The NHS Change Model
An introduction

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@FairlieSusan
Objectives

- Building capability for quality improvement
- An introduction to the NHS Change Model
- Underpinning principles for future development work that we will be doing over the year
- Networking and building relationships
- Sharing lessons (successes and failures)
Some basic rules for working together

House Keeping
- Fire alarm / exits
- Toilets
- Coffee
- Lunch
- Pictures / video
- Others?

Ground rules
- Mobiles off
- Be on time
- Action orientated
- Learning mode
- Others?
Ground rules: Learning and protection
## Ground rules: Learning and protection

<table>
<thead>
<tr>
<th>Learning</th>
<th>Protection</th>
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</thead>
<tbody>
<tr>
<td>Beginner’s/learner’s mindset</td>
<td>Expert’s mindset</td>
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<tr>
<td>Interest in other perspectives</td>
<td>Holding on to own opinions and assumptions</td>
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<tr>
<td>Desire to learn more about ourselves and our</td>
<td>Hiding/denying own shortcomings</td>
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<tr>
<td>situation (how did I contribute to this</td>
<td>Emotional unavailability</td>
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<tr>
<td>situation?)</td>
<td>Uptight, closed</td>
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<tr>
<td>Emotional availability</td>
<td>Focus on the past</td>
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<tr>
<td>Interest in discovery</td>
<td>Ownership of problems and seeking</td>
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<tr>
<td>Focus on the future</td>
<td>solutions in ourselves</td>
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<tr>
<td>Ownership of problems and seeking solutions</td>
<td>Perception that problems are caused by</td>
</tr>
<tr>
<td>in ourselves</td>
<td>others</td>
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Getting to know each other.....
“Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far he knows the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it”
Hurray!

No way!
What’s going on here?
What other kinds of responses do change propositions get?

https://www.youtube.com/results?search_query=bronze+age+orientation+day
Lots of reasons for improving services e.g.

• Improve systems, processes and outcomes
• Improve safety
• Improve experience
• Reduce waste
• Reduce variation
• Contribute to QIPP / CIP targets
Most transformation efforts fail

70% of change programs fail …

... mainly because organizational health gets in the way

- Employee resistance to change: 39
- Management behavior does not support change: 33
- Inadequate resources or budget: 14
- Other obstacles: 14

The NHS Change Model

- for everyone (including outside the NHS)
- Connects people
- Helps us understand each other’s roles in change, our strengths and preferences
- A framework rather than a model?
- Based on collective experience of delivering change
- Key concepts within the model:
  - Energy for change
  - Compliance and commitment
  - Extrinsic and intrinsic motivators

Source: NHSIQ
Our shared purpose - is there a sense of shared purpose amongst our key stakeholders?

- Patients and their experience of the NHS and their health care are at the heart of what we do and drive change
- Making change happen together
- We need to understand the “us” in “our”, understand our shared values and build a purpose from there about our change
- At the heart of the NHS Change Model – start here
What happens when shared purpose is absent?

• Other factors move into the space and become ‘de facto’ purpose e.g. cost cutting and targets.

• Change efforts go off course or run out of energy.
[Shared] purpose goes way deeper than vision and mission; it goes right into your gut and taps some part of your primal self. I believe that if you can bring people with similar primal-purposes together and get them all marching in the same direction, amazing things can be achieved.

Seth Cargiuolo
The evidence

Growing literature demonstrating & discussing the importance of shared values, before & underpinning any other changes (structures, processes, incentives, infrastructure)

– eg implementing integrated care

Failure to invest in establishing shared purpose, based on common values, results in wasted effort and disappointing results later
“Leaders and managers tasked with applying integrated care ‘at scale and pace’ might … focus on driving forward the *organisational solution* or introduce various *financial inducements* in the hope this will be more effective [than starting with values-based shared purpose]. Such an approach would be a *mistake*…

A *values-driven approach should be a pre-requisite to the successful adoption of integrated care.*”

A 3-word concept

**OUR**
Who defines the benefit we're after? Who is going to make it happen and who is it going to affect? All these people need to be involved in designing and delivering change.

