Leadership for the future: New Ways of Thinking about Change and Transformation

21st March 2019

#eoefuturelead
@eoeleadership

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think AV

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NHS
Health Education England

HEAT Awards

(Healthcare Education and Training)

Celebrating and recognising the very best in leadership, education, training and workforce development within the NHS

Leadership award categories
- Inspirational Leader of the Year
- Emerging Leader of the Year
- System Transformation Champion of the Year (open to individuals and teams)

Nominations will close on 12th April 2019

Find out more and nominate via www.hee.nhs.uk/heatawards

Who's in the room?

- Bedfordshire, Luton and Milton Keynes
- Cambridgeshire and Peterborough
- Hertfordshire and West Essex
- Mid and South Essex
- Norfolk and Waveney
- Suffolk and North East Essex

Highlights – Leadership for the Future Day 1, 9th January

Highlights – Leadership for the Future Day 1, 9th January

- https://youtu.be/1gTnRr8acvs

Questions to Camera

- What 3 words describe the behaviors' you need to lead change?

- What's your best advice to someone trying to improve and change our culture and delivery of care?

- How do you think changes and improvements can be embedded in practice?

- How you can be a role model for improving quality of care and effectively implementing change?

Leadership for the future:
new ways of thinking about change and transformation

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Helen Bevan

@HelenBevan
@eoeleadership
#eoefuturelead

Source of image: @voinonen

What we will cover today

- A mindset for large scale change

- Building an authentic shared purpose with the people who are part of your improvement effort

- "Scaling down" and "scaling up": applying methods for working at the smallest scale (improvements for individual citizens/service users/patients) and the largest scale (a whole population) at the same time

- Creating a theory of change for your improvement efforts

- Co-coaching presentations

All models are wrong,
but some are useful.

– George E. P. Box

to work on

Identify a topic that you want to work on as a group today:

- An area of priority for your STP/ICS
- It could be:
  - A group of people with a specific health need
  - A preventative approach
  - An underpinning strategy
- If you have a big STP/ICS group, you might want to split into two groups with different topics
- Having a go with the methods and approaches is more important than picking the "right" or "best" topic

Activity

Find five things that everyone in your STP/ICS team today has in common and be prepared to share them with the wider group

© Paul Foreman http://www.mindmapinspiration.com
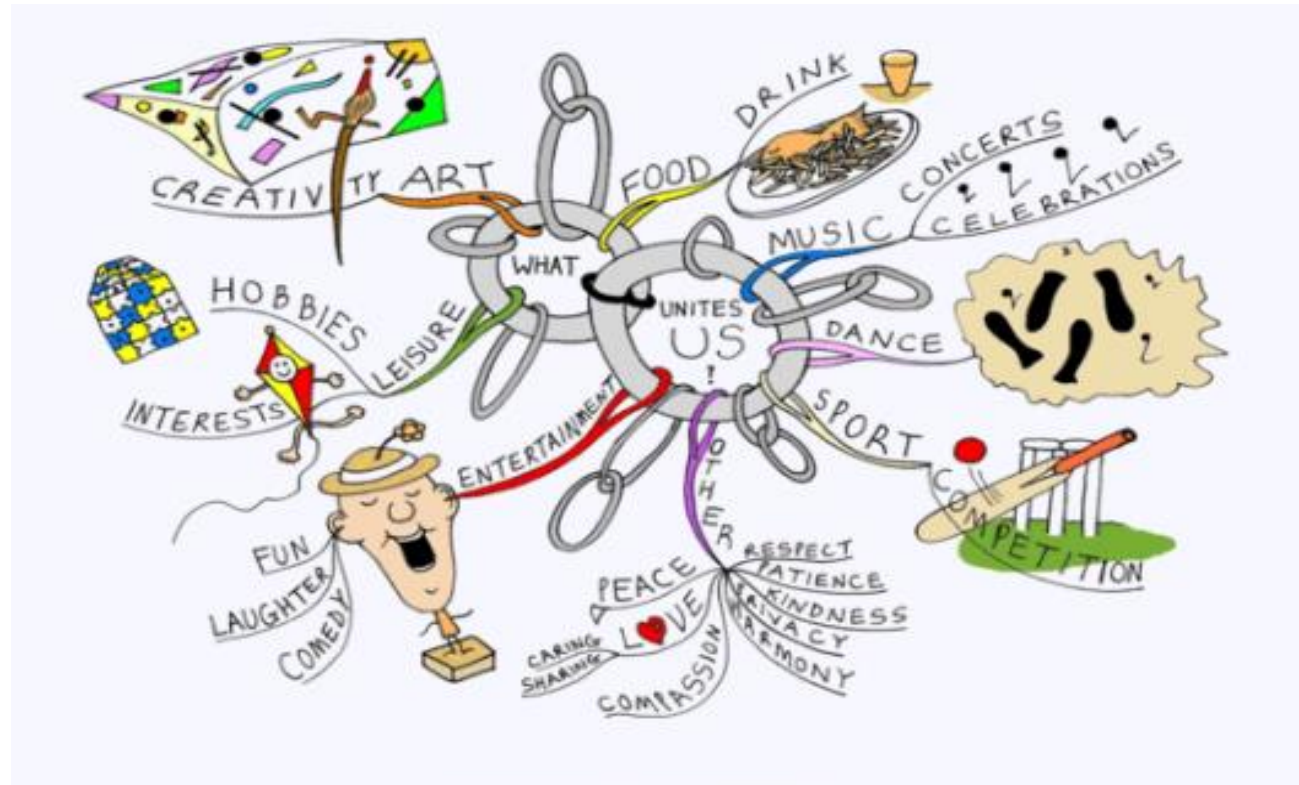
THIS
IS A
SAFE
SPACE

" *Complex systems are driven by the quality of the interactions between the parts, not the quality of the parts. Working on discrete parts or processes can properly bugger up the performance at a system level. Never fiddle with a part unless it also improves the system*

@ComplexWales

Inter-dependent

I have my own space & identity but I am reliant on others to achieve collective goals

An independent initiative

Within a clear boundary

Improve needle safety when taking bloods

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in the improvements that we seek?

Act | Plan
Study | Do

Adapted from Langley et al (2009)
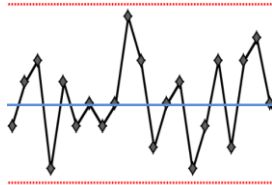
Supported by specific tools & information

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Supported by specific tools & information

An inter-dependent initiative

Emergency room

Police

Voluntary sector

Mental health service

Improve the emergency response to people in mental health crisis

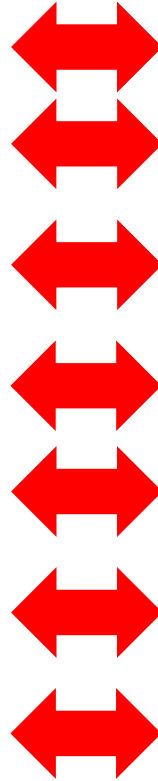Ambulance service

Patients families & their representatives

- Social and collaborative
- Built on shared purpose
- Multiple methods

INDEPENDENT

INTER-DEPENDENT

INDEPENDENT		INTER-DEPENDENT
Project or programme	⬌	System or collaboration
Core QI methods	⬌	Mixed change methods
The right answer	⬌	Multiple right answers
Agile achiever	⬌	System leader
Compromise, cooperate	⬌	Creative collaborator
Reliable performer	⬌	Integrating transformer
Discrete programmes of work	⬌	Joined up approaches that connect multiple initiatives

How do we create shared purpose?

1

2

3

Create a
safe space

Look for
commonalities
and
understand
differences

Create a
statement of
purpose

| **OUR**		**SHARED**		**PURPOSE**
Who are the people who will be impacted by the change? Who will need to be part of the change?	**+**	What unites us?	**+**	Why are we taking action? How does it connect with the things that really matter to us?

The Change Model

https://www.england.nhs.uk/sustainableimprovement/change-model/

"Exploring the new world: practical insights for funding, commissioning & managing in complexity"

