting People Review, Telecare Falls Programme and Just Checking trial**
- **East Lothian Telecare Implementation and Risk Plan**

4.2 Identify and procure technology

Introduction

The decisions the project team makes about the technology for the early implementation of the project can have a long-term impact, and so the selection process needs to be handled as systematically as possible – via an options appraisal preferably or formal tendering process if required. Whilst appropriate technology alone will not be sufficient for the project to succeed (other factors will also affect success), it is undoubtedly an essential component.

In the initial roll-out the technological issues may not be significant, but it is still worth setting up fairly formal processes, as they will be needed as / when the project is expanded. It also must be noted that telecare technology will undoubtedly change (as the use of it expands and new approaches develop) and these decisions may need to be revisited within the next 3 - 5 years.

Identifying the technology

While research analysis into the different types of technology available is a necessary step, it is in itself a cost – so ever-deeper analysis and investigation may cost more than it is worth.

The **National Framework Agreement for Telecare** (<http://www.pasa.nhs.uk/PASAWeb/Productsandservices/Telecare/>) was set up by the NHS Purchase and Supply Agency (PASA) in 2006 and 15 suppliers were selected to participate following a full EU/OJEU compliant tendering process. Each supplier provides a range of telecare equipment and/or services (including installation, maintenance, monitoring and response).

When researching the technology options available, project teams should investigate the range of telecare equipment available on the market. The PASA suppliers list is a good place to start this research process. See next page for PASA Suppliers List.

Currently, the suppliers participating in the National Framework Agreement are (list updated 6 November 2008):

Supplier	Suppliers' websites
Chubb Community Care	www.initialattendo.co.uk/
Docobo	www.docobo.co.uk
Fold Telecare	www.foldgroup.co.uk
Invicta Telecare	www.invictatelecare.co.uk
Just Checking	www.justchecking.co.uk
SeniorLink Eldercare LLP	www.eldercare.co.uk
Philips Medical	www.medical.philips.com/ goto/motiva
Possum	www.possum.co.uk
RSL Steeper	www.rslsteeper.co.uk
TBS GB	Site under reconstruction
Tunstall Healthcare (UK) Ltd	www.tunstall.co.uk/pasa
Vivatec	www.vivatec.co.uk
Wealden and Eastbourne Lifeline	www.welbeing.org.uk

A major benefit of an initial roll-out is that it is a practical way to gather information about how a particular type of technology works in practice – and it can then be replaced if it is unsatisfactory. The following steps should help a project team to reach robust decisions on which equipment to use:

Revisit the project vision and outcomes

- Establish how the technology will contribute to the project’s vision and outcomes. (This focus on outcomes helps to protect against tempting sales offers or attractive “state of the art” technologies – but which do not serve the outcomes).

Establish the budget available

- Determine how much funding / resources are available for the purchase of technology.
- Establish whether funding is only for initial purchase, or also for other inevitable costs – such as equipment installations, battery replacement and maintenance.
- If additional costs cannot be met from the budget available, identify how these will be funded.

- Establish whether funding is capital or revenue funding.

Specify technical requirements

- Set out clearly what the technology is expected to do.

Establish compatibility requirements

- What other equipment or systems does the proposed technology need to be compatible with?
- What is the capacity of the existing technology with which it may need to work, e.g. call handling systems?

Set criteria for choice (options appraisal)

- Specify the criteria that will be used to compare choices. Some criteria against which to compare the possible options are:
 - does it address the outcomes / service user focus?
 - does it meet technical requirements?
 - is it compatible with other equipment, i.e. what format does alert / data have?
 - what are the full costs – initial purchase plus consequential costs over the product lifetime?
 - does it meet quality requirements the project team has set?
 - does it meet installation requirements – e.g. ease of installation, cost, etc?
 - reliability – consider maintenance / repair history from suppliers and other authorities experience
 - ease of maintenance / repair
 - running costs to service user
 - equipment lifespan – when does it need to be replaced – consider both hardware and back office software (including battery lifespan)
 - volume required – whether bulk discounts are available for bulk purchases. Refer to the [PASA National Framework Agreement for Telecare \(Page 64\)](#) for information.

The project team needs to list the criteria it will use, and weight them – not all will be equally important.

Identify alternatives

- Research the market to see which suppliers are available. Refer to the **PASA National Framework Agreement for Telecare (Page 64)**. (This is a time when gathering information from other Telecare users is essential, as their experience can provide valuable guidance).

Compare and choose

- Gather as much information as practicable, including that from reference sites, published evaluations and other users, focusing on the technology most likely to do the job.
- Consider reviews of performance against chosen selection criteria.

Who to involve?

- Consider carefully who to involve in the decision.
- Operational staff and carer/service user groups will have much to offer in terms of both the criteria to choose, and in how to weight them.
- Call monitoring centre staff
- Contracts / commissioning sections
- Finance section
- Senior management representation may also be important depending on the size of the contract sums involved.

Procurement

This is an area which frequently causes difficulty, as both legislative and local requirements shape the choices that the project team can make.

The project team should:

- establish the likely contract sum;
- seek advice and guidance from contracts / commissioning staff **as early as possible** in the project, to avoid delays later;
- ensure that the contracts section is aware of the nationally agreed **PASA National Framework Agreement for Telecare (Page 64)**. Using this framework could save valuable time and funding due to the agreed contract rates from approved suppliers;

- provide the contracts section with an overview of the project's requirements and determine whether there is a requirement to go out to tender;
- if yes, establish the tendering process to be followed;
- be wary of anti-competitive practices – try not to be influenced by any one particular supplier.

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website.

- **Perth and Kinross Installer Options Appraisal**
- **PASA National Framework Agreement for Telecare**
(<http://www.pasa.nhs.uk/PASAWeb/Productsandservices/Telecare/>)

4.3 Establish performance measures and baselines

Introduction

As already established in [Section 3.3](#), from the outset the project team needs to collect data about present performance, so that it can assess the current state of the service provided, and begin to track changes as Telecare is introduced. This baseline data together with ongoing data collection helps to show if the change is making a difference.

Major stakeholders value different outcomes, so the project team needs to seek measures of performance that will meet the needs of service users, carers, and staff, as well as demonstrate the contribution of telecare to operational and strategic measures. Consider the language used in describing the outcomes and measures to ensure that a broad range of stakeholders' needs can be addressed.

The ideal data is unlikely to be readily available, so you need to use some ingenuity to see what you can secure that will be good enough for your purposes, and at the same time try to identify ways of improving the data that you receive.

Important steps include:

- Identifying what you need to measure;
- Identifying available and adaptable measures / data i.e. that which is already being collected (be aware of different performance measures and reporting used by different stakeholder organisations that may be useful);
- Using those to establish baselines at the start of the project;
- Plan to gather comparable data at future periods to measure progress, preferably from existing or easily adapted sources, e.g. call handling data, admissions to hospitals and care homes, number of delayed discharges, etc.

Identifying key measures of performance

These derive from the outcomes established for the project (refer back to [Section 3.3](#)) – what are the key measures that will show that the project is achieving its proposed outcomes? Including several dimensions of performance may also encourage creative thinking.

Some examples include:

Financial or business measures:

- Number of care home nights purchased and the pattern of purchase (e.g. who is assessing the level of need, who is accessing the service, average length of stay, etc?)
- Number of delayed discharges (available from statutory performance returns collated by the partnership)
- Number of unplanned hospital admissions

Service measures

- Satisfaction surveys. – e.g. benefits of independent living
- Interviews
- Anecdotal examples of success stories
- Satisfaction survey at outset of project to establish a baseline
- Other measures of quality of life

Process/efficiency measures

- Speed of dealing with referrals, installations, response, etc
- Local efficiency savings (current costs / expenditure on services, etc)

Resources in place

- Numbers of telecare packages installed
- Current pattern of support service provision, e.g. sleepovers, waking night staff, home care hours, etc

Identify available data

It is better to start with existing data sources – though inevitably these will be broad, and it will be difficult to attribute changes exclusively as the result of the Telecare project. But they can be tracked and perhaps eventually adapted to show the contribution of Telecare to strategic objectives. Possible data sources include:

- SPARRA (Scottish Patients At Risk of Readmission and Admission – Information Services Division, NHS Scotland)
- Community alarms, home care and care home service usage profiles
- Patterns of existing service provision by locality / service user group – available from both NHS Boards and local authority
- Patterns of unpaid care and uptake of respite provision
- Single Outcome Agreement performance measure framework and reports

- Quarterly monitoring returns from the National Telecare Programme
- Current expenditure patterns from internal financial reports
- Census information
- Local authority and NHS Board planning information
- National sources, including Information Services Division (ISD), etc

As possible sources are identified, the project team should then ask:

- Who owns, or is responsible for, these data sources?
- Are they willing to provide or adapt the data needed?

Establish baselines

List key measures and current performance as a baseline e.g. average length of stay in a care home = 24 months, etc. The project team needs to decide how many measures to use: it is usually best to focus on a small number of critical measures that represent the major outcomes, but these need to be sufficient for a case for telecare to be argued. Balance the number of measures against the time and resources needed to collect and track them.

Gather and communicate comparable data to measure progress

Questions to consider within the project team include:

- How will we gather information?
- How frequently?
- How to present and distribute it?
- Who are our key audiences?
- What do we need to include in regular reports?

Be imaginative – good quality visual presentations will have a bigger impact than dull ones. Remember the purpose – to build support and commitment towards the project, as well as to learn how it is performing. Presentations and reports should be specific or adapted for different audiences.

Include actions within the project plan to establish performance measures and baselines for the telecare project where these do not currently exist but are necessary. See **Tool 9**

For the developing outcomes and success measures exercise template

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website.

- **PASA National Framework Agreement for Telecare –**
(<http://www.pasa.nhs.uk/PASAWeb/Productsandservices/Telecare/>)
- **SPARRA (Scottish Patients At Risk of Readmission and Admission –**
Information Services Division, NHS Scotland)
- **Single Outcome Agreement performance measure framework**
- **Census information**
- **National sources, including Information Services Division (ISD)**
- **SPARRA made easy – Health Delivery Directorate Improvement and Support Team**

4.4 Establish monitoring and evaluation methods

Introduction

As the early implementation proceeds, the project team needs to establish regular reporting structures, to guide decisions on the present project, and on whether and how it can be extended to other areas. This relates the outcomes of the early implementation to the broader project terms of reference. Monitoring progress helps to:

- Check progress towards intended outcomes;
- Identify areas of difficulty so that they can decide if they need to act to keep the project on track
- Identify any possible implications for other projects
- Learn lessons about project management and approaches that may be useful in future projects.

Review and monitoring is not a narrow, technical process but one which needs to take account of people, the setting, and timing but is useful to set within a systematic reporting structure. Review and evaluation has four stages:

1. Establishing outcomes – what are we aiming to achieve? The process starts at the beginning of a project, when the team establishes the outcomes. Earlier activities in the Guide (see Sections 3.3 and 4.3) have provided this starting point – the outcomes of the project should be expressed in such a way that progress towards them can be measured.

