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Background:

There is pressure on UK health and social care services to continue to demonstrate improvements, despite over a decade of underfunding and resources constraints (Charles *et al.* 2019). The most frequently used service improvement framework in health and social care is the Plan-Do-Study-Act (PDSA) cycle, which is designed for use in factories production lines and has been transferred to use in human services (Hughes 2008). Seddon's Vanguard Method (SVM) is a 3-phase cyclical service improvement process check-plan-do, designed specifically for health and social care (Seddon 2005). Little is written about this method in mainstream service improvement literature.

Aim:

A scoping literature review to provide an overview of the breadth of available evidence of SVM applied to health or social care services and, evaluate the service improvement outcomes from applying this service improvement process.

Method:

A scoping literature review was conducted using the Joann Briggs Institute protocol (Peters *et al.* 2020). A systematic literature search was employed with search term limiters, and inclusion and exclusion criteria. The literature was searched using EBSCOHost databases and other identified sources.

Findings:

Six relevant papers were identified. Five were case discussions applying the method to services, and the subsequent outcomes in 3 book chapters, a consultancy report, and a journal article. One paper is a case study research, reviewing the double-loop learning impact of two services post application of the method.

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Two themes identified - i) SVM service improvement aligns to a new meaning of people-centred service and; ii) SVM has the potential to produce efficiencies for services.

No research literature was found of SVM implementation in process and outcomes, in UK health or social care.

Conclusion:

The research evidence base is limited. The literature identified shows some potential benefits in applying Seddon's Vanguard Method. What is needed is examination of Seddon's Vanguard Method under research rigor to evaluate its claims.

Key words: service improvement, quality improvement, Seddon, health care, social care

Introduction

There is pressure on UK health and social care services to continue to demonstrate improvements, despite over a decade of underfunding and resources constraints (Charles *et al.* 2019). Health and social care services are not factories. Yet, the frameworks normally used for service improvement in health and social care are designed to manage production line outputs (Hughes 2008), e.g., the Plan-Do-Study-Act (PDSA) cycle (Hughes 2008). Indeed, Boyne (2003) had already noted that frameworks that work well in an organisation different to the public sector, will not necessarily translate to being a good fit for the public sector. Using service improvement frameworks that are for production lines, within health and social care, could be a reason why it does not always lead to lasting service improvements (Edwards 2018, Ham 2014).

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Seddon's Vanguard Method (SVM) is specifically designed for the service industries, such as health and social care. SVM is a 3-phased cycle, "Check-Plan-Do" (Seddon 2003, 2005). The Check phase is to enable stakeholders to identify and evaluate the current workings of the service. The Plan phase is to decide on how to deliver the changes. The Do phase is to action the plan. Then return to the Check phase to iterate through the cycle as many times as needed to establish service improvement.

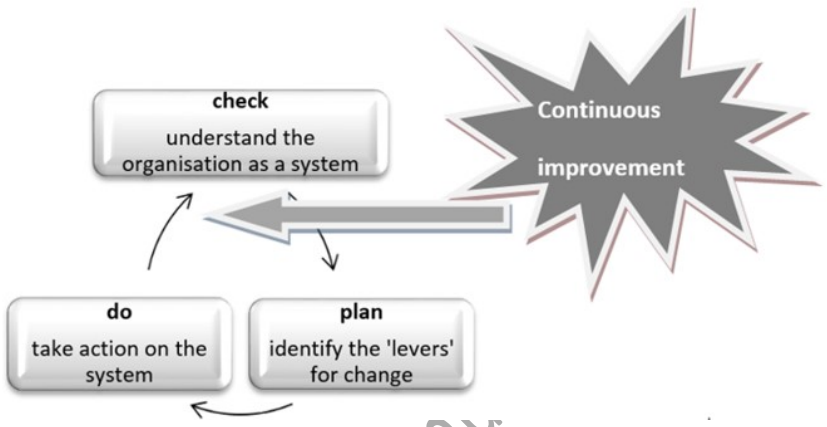

Figure 1: Seddon's Vanguard Method, Check-Plan-Do (adapted from Seddon 2005, page 101)

SVM service improvement process may appear similar to other service improvement frameworks however, three key points differ SVM from these other frameworks currently used in health and social care (Seddon 2003, 2005, 2008):

i. Uniquely SVM is specifically designed for the service industry, i.e., health and social care.
ii. SVM designs services that are adaptable and resilient to the types and frequency of demands from service users, known as the "pulling" demand.
iii. SVM devolves responsibility of service improvement to frontline staff, as they have direct knowledge and experience of delivering the service to the public.