**SHARED**
We all have individual values, experiences, beliefs and aspirations. We need to discover where these overlap. What is it we share? We can only find out by talking to each other.

**PURPOSE**
This is the ‘WHY’ not the ‘what’ or the ‘how’ of change. It is where vision, values and goals meet and create energy and commitment.
The evidence – globally

“Shared purpose is a common thread in successful change programmes. Organisations with strong shared purpose consistently outperform those without it”.

What makes change successful in the NHS? - Gifford et al 2012 (Roffey Park Institute) and Management Agenda 2013 - Boury et al (Roffey Park Institute)
What is your vision of the future and why (shared purpose)

Discuss in pairs
Engagement to mobilise – are we engaging and mobilising the right people?

• Who needs to be involved? Who are the stakeholders?
• Understanding, recognising and valuing individuals’ contributions
• Mobilising people as well as engaging e.g. by using narrative
• Getting the message right – and framing for different audiences
• Using engaging stories on progress and improvements made
• What to do with the those not on board
• Catching the zeitgeist
“You can’t impose anything on anyone and expect them to be committed to it”

Edgar Schein, MIT Sloan School
Staff engagement ... a compelling case

- organisations whose staff are engaged deliver a better patient experience, fewer errors and higher staff morale

- When we care for staff, they can fulfil their calling of providing outstanding professional care for patients

‘happy staff make happy patients’
Coulter 2012


SOURCE: Kings fund: Leadership and engagement for improvement in the NHS, 2012
Staff engagement and discretionary effort

Engagement is:
“A measure of the extent to which employees put discretionary effort into their work”

Beverly Alimo-Metcalfe

DE represents a range of performance **30-40% above** that which is actively realised by an organisation

NHS Institute
What is a compelling story?

“We have a list of measurable objectives”

or

“I have a dream”
Think of a powerful example of engagement from your experience

Discuss in pairs
Leadership for change – do all our leaders have the skills to create transformational change?

- We need to be able to articulate a vision of the change
- act as role models by engaging, mobilising, supporting through all 8 components
- demonstrate the right behaviours
- demonstrate the practical skills for change at scale and pace
- identify what help we need
- bring together the resources (people and other) needed to enable change
- Not just about senior leaders, also distributed leadership
Situational Awareness
Mindset... to overcome adversity

“Whether you think you can, or you think you can't— you're right.”

Henry Ford

Source: NHS Institute – Leading large scale change – (adapted from Karl Weick, 1995)
If you don't stick to your values when they're being tested, they're not values: they're hobbies.

Senator John Kerry
“One of the things that leaders don’t fully recognize is that when they speak or act, they are speaking into an extraordinary amplification system. The slightest thing you say, the slightest gesture you make, is picked up on by everybody in that system and, by and large, acted upon.”

Niall FitzGerald, former CEO of Unilever
Think of a powerful example of leadership from your experience

Discuss in pairs
Improvement methodology – *are we using an evidence-based improvement methodology?*

- Not one methodology for all – a toolkit covered in other parts of the CCG programme
- Building on our skills and knowledge of what’s worked before
- Robust and rigorous in approach and delivery
- Identifying the process, the people, the change, the results and the value
- Access models, approaches, and techniques used before across the NHS and elsewhere to create ownership and engagement
The Model for Improvement

The model is based on three questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What change can we make that will result in improvement?

And the application of a structured improvement approach - the PDSA cycle

Change through small steps

Change ...

- with a clear purpose
- you can learn from (without fear of failure)
- which is less exhausting
- with fewer unintended consequences
- which builds engagement optimism
PDSAs... freedom to fail

• “I made 5,127 prototypes before I got it right. But I learnt from each. So I don’t mind failure.” (Dyson)

• “The fastest way to succeed is to double the failure rate” (Watson, IBM founder)
Testing, prototyping and PDSAs...