2. Monitoring tools – how will we assess progress? In this step the project team decides what information it will use to monitor progress, and how it will collect it. A strong monitoring approach would include elements of all of the following:

- Personal observation
- Quantitative and qualitative data (statistics or opinion surveys)
- Existing or specially created information systems

3. Comparing - actual outcomes with intended outcomes. There is bound to be some variation between actual and intended outcomes - and if this is significant then those responsible will also be searching for possible reasons, so that they can design a suitable response or revise an approach.

4. Correcting – acting to close the gap. The project team decides how best to bring actual outcomes close to those that were intended; or acknowledges that the actual outcomes, although not anticipated, are a good replacement for those originally identified.

Two important points:

Timing affects the usefulness of the process. While a formal monitoring and evaluation is required at the end of a project, it is extremely useful to project managers if they plan for regular feedback and review throughout, as they can then take corrective action early enough. It can be problematic if feedback from monitoring and evaluation is left to the end because the project team is effectively working blind.

The period for review should not be overwhelming – it need not be time consuming or restrict time available to implement telecare. A balance of effort is required.

Remember also that people react to monitoring and evaluation processes: they are more likely to respond positively if they understand the reason for them, and see that the design of the process is efficient and effective, and suits the situation.

Consider internal and external monitoring, weighing up benefits and issues associated with doing it in-house (internal monitoring) against demonstrating independence (external monitoring).

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website.

- **Telecare Review Framework - JIT**
- **Edinburgh Partnership – Evaluation Proposals for Safe Walking and Medication Dispenser trials**
- **York Health Economics Evaluation of National Telecare Programme**
- **Smart Technology and Continuing Care for Older People: Innovation in West Lothian – University of Stirling**

4.5 Review your implementation processes

Introduction

Any team needs to spend time reviewing how it has worked, and planning how it can improve its performance if it is to be most effective. This is especially true of project teams, which will be coming from different backgrounds, and working together discontinuously. The project manager can help improve performance by ensuring that the team regularly monitors and evaluates its own performance, and plans how to improve. Two tools may help the project team to reflect on their approach:

- methods to implement change;
- and team processes.

Methods to implement change

There are four complementary perspectives on implementation, each with different implications for those managing a project. They are ‘complementary’ in the sense that any large change requires elements of each: a team which uses only one will be less effective than one that uses more. The table below illustrates management actions within each approach, and some tools that can be used.

Perspective	Themes	Actions
Structured	Rational, sequential plan, single target, predictability	Writing plans with clear objectives, sub-tasks, responsibilities and completion times
Adaptive	Changing circumstances, new possibilities, change seen as positive, speed	Seeking new ideas from stakeholders about scope and direction; testing interim solutions; anticipating problems; re-allocating resources
Participative	Ownership, commitment, shared goals, consulting	Identifying stakeholders, inviting ideas, ensuring consensus
Political	Conflicting priorities, building and using power	Building allies and coalitions, securing powerful support, managing information and public relations

The project manager will need to ensure that they and their team make suitable use of all of these approaches as appropriate.

Team processes

Teams work better if the members develop the skill of observing their working processes – that is, how the members work together. This can give them new insight into the successful and unsuccessful group practices, which you can then use to improve future groups.

The project manager should regularly review (e.g. every 6 months) how well the team is working together, by discussing the following with the project team:

- What did people do or say that have helped or hindered the team's performance?
- What went well and why?
- What did not go well, and how could we improve?

4.6 Provide regular feedback to stakeholders

Introduction

The effort spent on monitoring and review is also intended to provide regular feedback to major stakeholders – they need to know that the project is working well, or that it is experiencing difficulties. It is also a way to identify lessons to guide future action. These range from successes which can be spread more widely to operating problems which need to be resolved if the project is to make progress. The findings from such review processes can be used to build the foundations for future service development, as well as securing commitment and enthusiasm for roll out.

How to do it?

An economical way to do this is to ensure that project team meetings regularly devote time to reviewing progress, and identifying lessons that can be drawn from that. This could be as an agenda item itself or perhaps, after a major success or difficulty, setting aside time to identify and record the lessons, using these headings:

- What worked well? Why was that? How can we ensure that is repeated?
- What did not work well? Why was that? What can we do differently next time?

Recording and summarising events and plans can soon become habitual, and helps to ensure a team is continually learning from their experiences. The recording does not have to be in a lengthy formal format, however, it does need to be captured for future reference.

How to communicate?

Major lessons, especially success stories, can be passed to the steering group to ensure the project team's achievements are recognised. Equally major difficulties should be reported, especially if the project team has identified how it will overcome them in future.

The project team should capture case studies throughout the project to highlight the impact of telecare, including those case studies that did not work and why. These can be used for training and awareness raising purposes.

It is recommended that the project team review the initial phase of the telecare project after a period of time (12 – 18 months) to identify the main lessons learned, drawing out the successes. Above all, this process will identify lessons from the initial roll-out which can guide an extension of the project – the focus is on what plans the project team needs to make to ensure the smooth transition to the next phase – so it may consider issues such as:

- Technology and its suitability
- Processes and their redesign
- Staffing issues
- Resourcing issues

See Tool 14 – Lessons Learned Report template and Tool 15 – Project Highlight Report template.

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website.

- **Implementing Telecare – An Action Guide - Tool 14 – Lessons Learned Report template**
- **Implementing Telecare – An Action Guide - Tool 15 – Project Highlight Report template**
- **Edinburgh Partnership – Examples of Project Highlight Reports to Elected Committee Members**
- **Dementia Case Studies – JIT**
- **Falls Management Case Studies - JIT**

Tool 14 | **Lessons learned report template**

Project Lessons Learned

Project Name:

Document Owner:

Focus Area:

Project Role:

Version	Date	Author	Change Description

Lessons learned purpose and objectives

Throughout each project life cycle, lessons are learned and opportunities for improvement are discovered. As part of a continuous improvement process, documenting lessons learned helps the project team discover the root causes of problems that occurred and avoid those problems in later project stages or future projects.

The objective of this report is gathering all relevant information for better planning of later project stages and future projects, improving implementation of new projects, and preventing or minimising risks for future projects.

Lessons learned questions

- *What worked well—or didn't work well—either for this project or for the project team?*
- *What needs to be done over or differently?*
- *What surprises did the team have to deal with?*
- *What project circumstances were not anticipated?*
- *Were the project goals attained? If not, what changes need to be made to meet goals in the future?*

Tool 15 | Project highlight report template

Top 3 Significant Project Successes

Project Success	Factors That Supported Success

Other Notable Project Successes

Project Success	Factors That Supported Success

Project Shortcomings and Solutions

Project Shortcoming	Recommended Solutions

Approvals

Prepared by: _____
Project Manager

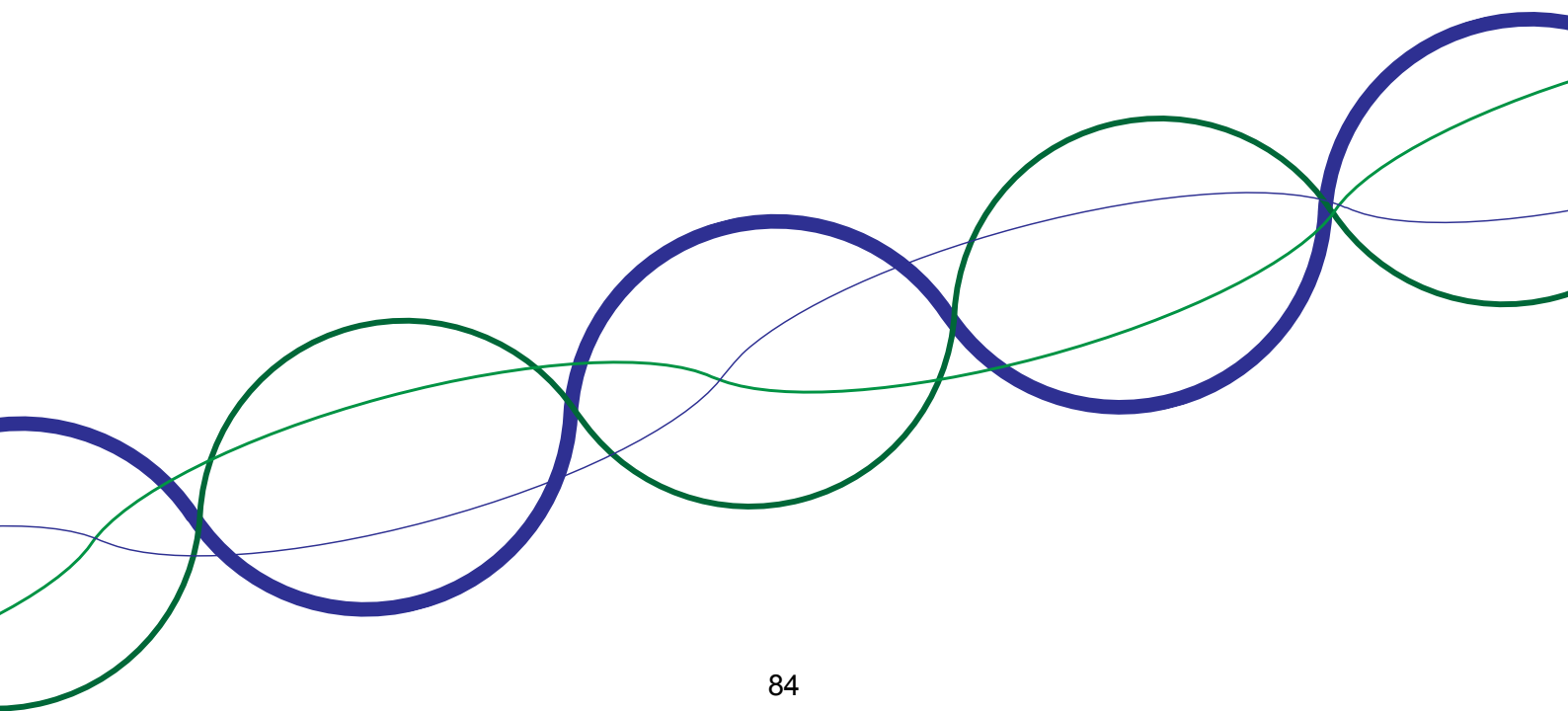
Approved by: _____
Project Sponsor

Executive Sponsor (if applicable)

CHAPTER FIVE

EXPANSION

Plan the expansion project	5.1
Develop the business case for service re-design	5.2
Estimate and secure the financial resources	5.3
Increase the scale of the technology	5.4
Redesign operational processes	5.5
Ensure staff resources	5.6
Develop training programme and materials	5.7



5.1 Plan the expansion project

Introduction

If senior management believes the initial implementation of Telecare has been successful, they are likely to decide to expand the service to other groups or geographical areas. While this can use valuable lessons from the initial project, it will also raise new issues which need to be managed if the expansion is to work.