A criticism regarding designing services from mainly service user experience, an outside-in approach, is that it is a narrow perspective to base the service improvement upon (Jackson cited in ODPM 2005, Ssenyonga 2012). A possible reason for this criticism is that this approach may not take into account the other outside influences on the service. If this becomes an issue for the service, it will be picked up through the iterative process of SVM. The main challenges in implementing SVM successfully concern engaging higher management to support the change, staff suspicious of or resistant to change and wider organisational processes (Zokaei *et al.* 2011). How this is managed is unclear from the current literature.

Method

Scoping reviews are high level evidence synthesis and useful to apply to: i) identify the width of available literature and, ii) summarise the evidence and identify the gap/s in research (Peters *et al.* 2020). Peters *et al.* (2020) advise there is no need to critically appraise the literature as it is a precursor to a systematic literature review. To date there are no reviews regarding Seddon's Vanguard Method (SVM) and service improvement in health and social care.

The scoping review protocol applied is the one from Joanna Briggs Institute (Peters *et al.* 2020):

1. *Objective/s*

To identify the types of literature available regarding application of SVM to health and social care services.

To identify outcomes from the literature that have applied SVM to health and social care services.

To identify a gap/s in the research literature regarding SVM to health and social care services.

2. *Review question*

Implementing Seddon's Vanguard Method to health or social care services in the UK, which literature source can it be found in and what service improvement outcomes occur?

3. *Inclusion and exclusion criteria for the search*

Inclusion criteria:

-John Seddon's Vanguard Method applied to improve service delivery,

-Peer reviewed publication,

-Grey literature

-Full text in English available,

-Health or social/community care or local authority organisation/services,

-UK organisation (national and local politics and policies of health and social care in public sector organisations are country context and hence an international inclusion of literature may not reflect the practices specifically in the case of the UK),

-Any publications from 2004 onwards, after the publication of John Seddon's seminal book in 2003.

Exclusion criteria:

-Organisations/services that are related to benefits, housing (lettings or repairs), ICT, education, clinical intervention, call centre,

-Organisations/services that are not public sector, not joint working with public sector, external agency or external agency contracted by public sector,

- Vanguard New Models of Care (NHS England 2016), an initiative to discover blueprints for integrated service delivery that was rolled out from 2015, related sustainability and transformation partnerships (STPs),

-European and international organisation or service,

-No English translation available,

-Full text not available,

-Editorials, and commentaries.

4. *Summary of search terms*

"Vanguard Method" – "public sector" – "social care" – "social service" – healthcare – NHS – hospital – local authority – ward – clinic – nurs* – doctor – "general practitioner" – therapy – ther*

The term "Vanguard Method" on its own, and then paired with another term with the Boolean operator AND. This pairing approach was repeated for the other terms separately with the term "Vanguard Method". Duplicates were removed at the end of searching.

5. *Databases searched*

Article searches on EBSCOHost as it holds a large number of health care, social care, education, and business databases. Additionally, searches were carried out on google, google scholar, researchgate and ETHOS, for books, reports, masters' dissertations, doctoral theses.

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Figure 2 summarises the literature identified through the searching process and applying the parameters, leading to eventually identifying the six papers for analysis.