Learn from small mistakes!

Most of us have done at least one PDSA!
Catch mistakes early on!!
Think of a powerful example of using improvement tools from your experience.

Discuss in pairs.
Rigorous delivery — do we have an effective approach for delivery of change and monitoring of progress towards our planned objectives?

- Effective project management methodology
- Clear objectives and process for seeing and feeling the benefits
- Timely, cost-effective, widely understood
- Proportionate to the change
- Fitting in with governance arrangements
The Pareto Principle

• 20% of supermarket products account for 80% of sales
• 20% of footballers score 80% of the goals
• 20% of your carpet gets 80% of the wear
• 20% of the shoes in your wardrobe get worn 80% of the time

Source: Koch 1998
‘Patients should experience good quality and efficient care through receiving the right care, from the right staff in a timely way’
3rd attempt at agreeing the aim...

To Reduce Inappropriate Internally Generated Demand
Think of a powerful example of rigorous delivery from your experience

Discuss in pairs
Transparent measurement – are we measuring the outcome of the change continuously and transparently?

- What’s the best way to measure improvement?
- Accountability and benchmarking
- Identifying meaningful and discernible outcomes and improvements
- What difference have we made? How do we know?
- Measurement for improvement, research and judgement
- What do we publish and for whom?
Any improvement requires a change

not every change is an improvement

but we cannot improve something unless we change it

Goldratt (1990)
Importance of measurement

• Monitor effects of changes
• Maintain ‘health’ of the system
• Provides ‘common language’
• Provides knowledge - “How do I know it’s an improvement?”
• Data = evidence = overcome resistance / increase belief
7 steps to Measurement (for Improvement)

http://www.youtube.com/watch?v=Za1o77jAnbw
Given 2 different numbers, one will be bigger than the other!

What action is appropriate?

Something very important!

Last month  This month

Source: NHS Institute for Innovation and Improvement
We use these two charts 99% of the time.

Run chart to answer the question:
How are we doing?

Ranked Bar chart to answer the question:
Where is the problem?
Think of a powerful example of using measurement from your experience.

Discuss in pairs.
System drivers – are our processes, incentives and systems aligned to enable change?

- Identify why we need to make a change
- Stakeholder support, local or bigger focus
- Rewards and recognition
- New partnerships and ways of working
- Francis, Keogh, Berwick reports
- Policy statements
- Tariff, CQUIN, QoF, other payment mechanisms etc
“Every system is perfectly designed to get the results it gets” (Paul Batalden)

If we want different results, we must change (transform) the system

Image from: www.backofthecerealbox.com
Policies and practice ...are they the same?

It’s human nature to break the rules...how can we support people to do the right thing?
Most of us deviate at times....

• What is the legal speed limit?
• What speed do you drive at?
• How do you make that decision?
Recognition and rewards

- Seek out what is working well
- 4:1 ratio (Fredrickson and Losada)
- Positive feedback
- Recognition (from seniors)
- Consistent celebration of achievement (Saks 2006)
- Make it fun
- Joy in work (IHI)
- Better if it is unexpected

**Appreciative Inquiry: The 4D Cycle**

- Start by defining topic to be explored.
- You then focus on the following steps.
  - Discovery
  - Destiny (Delivery)
  - Design
  - Dream

SOURCE: Employee engagement and NHS performance, Kings Fund, 2012,
Fredrickson, B, Losada, M (2005) Positive Affect and the Complex Dynamics of Human Flourishing
Think of a powerful example of using system drivers from your experience.

Discuss in pairs.
Spread of innovation – are we designing for the active spread on innovation from the start?

- Sharing and spreading the word about results of the change
- Who needs to know?
- Who would benefit from doing the same
- Using a variety of channels and media
- Celebrating success
- Listening to and learning from others – receiving
- Learning from when things don’t work out
Challenging beliefs

“Doctors and scientists said that breaking the four-minute mile was impossible, that one would die in the attempt. Thus, when I got up from the track after collapsing at the finish line, I figured I was dead.”