A new project

It is worth thinking of this step almost as a new project. Take the opportunity to revisit the activities of **Chapters 1 and 2**. It is as important now as then to ensure strategic leadership and governance of the expanded project, to develop and communicate a vision of the expected outcomes, and to write (or amend) a new project reference document. The project steering group may need to identify a new project lead, and will certainly need to strengthen or expand the project team to reflect the different challenges of the expansion, and the different stakeholders.

The project lead should use the activities in **Chapters 1 and 2** to organise their approach to the planning for expansion. This will help them to ensure ongoing appropriate support from senior managers, by presenting a persuasive business case and ensuring they realise the strategic implications for the organisation of the proposed expansion.

Items in the plan

As the project lead develops the new project plan, they should set out as fully as possible the anticipated tasks, who is responsible for them, and a time-scale leading up to completion. As well as any lessons from the early implementation which will help the process, the project team (potentially a revised one) is likely to have to (re)consider the:

- Strategic leadership of the project, including steering groups;
- Strategy development – how they relate to other activities and agencies;
- Clarifying responsibilities – who does what;
- Training programmes – skills and experience required for new ways of working;
- Communicating to raise awareness;

- Resources and their availability;
- Designing new operating processes and procedures;
- Procurement and maintenance;
- Monitoring and evaluation.

5.2 Develop the business case for service re-design

Introduction

While senior management may agree to an expansion in principle, they are likely to require to be convinced that this will be a good use of resources before they formally commit to them. The same is true if funds are sought from another agency or from central government. A **business plan**, or **business case**, is a written document that summarises the case for expanding the service in a particular way, what it is likely to cost, and how it will be done. It draws together the information supporting the project in a single, coherent document that can later guide many implementation activities. It is likely that, in the context of local telecare projects, the business case may take the form of a report to the telecare project steering group, and / or local authority or NHS board committees.

A typical business case will contain six elements:

Executive summary – a brief overview of the expansion project, how it relates to the early implementation and to related activities of the authority, with recommendations for progressing.

Focus of the proposed expansion – which population groups, the likely benefits of the change to them and to other stakeholders, what the expansion will consist of – numbers, locations etc, also justifying the reasons for focusing on this group of the population, rather than others. It can also show how this builds on the lessons from the initial implementation.

Analysis of the context – how this fits to other initiatives and changes, in the authority and in health care, local and national strategies, demographics, dependencies, other installations that have produced good results, and so may support the case here.

Description of the expansion – how it is going to be achieved – changes in service delivery methods, technology, working processes, staff etc – an indication of all the likely changes required. Also describe who will be involved, and how the change will be managed – the steering group, project team, project lead.

Financial implications – what the project will cost and the timing of the expenditure. This needs to include not only the initial and subsequent capital cost for equipment, but estimates of future revenue expenditure on staff, training, maintenance, building and installation etc. Under-estimating these might help the project to be approved, but will lead it to difficulties later, when expenditure is required, but there is no budget. Check widely with users of similar systems to identify as fully as you can the costs likely to be incurred. A convincing statement of how the capital and revenue costs will be met – government grants, health boards, local authority, housing association, charitable bodies etc. will be most influential.

Also identify and calculate the efficiencies which may plausibly arise from the expansion – reduced use of care homes, fewer delayed discharges etc – and which agencies will benefit from these – based on a plausible evidence base.

Supporting documentation – this can help the case, either by providing more detail on summary tables in the text, or by showing photographs, case histories, charts and other visual tools which make the story more accessible and convincing.

See **Tool 16** on the next page for a summary table of the key aspects of a business case which need to be included.

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website.

- **Implementing Telecare – An Action Guide - Tool 16 – Business case key headings**
- **Edinburgh Partnership – Bid for Long Term Conditions monies for Falls Project**

Tool 16 | Business case key headings

Activity guidance

Write a business case for expanding the Telecare project, using the headings below as a guide:

Executive summary

- a brief overview of the expansion project
- how it relates to the early implementation and to related activities of the partnership
- recommendations for expansion

Focus of the proposed expansion

- which population groups are to be affected
- the likely benefits of the change to them and to other stakeholders
- what the expansion will consist of – numbers, locations etc
- justifying the reasons for focusing on this group of the population, rather than others.
- show how this builds on the lessons from the initial implementation

Analysis of the context

- how this fits to other initiatives and changes within the partnership
- local and national strategies,
- demographics
- dependencies
- other telecare programmes that have produced good results

Description of the expansion

- how it is going to be achieved
- changes in service delivery methods, technology, working processes, staff etc
- who will be involved
- how the change will be managed – the steering group, project team, project manager

Financial implications

- what the project will cost, and the timing of the expenditure
- potential and/or agreed sources of capital and revenue finance, with caveats
- identify and calculate the efficiencies

Supporting documentation

- providing more detail on summary tables in the text
- case histories,
- charts and other visual tools

5.3 Estimate and secure the financial resources

Introduction

Projects can develop difficulties if their budget planners forget to include, or underestimate, even quite small items. They also need long-term, secure funding if they are to be able to deliver the planned improvements in a sustained way and integrate effectively in wider service provision.

Estimating costs

There are some obvious headings and some less so. Project managers should consult other telecare project managers about their experience of the sources of costs – especially unexpected ones. They should also draw on their experience of the early implementation to gather robust evidence about possible cost areas.

Project managers should remember to consider the lifetime of the project, and how costs will vary in later years – some may fall (e.g. replacement equipment), others rise (e.g. maintenance). Budget planning cycles for both NHS Boards and local authorities must also be considered to ensure that financial planning is done timeously, to accommodate future expansion plans.

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The following checklist offers the main headings to be considered within the budget plan:

Initial capital costs

- Project management (potentially)
- Equipment
- Cables
- Building alterations
- Storage facilities if needed
- Contingencies
- Accommodation for project team staff

Initial implementation costs

- Re-designing working processes
- Staff training and redeployment
- Communication
- Contingencies

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Lifetime costs

- Support – contact centre staff
- Staff training and re-training – including those in other agencies
- Maintenance, repair and replacement
- Obsolescence and upgrades as improved equipment becomes available.
- Contingencies

A simple cost benefit approach

There are various ways of setting out a cost benefit analysis. An example of a simple grid type analysis for telecare is set out in **Tool 17** below.

Tool 17 | Telecare cost benefit analysis grid template

<u>User type</u>	<u>Equipment</u>	<u>Number of users</u>	<u>Equipment £ per user</u>	<u>Maintenance (pa) per user</u>	<u>Staff support per user for telecare (pa)</u>	<u>Adjustments to care plan per user(pa)</u>	<u>Difference</u>
Discharge	Monitor a,b,c etc	X	£E	£L	£S	£A	£X(E+L+S-A)
Falls	Monitor a,b,c etc	Y	£F	£M	£T	£B	£Y(F+M+T-B)
Dementia	Monitor a,b,c etc	Z	£G	£N	£U	£C	£Z(G+N+U-C)

The grid above identifies the telecare package types used for particular users. The number of users for each group is estimated and the average equipment cost per user is determined. Staff and maintenance support costs are added. On the other side of the equation, reductions in home care packages, maintaining a user in the community rather than in a care home or in an acute bed etc are factored into the equation. The difference provides a simple determination of the costs associated with telecare.

As well as the direct impact on care packages which can be costed, there are other benefits such as increased confidence for users and carers in the community which are more difficult to assign a value to.

Practice examples and further information
 Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website.

- **Implementing Telecare – An Action Guide - Tool 17 – Telecare cost benefit analysis grid template**
- **West Lothian Council Committee Paper – Proposals to Extend Home Safety Service (May 2003)**

5.4 Increase the scale of the technology

Introduction

Technical issues may have seemed relatively straightforward in the early implementation step, with only a small number of installations to consider. As it moves into significant expansion, possibly to different populations with different requirements from the initial project, the team needs to be ready to deal with some new issues, all of which may have resource implications.

Issues to consider:

- **Equipment capability** – assessing what equipment could do what is required – i.e. fit for the purpose. Assess alternatives in a similar way to that suggested in **Chapter 2**.
- **Procurement procedures** – being sure about the procedures that need to be followed here, and identifying any likely difficulties.
- **Estimates of costs**, including installations / removals, upgrades etc, and staff implications.
- **Maintenance and repairs requirements** – what is the likely scale or frequency of this, and how to arrange it – supplier maintenance contract, out-sourcing, in-house; management of data, increased calls?
- **Insurance and related issues**, if any.
- **Storage and other asset management issues**. Who is responsible for controlling issue of telecare equipment, their fitting, and inspection, procedure for correcting or replacing faulty units, decontamination and recycling of equipment?

Tasks related to the identification, procurement and management of the equipment for expansion of the service needs to be incorporated into the ongoing service development implementation plan.

5.5 Redesign operational processes

Introduction

A 'process map' shows clearly the activities and linkages between tasks that people perform to deliver a service. As telecare is introduced this is bound to change the way people perform certain tasks, and unless all the steps in this new process are defined and communicated there will be delay, confusion and waste.

Redesigning processes helps to:

- Ensure that all the steps required to deliver a new service are identified, and their relationships with other processes made clear
- Enable clear basis for discussions with managers in other units about the connections between activities
- Provides a way of looking critically at processes, to see how they can be designed to work more efficiently and smoothly
- Ensure that all staff, especially those in different departments, follow common procedures in delivering a service
- Improve the service provided to users and carers
- Identify what changes in service provision are necessary to offset costs through the use of telecare e.g. sleepover replacement; home care hours; etc. This is essential otherwise telecare will add to the cost of service provision rather than deliver efficiencies in it.

Process redesign guidelines

A process is simply a chain of all the tasks from the start to the end of a service delivery. One process will usually affect others, so these links also need to be identified and specified so that connections are smooth.

A process should be as short as possible (less time) and as narrow as possible (fewer people). In a poor process most of the time is taken up waiting for the next process to start – a sure sign that it involves too many people. It should also be complete, in the sense that it includes earlier and later processes – i.e. it should be “end to end”.

Monitoring is only part of the new activity – the complete process map should also

include the processes for deciding on eligibility, referral, assessment of need, installation, response, monitoring and review (of service and the outcomes for users and carers), and possibly others. A complete walk-through of the proposed new process pathway should then take place with the Project Group or other key staff as appropriate to spot any 'glitches'.

Telecare processes also need to fit other processes such as those for community care assessment, supported housing allocations, management of long term conditions, home safety and service delivery (including potentially children's services) generally. So consideration has to be given to possible impacts and links within the process plan, and consultation undertaken.

A quick guide to process mapping (courtesy of CSIP)

Process mapping is a technique that is used to help teams to understand how whole services work in order to identify where to start making improvements that will have the biggest impact for people who use their services.

It focuses on mapping a person's journey through the system, identifying the exact steps that are taken, problems that arise, and the time taken to complete each step as well as the duration of each step. You may wish to document the feelings of the person that uses the system at each step. This will enable the team to see the system through the eyes of the people that use them.

Why is it used?

This technique enables teams to clearly identify and understand how the whole system works. It identifies gaps and overlaps in services, problems to tackle, and ways of making improvements, defining the service improvement work to be undertaken. It enables good practice to be identified. It provides a view of the whole system supporting a holistic view rather than reacting to problems as they arise.