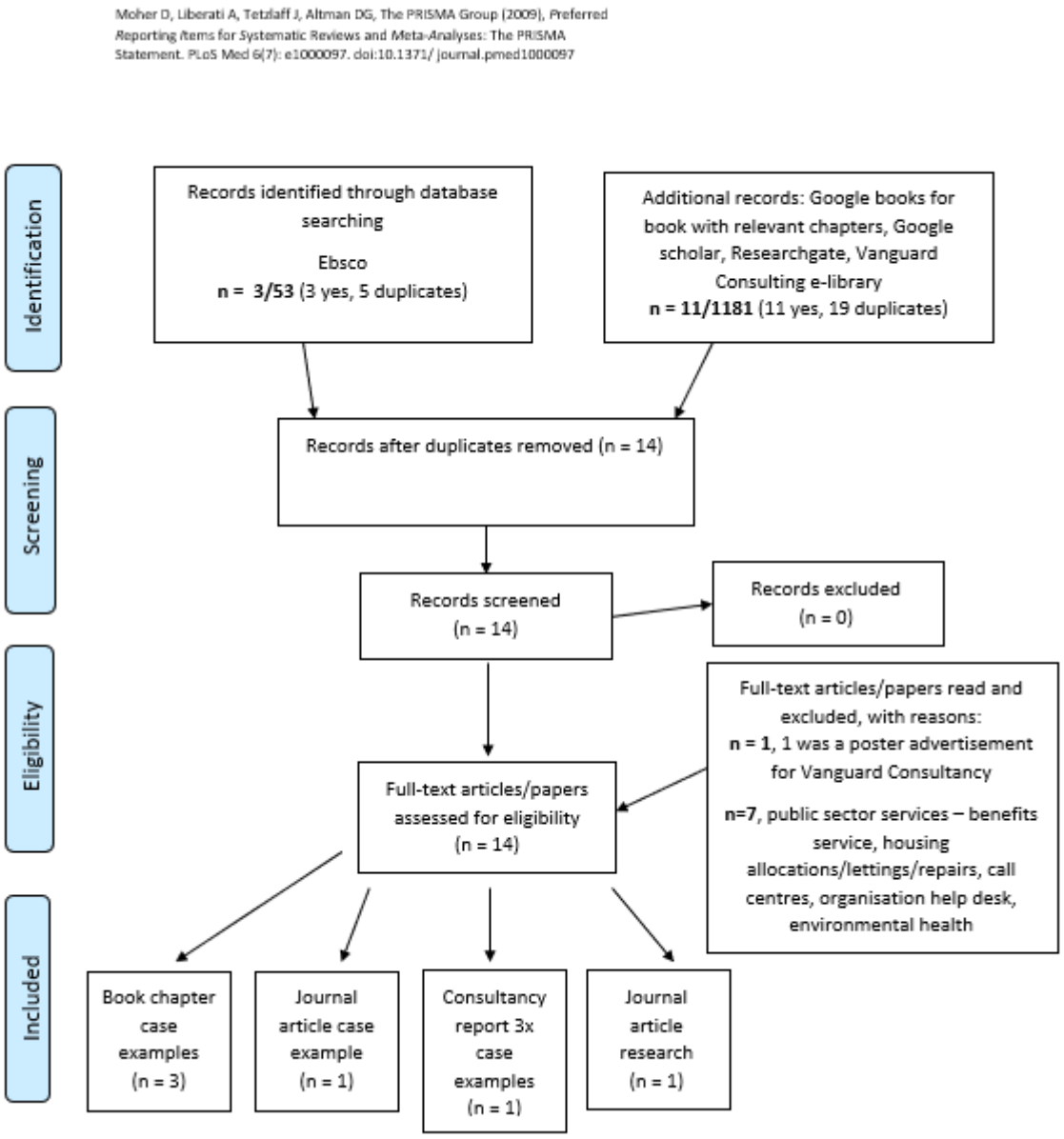

Figure 2: PRISMA chart of papers identified for scoping review

6. *Extracting data*

A summary of the papers identified for the scoping review is collated in a table (Table 1). The data was thematically analysed applying the guidance from Popay *et al.* (2006). The service improvement outcomes were identified by reading line by line

the results section and, highlighting and then extracting the relevant data to place on to an excel spreadsheet.

Table 1: Summary of papers for analysis for scoping literature review

Author	Type of literature	Setting	Research yes or no	Purpose	Findings/Outcomes
Allder S., pages 135-147 cited in Pell (2012)	Book chapter	Plymouth hospitals trust, specialist stroke units	No, service report	Showcase a service implementing the Vanguard Method	Carer satisfaction improved, Timeliness in referral to stroke unit improve. Timeliness of tests improved. Reduction in beds required. Cost savings.
Anderson A., Parkyn F. pages 93-112 cited in Pell (2012)	Book chapter	NHS Somerset and Somerset county council integration, reablement service	No, service report	Showcase a service implementing the Vanguard Method	New purpose identified for the service. The qualitative evaluation from patients, staff & clinicians very positive. Efficiency improvements seen through reduction in hospital stay, package of care and reduce carer strain and; prevention in hospital admissions, package of care, equipment provision and, admission to care home. Additional initial cost of social care during reablement period can be offset by reduced need following reablement. Redesigned reablement team had better outcomes.