https://t.co/I9hIUCBGaY
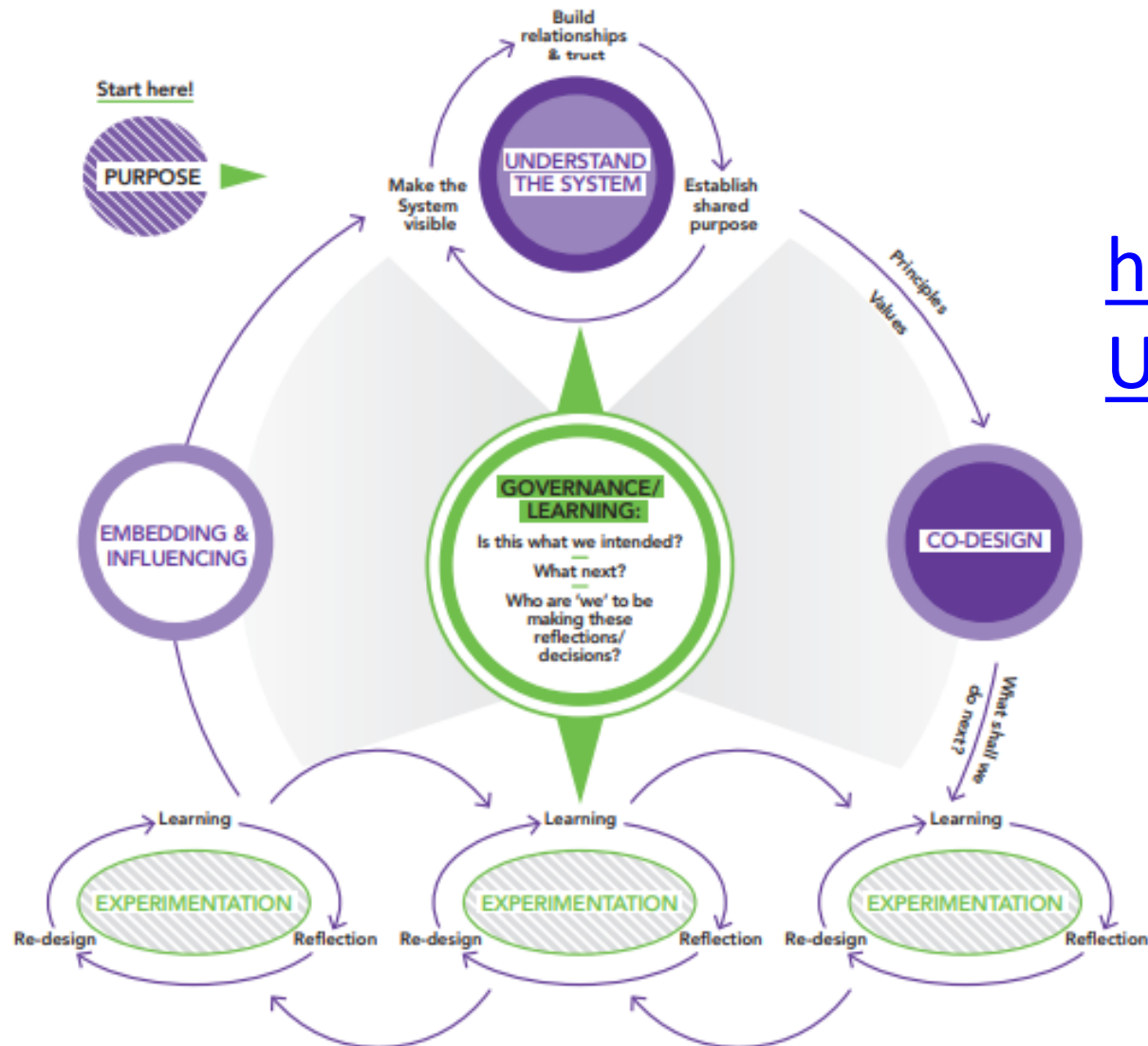
Improvement is anchored in purpose

Don't confuse PURPOSE with AIM

意向

- An **aim** is setting a determined course in order to achieve a set goal. Aims determine a set course or a target at the end that a person wants to reach

- **Purpose** seeks to make explicit the reason behind something that is being done. Purpose defines why a person is doing something she/he is doing, what there is reasoning behind doing a particular thing and what they plan to achieve from it

The "purpose" test:
Does your proposed purpose fit with this?

" *Purpose is the deepest dimension within us – our central core or essence – where we have a profound sense of who we are, where we came from and where we're going. Purpose is the quality we choose to shape our lives around. Purpose is a source of energy and direction*.
Leider

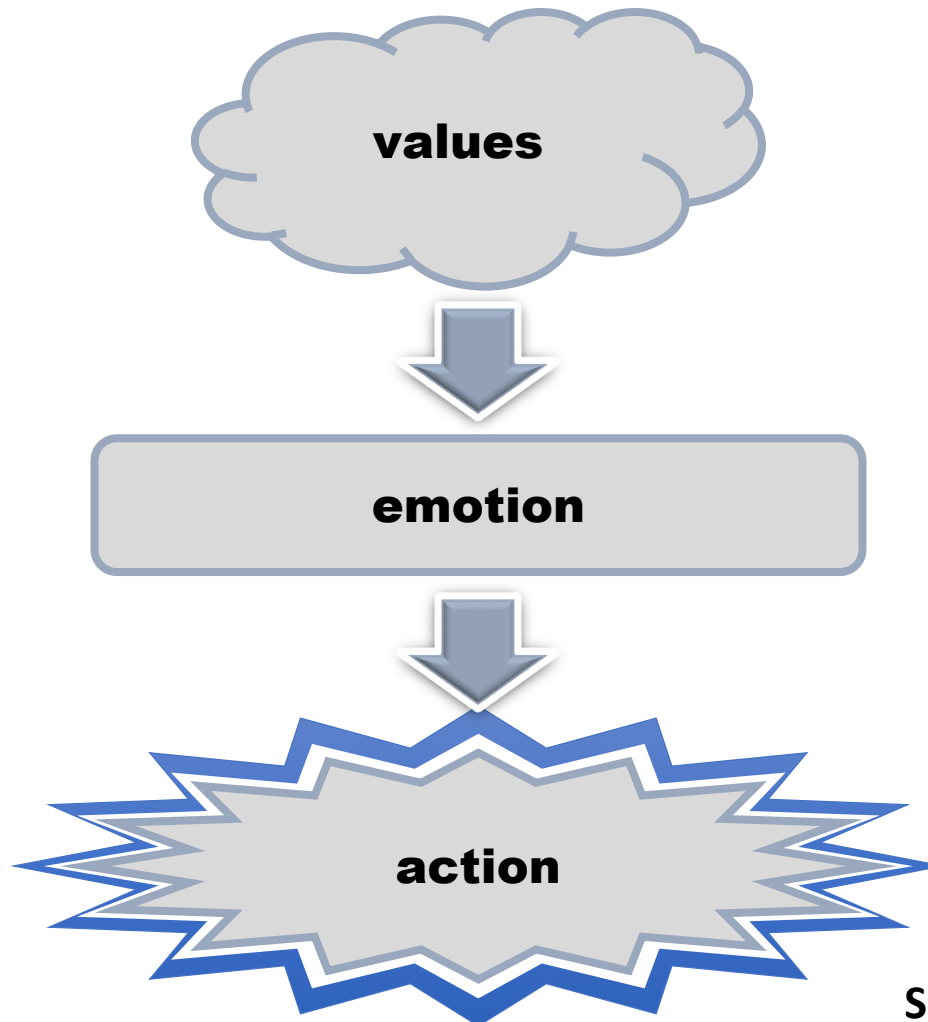| **OUR**		**SHARED**		**PURPOSE**
Who are the people who will be impacted by the change? Who will need to be part of the change?	**+**	What unites us?	**+**	Why are we taking action? How does it connect with the things that really matter to us?

If we want people to take action, we have to connect with their emotions through values

values

emotion

action

Source: Marshall Ganz

Across the globe, people are questioning the conventional "spread" model
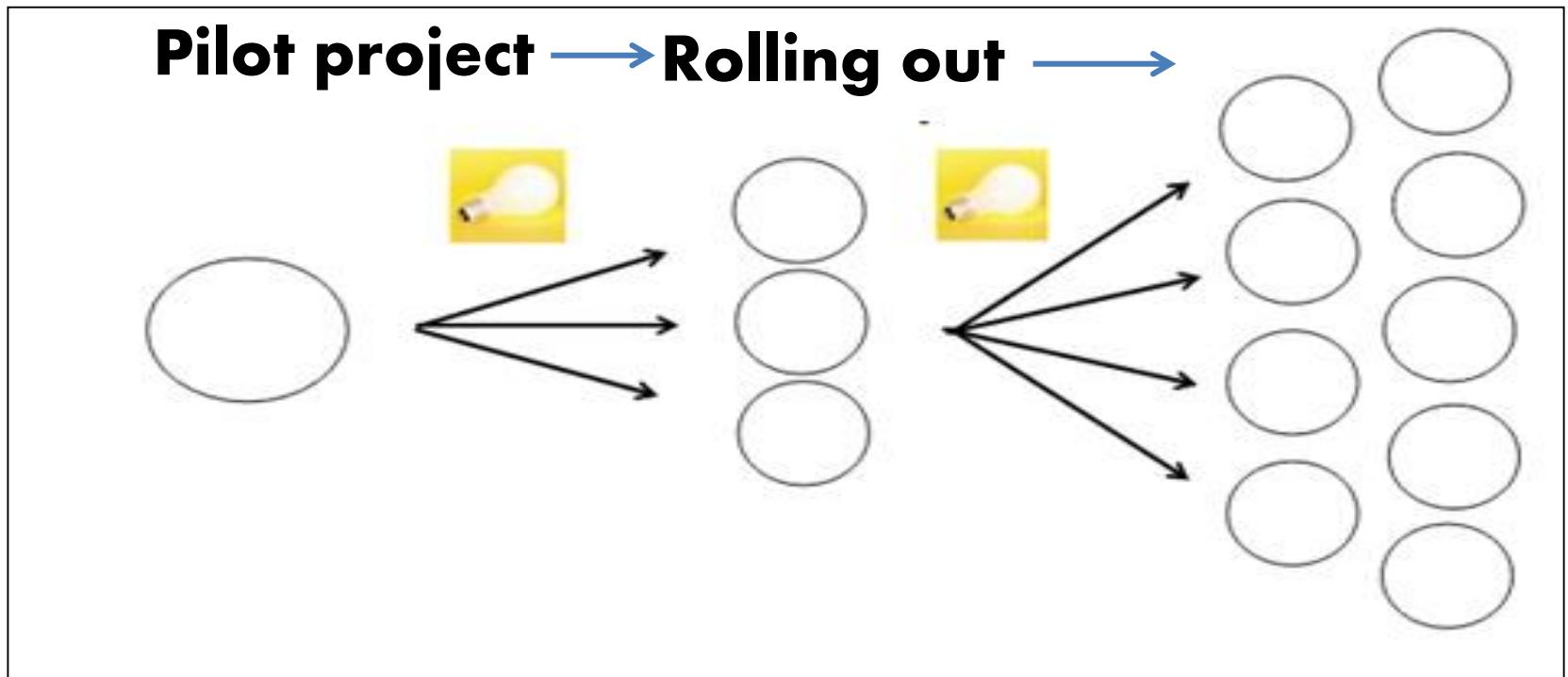
"If we opened our eyes we would see the wonderful irony. Trying to manage human change through pilot and roll-out has actually grown something. A proliferation of project managers".
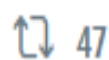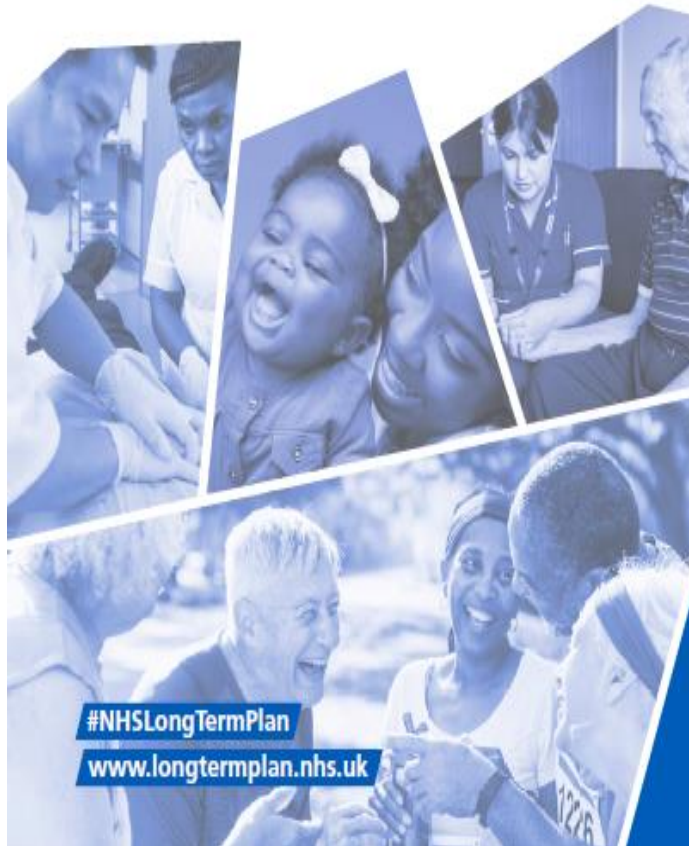John Atkinson