Most importantly, it focuses on the person that uses the services, ensuring that the improvements that are made will benefit the people that use them, not ones that will be perceived to be of benefit.

When to use it?

The process mapping exercise should be used at the start of service improvement projects. It is also a tool that is often used alongside the 'Model for Improvement' and the Plan, Do, Study, Act cycle.

Who to use it with?

It should be used with ideally teams of five or more and representatives of everyone involved in services including the person that uses the services, the people that support them, service staff and service managers.

How to use it?

A process-mapping event should be run in order to carry out the exercise effectively.

Before the event

1. Identify the group of people that would most benefit by the redesign, considering groups:
 - a. who have common characteristics
 - b. who appear in a relatively high volume
 - c. whose appearance is highly predictable
 - d. whose care could be standardised based on good evidence
 - e. whose care could be relatively fast if all the waits and delays in the system were taken out
 - f. whose care could be mainly pre-scheduled
2. Define the objectives, scope and focus of the process mapping session.
3. Meet with clinical, managerial and service leaders beforehand.
4. Identify the staff groups that are involved in the relevant stage of the process, inviting 15-25 representatives to map the journey, including people that use the services and the people that support them.
5. Obtain an independent facilitator if possible, to allow everyone in the team to participate fully in the exercise, also allowing for someone outside of the team to ask the more challenging questions without fear of breaking down relationships.

6. Ensure that you purchase the necessary resources: roll of brown paper, post it notes, pens and sticky tape.

At the event

Agree some ground rules with the group in order to encourage everyone to participate fully such as:

- Things are confidential if people ask them to be
- Everyone's contribution is important
- Be prepared to take some risks
- Listen to what others have to say
- Nothing anyone says is 'stupid'
- We're not here to blame
- Focus on 'doing' and making things better for people that use services
- Share responsibility
- Think creatively and positively

When mapping the journey:

- Define and agree the group of people to be mapped
- Decide on the level e.g. you may do a high level map, then a medium level
- Define and agree the scope (first and last step of the process)
- Identify all staff groups involved within the scope of this part of the process
- Map that stage of the person's journey through the system/service, identifying the steps, the problems and possible solutions on the post it notes. You may find it useful to use colour-coded post it notes or different shaped post it notes for the steps, problems and solutions– ensuring that you only write one item per post-it-note. You may want to either write all the steps first, then all the problems, and then the solutions or you may want to write one step, and the problems and solutions at that step, before moving on to the next step.
- Record what happens 80% of the time
- Add 'guestimates' of time for each step and between each step.

After mapping the journey, the project team should then analyse the process map, considering:

- How many steps are there?
- How many handoffs?
- What is the approximate time of or between each step?
- Where are possible delays and why?
- How many steps do not “add value” for the people that use the services?
- Where are the problems for the people that use the services and staff?

This analysis should develop everyone’s understanding of the system, where the problems are, and where improvements should be made.

Examples of process maps done before and after service redesign are included on the following pages (**Tool 18**). The maps are of Sutton Community Adult Mental Health Services (CAMHS), however, the process mapping approach would be the similar for mapping telecare services.

Most telecare partnerships have developed new operational processes for elements of telecare service delivery including referrals, assessment, installations, call monitoring and response. Examples of policies, procedures and operational tools can be found on the JIT website – see box below.

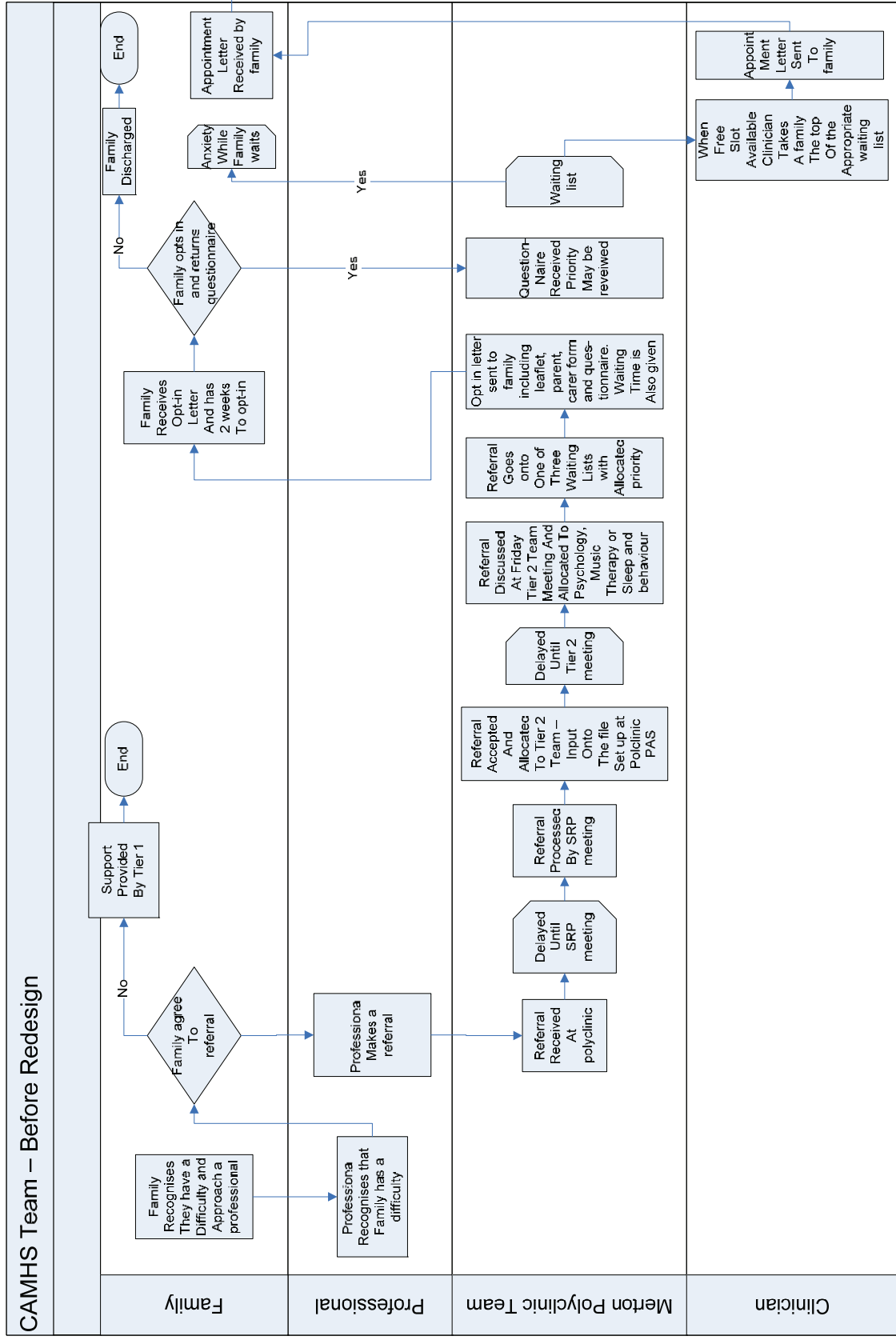
Practice examples and further information

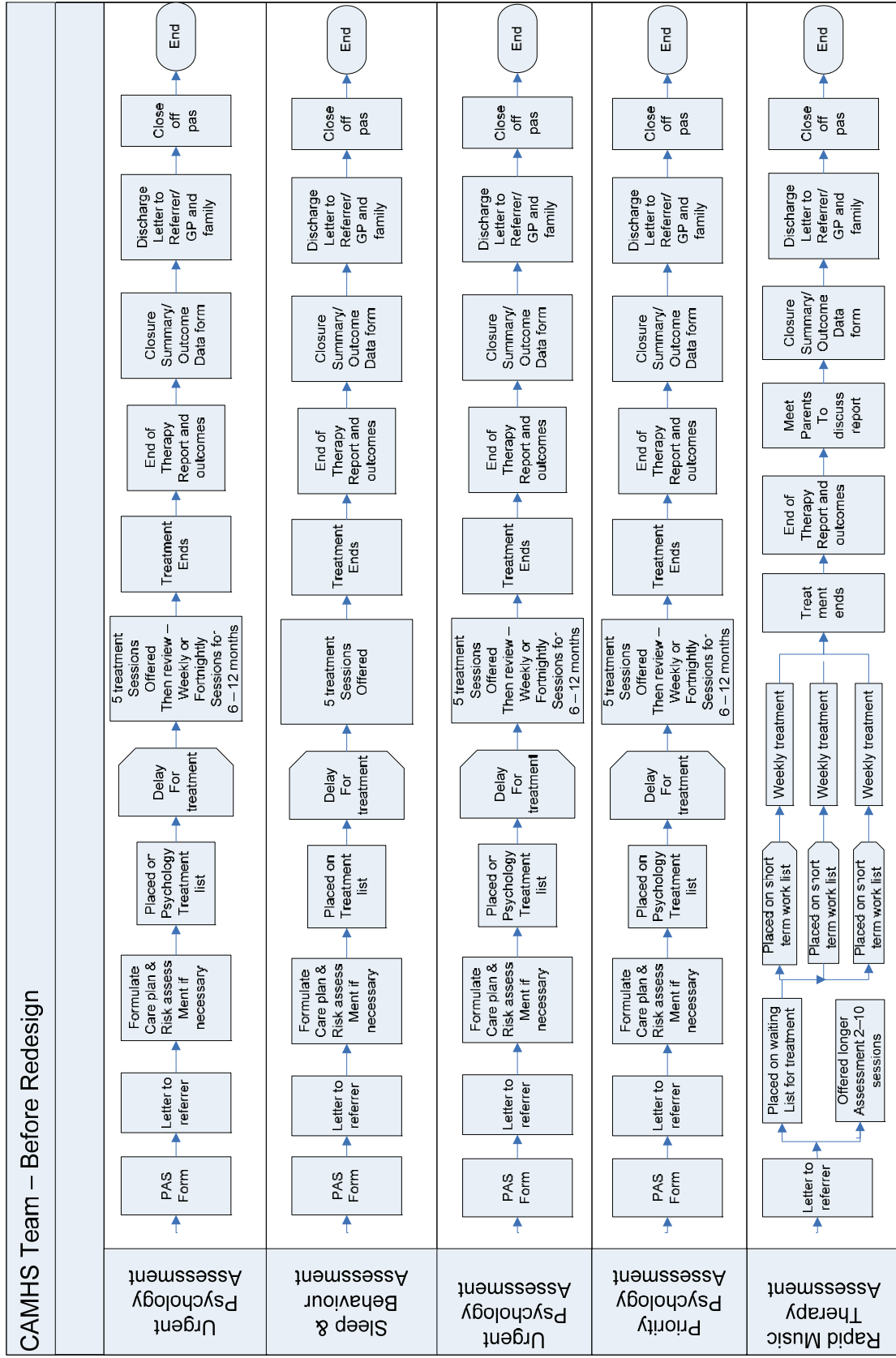
Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT’s website.