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Table 1: Summary of papers for analysis for scoping literature review (continued1)

Author	Type of literature	Setting	Research yes or no	Purpose	Findings/Outcomes
Gibson J., and O'Donovan B., (2014)	Journal article	Children's social services in England & Wales, doesn't identify how many	No, service report	Showcase a service implementing the Vanguard Method	New purpose identified for the service. Reduction in wasteful activity, that is work that did not meet the needs of the child/family. New measures in terms of impact & improvement for the child/family. Increased the capacity of social workers to work face to face with child/family & managers not preoccupied with managing costs.
Jaaron A.A.M., Backhouse C.J., (2017)	Journal article	Two case studies conducted, only relevant adult social care services in the UK (north Wales) focused on post SVM implementation	Yes	Investigates the impact of applying the Vanguard Method, in order to activate "double-loop" learning in service organisations	The results show a high level of organisational learning capabilities at both sites.

Table 1: Summary of papers for analysis for scoping literature review (continued2)

Author	Type of literature	Setting	Research yes or no	Purpose	Findings/Outcomes
O'Donovan D., Pages 40-66 cited in Zokaei et al (2011)	Book chapter	English local authority adult social care	No, service report	Showcase a service implementing the Vanguard Method	New purpose identified for the service. Early evidence shows low cost early provision was preventing later higher cost provision. New customer driven measure identified: right first time. Increase in first time right cases. End to end time reduced. Reduction in cost per case and administrations costs.
Zokaei et al., (2010)	Consultancy report	Cases from 3 council services: A – Neath Port Talbot County Borough Council (DFG Occupational Therapy) B – Blaenau Gwent County Borough Council (Housing/Council Tax Benefits) C – Portsmouth City	No, service report	Showcase three services implementing the Vanguard Method	New purpose identified for all the services. Reduction in end to end time of the service process. Improvement in work capacity. Reduction in preventable failure/wasteful activity because getting the work right first time. Reduction in work backlog. Cost savings.

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Results

1. *Types of literature*

Three out of the six identified literature are book chapters (O'Donovan 2011, Allder 2012, Anderson and Parkyn 2012), one a journal article (Gibson and O'Donovan 2014) and one a consultancy report (Zokaei *et al.* 2010), that showcased cases applying SVM and the resultant outcomes. One paper was a research exploring evaluating how two services were operationalising double-loop learning post SVM implementation, not focusing on the implementation of SVM (Jaaron and Backhouse 2017).

2. *Outcomes from the identified literature*

Seven themes, either stand alone or repeating, were identified from the service improvement outcomes of the six papers, which are summarised into two main themes (Figure 3). The data was narrative and descriptive statistics.