Sir Roger Bannister
Values and beliefs affect patient outcomes

Pressure Ulcers Happen

We can stop Pressure Ulcers from Occurring

Pressure Ulcers do not happen here

2009 PU incident rate: 10%

Sept 2012  PU incident rate: 0.09%

Source: ABMU 1000 Lives Plus
Like lots of breakthroughs, the Fosbury Flop looked strange the first time you saw it. Really strange.

Tom Kelly IDEO
A new idea is delicate. It can be killed by a sneer or a yawn. It can be stabbed to death by a joke or worried to death by a frown on the wrong person’s brow.

Charles Browder
Great Ormond Street learns from Formula 1 Team

It was after what he described as "a particularly bad day at the office" that Prof Elliott, the head of cardiac surgery at the Great Ormond Street Hospital for Children, and his colleague, Dr Allan Goldman, in charge of paediatric cardiac intensive care, slumped into chairs in front of the television.

On the screen was a motor racing grand prix and, as they watched, the two men became aware of the similarities between the handover disciplines from theatre to intensive care and what they were seeing in the pit of a Formula One racing team. From that moment began a collaboration between the leaders of Great Ormond Street's surgical and intensive care units, first with the McLaren F1 racing team and then with Ferrari's team chief Jan Todt, technical guru Ross Brawn and, in particular, race technical director Nigel Stepney. They worked together at their home base in Modena, Italy, in the pits of the British Grand Prix and in the Great Ormond Street theatre and intensive care ward.

What resulted from this work was a major restructuring of the patient handover procedure, resulting directly from the input of the F1 pit technicians. "It is not too early to say that, when we look at the number of critical instances we encounter, they have reduced markedly since we introduced the modified training protocol developed from what we have learned from Formula 1," said Prof Elliott.

The single A4 sheet of paper, which contained the flow diagram of Ferrari's pit procedure, became several pages of twice that size when Mr Stepney and his colleagues at Ferrari were confronted with the critical transfer from operating theatre to recovery room at Great Ormond Street. "They were quite shocked at the complexity of what we did and the kind of kit we had at our disposal," said Prof Elliott.

We had all been doing our jobs for years and we thought we were pretty good at it," said Dr Nick Pigott, the consultant in paediatric cardiac intensive care, who has worked alongside Prof Elliott and Dr Goldman throughout Operation Pit Stop. "Then, after we had been with the Ferrari team, we watched videos of ourselves at work and it was quite a shock to realise the lack of structure in what we were doing. There is no doubt that it is our research with Ferrari that has honed our transfer from theatre to intensive care to the level of silent precision it is today," said Dr Pigott.
Innovation and the NHS

- Average LOS 2.7 days
- 50% of patients discharged next day
- Savings of £180k
- 25% reduction in beds
- 99.5% patients like it
Think of a powerful example of spreading innovation from your experience.

Discuss in pairs.
NHS Change Model

Leadership for change
Do all our leaders have the skills to create transformational change?

Spread of innovation
Are we designing for the active spread of innovation from the start?

Engagement to mobilise
Are we engaging and mobilising all the right people?

System drivers
Are our processes, incentives and systems aligned to enable change?

Rigorous delivery
Do we have an effective approach for delivery of change and monitoring of progress towards our planned objectives?

Transparent measurement
Are we measuring the outcome of the change continuously and transparently?

Improvement methodology
Are we using an evidence-based improvement methodology?

Does this improvement meet our shared NHS purpose?

www.changemodel.nhs.uk
Which component are you drawn too?
Which component are you least drawn too?
Avoid blind spots
Applying Social Movement Principles
The importance of role models (and the conditions to flourish)
Any Journey

Where are you?

Where do you want to be?