Helen Bevan @helenbevan · 19h

Small moves really can change the world. However, small scale incremental improvement typically isn't enough. Rather, the knack is to proactively choose the small moves that have the greatest potential to set big changes in motion edgeperspectives.typepad.com/edge_perspecti... By @jhagel

Small
changes can make a
BIG
difference

emma lane designs

💬 8   🔁 47   ♡ 118   ᵢ|ᵢ

The NHS Long Term Plan

#NHSLongTermPlan
www.longtermplan.nhs.uk

How do we both scale up and scale down?

Personalised care ("what matters to me?") for each individual AND at a scale that impacts on hundreds of thousands of people
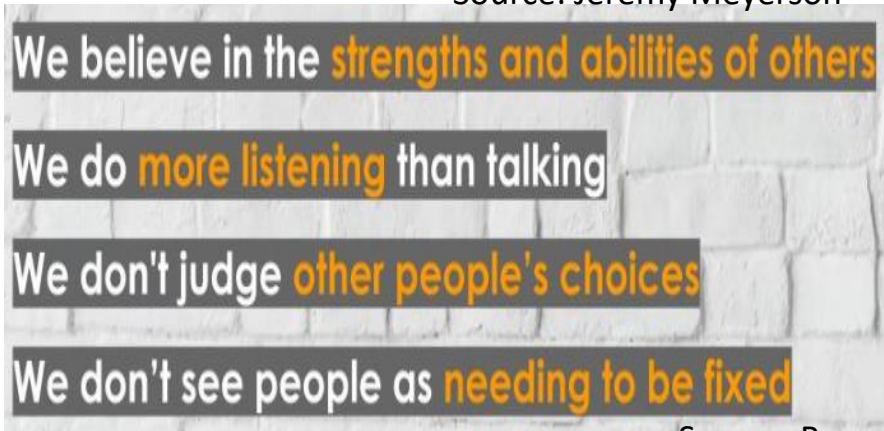
"How do we improve our system across XXX (geographical area) so that every one of the X,000 citizens who uses XXX services gets agency (power) for their own health and feels like their care and support is personalised?

Scaling down

- Cultivate a co-design mindset—not an expert one
- Design for people—not just personas
- Aim for engagement—not abstraction
- Build on assets—don't just minimise deficits

Source: Jeremy Meyerson

We believe in the strengths and abilities of others

We do more listening than talking

We don't judge other people's choices

We don't see people as needing to be fixed

Source: Bromford

Scaling up

- Start with purpose
- Understand your population (and ways of segmenting them by their wants and needs)
- Engage potential adopters right from the start
- Frame the narrative
- Co-create an aim and measures
- Define a theory of change
- Reflect and learn as you go

Source: Helen Bevan

Scaling down
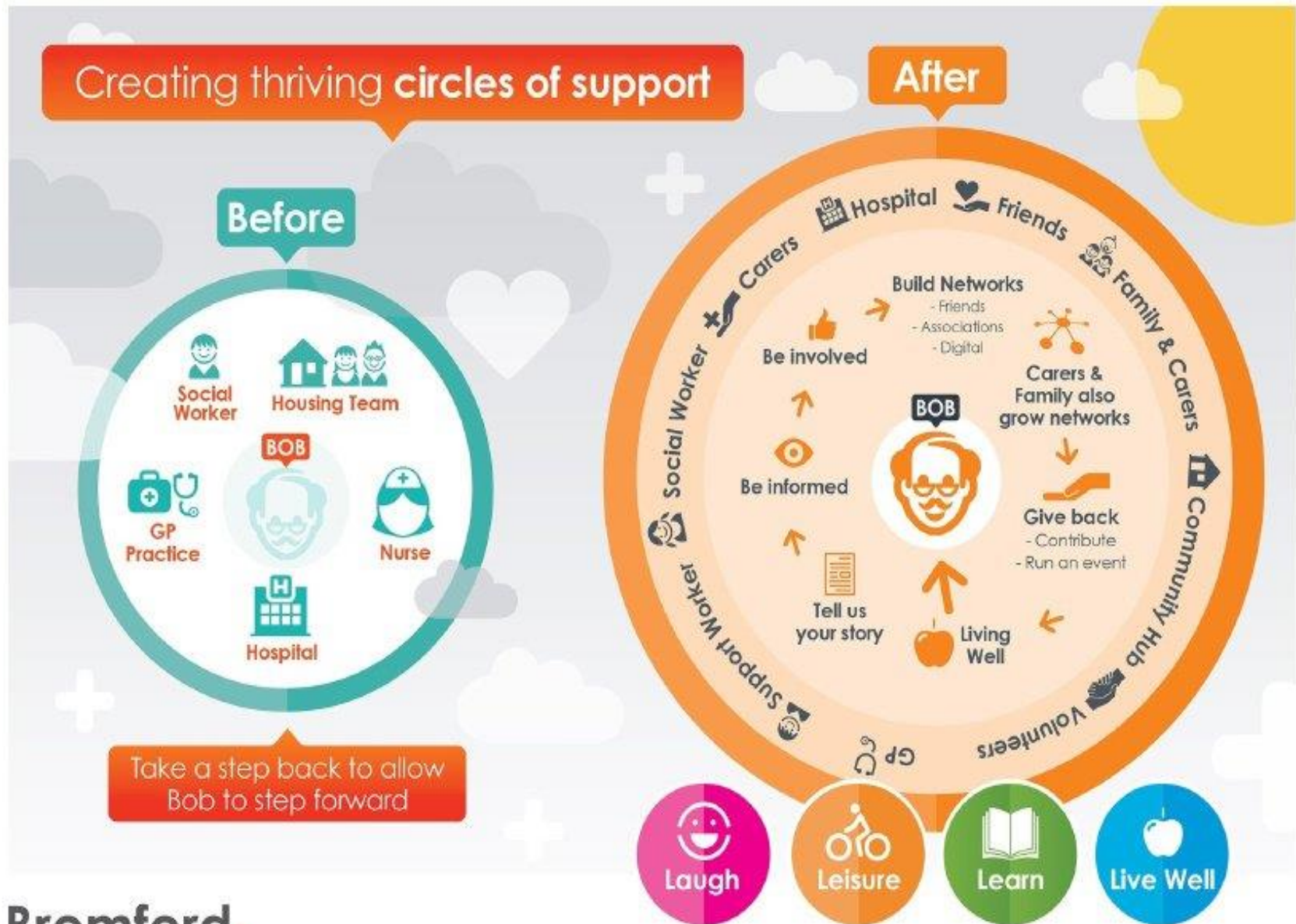
A growing interest globally in the concept of "mass customisation" for health and care

"Mass customisation combines the personalisation and flexibility of individualised services and takes it to another level of scale to cover a mass population"

Different experiences in scalable ways

We can segment and customise by

- People's health/clinical needs

- "What matters to me"

- Patient values dimensions

- Location of services

- Communication channels

- Added value additional services
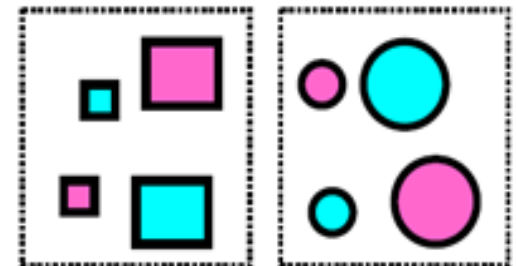
People are different, have different needs and expectations in different situations