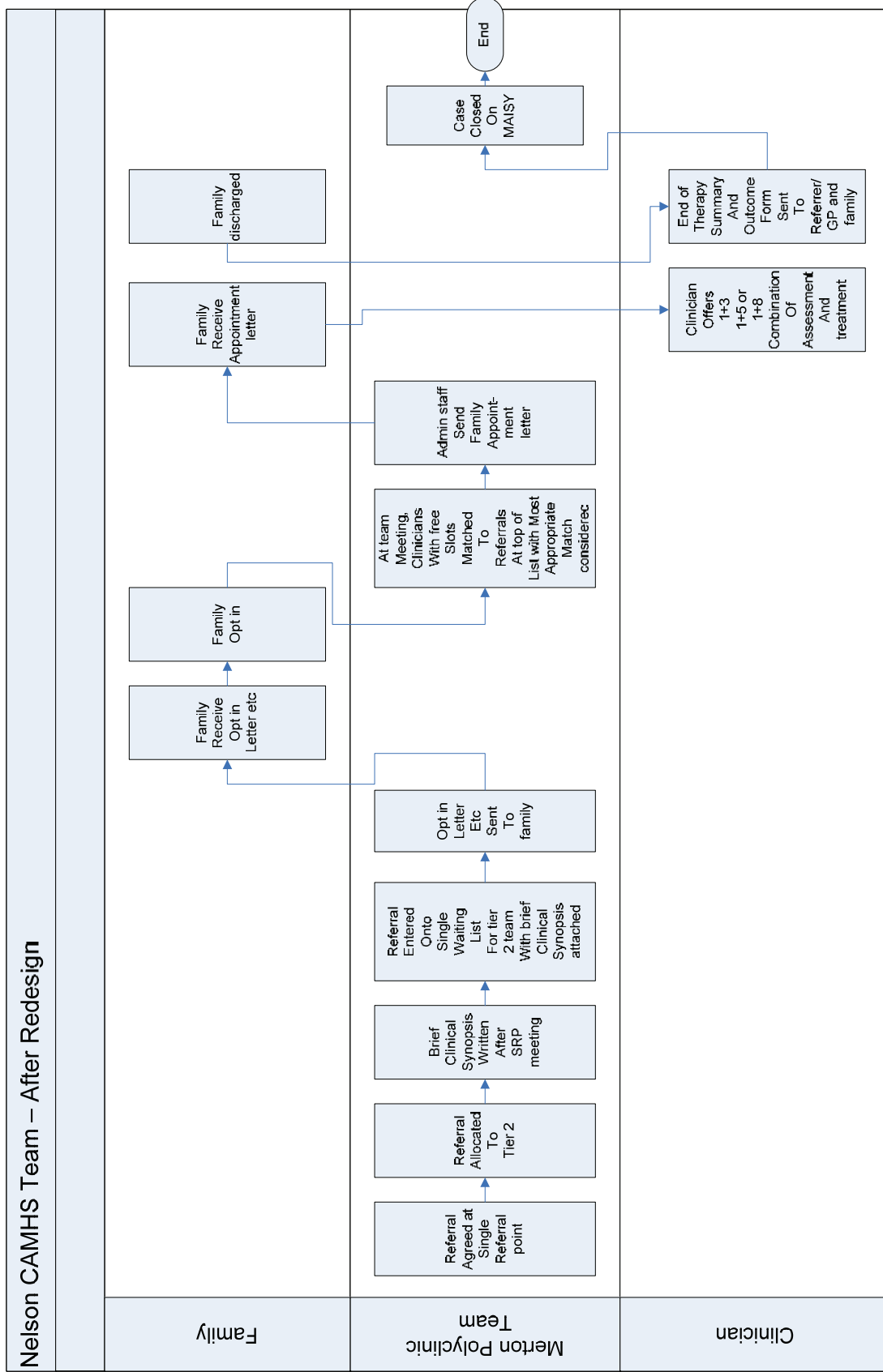
- **Implementing Telecare – An Action Guide - Tool 18** – Sample service redesign process maps
- Edinburgh Assessment – Response and Faults Procedures Flow Charts
- Fife Single Shared Assessment Form (amended for Telecare)
- Fife Telecare Assessment form and Assessment Guidelines
- Fife Community Alarms procedures manual index
- East Renfrewshire Telecare Assessment form
- Highland Telecare SSA Specialist Assessment form
- Highland Telecare Procedures Manual Index
- Highland Installers Handbook
- Renfrewshire Telecare Referral Process Flowchart
- Renfrewshire Telecare Code of Practice

Tool 18

Sample service redesign process maps







5.6 Ensure staff resources

Introduction

While the initial project will probably have had limited effects on most staff, a significant expansion will raise many more issues and involve more people. Since a telecare project is about re-designing service delivery as much (if not more) than it is about technology, an expansion of the coverage towards mainstream use is likely to affect the work of staff in significant ways. This can be an opportunity to re-think peoples' roles and responsibilities and to make sure that any contractual or HR issues are managed effectively. It is also an opportunity to more effectively manage resources.

Re-thinking roles and responsibilities

The commitment which people have to their work is affected in part by the nature of the work itself – most people prefer a job that is varied, interesting and responsible to one that is boring and repetitive. Jobs are often designed without thinking about this – but a service re-design activity creates an opportunity to think carefully about how best to re-think the roles of staff, service users and carers, and how they relate to each others. Doing so will significantly increase the chances of the expansion being a success, and of delivering valuable outcomes to stakeholders.

People respond positively if they find (or believe) that a new system:

- helps them to work effectively
- is easy to use
- is used or supported by colleagues whose opinions they respect
- is supported by facilitating conditions such as training, support and advice
- provides a better service to users
- doesn't involve "double entry" approach – i.e. more administration.

Re-shaping roles to support these factors will encourage people to accept and use the new arrangements: not doing so will lead to staff dissatisfaction. The best way to achieve a good outcome is to make the time to involve staff closely in discussions about the equipment and new working arrangements, including visits to successful projects (or inviting them to visit staff). This uses staff expertise, and shows that management values and trusts them – both of which help to foster a positive attitude.

Human resource management issues

At the same time, project managers need to take account of any human resource management issues which the re-design of the service will raise. Redeployment, changes to hours, working arrangements or promotion prospects may all change established terms and conditions. These are better dealt with early and deliberately, rather than as last-minute crisis because no-one had anticipated them or wanted to address them.

Project teams should also consult with staff, service users and carers about the changes in their respective roles and responsibilities in relation to the telecare service once these are clear. The redesign ideas identified during process mapping activity described in **Section 5.5** can be used to guide your discussions, and anticipate any human resource management issues. The findings / outcomes from the consultation should be incorporated into the revised implementation plan and used to update the project Communication Plan / approach.

5.7 Develop training programmes and materials

Introduction

Telecare is bound to change the way some people work, and an effective training programme improves motivation and service delivery.

Project leads should ensure that appropriate training is available in order to (amongst other things):

- Ensure that all the new skills and experiences required to deliver a new service are identified and provided for;
- Enable staff to upgrade their skills and experience to ensure good service to users and carers;
- Can provide a way of looking critically at current training in other areas, to see how they may be affected by Telecare;
- Ensure that all staff, especially those in different departments, follow common working methods in delivering service;
- Meet regulation requirements.

Developing training

Rapid changes in technology and in public expectations of service delivery have implications for those delivering services. Whilst many valuable improvements are made informally through small changes in everyday practice which then become taken for granted, a telecare project is also likely to require some structured and formal training.

A surprising number of projects do not explicitly include a budget for training, which causes a difficulty when the project has to compete with other training demands and commitments.

The project lead can increase their chances of a successful outcome if they plan ahead and anticipate, as far as is possible, the time and money required for training to support the new service and include budget provision for this.

Factors to consider include:

- Identifying training needs, including who will require training and when e.g. one-off sessions or regular sessions over a longer period of time.

- Specifying the outcomes expected
- Designing/procuring training - who will deliver it, what form will it take, who will develop training materials?
- Estimating and securing the budget
- Conducting training – who, when, where, how long?
- Assessing effectiveness – has it met the specified outcomes, and if not, how should it be adapted?

See **Tool 19 – Developing a training programme** on the next page for key aspects to be considered when developing a training programme and materials.

Telecare training also needs to be linked with other training activities that are planned or underway. Attendance can be encouraged if it is linked to accredited training – e.g. CPD certificate.

If poor attendance is an issue, the project manager should carry out consultation with key stakeholders, including staff and team leaders, to determine why they are not attending and what needs to be changed to improve attendance.

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website.

- **JIT Telecare Introductory DVD – Telecare Supporting Scotland**
- **JIT Telecare Digital Stories – Case Studies DVD**
- **Edinburgh Partnership – Training Plan (Basic and Advanced), Training handbook, Telecare Assessors Guidelines and presentations**
- **Falkirk & Forth Valley Training Programme**
- **Fife Training Resources – including trainer notes, presentations, participants handouts, etc**
- **Highland Training Plan and Programme**
- **Highland Assessors Training resources**
- **Model Induction Programme for Call Handlers**
- **Falkirk & Forth Valley Training Programme**

Tool 19 | **Developing a training programme**

Activity guidance

In developing a comprehensive training programme and materials for a expanded telecare service, consider the following issues:

- Training needs analysis –
 - who will require training?
 - when by?
 - expected outcomes?

- Training design
 - who will deliver it?
 - what form will it take?
 - who will develop the materials?
 - accreditation / certification?
 - estimated budget required and sources

- Training delivery
 - who?
 - when?
 - where?
 - how long?

- Assessing effectiveness
 - has it met outcomes?
 - does it need adapted?