How will you get there?
Mental models of change
How we think about challenges

<table>
<thead>
<tr>
<th>Deficit based</th>
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</thead>
<tbody>
<tr>
<td>What is wrong and can we stop it?</td>
</tr>
<tr>
<td>Solving other people’s problems</td>
</tr>
<tr>
<td>Deviation creates tension, anxiety and is threatening</td>
</tr>
<tr>
<td>Deficiencies to be filled</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asset based</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is right that we can build on?</td>
</tr>
<tr>
<td>Exploiting existing resources and assets</td>
</tr>
<tr>
<td>‘Positive deviance’ is seen as an opportunity</td>
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<tr>
<td>Amplifying what works</td>
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balanced scale
Mental models of change – striking a balance
How we think about engagement

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Commitment</th>
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<tbody>
<tr>
<td>States a minimum performance standard that everyone must achieve</td>
<td>States a collective goal that everyone can aspire to</td>
</tr>
<tr>
<td>Uses hierarchy, systems and standard procedures for co-ordination and control</td>
<td>Based on shared goals, values and sense of purpose for co-ordination and control</td>
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<tr>
<td>Threat of penalties, sanctions, shame creates momentum for delivery</td>
<td>Commitment to a common purpose creates energy for delivery</td>
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Mental models of change
How we think about motivation

Extrinsic Motivators
- System drivers
- Measurement for accountability
- Incentives & penalties
- Performance management
- create focus & momentum for delivery

Intrinsic Motivators
- Motivational leadership
- Engaging, mobilising and calling to action
- Connecting to shared purpose
- Build energy and creativity
Consider a change you have been part of ...

- What worked well and how could it have been improved?
- Did it have a compelling vision and key themes so that people could ‘get their heads around’ their part?
- Did it have distributed leadership with freedom to act, where action was due to commitment not compliance?
- Was there massive and active engagement with messages framed to engage or did it stay with a few enthusiasts?
- Were there mutually reinforcing changes to make reverting to old ways of working impossible?
- **Has it been sustained?**
Where are you/ your team currently?

- Leadership for change
- Engagement to mobilise
- System drivers
- Transparent measurement
- Rigorous delivery
- Improvement methodology
- Spread of innovation
- Our shared purpose
Where are you/ your team currently?

- Leadership for change
- Engagement to mobilise
- System drivers
- Transparent measurement
- Rigorous delivery
- Improvement methodology
- Spread of innovation
- Our shared purpose

[Spider chart graphic showing current positions on various dimensions]
What do you need to do to improve on any of the dimensions in your own organisation

Discuss in pairs
What values underpin your shared purpose?

- In pairs, or threes...

- Take turns to tell each other why you work in the NHS and/or why your change project is important to you

- When listening to your partner, write on post-its the values you hear

- Feedback what you’ve captured to your partner(s)

- Make sure you both/all get a turn

...you have 10 minutes
burning platform

versus

burning ambition

@PeterFuda

http://www.peterfuda.com/2012/06/28/from-burning-platform-to-burning-ambition/
Visioning exercise

Individually - 20 minutes:
1. Take a paper person.
2. Create in any way you like a representation of you in relation to your vision/shared purpose.
3. What will you be doing and saying?
   How will you be feeling?
   Where will you be?
   What did you do to get here?
4. Place the paper person in, on, near the vision to indicate your future relationship with the vision.
The elevator pitch

Instructions

In pairs practice your pitch

You are trying to engage others in your change:
Consider:

- Values and intrinsic motivation
- Why would they want to support you?
- What do you want from them?
- Successes so far
- Challenges
- Your action plans
A journey of 1000 miles begins with one small step (Lao Tzu)

So how many steps will you have taken by Friday?
So what do you individually commit to do and report back on by the next time we meet?
Future development days.....

- Service Improvement tools and techniques
- Innovation and creativity
- Identifying individual strengths via the Strength Development Inventory
- Leadership and resilience and influencing others
- Culture and courageous conversations