Sveriges Kommuner och Landsting

Independent and commited

Worried and commited
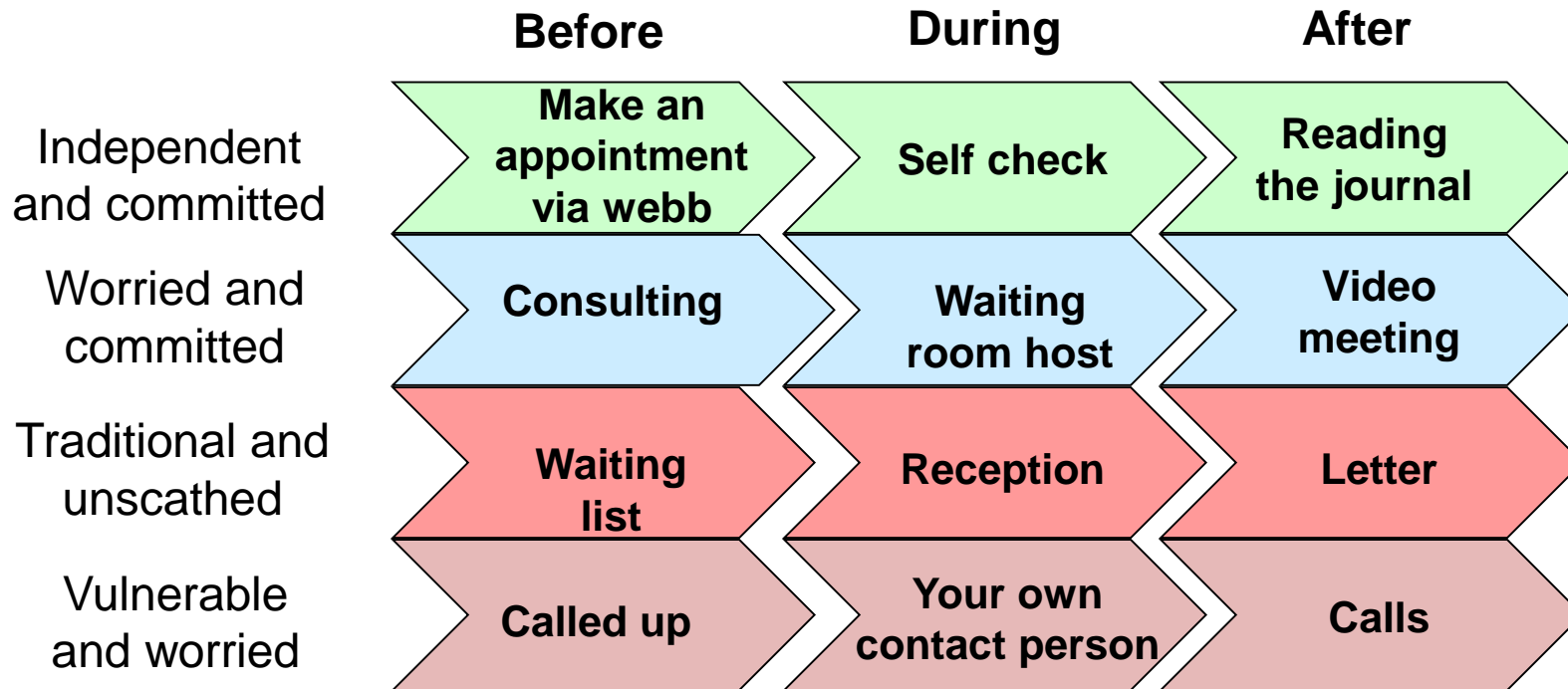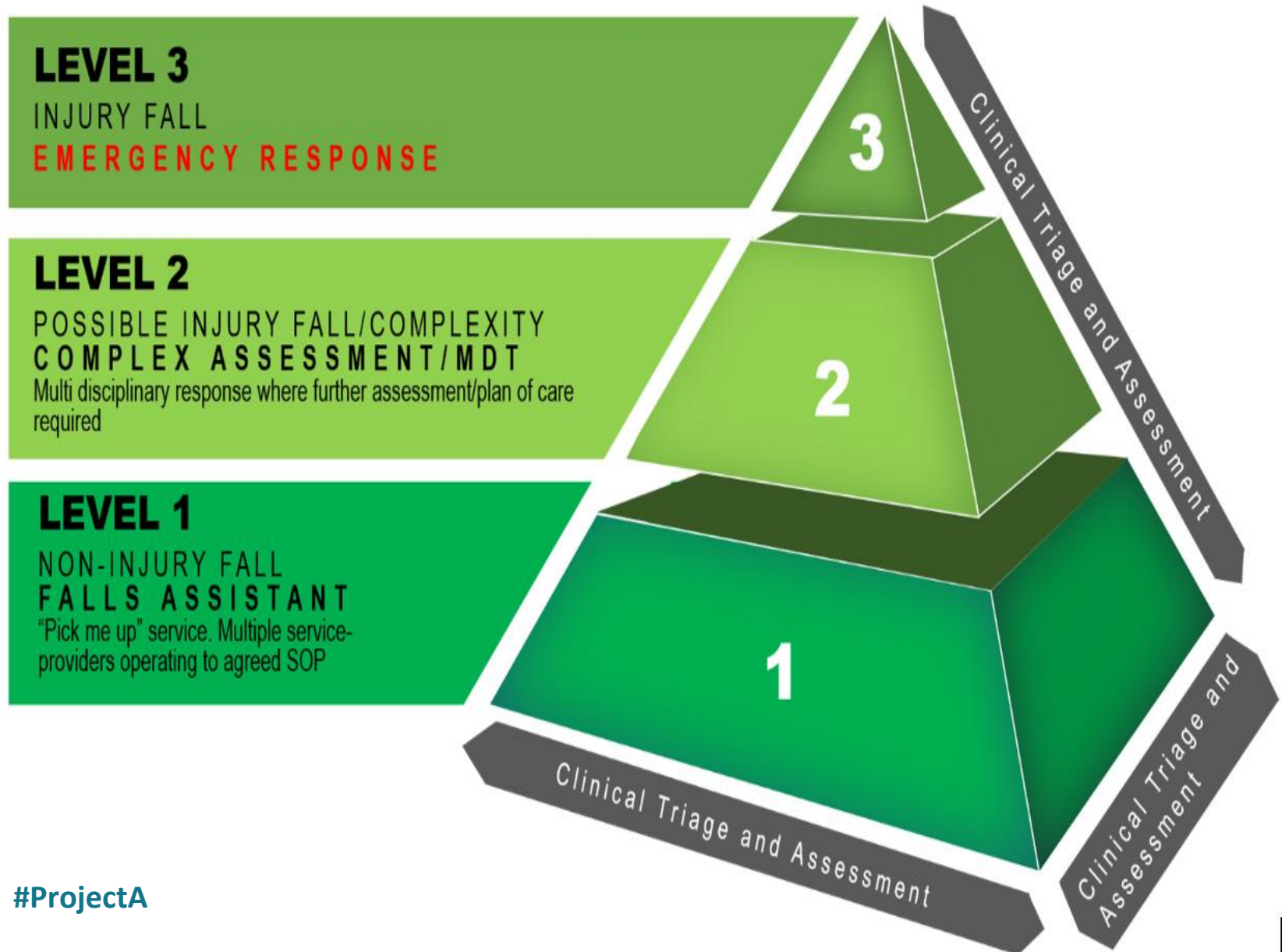
Traditional and not worried

Vulnerable and worried

Customising a service

Depending on the situation and the need - We make the decicion together on what suits me and the situation best!

	Before	During	After
Independent and committed	Make an appointment via webb	Self check	Reading the journal
Worried and committed	Consulting	Waiting room host	Video meeting
Traditional and unscathed	Waiting list	Reception	Letter
Vulnerable and worried	Called up	Your own contact person	Calls

Reference: SALAR, www.skl.se

Welsh Ambulance Service Falls Response Model

LEVEL 3
INJURY FALL
EMERGENCY RESPONSE

LEVEL 2
POSSIBLE INJURY FALL/COMPLEXITY
COMPLEX ASSESSMENT/MDT
Multi disciplinary response where further assessment/plan of care required

LEVEL 1
NON-INJURY FALL
FALLS ASSISTANT
"Pick me up" service. Multiple service-providers operating to agreed SOP
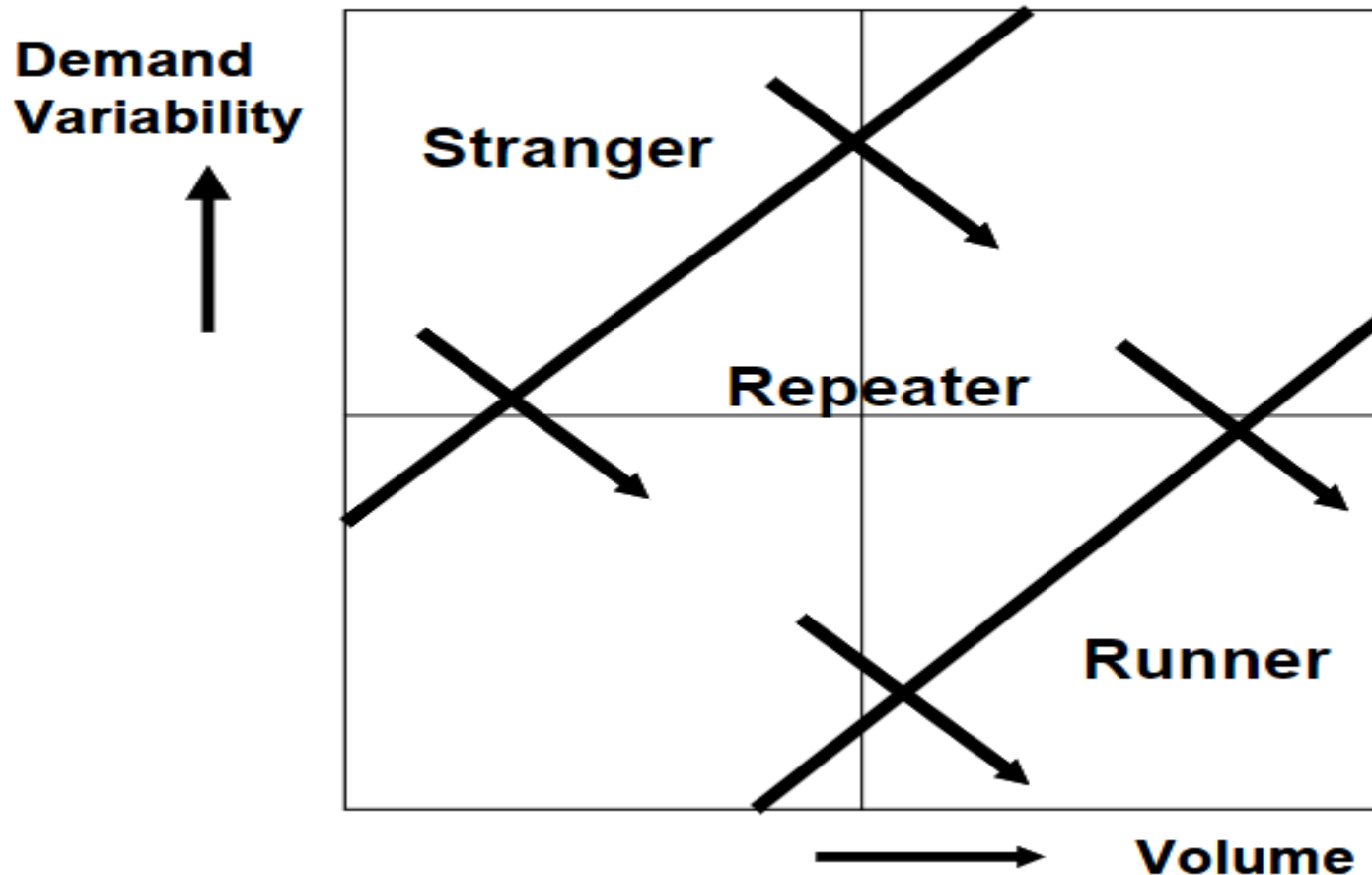
Clinical Triage and Assessment