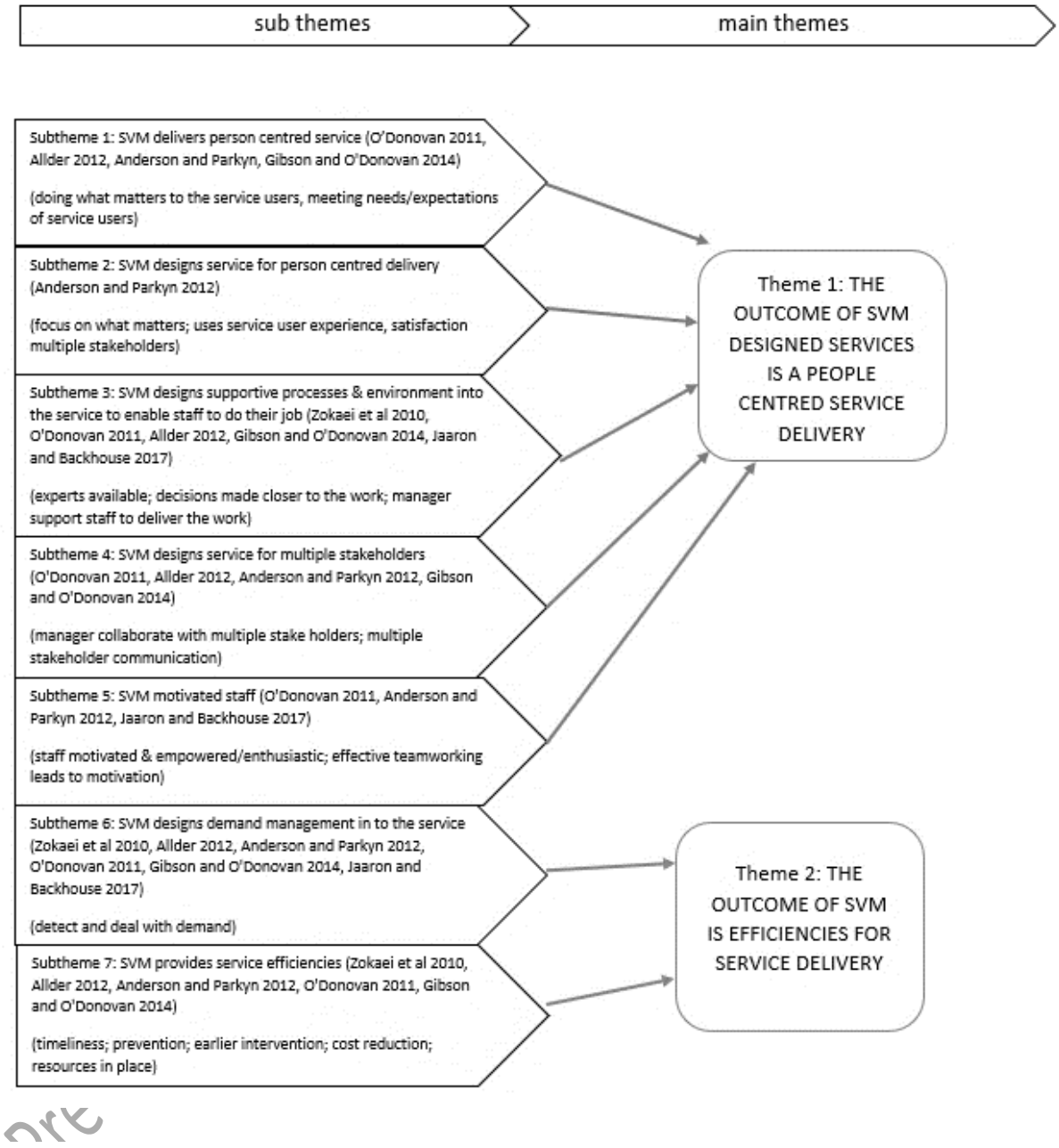

Figure 3: Subthemes and themes of outcomes from the from the scoping review

Theme 1 – The outcome of SVM designed services is a people-centred service delivery.

Subthemes 1 and 2 relate to person centred service delivery and personalisation of services. The person-centred delivery outcome was further supported by subtheme 2, satisfaction and positive feedback from multiple stakeholders, ergo service users (Anderson and Parkyn 2012). However, this paper did not explicitly identify the changes or differences, from comparing before and after the SVM implementation. This constrains the validity of the outcome of findings.

Subthemes 1 to 5 related to solving the problems that arise from complexity. As there is multiple stakeholder consideration, there is end user focus, the processes and measures driving the system behaviour are addressed and the solutions concern meeting multiple stakeholders' needs (Reynolds and Holwell 2010). Given the complexity of health and social care, service improvement is complex and challenging (Fischer 2017).

Subthemes 3 to 5 have a staff focus to enable people-centred service delivery.

Theme 2 – The outcome of SVM is efficiencies for service delivery.

Subthemes 6 and 7 suggest that efficiency outcomes relate to both staff and service user involvement, and that the efficiencies are:

- getting the work processes right so that the money is used optimally,
- making sure the service users' needs are met correctly first time, as not doing this, results in time spent correcting this.
- reducing unnecessarily lengthy and or complicated processes creating several stop-starts in the service user journey.

3. *Gap/s in the research literature*

Only one identified paper is empirical research and the time frame for revaluation in all six papers overall was less than a year.

Discussions

1. *Types of Literature and Gaps in the literature*

Future empirical research needs to be published in peer reviewed journals and collect data before and after a year or more, to ensure validity of outcomes found. Furthermore, the use of SVM as a potential method to explore and address the challenges of complex service improvement, implementation, and outcomes, offers an opportunity to explore its robustness and credibility.

2. *Outcomes from the identified literature*

Theme 1

Person-centred service delivery has become synonymous with quality service delivery in health and social care (Waters and Buchanan 2017). The principles of person-centred practice are described as:

"1. Affording people dignity, compassion and respect.

2. Offering coordinated care, support or treatment.

3. Offering personalised care, support or treatment.

4. Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life"

(The Health Foundation 2016, p6).