CHAPTER SIX

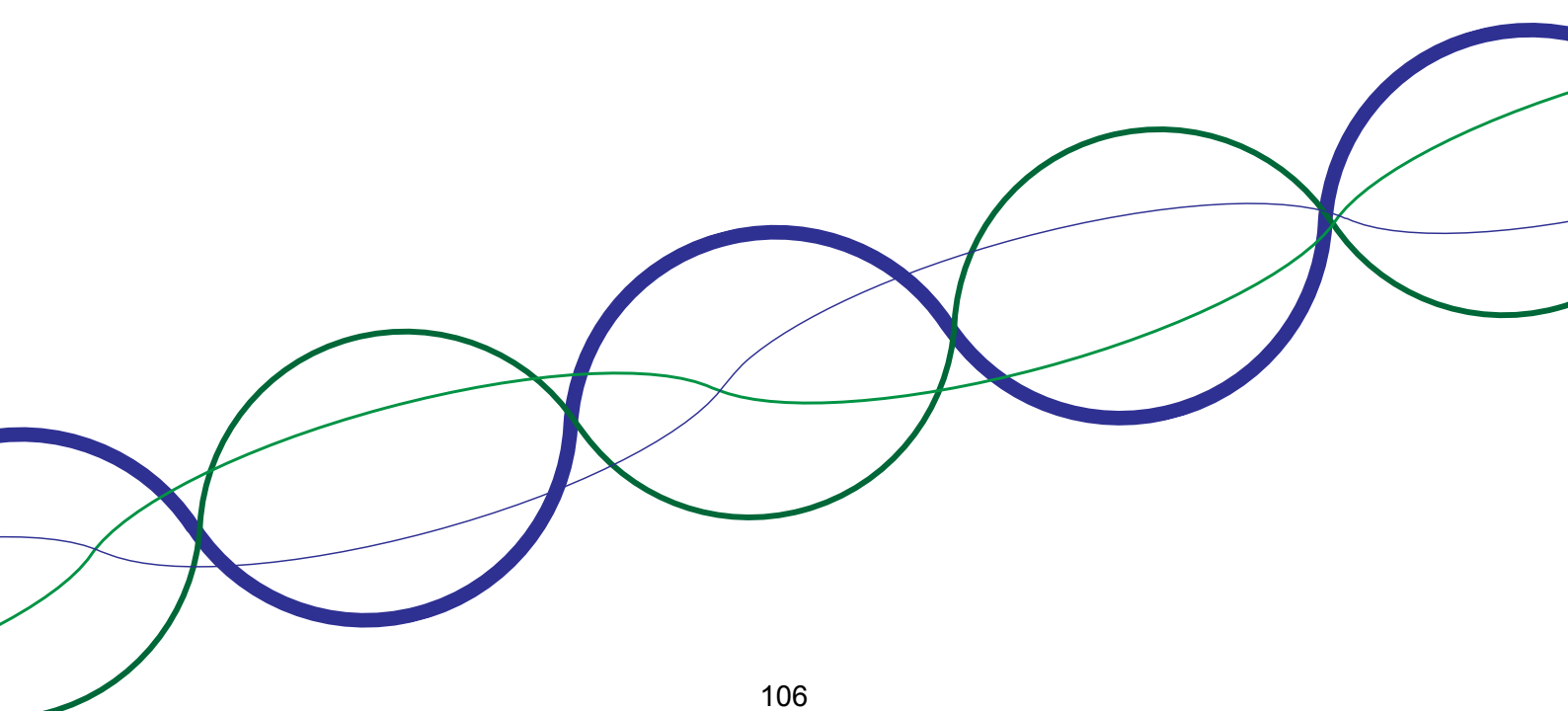
INTEGRATING INTO MAINSTREAM SERVICES

Plan for integration

6.1

Seek ways to support cross-agency working

6.2



6.1 Plan for integration

Introduction

By this stage most project teams will have considerable experience of managing service re-design supported by telecare. Successes in early stages should have encouraged senior management to approve a further extension of the project, with the aim of integrating it into mainstream service provision, e.g. linking with joint equipment stores, Single Shared Assessment & care case management processes, etc. All the essential project management skills set out in the earlier steps will still need to be applied – clarifying outcomes, identifying stakeholders, securing top management buy-in and all the rest – but to a larger and more complex task. Every situation will be different, but some new themes that are likely to arise during this stage are those of managing across organisational boundaries, clarifying roles and responsibilities of different agencies, resourcing and dealing with cultural differences and “politics” at a local level. This may be particularly applicable if telecare projects are considering broadening their scope to include “telehomemonitoring” (or remote health monitoring) and telehealth within the acute hospital and primary care settings.

Defining “mainstreaming”

There is no simple agreed definition of what a mainstream service is. Intuitively, a fully mainstreamed service would be one where there is wide agreement on the need for and value of the service, where relevant staff have a sound understanding of when it is appropriate to provide the service, where all necessary protocols and processes are fully defined, agreed and in place, where ongoing core funding is agreed and forward business plans fully take the service into account.

Mainstreaming is therefore multi faceted, and likely to be achieved over time rather than instantaneously, although there may well be some critical point at which future progress with mainstreaming becomes assured.

A new project

As with expansion, it is best to think of the work around integrating telecare into mainstream services as a new but much bigger project – so take the opportunity to revisit the activities of [Chapters 2 and 3](#). It is as important now as then to ensure

strategic leadership and governance of the expanded project, to develop and communicate a vision of the expected outcomes, and to write a new **project terms of reference document**. However these should be completely integrated with the strategic leadership and governance of the parent body/partnership, e.g community planning partnership.

Senior management may have changed, a new project lead may be required, and it is almost certain that there will be a need to strengthen or expand the project team to reflect the different challenges of integration, and the different stakeholders – especially as more of these will be from other services or agencies. Option would be to integrate the project team role into an existing joint planning structure.

The project lead should use the activities in Chapters 2 and 3 to organise their approach to this new task. That will help to ensure appropriate support from senior managers, by presenting a persuasive business case, and ensuring they realise the strategic implications of the integration of telecare into mainstream services that have been proposed.

Aspects of the expanded project plan

In developing a new project plan, as before the tasks should be set out as clearly as possible, stating who is responsible for them and a time-scale for completion. As well as incorporating any lessons learned from the expansion phase which will help the process, the project team is likely to face issues relating to:

- Strategic leadership of the project, including steering groups
- Strategy development – how they relate to other strategic agendas across the relevant agencies
- Clarifying responsibilities – who does what within and between agencies
- Managing cultural differences
- Training programmes – identifying the skills and experience required for new ways of working
- Communicating to raise awareness
- Resources and their availability
- Designing new operating processes and procedures

- Procurement and maintenance
- Monitoring and evaluation
- Development of an exit strategy, for when mainstreaming has been achieved

The project lead should produce a report for partnership senior management outlining plans for integration, incorporating the lessons learned from the expansion phase, and the views of key stakeholders involved in mainstream service delivery. This information should be used to develop new Project Terms of Reference and Business Case.

Tool 20 below outlines tips for mainstreaming as identified by the Angus Partnership as they move towards mainstreaming telecare within the partnership. The text is extracted from the JIT Factsheet – Integrating Telecare as a Mainstream Service (www.jitscotland.org.uk/action-areas/telecare-in-scotland/learning-network).

Tool 20 | Key considerations when mainstreaming telecare in Angus

At a **Telecare Learning Network** event in November 2008, Angus Council outlined their experiences of working towards implementing telecare into mainstream services. The extracts below outline the key lessons learned that other partnerships could benefit from when beginning to plan for mainstreaming.

Angus Telecare Delivery Structure

The delivery structure for telecare in Angus broadly works like this:



There are links maintained both up and down the structure, and this is critical if the telecare approach is to move from an initiative to the cultural norm.

The Angus partnership has identified that telecare project managers need to be clear how to enthuse and motivate their key stakeholders to persuade them to become involved. There may be a fear of failure or costs and lengthy timescales associated with transition. These need to be addressed to secure buy-in and commitment.

Maintaining Momentum

The partnership recommends that the following activities be adopted to maintain the momentum around telecare projects / programmes:

- Prove the technology works.
- Overcome the fear of intrusion.
- Prove the benefits of technology (need the evidence).
- Demonstrate the added value of using telecare.
- Talk it up – need to keep it in local consciousness.
- Link it to outcomes.
- Link it to efficiency and value for money.
- Use real life examples (case studies) to illustrate.

In summary, the following key elements are of prime importance:

- Using 'the elephant in the room' – ageing and dependency. Be aware of it and use it. Fundamental strides need to be taken to redesign services and telecare can play an important role in this.
- Persistent leadership is essential!
- Financial constraints should be seen as an opportunity for telecare. Look for ways to demonstrate value for money and efficiencies.
- Outcomes – telecare can demonstrate a real impact on outcomes for service users/carers/systems.
- There is a vested interest for most of us in making this happen for ourselves – use this with others.
- The benefits may be several years off, but they will come!

Mainstreaming Telecare

Angus has a population of around 21,500 people over 65, and there are around 4,200 community alarm users. Angus already uses a wide range of telecare equipment, but have deployed this in ways which target specific local issues.

- Looking at addressing social isolation through the creation of virtual sheltered housing models.
- Justifying services in smaller villages is problematic but enabling access via nurse led virtual clinics to address this.
- Developing intermediate care within a home environment.
- Deploying technology to support self care for people with long term conditions.
- Creative approaches to training – Need a clear vision to drive this forward, but have provided demonstration flats as an opportunity for front line staff to play with equipment and understand how it fits into care planning. Angus have adopted a ‘case-based training’ approach which looks at how telecare can impact on individual situations and use this to inform others.
- Safety and Security application to protect the most vulnerable by installing bogus caller buttons as part of ‘No Cold Calling Zones’. Microphones are installed close to door, so that doorstep conversations can be recorded and potentially used as evidence. This approach involves the police and community safety colleagues.
- Domestic Violence – telecare is used to alert police via call centre of any incidents or concerns.

In considering ‘What is mainstreaming?’ i.e. when does an initiative become mainstream and what is essential to make that change, the partnership felt that for telecare this will require a huge shift in perceptions about tasks and roles.

Angus has taken time to get to where they are at now, but they consider that this preparation has been worth it. Their experience so far has suggested that four key things were instrumental in moving them forwards:

1. Get a champion

The first telecare champion for Angus was Gordon Peterkin, GP, who went on to become the Director of the Scottish Centre for Telehealth! They have also benefited from the interest and involvement of a colleague in Environmental Health, who was keen to use telecare as part of their approach for community safety. According to the partnership, the ideal 'person specification' for a local telecare champion is:

- They should be a generalist, not a techie – as fundamentally telecare needs to be about people not technology.
- They need to be able to think both strategically and operationally.
- They should be (trusted) risk takers, who have had some success in managing complex change in the past.
- They should have a 'Seat at the Table' (linked to the project team / steering group) and be a voice which is listened to.
- They need to be outcomes-focused – for service users and staff and need to understand what it is like to deliver a service.
- And they need to have a long term vision and be a patient persuader.

2. Communicate

Good communication is important, and there is a need to use different approaches and mechanisms to integrate telecare within local systems. We all speak different professional languages so there is a need to make analogies that make sense to person that you are trying to persuade. We also need to think through what any change will mean to front line staff and explain it to them in a way that they will support and relate to.

The use of stories / case studies to illustrate points has been really useful. Also don't underestimate the importance of the written document, so get the use of telecare written into key strategy documents to secure commitment and interest.

3. Why? Or why not?

- A focus on outcomes is critical and using the voice of service users/carers and staff is persuasive.
- Interrogate the existing system to identify where changes can be best made – ask "why?" seven times minimum! Very useful to map existing processes and pathways to understand barriers and opportunities.

- Need to challenge risk management models – ‘whose life is it anyway?’.
- Important to get operational staff involved from the start to be clear how it can fit in. The ‘case-based training’ approach has been found to be very useful for this.

4. Model the impacts

- Models need to be set up to be able to demonstrate the impacts on the whole system locally and not just for community care partners.
- Need to be clear and be able to demonstrate how telecare links in with the wider strategic agendas around efficiencies and community safety.
- Try and model what the impacts are, and costs saved/avoided. These will be great levers for investment in times of budgetary pressures.
- The softer outcomes are also critical and you need to be able to demonstrate beneficial outcomes for service users and carers.
- Make the links to Single Outcome Agreements – strategic vision for those who need care in the community. Needs to be represented in a strategic document.