#ProjectA

The Glenday Sieve
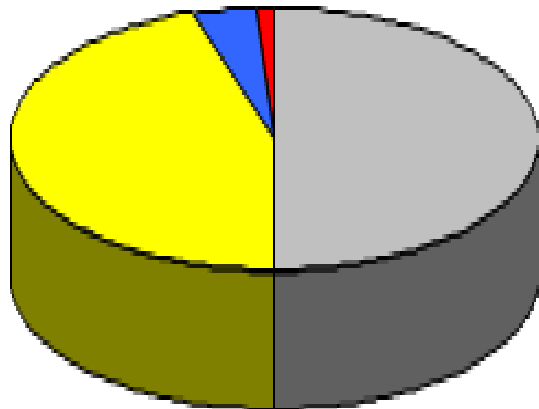# "Runners, repeaters and strangers"

. **Runners, Repeaters, Strangers,** Adapted from Naylor et al, 1999
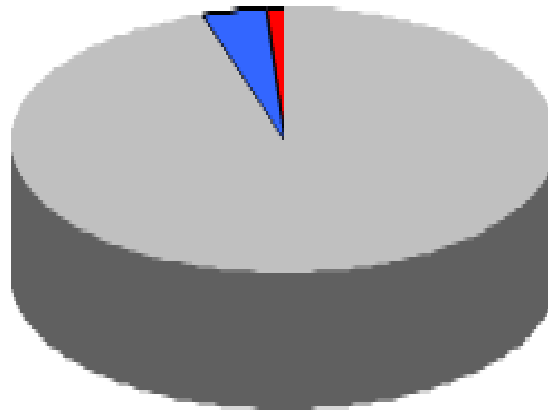
The Glenday Sieve
"Runners, repeaters and strangers"
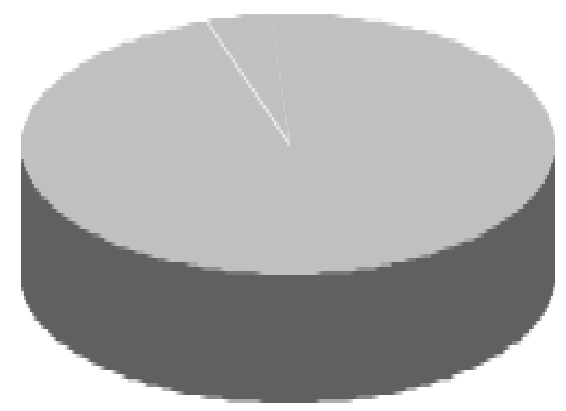

Runners - 50% of all activity

8% of all possible procedures

Runners & Repeaters - 95% of all activity

50% of all possible procedures

Runners, Repeaters and Strangers - 100% of all activity

100% of all possible procedures

From ACT Academy online library of quality, service improvement and redesign tools

Cumulative % of volume	% of product or services	Cumulative % of product or services	Colour
50%	6%	6%	Green
95%	44%	50%	Yellow
99%	20%	70%	Blue
Last 1%	30%	100%	Red

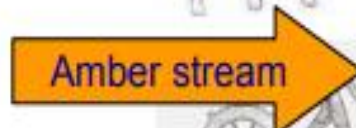https://improvement.nhs.uk/documents/2116/glenday-sieve.pdf

Measure what you do. Look at the "types" of work.
Use Pareto/Glenday Sieve to stream them

Queue
or
activity

Green stream → Runners- common routine tasks, uncomplex high volume- Daily tasks

Amber stream → Repeaters- Regular tasks, medium volume typically weekly tasks

Red stream → Strangers- Rare tasks, complex (interesting), very low volume typically long and complex tasks

Manage activity to maximise flow. Separate Runners, repeaters and strangers.
Never let a repeater or stranger interrupt the runners.
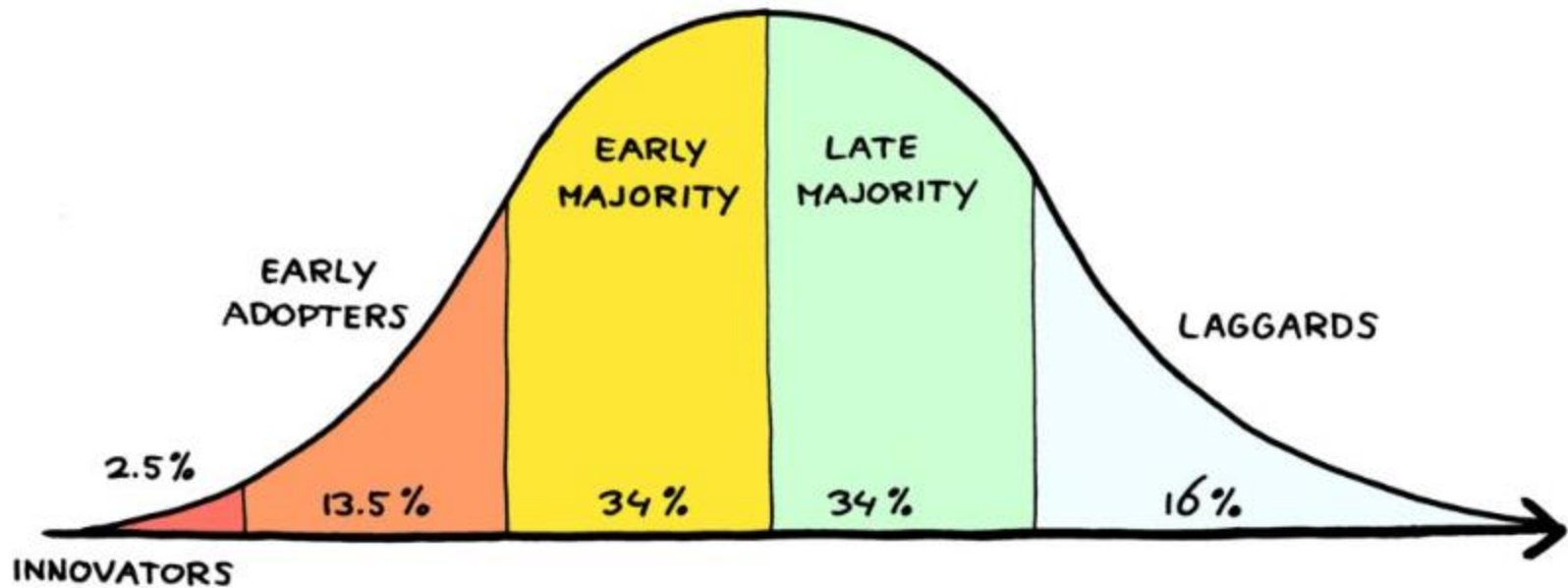
Three principles for spreading change