Subtheme 1 to 5 relate well to these 4 principles described by the Health Foundation (2016). Riding *et al.* (2017) suggest that one of the challenges of delivering person-centred care is being able to consider its complexity. This is further supported by Entwistle *et al.* (2018), where it is identified that it is underestimated how much effort and careful consideration needs to go into making and sustaining a person-centred service. It may be argued, in light of this review's findings, that SVM may have advantage when delivering person-centred services. As it offers a service improvement implementation framework, that works with complexity and designs services from the service user perspective. There is multiple stakeholder consideration, there is end user focus, the processes and measures driving the system behaviour are addressed and the solutions concern meeting multiple stakeholders' needs (Reynolds and Holwell 2010).

Subthemes 3 to 5 have a staff focus to enable people-centred service delivery. Nayar (2010) asserts that service improvement cannot happen if the issues for the employees are not addressed. He further suggests that lack of redress to employee issues may lead to: low morale and motivation, loss of staff and, limited impact of the change implemented. Nayar's findings resonate with Pink's (2009) conclusions on staff motivation in the work place, which found that three factors motivated staff to be engaged in commitment and bettering the service are: purpose (staff know and understand the end purpose of the service is to meet service user needs, and not completing bureaucratic functions), mastery (access to resources so that staff are trained and skilled to do the job), autonomy (staff have independence to make decisions about the work, this can only happen if there is support from management, infrastructure and resources). For both Nayar (2010) and Pink (2009) a recurring

theme in various services and organisations they evaluated was that, when staff are not part of the decision making during the change process, they do not feel invested in the service improvement. Nor do they relate to the purpose or the benefit of the changes. However, the outcome of staff motivation from SVM was not compared before and after SVM implementation (O'Donovan 2011, Anderson and Parkyn 2012, Jaaron and Backhouse 2017). Hence, it is unclear whether the staff in the services had low or already high motivation before SVM implementation. Therefore, there is limited validity of the findings to support that the implementation of SVM had a contribution to the end measure/outcome of staff motivation. However, research has identified motivation as a key factor for effective and efficient service delivery (Lalani *et al.* 2018, Lagarde *et al.* 2019).

Usually, people-centred services are synonymous with person-centred services (WHO 2020). However, this literature review identifies the term people-centred as referring to services designed to meet not only service users' needs, but also meeting the needs of employees to deliver the service. This is a novel interpretation of people-centred service delivery, a service that works for both the people receiving and delivering the service.

Theme 2 – The outcome of SVM is efficiencies for service delivery

The efficiencies relate to those sought after in health services are: costs (e.g., procurement, agency staff), timeliness (e.g., early intervention, waiting lists) and wasteful activities (e.g., stop-starts, duplication) (Maguire 2019). This theme suggests that SVM leads to efficiencies by fulfilling the service purpose with the least possible waste of time and resources.

There may be potential for SVM to deliver service improvement in terms of value for money (VfM). VfM is an economic term that evaluates whether the service is optimally using and distributing its resources in terms of cost per output, measuring efficiency (Fox-Rushby & Cairns 2005, Drummond *et al.* 2015). Hence, there is potential that SVM could assist the investment of money into time and resources to be representative of a good value service, meeting service user needs. However, this would need to be explored further. Given the findings under this main theme, SVM may be an effective approach to address the current efficiencies sought in health and social care.

3. *Implications for practice*

The current coronavirus pandemic in the UK is demonstrating that to enable services to improve in rapidly changing circumstances and demands, is to design services that are resilient and adaptable through pre-preparedness (Coronavirus Act 2020, Department of Health 2011). SVM appears to mirror this on a smaller scale, designing services to be able to respond to the variability in demands coming into the service, albeit narrowly from the public perspective, by evaluating and changing, where relevant, processes, staff working and resources. This reflects the growing emphasis on service improvement design collaborating with service users and incorporating service user experience for service effectiveness (Renedo and Marston, 2015; Boulton and Boaz, 2019; Goodrich and Fitzsimons 2019).

The findings suggest that service improvement outcomes from the implementation of SVM may enable the workplace to work better for employees and service users. However, the strength of the findings is largely constrained by the limited empirical

research literature, in relation to implementing SVM and service improvement in UK health or social care services.

Conclusion

The findings from this scoping literature review add to the body of evidence concerning the implementation of Seddon's Vanguard Method and service improvement outcomes in health and social care. Secondly, the findings will add to the general body of knowledge of service improvement in health and social care. There is potential that Seddon's Vanguard Method, a service improvement framework, could design prepared and resilient services responsive to changing demands both from service users and staff contexts. This includes the need to address interrelationships of people, processes, actions and cost, during the service improvement process.