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT’s website, including:-

- **JIT Telecare Factsheet – Integrating Telecare as a Mainstream Service** - www.jitScotland.org.uk/action-areas/telecare-in-scotland/learning-network/
- **Edinburgh Partnership – Evaluation of Overnight Projects, Supported Accommodation**
- **Aberdeenshire Council Telecare Project - Final Evaluation Report (2008)**

6.2 Seek ways to support cross-agency working

Introduction

Many pressures are challenging the familiar boundaries between health care, housing and social care, yet the practicalities of working between such different agencies represent a challenge to telecare projects which are becoming part of mainstream service delivery. At the same time another boundary – that between patients / service users and professionals - is also crumbling, as people gain direct access over the internet to information previously controlled by professionals. This too will have implications for those re-designing service delivery, with those receiving services being at the centre of the service delivery process.

For example, at the service user/ professional boundary, issues may arise over who provides, accesses, and has authority over, information relevant to the service user, and how does greater use of technology to facilitate this affect the processes of delivering care?

A second set of issues relates to the boundaries between those engaged in the care process – how do the structural divisions between health, housing and social care, geographical divisions within both, and established professional divisions affect the timely provision, access and use of patient information?

Diverse structures and cultures

Organisations working independently develop unique and distinct ways of working, which is expressed in their physical infrastructures and in the roles and responsibilities through which they provide services. It also shapes their cultures – what people value, and the way they work together. They develop different views about information –

- whether it belongs to individuals, or the organisation;
- is it a means of control, rationing, or a means to improve service;
- is it something you protect or something you share?

People with such distinct views may find joint-working difficult, at least initially. Some aspects of separate agencies can be changed fairly easily, but experience suggests that the deeper aspects, especially their cultural differences, are much harder to deal with.

Planning cross-agency change

If part of integration involves working with other agencies, this is likely to require particular care and considerable time if it is to work satisfactorily. Suggestions which others have made to deal with this include:

- Create small pilots that can be up and running quickly, to show what can be achieved, and to convince doubters;
- Create dedicated teams with members from each agency, and give them time and resources to get to know each others values and ways of working;
- Co-location has been shown to be effective;
- Develop a common language with clear definitions so that all stakeholders are clear about what telecare means;
- Recognise that all organisations will need to shift closer together, and that staff will need time to adjust to this;
- Organise joint awareness raising, training and service planning events.
- Undertake joint pathway planning around service redesign

The JIT intends to develop further guidance on mainstreaming during 2009/10, building on the lessons learned from the ongoing joint telecare review process.

Practice examples and further information

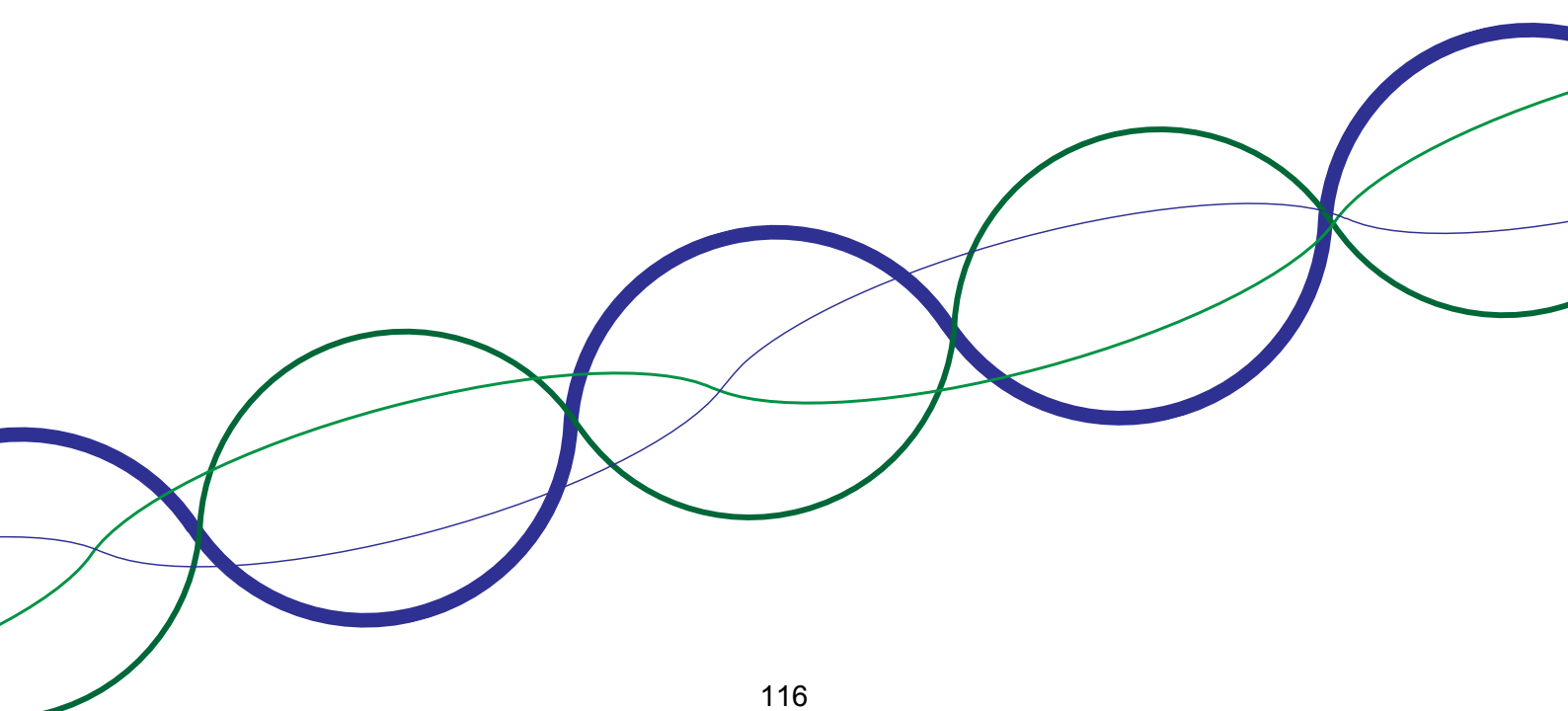
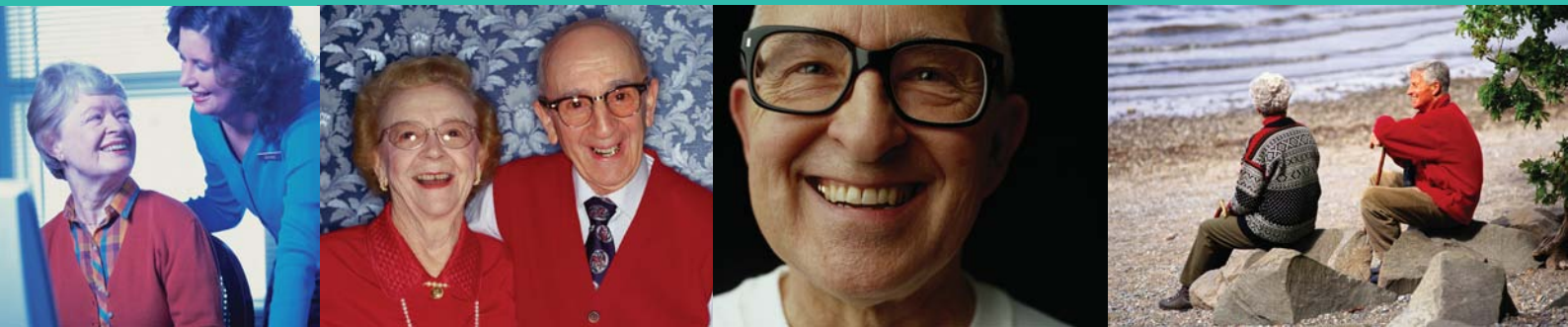
Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT's website.

- Fife Telecare Training resources (cross-agency training)
- Edinburgh Partnership – Mainstreaming Telecare Presentations
- Highland Telecare training resources (cross-agency training)
- Pathway planning for Falls Prevention & Management
- Pathway planning for Lanarkshire Respiratory Managed Clinical Network

CHAPTER SEVEN

IMPLEMENTING TELEHOMEMONITORING – AN INTRODUCTION

Planning to implement	7.1
Implementation/go live phase	7.2
Post implementation phase	7.3



7.1 Planning to implement

Introduction

Many Partnerships are now beginning to consider the introduction of telehomemonitoring as a development of their local Telecare programme, so this chapter is intended to offer a brief overview of the key considerations when setting up a local project. Further guidance will be developed as the learning emerges from the Partnerships that are implementing telehomemonitoring during 2009/10.

The process and tools for effective implementation of telecare outlined in previous chapters within this guide are equally applicable to the introduction of telehomemonitoring.

Establishing project outcomes

When considering the outcomes that the Partnership wishes to achieve through the introduction of telehomemonitoring, it is important to consider whether the Partnership wishes to:

- Improve clinical outcomes - e.g. reduction in emergency admissions and re-admissions, etc;
- Increase operational and / or clinical effectiveness – e.g. reducing clinicians home visits, etc;
- Increase patients' ability to self-manage their condition – e.g. improved education with home testing.

Getting to know the products

As with telecare implementation, in order to effectively identify the components of a project / implementation plan for telehomemonitoring, it is essential that the project team first takes time to learn about the range of products available, their features and functionality and how these could deliver the outcomes the Partnership wishes to achieve through the introduction of telehomemonitoring.

It is a good idea to include the key stakeholders who are likely to become involved in the implementation of telehomemonitoring (i.e. clinicians, nursing staff, patient / carer

groups) in the technology demonstrations / selection process as this will increase the likelihood of “buy-in” for the concept of home monitoring.

Patient selection

It is essential to develop a clear definition of the patient selection criteria for inclusion and exclusion from the project at an early stage. Once developed, they should be communicated to all key stakeholders in the project (primary care teams, consultants, discharge planners, etc) to ensure that the correct type of patients are selected for inclusion in the project. Careful patient selection is essential if the project outcomes are to be effectively evaluated.

Examples of patient selection models include:

- Exclusion criteria model – include all of group of patients (e.g. COPD) minus those that don't meet certain criteria (e.g. don't have a telephone or broadband connection at home, lack cognitive ability to complete homemonitoring session, etc);
- Inclusion criteria model – include all patients if they meet certain criteria (e.g. have had x number of hospital admissions in y time, etc);
- Disease state model – include all patients with a specific disease (e.g. all chronic obstructive airways disease / diabetes / chronic heart failure patients, etc).

Project team selection

As with any telecare project, the project team selection is a critical element of successful project planning. When identifying which staff will be involved in a telehomemonitoring project, think about the following things:

- Will existing staff be used and the new work associated with the project be integrated into their existing workflow?
- Will any new staff be required?
- Who will manage the telehomemonitoring stock (e.g. stock control, storage, cleaning, repairs, etc)?
- Who will co-ordinate the installations and any additional preparation components for the installation (e.g. broadband, telephone line, consent)?
- Who will be the system administrator (i.e. to issue usernames / passwords)?