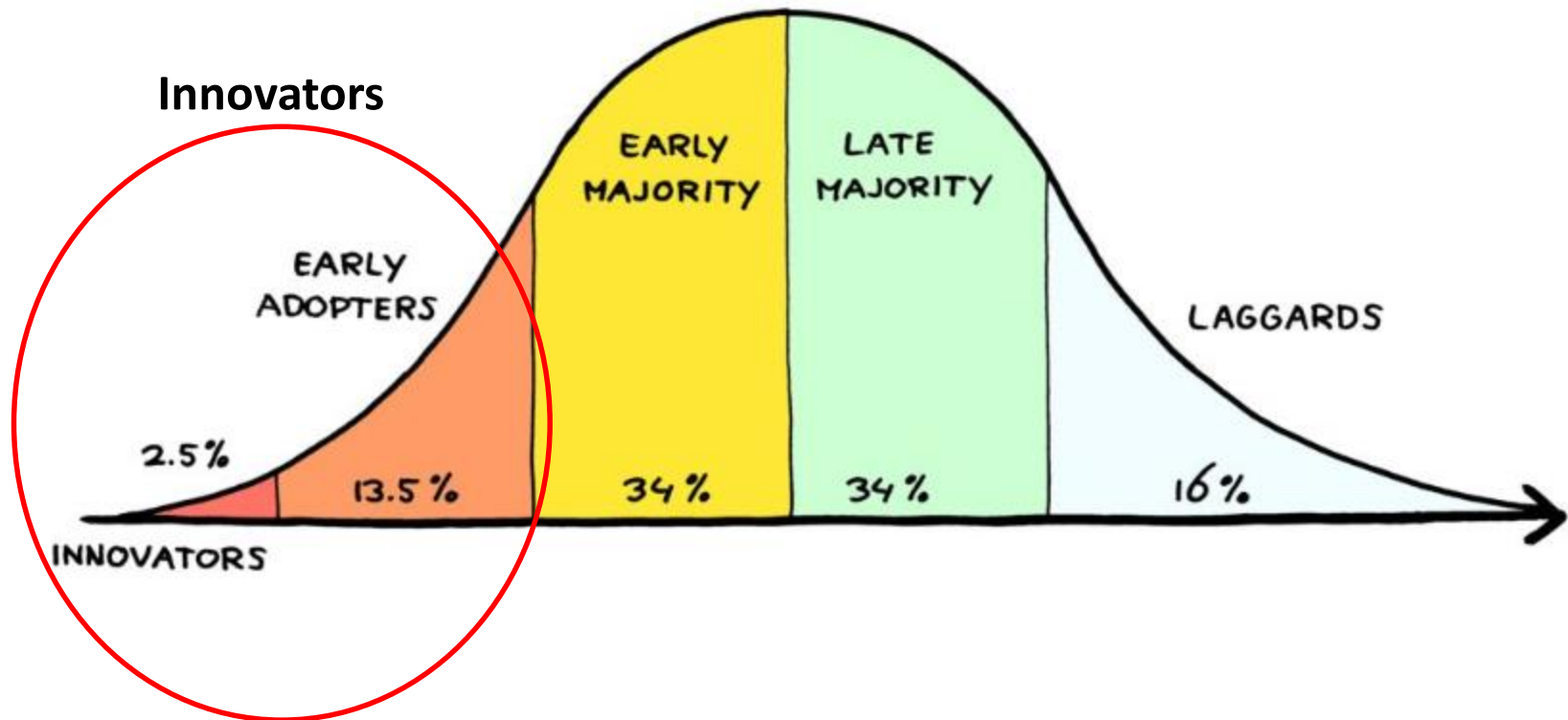**ACTIONABLE**: The idea is designed to make you do something. It's a call to action

CONNECTED: The idea promotes a closer connection with people you care about or share values with. It makes you feel part of a community and the network effect creates further spread

EXTENSIBLE: The idea can be easily customised, remixed, reshaped by people taking part. It's structured with a common stem that encourages communities to alter and extend it

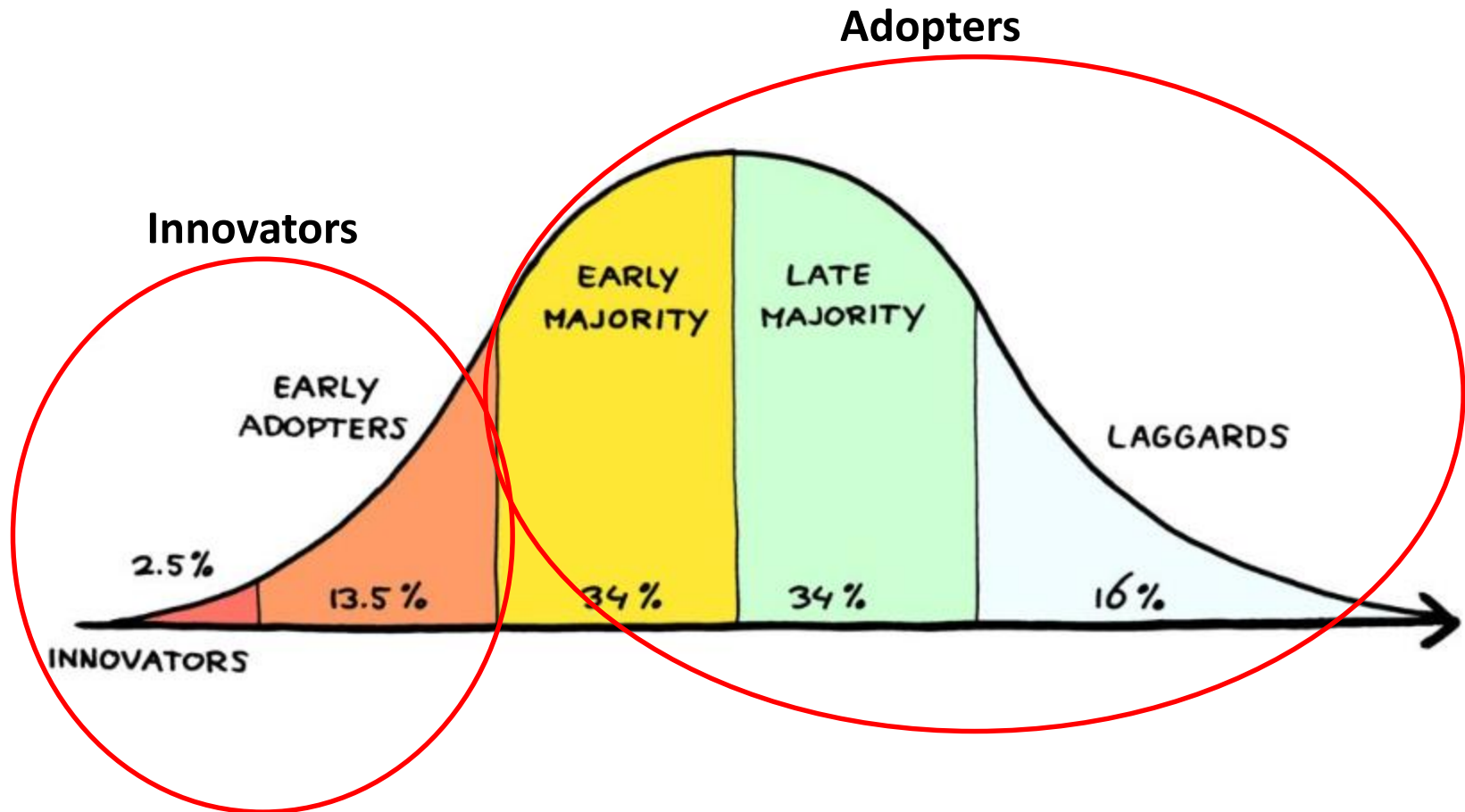Jeremy Heimens, Henry Timms New Power: How it's changing the 21st Century and why you need to know (2018)

Everret Roger's diffusion of innovation curve

Everret Roger's diffusion of innovation curve

# Everret Roger's diffusion of innovation curve

Emerging post-conventional themes in spread

- Spread is a developmental, contextualised, adaptive, learning and social process

- Increased focus on adopter's perspective

- Early involvement of future adopters

- System leadership, convening and "choreography"

- Harness energy / motivation of group wider than innovators and enthusiasts

Source: Diane Ketley
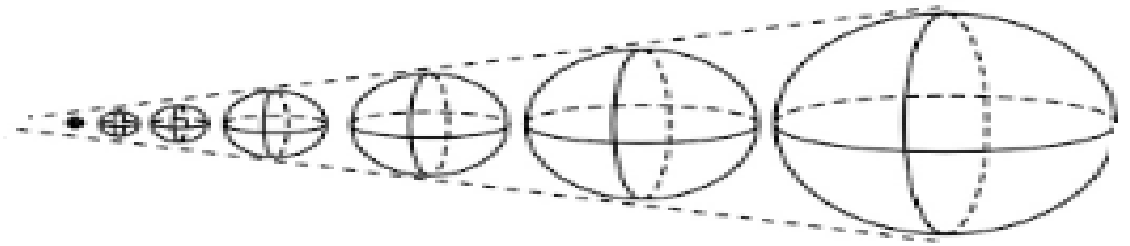
The key role of the "convenor": system leadership role
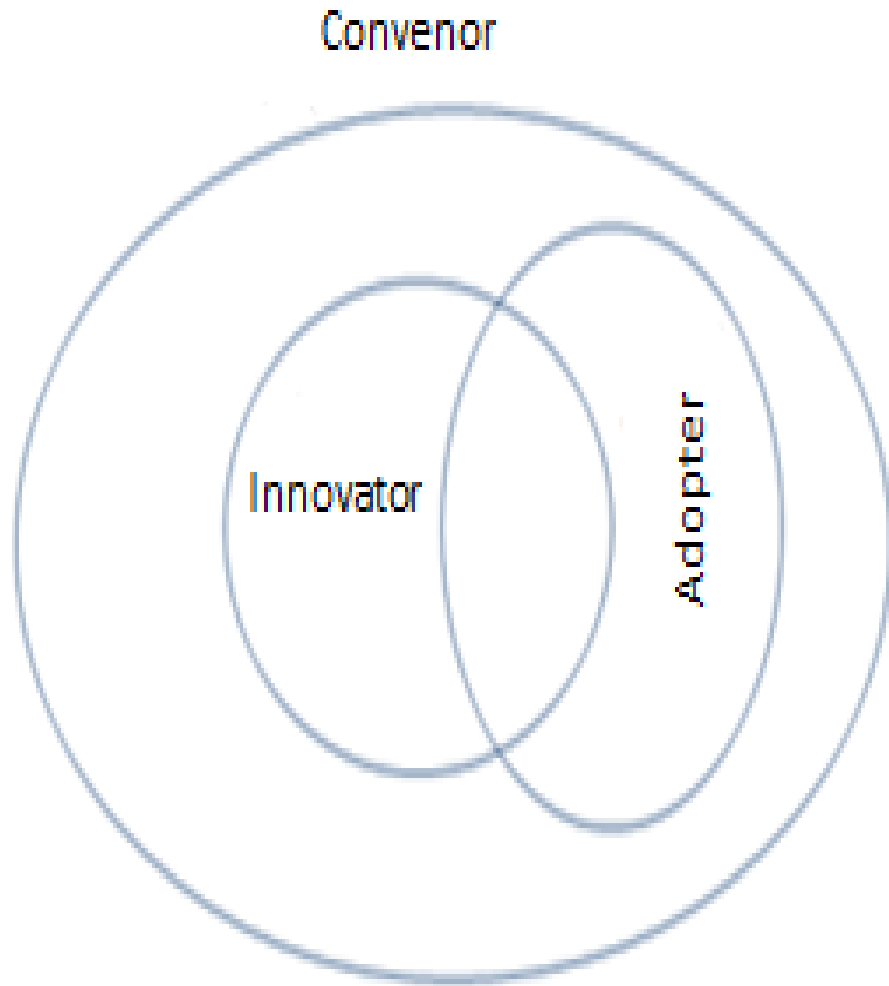
- Acting as interface between innovation and 'usual business'