References

Allder S. (Dr.). (2012) Chp 8: Improved stroke care at half the cost, pages. In Pell C., *Delivering public services that work volume 2*. Triarchy Press: Axminster, Devon, UK (pages 135 – 147)

Anderson A, Parkyn F. (2012). Chp 6: Design to understand in health and social care. In Pell C., *Delivering public services that work volume 2*. Triarchy Press: Axminster, Devon, UK (pages 93-112)

Boulton R, Boaz A. (2019). The emotional labour of quality improvement work in end of life care: a qualitative study of Patient and Family Centred Care (PFCC) in

England. *BMC Health Services Research*, Dec, 19: 923. DOI:

https://doi.org/10.1186/s12913-019-4762-1

Boyne GA. (2003). What is public service improvement?. *Public Administration*, 81(2): 211-27. DOI: https://doi.org/10.1111/1467-9299.00343

Charles A, Ewbank L, McKenna H, Wenzel L. (2019). *NHS Long term plan explained*. London, UK: King's Fund. https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained?utm_source=twitter&utm_medium=social&utm_term=thekingsfund 6th February 2019

Drummond MF, Sculpher MJ, Claxton K, Stoddart GL, Torrance GW. (2015). *Methods for the Economic Evaluation of Health Care Programmes (*4th ed.). Oxford university press: Oxford UK

Edwards N. (2018). *Ahead of the long term plan, what are the lessons from history from the 6 national strategic plans produced by the NHS over the last 20 years?.* https://twitter.com/nedwards_1/status/1052113211032514560 10th February 2019

Entwistle VA, Cribb A, Watt IS, Skea ZC, Owens J, Morgan HM, Christmas S. (2018). "The more you know, the more you realise it is really challenging to do":

Tensions and uncertainties in person-centred support for people with long-term conditions. *Patient education and counselling* Aug, 101(8): 1460-1467. DOI: https://doi.org/10.1016/j.pec.2018.03.028

Fischer SA. (2017). Developing nurses' transformational leadership skills. *Nursing standard* Aug, 31(51): 54-63. DOI: 10.7748/ns.2017.e10857

Fox-Rushby J, Cairns J. (2005). *Economic Evaluation*. Open University press: Maidenhead, Berkshire, UK

Gibson J, O'Donovan B. (2014). The Vanguard Method as Applied to the Design and Management of English and Welsh Children's Services. Departments, *Systemic Practice and Action Research* 27(1):39–55. DOI: 10.1007/s11213-013-9281-0

Goodrich J, Fitzsimons B. (2019). Capturing patient experience to improve healthcare services. *Nursing Standard.* Jul 26;34(8):24-28.
DOI: 10.7748/ns.2018.e11177

Grol R, Baker R, Moss F. (2002). Quality improvement research: understanding the science of change in health care. *BMJ Quality & Safety*, 11:110-111. DOI: 10.1136/qhc.11.2.110 https://qualitysafety.bmj.com/content/11 14th April 2020

Ham C. (2014). *Reforming the NHS from within: Beyond hierarchy, inspection and markets*. The King's Fund: London, UK.

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/reforming-the-nhs-from-within-kingsfund-jun14.pdf 13th November 2015

The Health Foundation. (2016). *Person Centred care Made Simple: What everyone should know about person centred care*. Health Foundation: London, UK. https://www.health.org.uk/sites/health/files/PersonCentredCareMadeSimple.pdf 27th June 2018

Hughes RG. (2008). Chp 44 Tools and Strategies for Quality Improvement and Patient Safety, In: Hughes RG, editor. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Agency for Healthcare Research and Quality: Rockville (MD), USA, (no page numbers identified). https://www.ncbi.nlm.nih.gov/books/NBK2682/?report=reader 21st June 2019

Jaaron AAM, Backhouse CJ. (2017). Operationalising ''Double-Loop'' Learning in Service Organisations: A Systems Approach for Creating Knowledge. *Systemic Practice and Action Research*, 30(4): 317–337. DOI: https://doi.org/10.1007/s11213-016-9397-0

Lagarde M, Huich, L, Papanicolas I. (2019). Motivating the provision for high quality care: it is not all about money. *British Medical Journal*, 366:15210. DOI: https://doi.org/10.1136/bmj.l5210

Lalani M, Hall K, Skrypak M, Laing C, Welch J, Toohey P, Seaholme S, Weijburg T, Eyre L, Marshall M. (2018). Building motivation to participate in a quality

improvement collaborative in NHS hospital trusts in Southeast England: a qualitative participatory evaluation. *BMJ Open*, 8:e020930. DOI:10.1136/ bmjopen-2017-020930 https://bmjopen.bmj.com/content/bmjopen/8/4/e020930.full.pdf 9th September 2020