- Who will be the internal technical service / technical experts?
- Who will install the telehomemonitoring device and teach the patient (i.e. will this be a clinician)?
- Who will conduct the daily clinical monitoring?
 - What level of monitoring will be conducted and what level of expertise is required?
 - Will these staff have additional project roles or be solely dedicated to monitoring?
 - What communication (type and frequency) will monitoring staff have with other project staff, consultants, primary care teams?
- Who will remove the monitor from the patient's home?

Outcomes data / data integration

The management of the data received from the telehomemonitoring system is critical to the success of the project. The project team needs to decide:

- How it will track the clinical outcomes and associated data;
- Where will the data be stored – i.e. will existing systems be used, do they need to be changed or is a new system required?
- How will important clinical data be merged / integrated with the telehealth system data?
- Where are the synergies with the local telecare programme?

7.2 Implementation / go live phase

In preparation for this phase, the project team should think about:

- Who will co-ordinate all implementation and training activities?
- Who will prepare training programmes and deliver training for staff?
- Who will organize the on-site training and go-live period?
- Will telehealth “champions or super users” be identified and will they receive more indepth training?
- Will general awareness raising sessions be delivered for staff that are not directly involved in the project – e.g. reception staff, admin and support staff, social care and housing staff etc?

Potential stumbling blocks

Initial feedback from those Partnerships which have already begun to implement their telehomemonitoring projects shows that they have encountered a number of issues which have impacted on their implementation plans. The main issues are summarised below to provide an indication of the potential project risks that may arise:

- Problems with supplier selection – because IT system requirements were not fully understood before supplier selection process was done;
- Lack of clarity about procurement process - particularly if suppliers were not on the PASA Framework;
- Lack of buy in from potential pilot sites – disinterest, fears over increased workload, etc
- IT – lack of infrastructure and resources to create it, data storage, integration and transfer issues.
- No full time project manager – lack of adequate project resources led to slippage in the project timescale.
- Poor mobile phone coverage – impacted on the equipment functionality and this was not adequately considered during equipment selection process.
- Confusion over how the project outcomes were going to be evaluated because this was not clearly set out at the beginning of the project.
- No national (Scotland) network specifically aimed at telehomemonitoring to enable the sharing of experiences and learning between Partnerships.

7.3 Post implementation phase

In preparation for evaluating the outcomes of the telehomemonitoring project, the project team should consider:

- Carrying out patient / staff user satisfaction surveys to find out:
 - Are patients satisfied with the system?
 - Are staff following the new work processes?
 - Have they “bought-in” to the system?
 - Are participating clinicians getting the data they expected and need?
 - Are there any unexpected outcomes from the project?
 - Are there any changes that are required to the service delivery processes?
- Are the new working processes efficient, and are they appropriate for expanding the service?
- Did the project fulfill its original objectives?
- Is the telehomemonitoring data being studied and analysed?
- Is there a system in place for telehomemonitoring data to be merged with other clinical data to study clinical outcomes for telehealth patients?
- Is the project’s relationship with the equipment supplier effective?
- Communicating success stories within the Partnership
- Applying lessons learned to improve existing service delivery and to inform the expansion of the service within the Partnership.

Practice examples and further information

Links to examples of related documents produced by telecare partnerships from across Scotland and the UK and further information can be found in the **Telecare Resource Bank** on the JIT’s website.

- Argyll and Bute Telehomemonitoring project initiation document
- Edinburgh Partnership – Telecare Presentations
- NHS Lanarkshire Telehomemonitoring Project documentation
- NHS Lothian Telehomemonitoring Project documentation
- Pathway planning for Lanarkshire Respiratory Managed Clinical Network

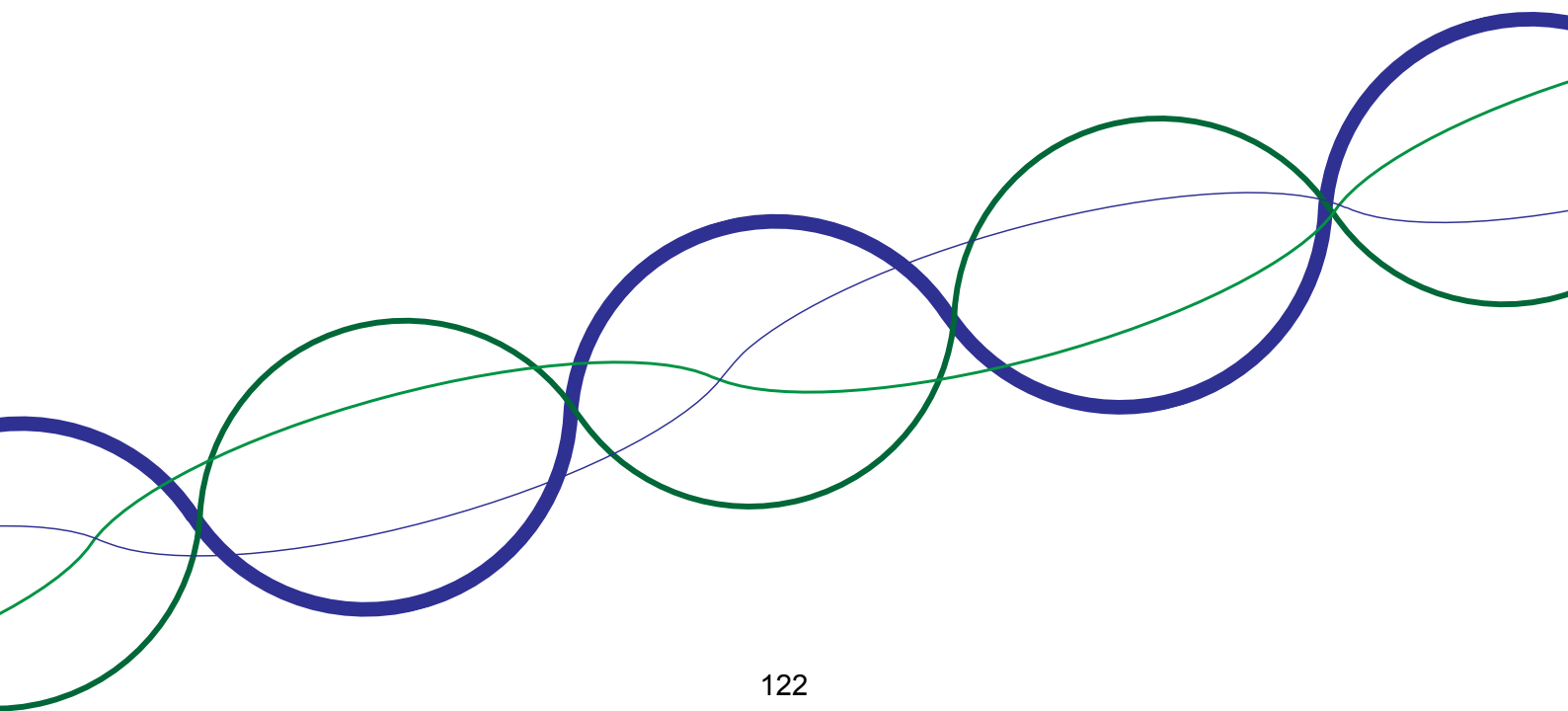
CHAPTER EIGHT

TOOLS AND REFERENCES

Telecare project tools page reference list
References and useful weblinks

8.1

8.2



8.1 Telecare Project Tools Page Reference List

Tool Ref	Tool Name	Page Number
1	Information gathering exercise	14
2	Stakeholder analysis exercise	17
3	Stakeholder management and communication plan template	20
4	Clarify vision and expected outcomes exercise	22
5	Agreeing project governance arrangement exercise	26
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7	Project terms of reference template	30
8	Identifying a project manager and team exercise	38
9	Developing outcomes and success measures exercise	44
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11	Risk management template	52
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14	Lessons learned report template	82
15	Project highlight report template	83
16	Business case key headings	89
17	Telecare cost benefit analysis grid template	91
18	Sample service redesign process maps	98
19	Developing a training programme	105
20	Key considerations when mainstreaming telecare in Angus	109

8.2 References and useful weblinks

References

Telecare Implementation Guide (July 2005). Care Services Improvement Partnership (England) www.telecare.org.uk

The Orange Book – Management of Risk – Principles and Concepts (Oct 2004); HM Treasury. http://www.hm-treasury.gov.uk/d/orange_book.pdf

PASA National Framework Agreement for Telecare – Part A (including equipment, installation, maintenance, monitoring and response services) <http://www.pasa.nhs.uk/PASAWeb/Productsandservices/Telecare/NFA.htm>

Following a full EU/OJEU compliant tendering process, fifteen suppliers were selected to participate in the national framework agreement, each providing a range of telecare equipment and/or services (including installation, maintenance, monitoring and response). Currently, the suppliers participating in the national framework agreement are (list updated 6 November 2008):

Supplier	Suppliers' websites
Chubb Community Care	www.initialattendo.co.uk/
Docobo	www.docobo.co.uk
Fold Telecare	www.foldgroup.co.uk
Invicta Telecare	www.invictatelecare.co.uk
Just Checking	www.justchecking.co.uk
SeniorLink Eldercare LLP	www.eldercare.co.uk
Philips Medical	www.medical.philips.com/goto/motiva
Possum	www.possum.co.uk
RSL Steeper	www.rslsteeper.co.uk
TBS GB	Site under development
Tunstall Healthcare (UK) Ltd	www.tunstall.co.uk/pasa
Vivatec	www.vivatec.co.uk
Wealden and Eastbourne Lifeline	www.welbeing.org.uk

SPARRA – Scottish Patients At Risk of Readmission and Admission; Information Services Division, NHS Scotland
www.isdscotland.org/isd/servlet/FileBuffer?namedFile=SPARRA_Report.pdf&pContentDispositionType=inline

Useful weblinks

Advanced Care Technologies Programme: www.actprogramme.org.uk

AT Dementia: www.atdementia.org.uk

Audit Commission – Best Value:

www.auditcommission.gov.uk/reports/GUIDANCE.asp?CategoryID=&ProdID=E124707B-AD91-4A41-832D-380074DA2821

Audit Commission - Implementing Telecare – strategic analysis and guidelines for policy makers, commissioners and providers:

www.audit-commission.gov.uk/SiteCollectionDocuments/AuditCommissionReports/NationalStudies/Telecare.pdf

Care Services Improvement Partnership (CSIP) England – now disbanded but useful information still available on: www.telecare.org.uk

Department of Health Care Networks Telecare Learning and Information Network:

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Telecare>

Foundation for Assistive Technology: www.fastuk.org

Information Services Scotland (ISD) – for SPARRA data, etc:

www.isdscotland.org/isd

Joint Improvement Team:

www.jitscotland.org.uk/action-areas/telecare-in-scotland

<http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/telecare-publications/>

London Telecare – London Telecare Service Providers website:

www.londontelecare.com

Smart Thinking: www.smartthinking.ukideas.com

Telecare Alliance: www.telecarealliance.co.uk

Telecare Aware – telecare and telehealth updates: www.telecareaware.com

Whole Systems Demonstrator Action Network – Telecare (England):

http://www.wsdaactionnetwork.org.uk/resources/reading_room_teleca.html