- Creating an adaptive environment for spread

- Lessening ambiguity for adopters in complex change situations

- Strategically coordinating spread across a whole system

- Mobilising networks, crowds and influencers

Programme manager vs. convenor

PROGRAMME MANAGER

- Designs a plan
- Accountability within a governance system
- Ensures that delivery milestones are met
- Deals with risk and ensures that barriers are overcome

Independent

CONVENOR

- Works with emergence
- Builds commitment to a collective goal
- Builds relationships
- Seeks win/wins
- Makes sense of things for adopters: the why?
- Enables spread across a whole system

Inter-dependent

"Dear Mr. Gandhi, We regret we cannot fund your proposal because the link between spinning cloth and the fall of the British Empire was not clear to us."

Written by *M. M. Rogers* and illustrated by *Ariv R. Faizal, Wahyu S., Ary W.S.*
Creative team for Search for Common Ground in Indonesia

What is a theory of change?
"In science, a good theory reveals compelling hypotheses that subsequent experiments will validate"

Todd Zenger
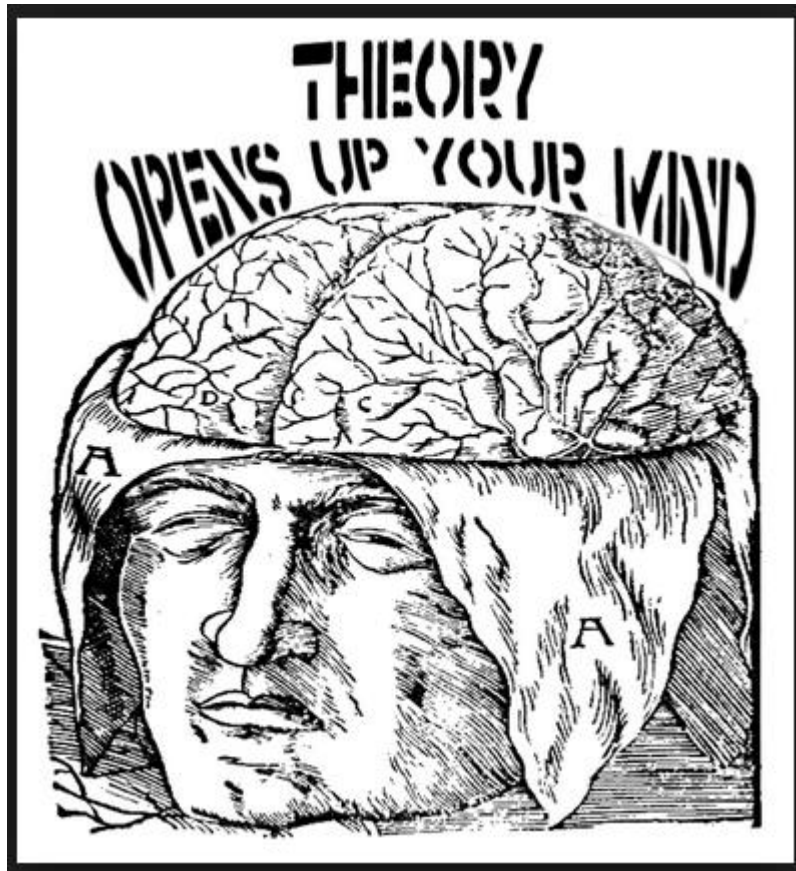
- Makes clear links between the activities of the programme team and the outcomes it wants to see in the world
- A systematic assessment of what needs to happen in order for a desired outcome to occur
- Should be designed to explain how and why change happens, as well as the potential role of the programme in contributing to its vision of progress

Ontario's (in Canada) independent policy think tank 'that does' - committed to changing the debate, practice and experience in health care - with the intent of prompting system-wide improvements for patients & caregivers.

RESEARCH

POLICY ANALYSIS

CARE DELIVERY RE-DESIGN

PUBLIC ENGAGEMENT

58

Here's our story….

- 2010-2015 very focused on integration of the health system and patient experience.

- Constant level of frustration about how the health system treated (ignored) caregivers.

- Not valued, not seen, not heard.

- 2015-2020 strategy pivoted to focus on how to improve the relationship between health care providers and caregivers.

- Trifecta – Integration, patient and caregiver co design

My reflections
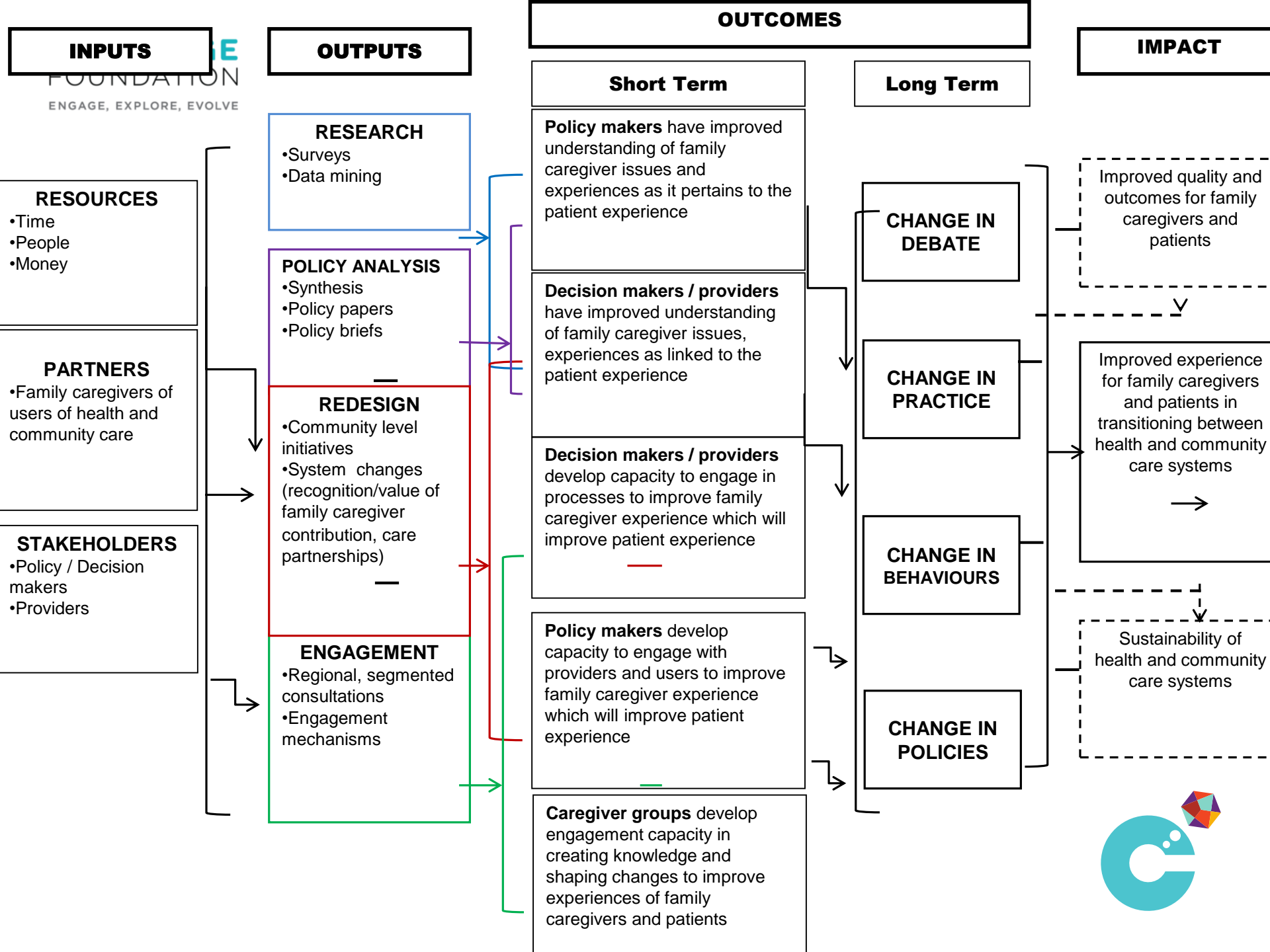
Shared Purpose is what unites us

Shared purpose keeps our hearts and minds engaged together

Theory of change helps articulate the kind of impact you want to have and what would make you proud

Back to Helen's point of independent versus interdependent.

