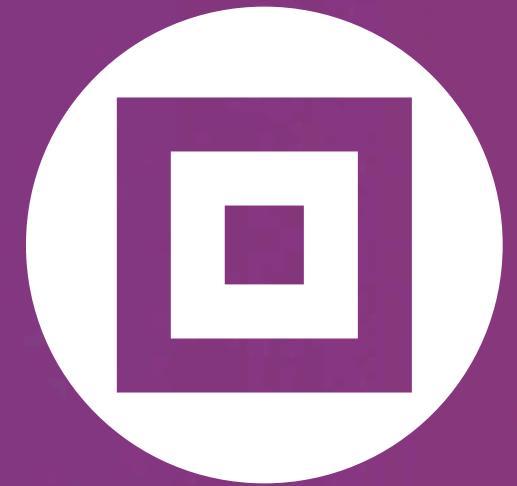




Lessons,
leadership
and legacy



Lessons, leadership and legacy

With

Jon Fisher

@ergonjon

Head of User
Experience



and

**Amanda
Payne**

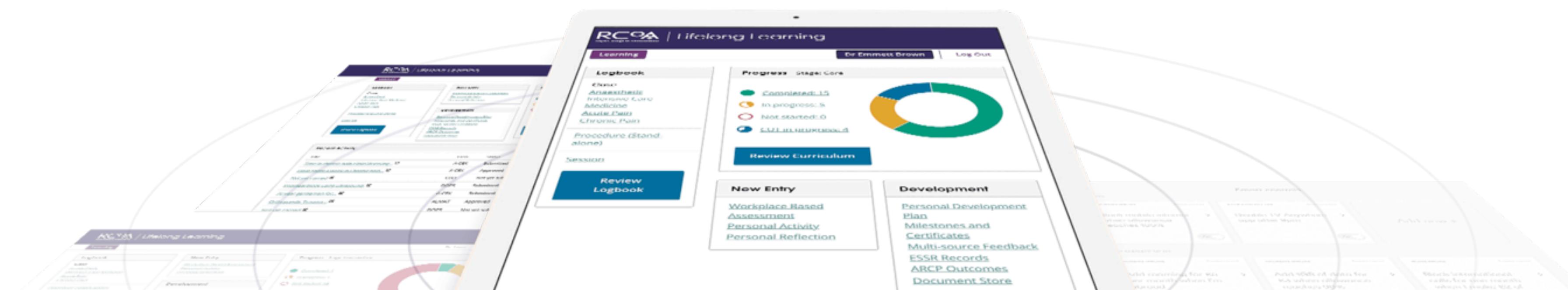
@mandalyn97

Account Director



Lets talk about delivery across Government...

Discovery ➤ Alpha ➤ Beta ➤ Live





Innovate UK

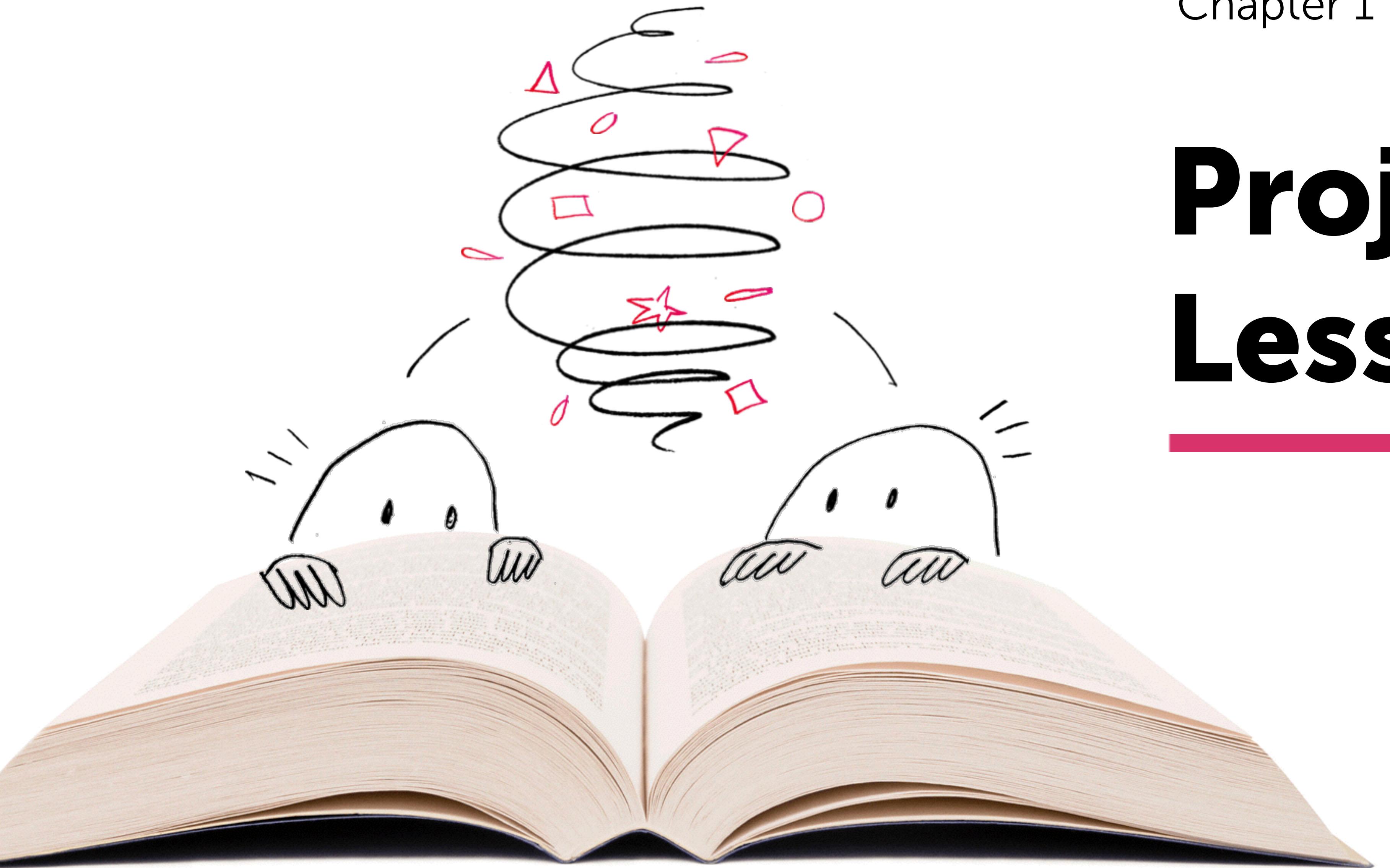


UK Research
and Innovation



Chapter 1

Project Lessons



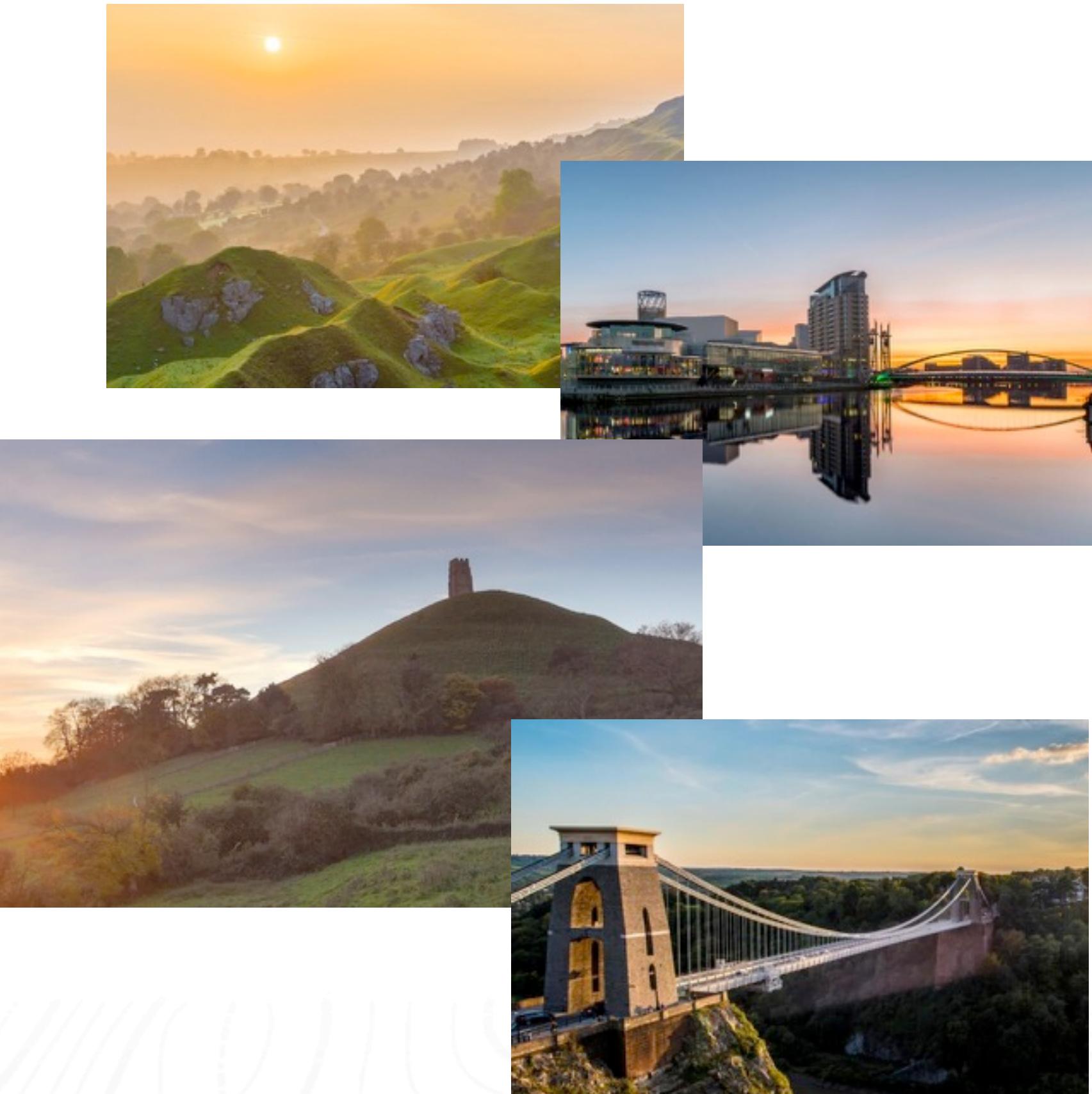
You don't have as many users as you think

“You will never understand how complex our service is” said on Day 1 of every project ever.

But just because you have 24 job roles doesn't mean you have 24 personas.