Maguire D. (2019). *The NHS needs to be more productive – or is it efficient?*. https://www.kingsfund.org.uk/blog/2019/03/nhs-productive-or-efficient 23rd June 2019

Nayar V. (2010). *Employees first, customers second*. Harvard Business School Review Press: Boston, Massachusetts, USA

O'Donovan B. (2011) Chapter 3: Systems Thinking in Adult Social Care: how focusing on a customer's purpose leads to better services for the vulnerable in society and enhances efficiency. In Zokaei K, Seddon J and O'Donovan B. *Systems Thinking: From Heresy to Practice.* Palgrave Macmillan: Basingstoke, Hampshire (pages 40 -66)

O'Donovan B. (2014). Editorial for Special Issue of SPAR: The Vanguard Method in a Systems Thinking Context,. *Systemic Practice and Action Research*, 27:1–20. DOI 10.1007/s11213-012-9247-7

Office of the Deputy Prime Minister [ODPM]. (2005). *A Systematic Approach to Service Improvement Evaluating Systems Thinking in Housing*. Office of the Deputy Prime Minister Publications: London.

Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil, H. (2020). Chapter 11: Scoping Reviews (2020 version). In: Aromataris E, Munn Z (Editors). *Joanna Briggs Institute Manual for Evidence Synthesis*.
JBI. https://doi.org/10.46658/JBIMES-20-12 .
https://synthesismanual.jbi.global 13th March 2021

Pink DH. (2009). *Drive: The surprising truth about what motivates us*. Cannongate Books Ltd: Edinburgh

Popay J, Roberts H, Sowden A, Petticrew M, Arai L, Rodgers M, Britten N, Roen K, Duffy S. (2006). *Guidance on the Conduct of Narrative Synthesis in Systematic Reviews A Product from the ESRC Methods Programme*.
https://www.researchgate.net/publication/233866356_Guidance_on_the_conduct_of_narrative_synthesis_in_systematic_reviews_A_product_from_the_ESRC_Methods_Programme 8th March 2020

Renedo A, Marston C. (2015). Developing patient-centred care: an ethnographic study of patient perceptions and influence on quality improvement. *BMC Health Services Research*. DOI: https://doi.org/10.1186/s12913-015-0770-y

Reynolds M, Holwell S. (2010). *Systems approaches to managing change: A practical guide*. Springer Open university: London, UK

Riding S, Glendening N, Heaslip V. (2017). Real world challenges in delivering person centred care: A community based case study. *British Journal of Community Nursing*, August, 22(8): 391 -396. https://www.magonlinelibrary.com/doi/pdf/10.12968/bjcn.2017.22.8.391 24th June 2019

Seddon J. (2003). *Freedom from Command & Control; A better way to make the work work*. Vanguard Education Ltd: Buckingham, England

Seddon J. (2005). *Freedom from Command & Control (2nd ed.): Rethinking management for lean service*. Productivity Press: New York

Seddon J. (2008). *Systems Thinking in the Public Sector.* Triarchy Press: Axminister, Devon

Ssenyonga L. (2012). *Vanguard Method is not systems thinking*. http://thisisrandomls.blogspot.co.uk/2012/09/vanguard-is-not-systems-thinking.html 13th December 2016

Waters RA, Buchanan A. (2017). An exploration of person-centred concepts in human services: A thematic analysis of literature. *Health Policy*, October, 121(10): 1031-1039. DOI: 10.1016/j.healthpol.2017.09.003

Zokaei K, Elias S, O'Donovan B., Samuel D, Evans B, Goodfellow J. (2010). *Lean and Systems Thinking in the Public Sector in Wales.* Lean research Enterprise

Centre Cardiff University: Cardiff, Wales.

http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CDUQFjAA&url=http%3A%2F%2Fwww.improvementservice.org.uk%2Flibrary%2Fdownload-document%2F3104-lean-and-systems-thinking-in-the-public-sector-in-wales%2F&ei=l7yFU7yyGsr3O4OvgZgL&usg=AFQjCNHXsWgMyYY3R80h0Y8VP2oYlPaPkg 28th May 2014

Zokaei K, Seddon J, O'Donovan B. (2011). *Systems Thinking; From Heresy to Practice*. Palgrave MacMillan: Basingstoke