You don't have as many users as you think



The Preparer

About

I've committed to attending an organised event, and want to prepare so as to stay safe, comfortable and get the most from it that I can. A few weeks before the event, I am intrigued to know what the weather is going to be like, so will check long-range forecasts to get a picture of the likely conditions. I then start to imagine what the event will be like, and start considering what items of clothing or equipment may be required.

As the event nears, I'm mostly focused on ensuring that I am well prepared and have the appropriate clothing, travel arrangements and so on ready to go. This, and a growing sense of excitement, causes me to check multiple times in the run up to the event to see if anything has changed that might impact

User Journey Map

Book onto an event/activity with a fixed time and location

Months before event

I've committed to this event/activity, so am intrigued as to what the weather is likely to be. I check a long range forecast to set my expectations.

I'm also thinking about the types of clothing and equipment I might

Observe your users in the wild



Government services routinely involve complex niche audiences across diverse locations.

Get out of the lab and watch the daily struggles with your service for real!



Observe your users in the wild –





Imran: wants to provide the best possible signposting service

Role – Community Pharmacist

As a Community Pharmacist, Imran will be signing off dispensing prescriptions that often do a more complex role as responsible for dealing with patients' concerns, providing advice, the naming of various medical issues. Whether he's not prescribe, or dispense pharmaceuticals.

Given patients come in experiencing a significant part of their daily life, he offers a variety of services including prescription renewals, repeat prescriptions, alcohol advice, the vaccination, minor injuries, dressings and blood pressure monitoring.

Increasingly, patients are coming to Imran's shop for the advice and support they need. Imran can get GP appointment, a free medical check, first time advice, health monitoring, travel advice, and much more. Imran is responding to these changing needs for direct patients on a wide range of health risks and provides a range of services to help patients manage their condition effectively, especially on their own initiative or in conjunction with healthcare professionals. Imran also provides the easier dispensing facility, managing medications or combining the best off-the-shelf service information.

Imran and his team are confident using digital technology, like apps and online tools, to provide effective and efficient service delivery. At the same time, Imran, however, always keeps his foot on the ground, providing accessible service to those who cannot access digital devices.

User needs

- Get to know, understanding patient needs, quality from one place
- Information on a wide range of services including medical care, local authority, third sector and private
- Feedback on experiences of referrals and patient outcomes
- Referrals are handled in a timely manner and not what happens to patients if referrals are inappropriate

Related challenges

- No centralised or official source of service information
- Difficult to keep information up-to-date
- Time pressures make it difficult to provide the most considered referrals
- Never know what problems patients are going to present at what service point to be treated

What success means

"I could easily search and find necessary information in one place, I could confidently direct my patients to the right service in a very efficient way. That way I could ensure they get the right care in the best location and help relieve the burden on local GPs and A&E. Better communication with other services would help make sure I'm making the right referrals and not causing a headache for somebody else."



Debbie: wants to keep patients out of hospital where appropriate

Role – Specialist Paramedic

Debbie has been working as a paramedic for over 10 years. This covers a large geographic area, including both urban and rural areas, with a mix of acute patients, both day and night, which can sometimes be 100+ patients. Debbie generally managing 20-30 patients per shift, which can take up to 12 hours of deployment on average.

An experienced paramedic, Debbie believes in a 'less frequent test'. Debbie has completed additional qualifications to enable her to prescribe medication and administer certain life-saving, contrasting antibiotics for certain infections. Debbie also aims to be second to none in providing patients with the best care and most appropriate service available. Debbie is a member of the Ambulance Association and is involved in many local knowledge and clinical service initiatives to offer patients such as respiratory clinics and first-ments.

Debbie is comfortable using digital devices to receive and manage patient information, as well as the interagency national electronic coverage platform, having full access to her personal medical records and those of other agencies that are not on our system. Debbie is trained to use the mobile device to download the results very conveniently, no longer needing to print.

Debbie is most happy when she can provide the best care for the patient, communicate to either the patient or another service which will provide appropriate care in a more remote environment.

“
The biggest frustration is trying to find information. If you can't find it, eventually you just give up and admit.”

Accessing Service Information

User needs

- Direct service to my incident service information on the road (10%)
- Information to provide clarity of local and rural area services from a single source.
- Better communication between services.
- Better access to more complete patient case records.

Related challenges

- Can sometimes take a long time to get through to Single Point of Access (SPoA).
- Existing service information not always clear, so can take a long time and need to look in several sources.
- Difficult to make a delayed referral at night and have confidence it will be picked up the next day.
- Difficult to find out what service patient is currently known to.

What success means

"I expect to be able to access information about services and their referral pathways, on the move at any time. I expect to trust that this information is accurate, and the referral will be picked up on as soon as their health changes, so I am assured their continued care will be something that can be proud of."

Peter: wants to relieve pressure on emergency services	Accessing Service Information	
Role – Out of Hours GP	User needs	Related challenges
<p>“</p> <p>Out of hours services exist to relieve pressure on emergency services. If I can access the information and services I need, then it's a win-win.”</p>	<p>Peter is an Out of Hours (OOH) GP for a regional health provider. He works shifts, typically at night. Peter has been involved in developing service free consultations at the local hospital, sometimes during home-visits and occasionally through telephone triage at the OOH provider hub.</p> <p>As an OOH practitioner, given all of Peter's patients have either come direct through their own GP practice (GP number) or as a referral from the 111 service, Peter needs to quickly access other urgent care services as they don't feel like they need to go to A&E.</p>	<p>Information on a wide range of services including local and national authority, third sector and private.</p>
<p>When he needs to access information about services such as hospital beds, senior liaison or community services, Peter uses a variety of methods. These include using the local knowledge, checking the local authority or the hospital website, speaking to his colleagues throughout, phoning the local trust of Acute trusts, phone line or speaking to other doctors on his professional network.</p>	<p>Information on a wide range of local and national services including social care, local authority, third sector and private.</p>	<p>Incomplete or inaccurate information from multiple local authority.</p>
<p>Peter is very confident using digital tools but sometimes finds it difficult to know which tools and resources about what services other systems provide and where to go to page findings. He also finds it difficult to understand the needs of his patients and feels a real sense of validation when he feels them to stay at home with the appropriate care and support.</p>	<p>Additional evidence to integrate with their care episode.</p>	<p>Difficult to find relevant information on services out of hours. Need to find a balance between ease of information and often complex and varied services to track.</p>
	<p>What success means</p> <p>“Service towards dealing with patients in a timely, consistent and caring manner. If I can confidently refer a patient onto another service and trust that they will get the right care within the appropriate timeframe, then I feel like I have fulfilled the purpose of my role has been fulfilled.”</p>	

Mary: wants to prevent inappropriate referrals

Role – Emergency Operations Centre Clinician

Mary works on the clinical desk in an Emergency Operations Centre (EOC) run by an Ambulance Trust. She works 12 hour shifts triaging patients with complex symptoms where the call handler is unsure how to proceed. Mary also provides clinical advice and support over the phone to paramedics and does call backs to patients who are insisting on ambulance dispatch when it is not necessary.

Referring patients to other services is a very large part of Mary's job. Mary knows some areas very well, but the Ambulance Trust covers a large geographic area. She uses Service Finder, NHS Choices and a variety of other tools including Google to supplement her local knowledge about a broad range of services including palliative care, community nursing and mental health.

Mary is confident using her desktop PC to access systems such as the Computer Aided Dispatch (CAD) system, Directory of Service (DoS) via Pathways triage, patient records and general internet access.

While Mary is very diligent in trying to find the right service to avoid conveying patients to A&E, she is always conscious that the time taken could be spent handling other patients or providing support to paramedics. At busy times there will be backlog of call backs and it often feels that the clinical desk is short of staff.

Assessment Service Information

needs

Inconsistent or incomplete returns. Badly ordered known services, no

<p>Inconsistent or inaccurate DoS returns. Badly ordered with some known services not showing.</p>
<p>Length of time taken to research</p>

anding of the geographical services

Local knowledge is limited to a smaller area than the EOC covers.

success means

I trust that the DoS returns will always point me to appropriate service then I could refer patients having to check alternative information sources. If DoS contained a better range of services, then I'd need to look to other sources for the most unusual cases. This will save time, enabling me to handle more calls and reduce unnecessary A&E conveyances.



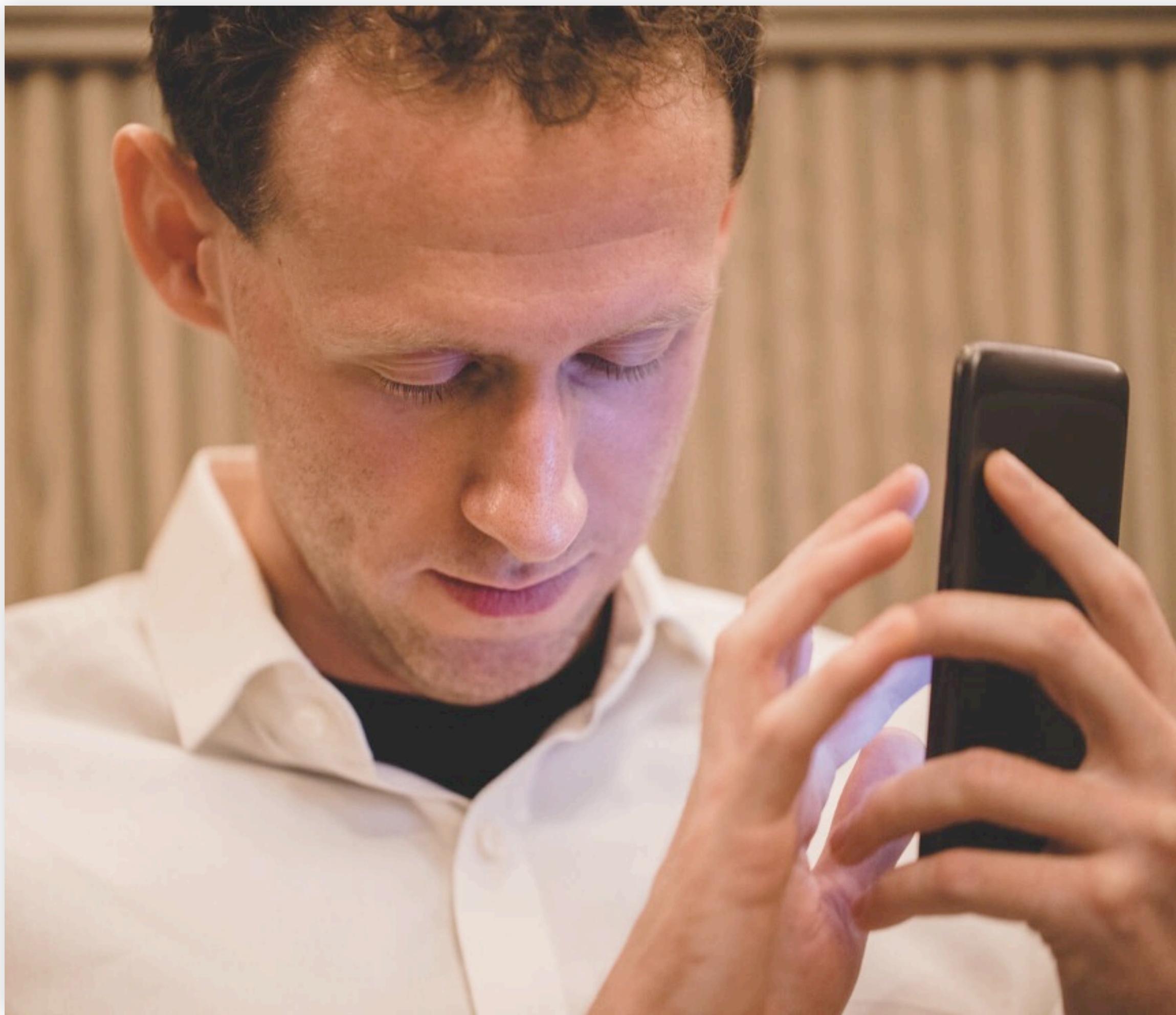
Champion inclusive design

Leading on inclusion at all levels makes the entire service better. More and more we advocate for diversity to be included in research and not separated out as separate activities.

It's 2019 and we are still frequently having these conversations!



Champion inclusive design



GOV.UK Service Manual

Digital Service Standard

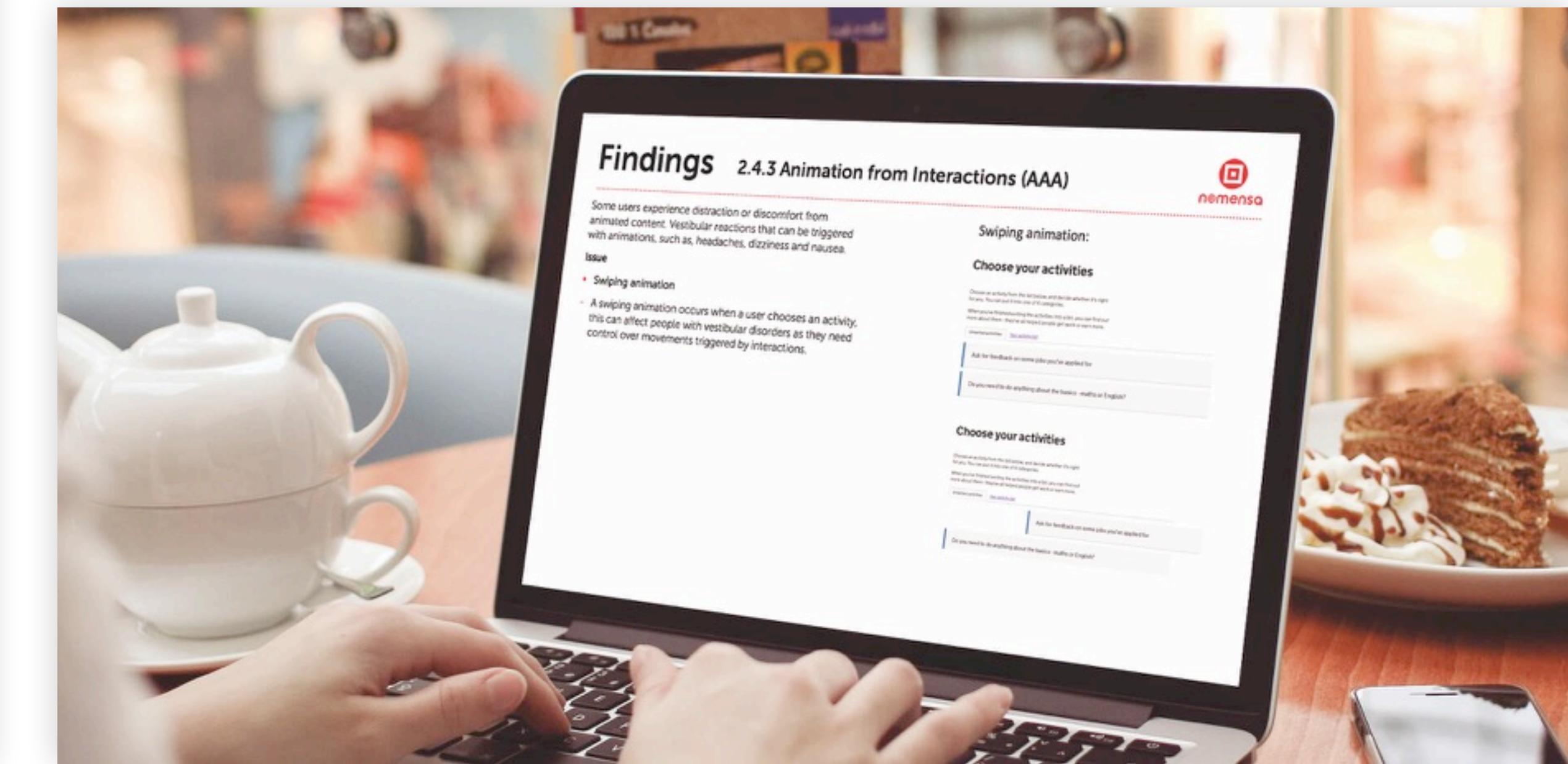
14. Encourage everyone to use the digital service

Encourage all users to use the digital service (with assisted digital support if required) alongside an appropriate plan to phase out non-digital channels and services.

W3C®

WCAG 2.1

Web Content Accessibility Guidelines

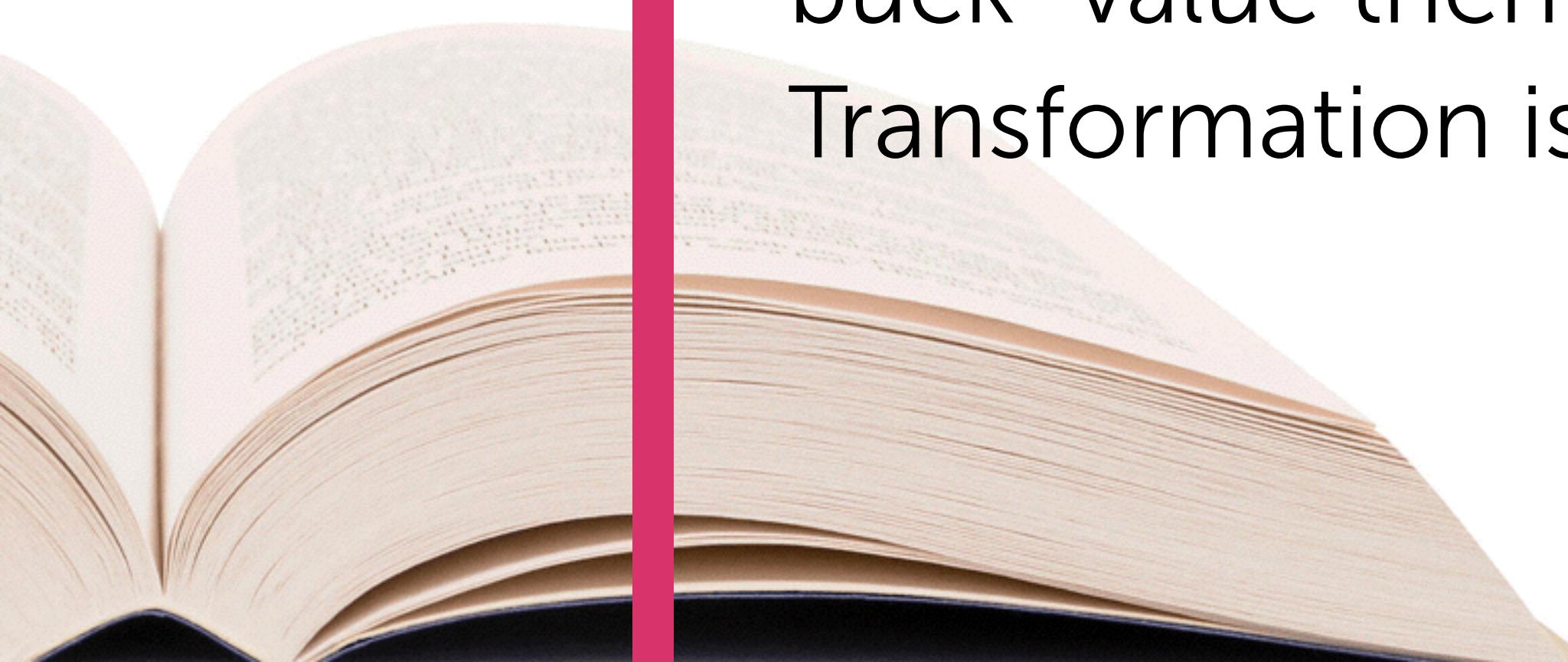


If in doubt... content



Government services come in all shapes, sizes and budgets but most importantly with differing levels of confidence.

But without doubt if looking for maximum “bang for buck” value then change your content. Digital Transformation isn’t always about your tech stack...



If in doubt... content

The screenshot shows the homepage of the RSSB (Rail Safety and Standards Board) website. The header features the RSSB logo and the tagline "A Better, Safer Railway". Navigation links include Contact Us, Register, Login, and a search bar. A main banner states: "Through research, standards and analysis we help our members deliver a better, safer railway." Below the banner are links for "Find out more about us >" and "Subscribe to our newsletters >". Social media icons for Facebook, Twitter, LinkedIn, and YouTube are also present. The page includes a "Featured items" section with two images: one of a white train at a station and another of a yellow and green train at a platform.

RSSB | A Better, Safer Railway

Contact Us | Register | Login | Search RSSB...

Standards and the rail industry | Improving industry performance | Risk analysis and safety reporting | Research, development & innovation | About us | News | Groups and committees

Through research, standards and analysis we help our members deliver a better, safer railway.

[Find out more about us >](#)

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Article

News

Featured items



Chapter 2

Leadership Lessons



Actually define the service

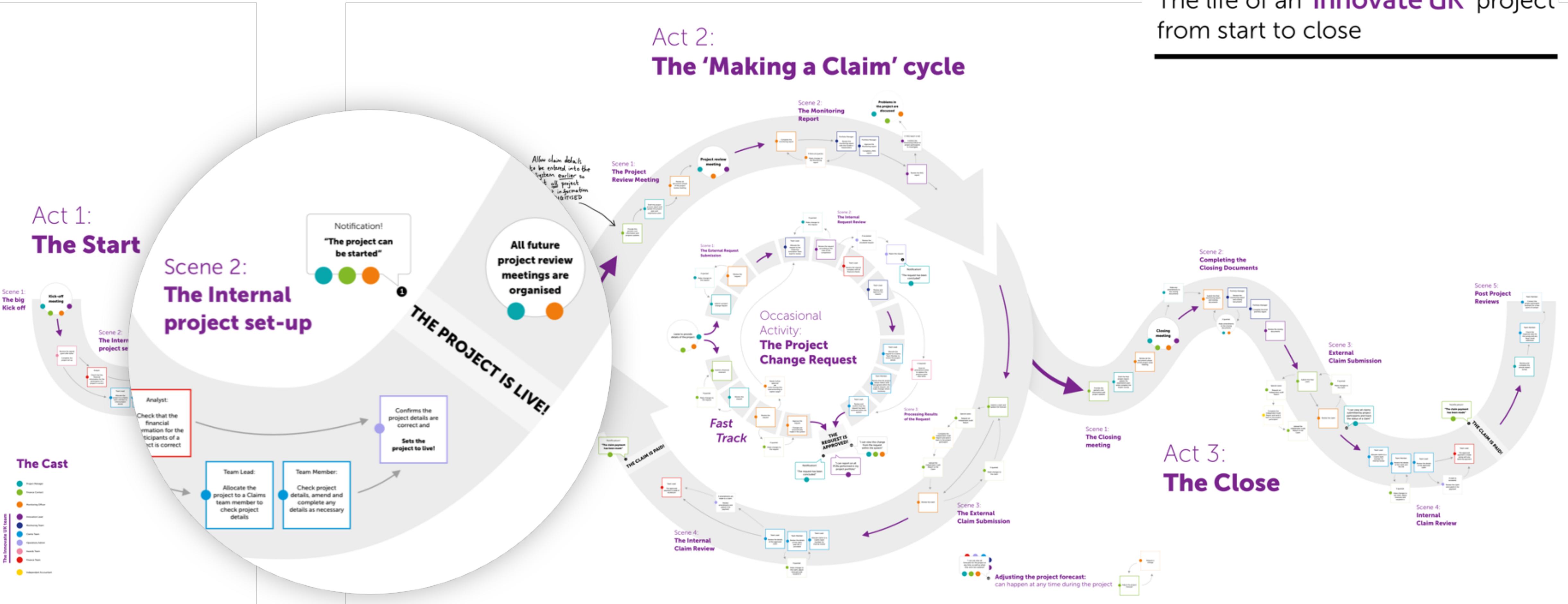
Break the assumption that service design starts and ends with digital platforms. Whilst digital is key, appropriate channel shift is the desired outcome.

Find champions across the service and empower them to advocate the lived experience.



Actually define the service

The life of an **Innovate UK** project from start to close



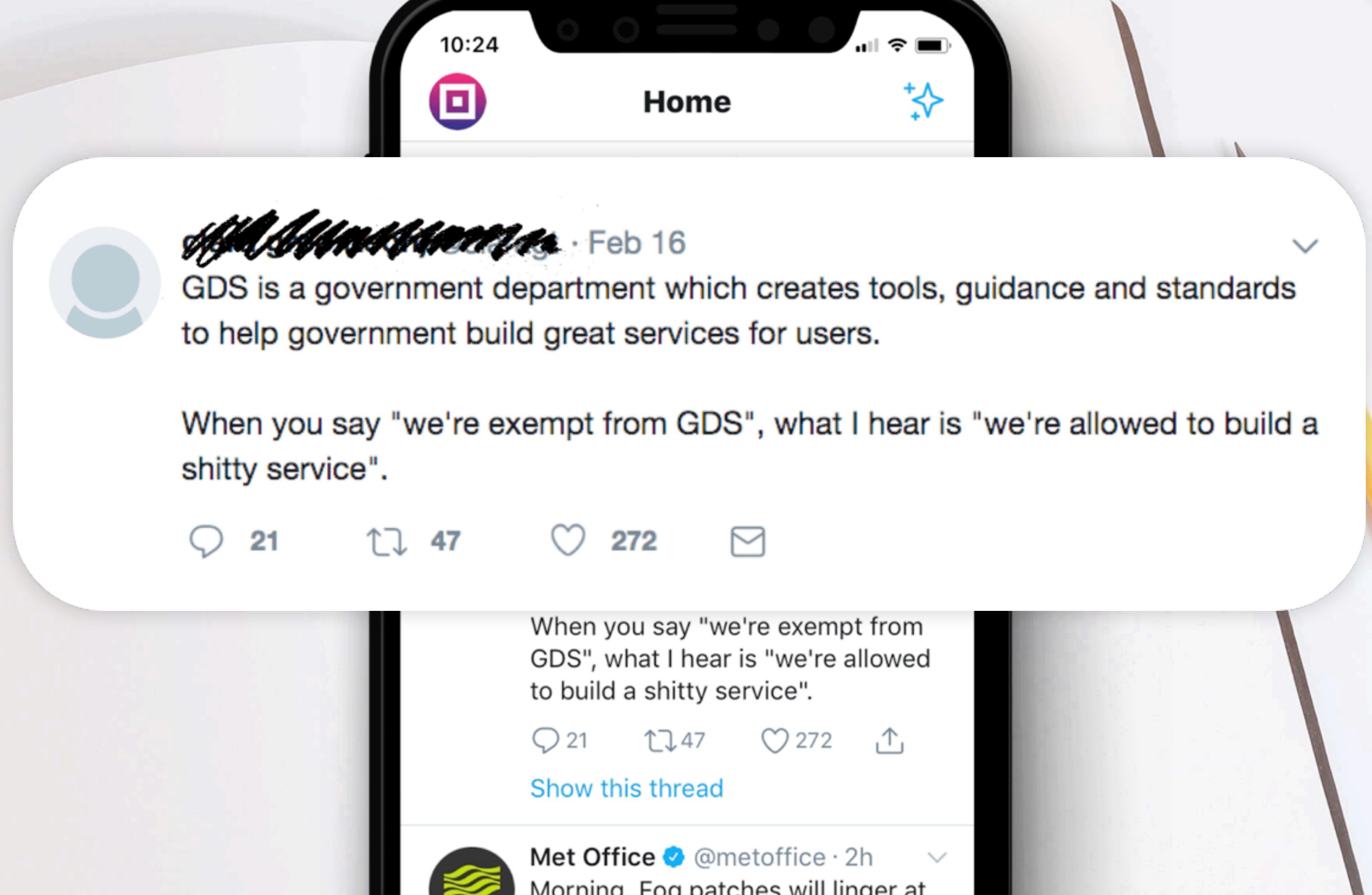
Knowing when to challenge

Our role is to prepare leaders in the public sector to challenge and be challenged by stakeholders and GDS. It's our job to ensure the service is on the right path to not only pass gateways but to be successful to all users.

Sometimes difficult conversations need to be had.



Knowing when to challenge



1 / 1

10:24 Home

GDS · Feb 16

GDS is a government department which creates tools, guidance and standards to help government build great services for users.

When you say "we're exempt from GDS", what I hear is "we're allowed to build a shitty service".

21 47 272

When you say "we're exempt from GDS", what I hear is "we're allowed to build a shitty service".

21 47 272

Show this thread

Met Office @metoffice · 2h

Morning. Fog patches will linger at



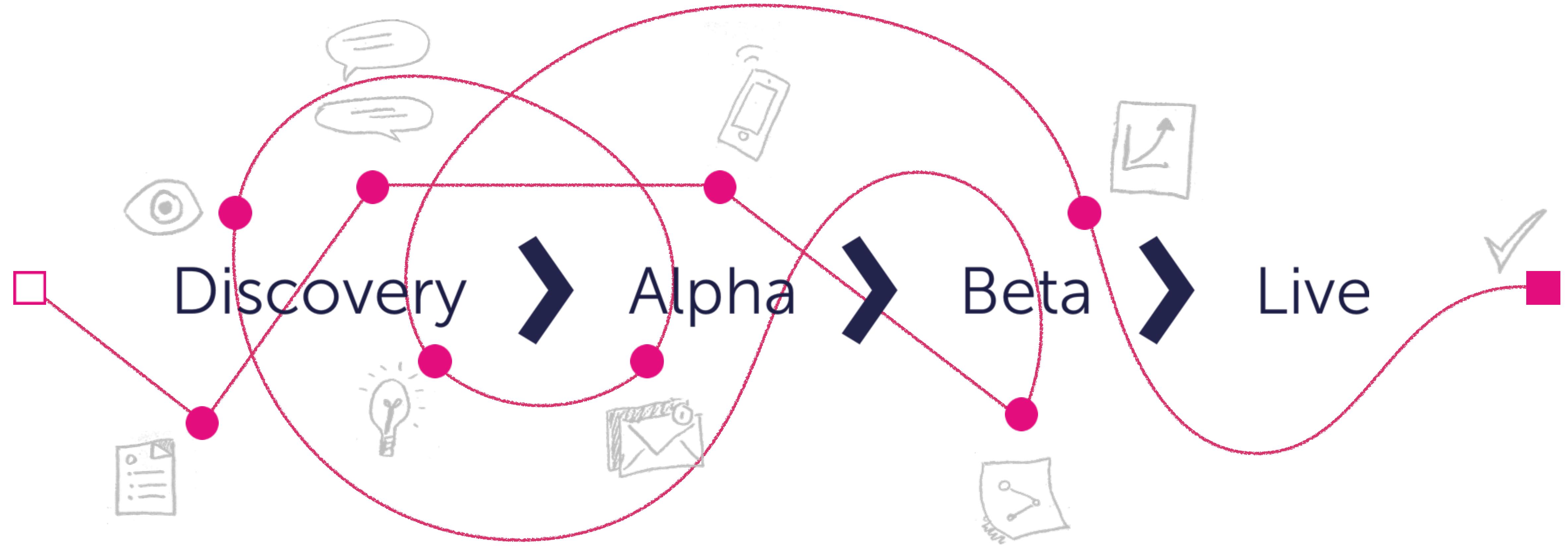
Acknowledge when things have changed

Recognise that the delivery of exceptional services occurs over years not days, things change.

Whether its referendums, new legislation or simply gaps in your knowledge, your research activities need to reflect this.



Acknowledge when things have changed

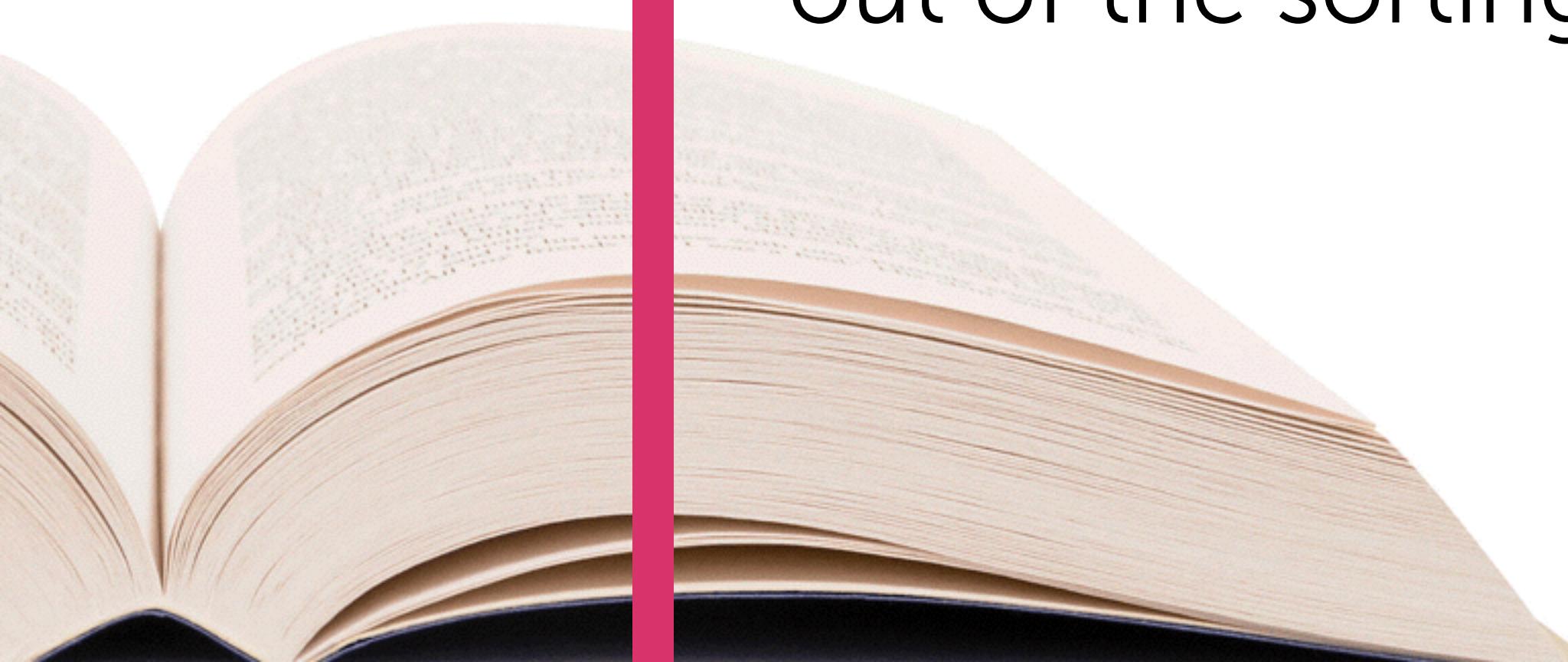


Not everyone is in Gryffindor



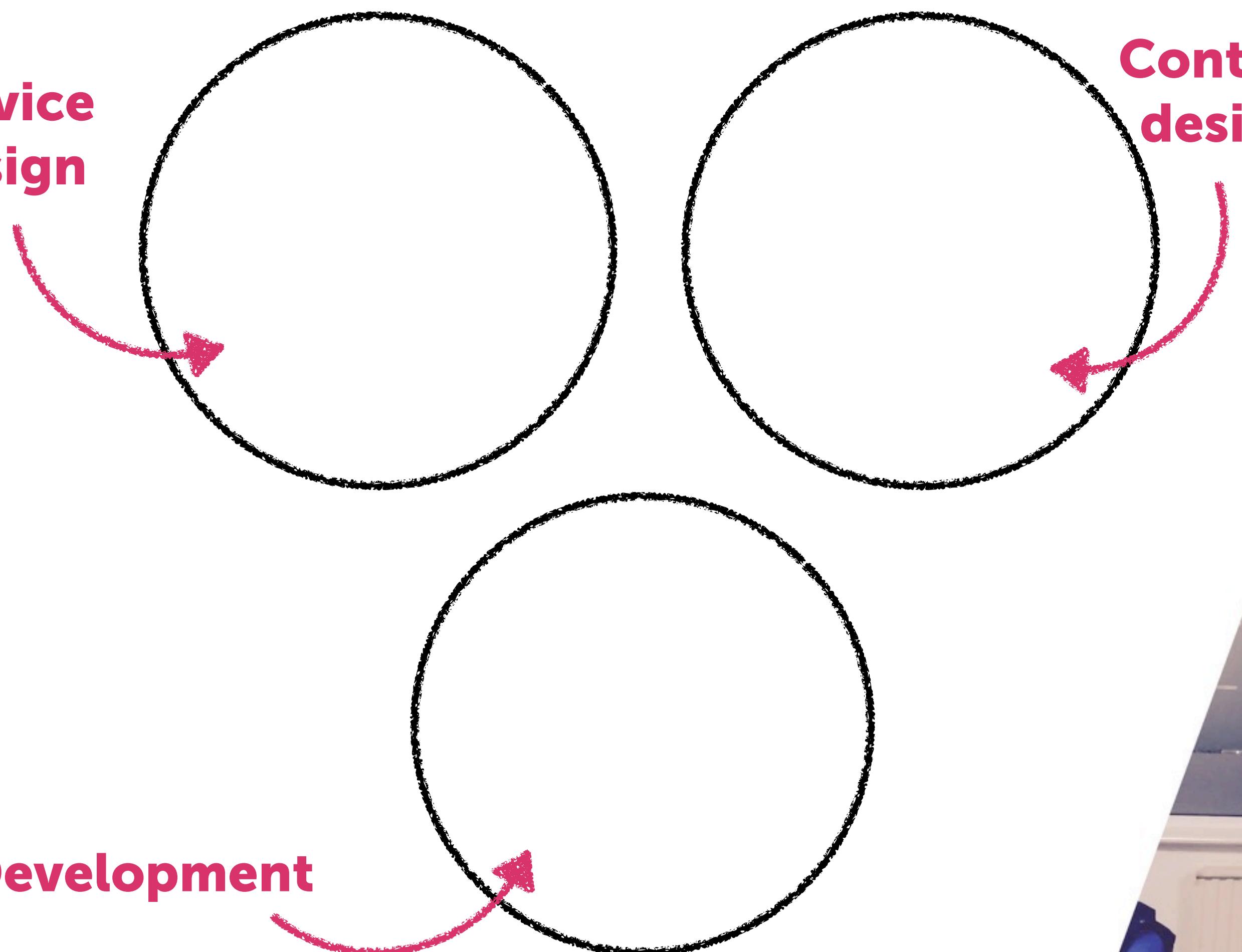
Putting people into pre-defined groups can lead to large, bulky teams and potentially silos of “specialisms”.

Interesting things can happen when you break out of the sorting hat mentality...



1/1 Not everyone is in Gryffindor

Service design

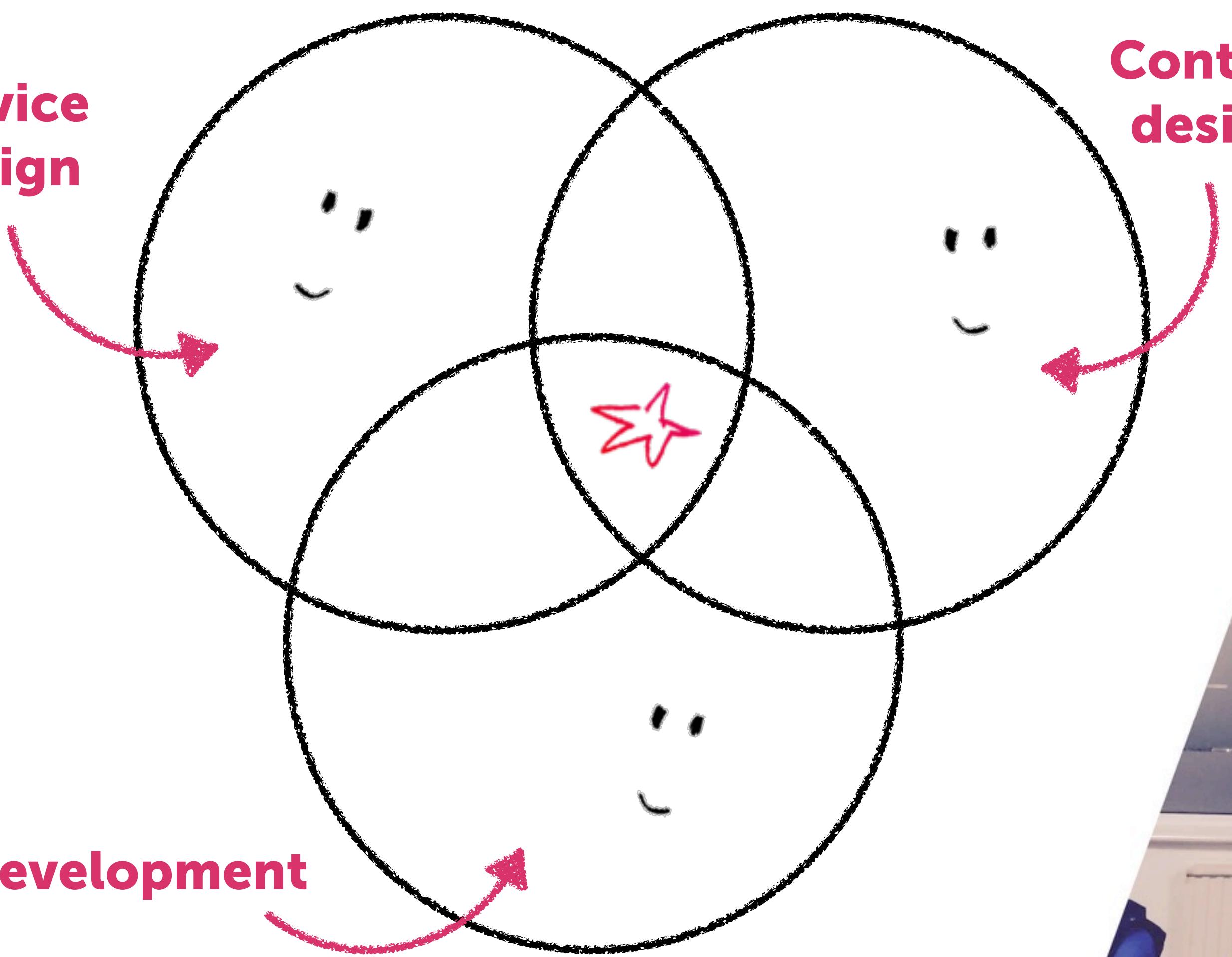


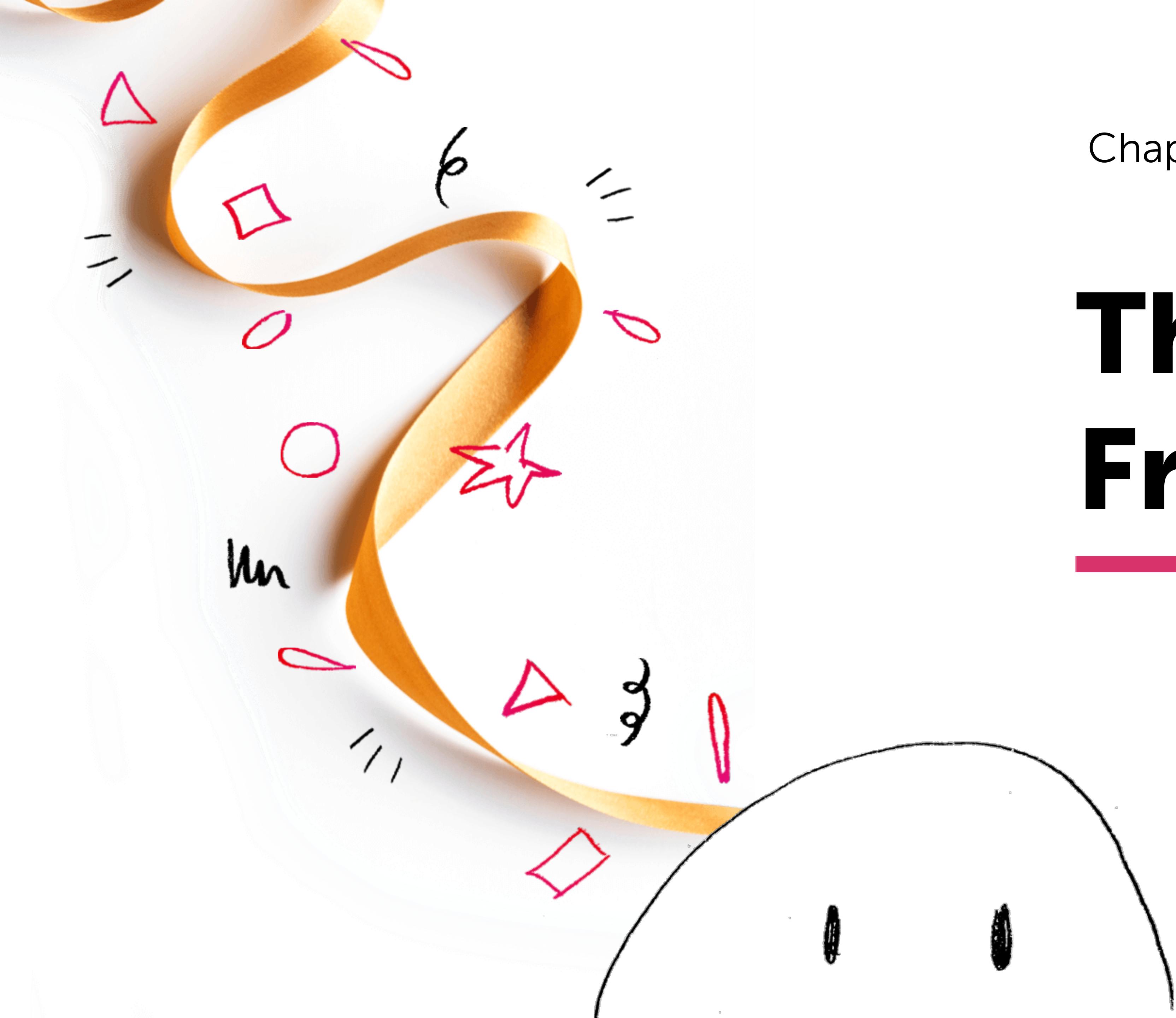
1/1 Not everyone is in Gryffindor

Service design

Content design

Development





Chapter 3

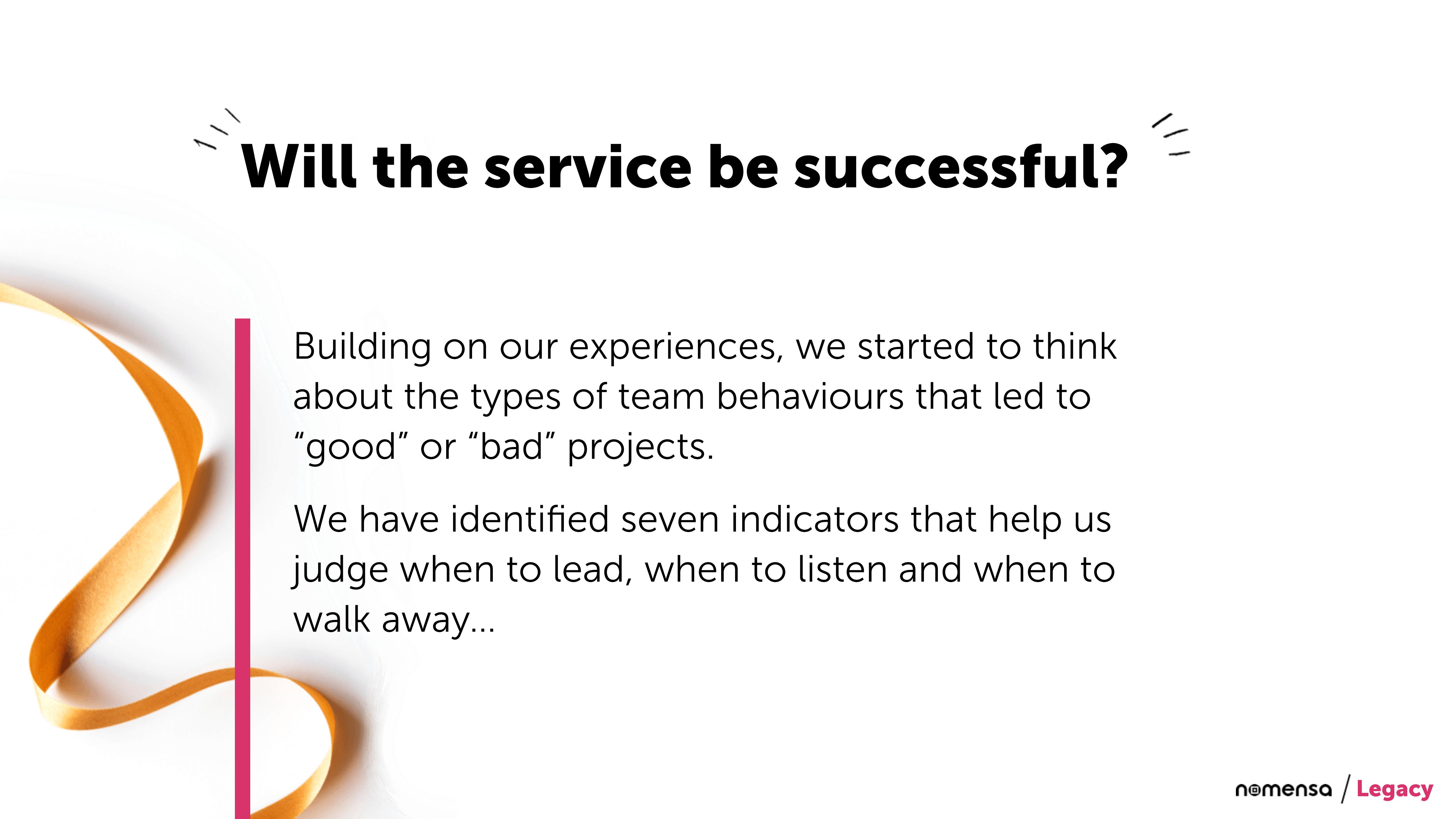
The Legacy Framework



"Put in place a sustainable team that can design, build and operate the service, led by a suitably skilled and senior service owner with decision-making responsibility"

–The Digital Service Standard

Will the service be successful?



Building on our experiences, we started to think about the types of team behaviours that led to “good” or “bad” projects.

We have identified seven indicators that help us judge when to lead, when to listen and when to walk away...



Maturity of Techniques

Box-ticking

Reliance on one technique

Tokenistic funds for research

Reliance on validation and
secondary sources



Maturity of Techniques

Box-ticking

Not engaged

Reliance on one technique

Tokenistic funds for research

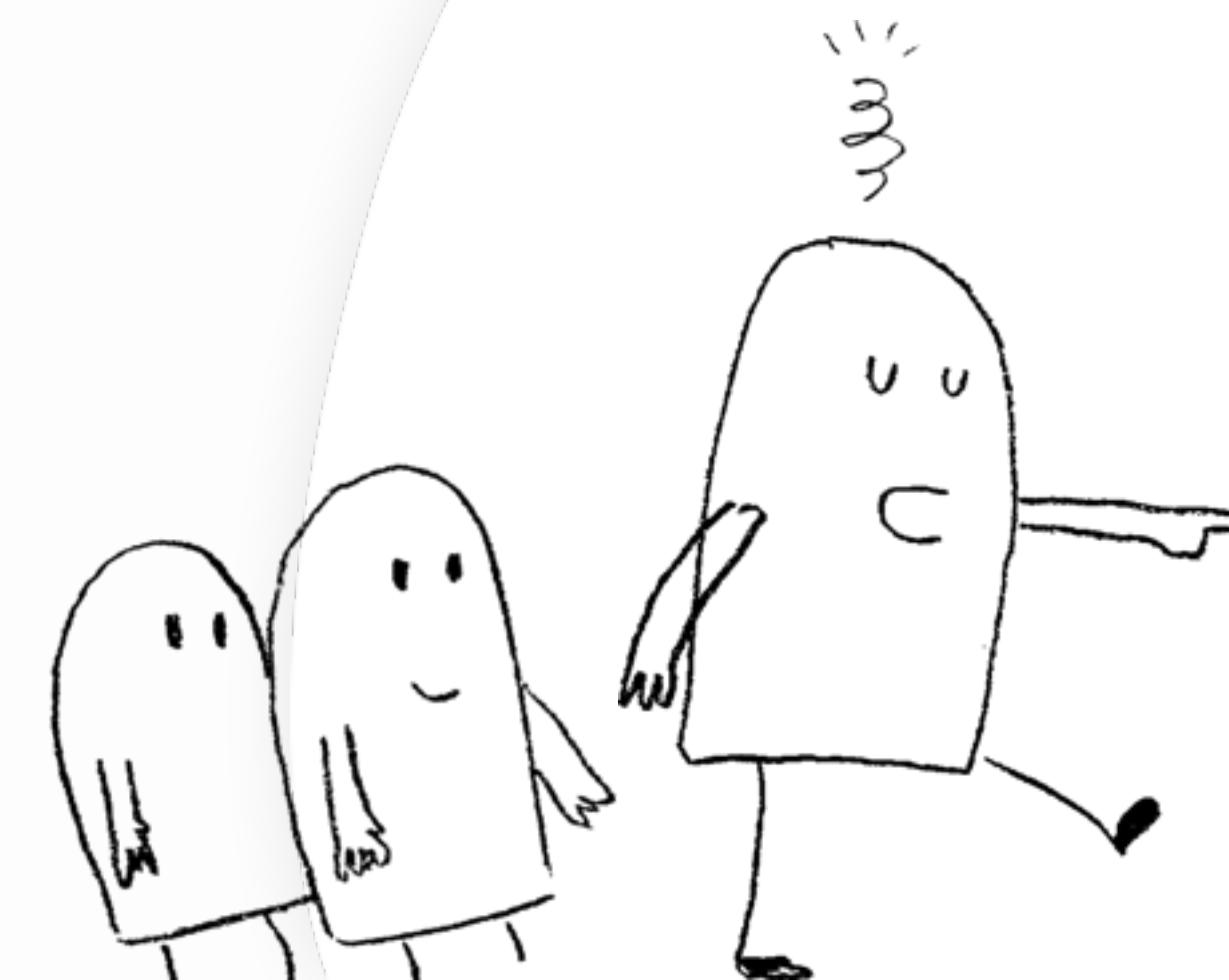
Reliance on validation and
secondary sources

Cultural change

Engaged ☺

Broad range of appropriate
techniques applied

Mixture of quant and qual to
answer open questions





Inclusive Design

Box-ticking

The 'box' of non-standard users

The disabled persona

The phrase "those kinds of people"

Separate and late

Inclusive Design

Box-ticking

Not engaged

The 'ghetto' of non-standard users

The disabled persona

The phrase "those kinds of people"

Separate and late

Cultural change

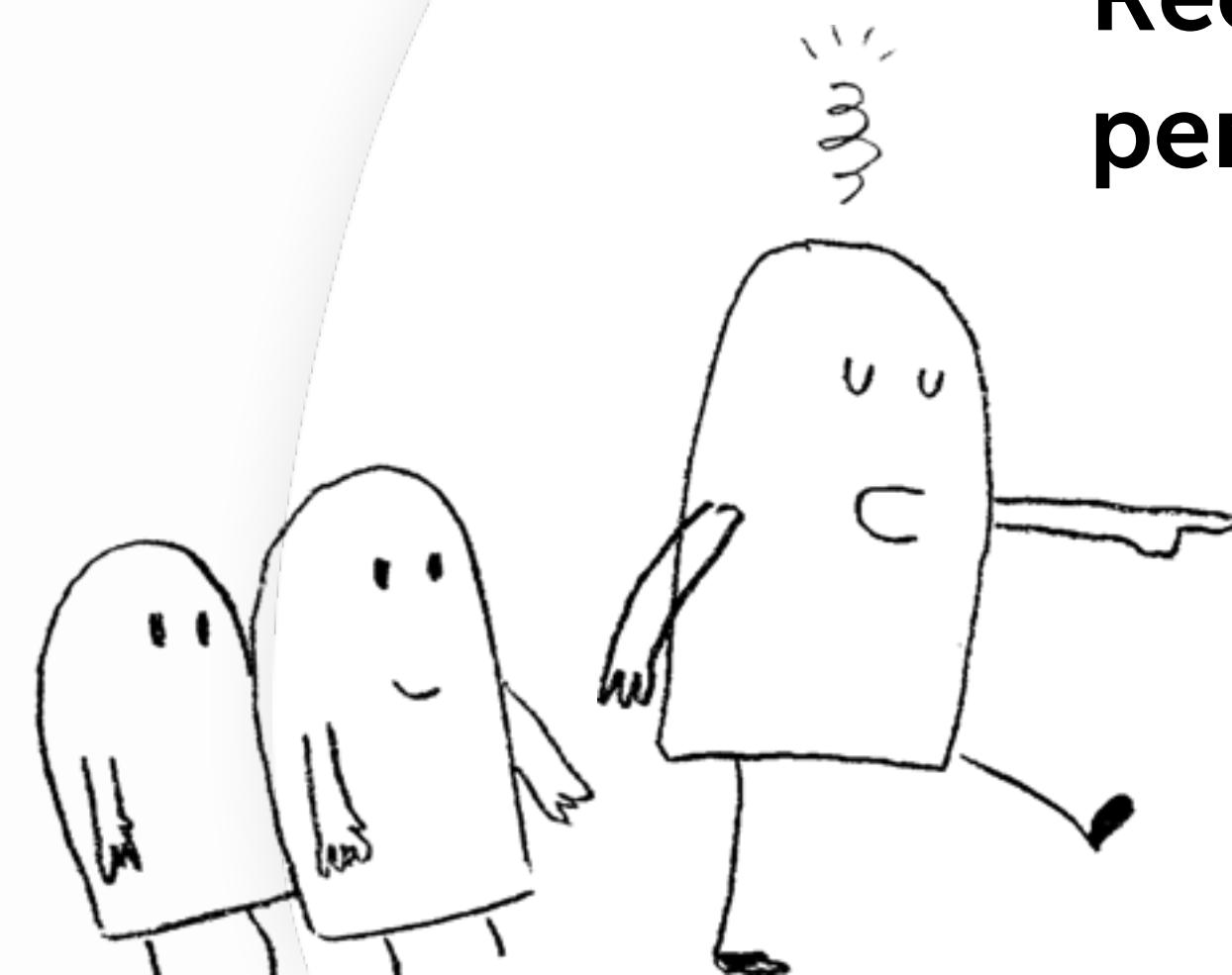
Engaged ☺

People are people no matter what

Early and often

Lots of people talking about

Recognises difference between permanent and temporary





Willingness to change

Box-ticking

Belief that legacy system
prevents change

Decision paralysis

Lack of leaders



Willingness to change

Box-ticking

Not engaged

Belief that legacy system
prevents change

Decision paralysis

Lack of leaders

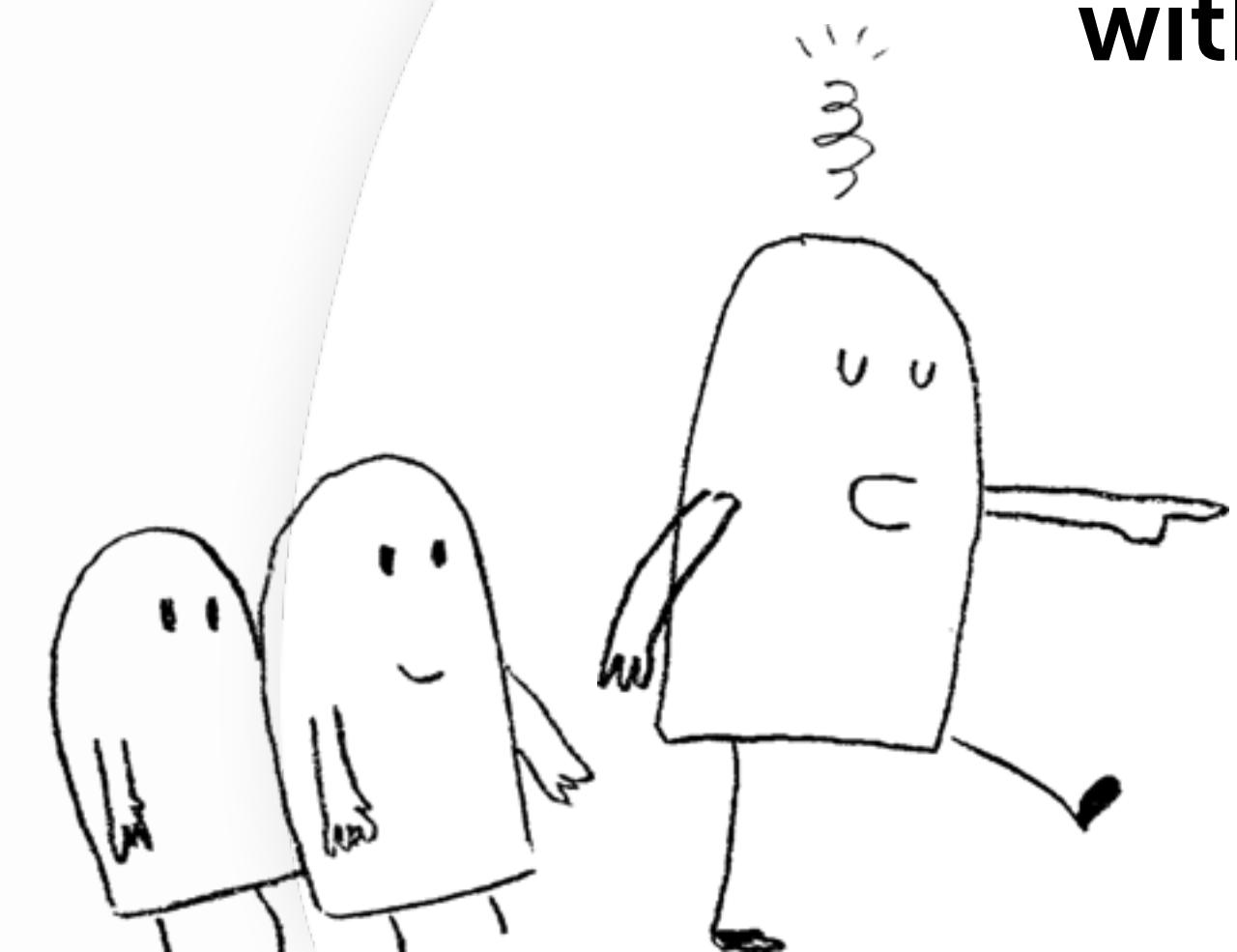
Cultural change

Engaged ☺

**What can we do with what
we've got**

Proactively embraces change

**How can we make small changes
with big impact**





Research Continuity

Box-ticking

“It’s done”

Inability to trace user needs
through the dev process

No research after discovery

User research only attended
by URs and Designers



Research Continuity

Box-ticking

Not engaged

"It's done"

Inability to trace user needs
through the dev process

No research after discovery

User research only attended
by URs and Designers

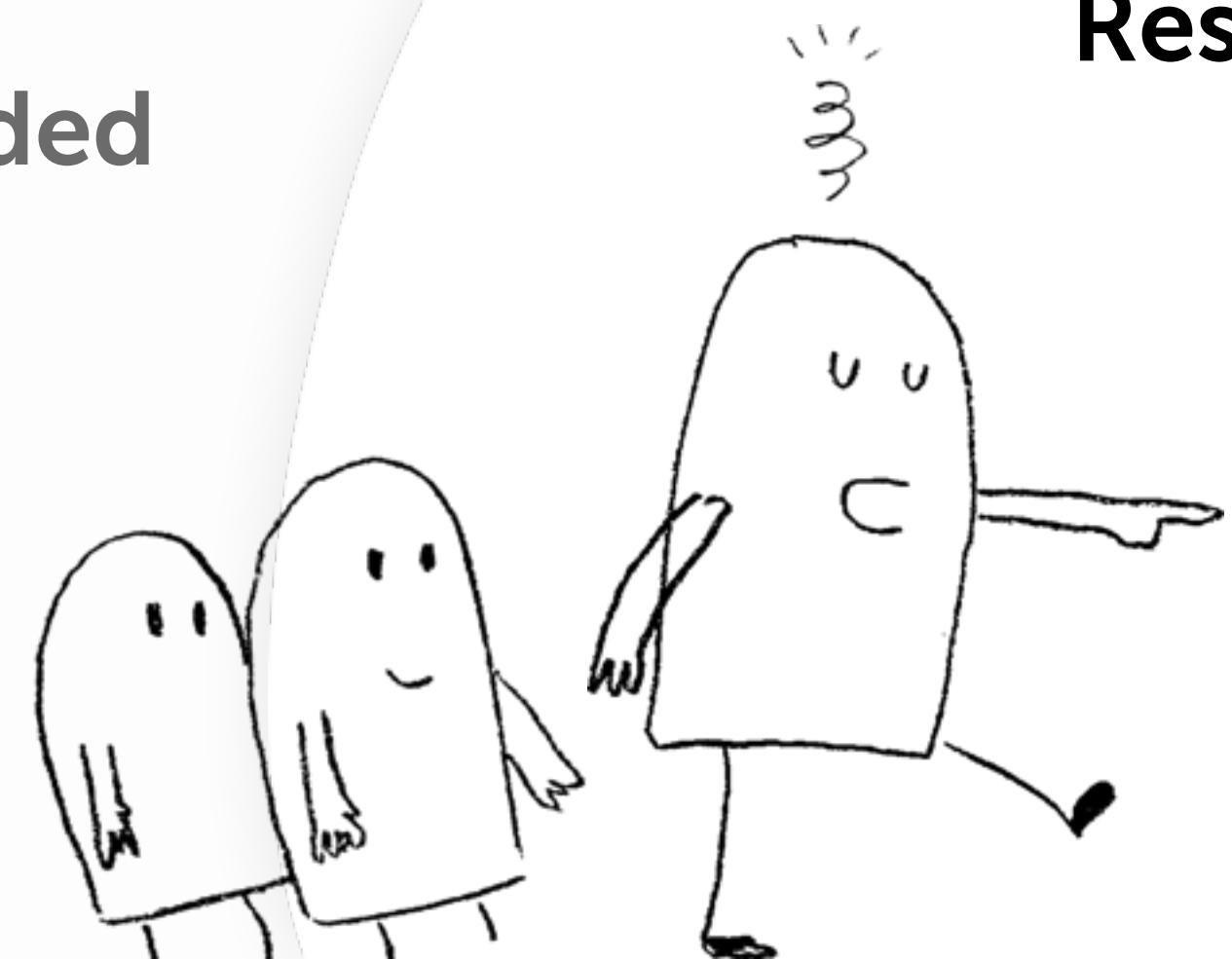
Cultural change

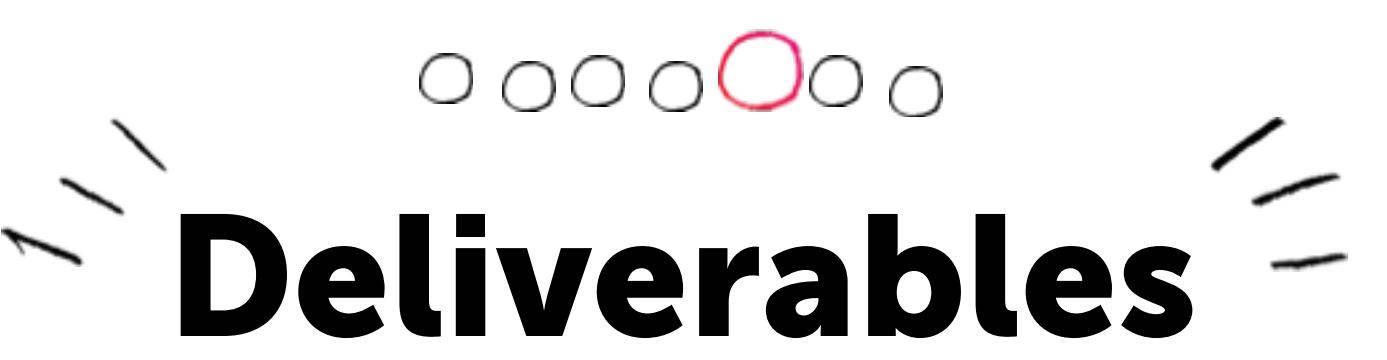
Engaged ☺

Continues to research across
all stages

User needs for part of the
success criteria

Research is attended by all





Deliverables

Box-ticking

Deliverables sit on the shelf

**Prescribed at the start
and not changed**

**Follows guidance
without understanding**

Deliverables

Box-ticking

Not engaged

Deliverables sit on the shelf

Prescribed at the start
and not changed

Follows guidance
without understanding

Cultural change

Engaged ☺

**Deliverables visible and physical
and available to all**

**Outputs emerge and change
as we learn more**

**Uses guidance to inform
decision making**



o o o o O o

Growth of Skills

Box-ticking

Turnover of staff

Small teams die on the vine

Discipline silos persist

Growth of Skills

Box-ticking

Not engaged

Turnover of staff

Small teams die on the vine

Discipline silos persist

Cultural change

Engaged ☺

**Emergence of t-shaped
practitioners**

**Practitioners assisting in
resource cover**

**Small teams empowered to
achieve by product owners**





Responsibilities

Box-ticking

Culture of blame

Resolving blockers takes time

“Not my job”

Responsibilities

Box-ticking

Not engaged

Culture of blame

Resolving blockers takes time

"Not my job"

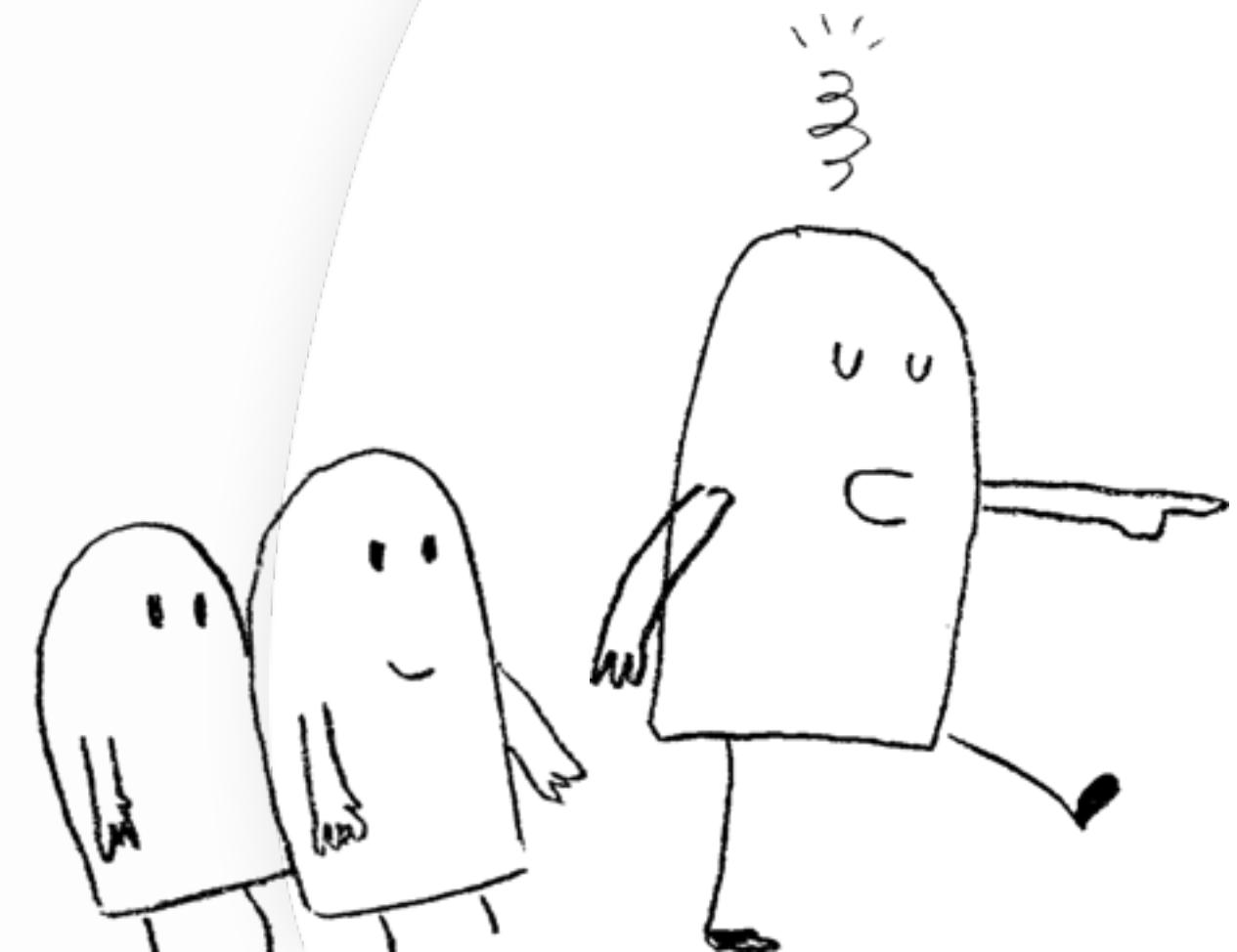
Cultural change

Engaged ☺

Silos become invisible

Roles don't matter in
decision making

Shared problem solving



- Maturity of Techniques**
- Inclusive Design**
- Willingness to change**
- Research Continuity**
- Deliverables**
- Growth of Skills**
- Responsibilities**



We aim to leave a legacy
of user centred cultural change
in the services we design.



We aim to leave a legacy
of user centred cultural change
in the services we design.

**Stop trying to “pass the
assessment” and focus on
delivering a great service!**



Thank you

Jon Fisher

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Amanda Payne

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