Different approaches all intentionally interdependent and part of the theory of change to ensure the biggest and most meaningful impact
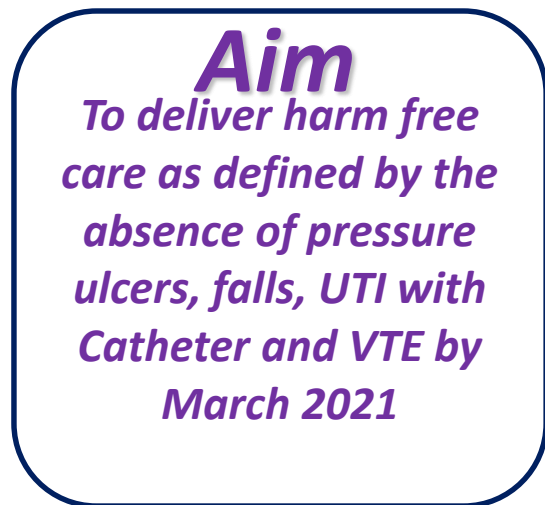
INPUTS

RESOURCES
- Time
- People
- Money

PARTNERS
- Family caregivers of users of health and community care

STAKEHOLDERS
- Policy / Decision makers
- Providers

OUTPUTS

RESEARCH
- Surveys
- Data mining

POLICY ANALYSIS
- Synthesis
- Policy papers
- Policy briefs

REDESIGN
- Community level initiatives
- System changes (recognition/value of family caregiver contribution, care partnerships)

ENGAGEMENT
- Regional, segmented consultations
- Engagement mechanisms

OUTCOMES

Short Term

Policy makers have improved understanding of family caregiver issues and experiences as it pertains to the patient experience

Decision makers / providers have improved understanding of family caregiver issues, experiences as linked to the patient experience

Decision makers / providers develop capacity to engage in processes to improve family caregiver experience which will improve patient experience

Policy makers develop capacity to engage with providers and users to improve family caregiver experience which will improve patient experience

Caregiver groups develop engagement capacity in creating knowledge and shaping changes to improve experiences of family caregivers and patients

Long Term

CHANGE IN DEBATE

CHANGE IN PRACTICE

CHANGE IN BEHAVIOURS

CHANGE IN POLICIES

IMPACT

Improved quality and outcomes for family caregivers and patients

Improved experience for family caregivers and patients in transitioning between health and community care systems

Sustainability of health and community care systems

ENGAGE, EXPLORE, EVOLVE

@jodemegoldhar
www.changefoundaiton.com

ALIGN'S THEORY OF CHANGE

CURRENT CONDITIONS

EXTRACTION ECONOMY

Where resources of workers, the environment, and communities of color are taken by a small corporate elite to the long-term detriment of all.

STRATEGIES

Building powerful longstanding alliances

Winning precedent-setting policies

Shaping the public debate

Engaging individuals to take action

ACTION

Coalition campaigns

Capacity-building initiatives

Community/ labor visioning

IMPACT

Creating good jobs

Reducing pollution

Advancing social justice

Expanding democracy

VISION

LIVING ECONOMY

Where economic prosperity, environmental sustainability, and social justice are balanced to the long-term benefit of all life.

ALIGN
ALLIANCE for a GREATER NEW YORK

Primary Drivers

Strategic Leadership

Accountability In Care

Focus On Care

Enabler To Care

Secondary Drivers

- Large Scale Change Team
- Leadership Walk Rounds
- Commissioner Visits

- Risk Assessment
- Care Planning
- Adult Safeguarding
- Patient Stories

- Incidence
- 95% Harm Free Care
- Chief Nurse 6Cs

- Root Cause Analysis
- Collaborative Learning Events
- Contracting

Aim

To deliver harm free care as defined by the absence of pressure ulcers, falls, UTI with Catheter and VTE by March 2021

Creating a driver diagram

PRIMARY DRIVERS

Write them as "We need to improve . .."

SECONDARY DRIVERS

?
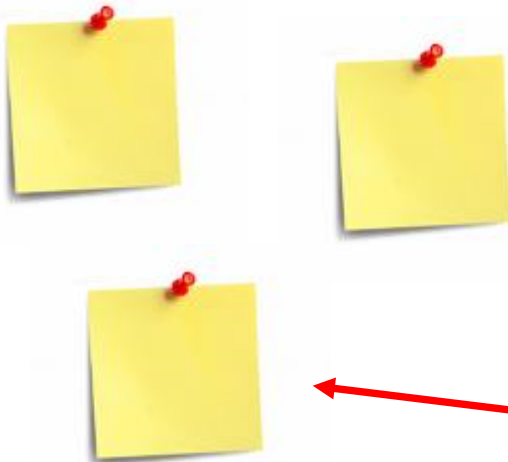
These directly affect the aim

These directly affect one or more primary drivers

Getting Johanna Konta to be Wimbledon champion

Aim:

Johanna Konta to be Wimbledon Champion in 2019

Getting Johanna Konta to be Wimbledon champion

Aim:

Johanna Konta to be Wimbledon Champion in 2019

Increase skill level

Increase fitness

Improved tactics

Better intelligence on rivals
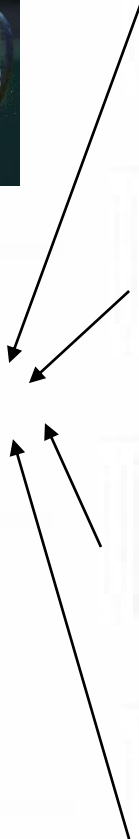
Getting Johanna Konta to be Wimbledon champion

Aim:

Johanna Konta to be Wimbledon Champion in 2019

Increase skill level

Improve backhand accuracy

Decrease double faults

Increase fitness

Increase stamina

Improved hydration

Improved tactics

Increase serve / volley

Reserve challenges

Better intelligence on rivals

Create top 50 dossiers

Increase success rate for top 3 tactics per player

An example driver diagram

Source: the IHI
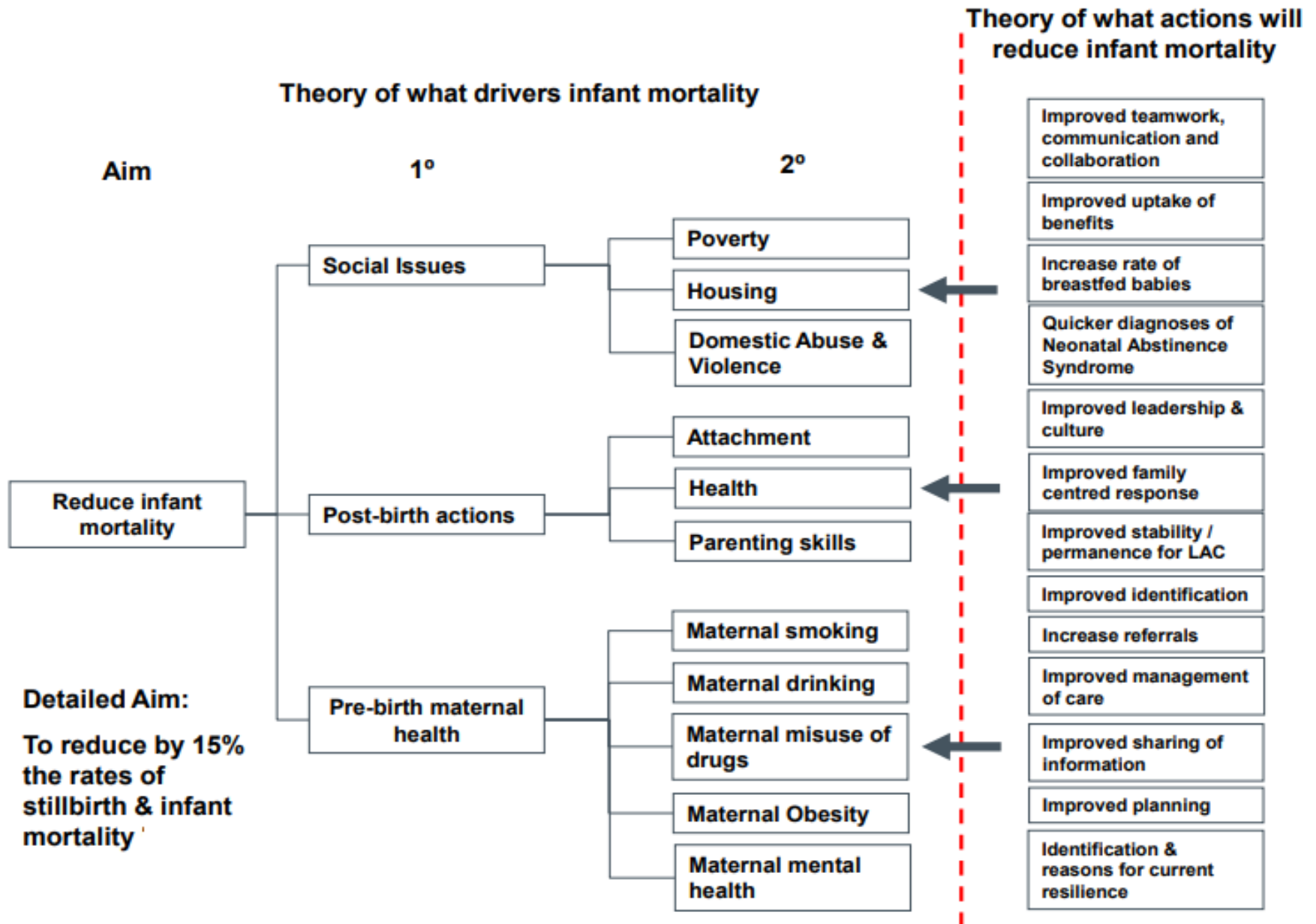
THEORY OF CHANGE

Opportunity Definition

What is contributing to this opportunity?

Who benefits from the way things currently are?

What are the key barriers?

What is your connection to the communities involved?

How can you tell if you are making a difference?

What is the long term change you see as your goal?

LIFEHACK

Co-coaching

Group A
(front half of the room)
- Cambridgeshire & Peterborough 1
- Cambridgeshire & Peterborough 2
- Herts and West Essex
- Mid and South Essex

Group B
(back half of the room)
- Norfolk and Waveney
- Suffolk & North east Essex
- Milton Keynes, Bedfordshire and Luton

In a world of complex change, a theory of change should be inter-dependent, not independent
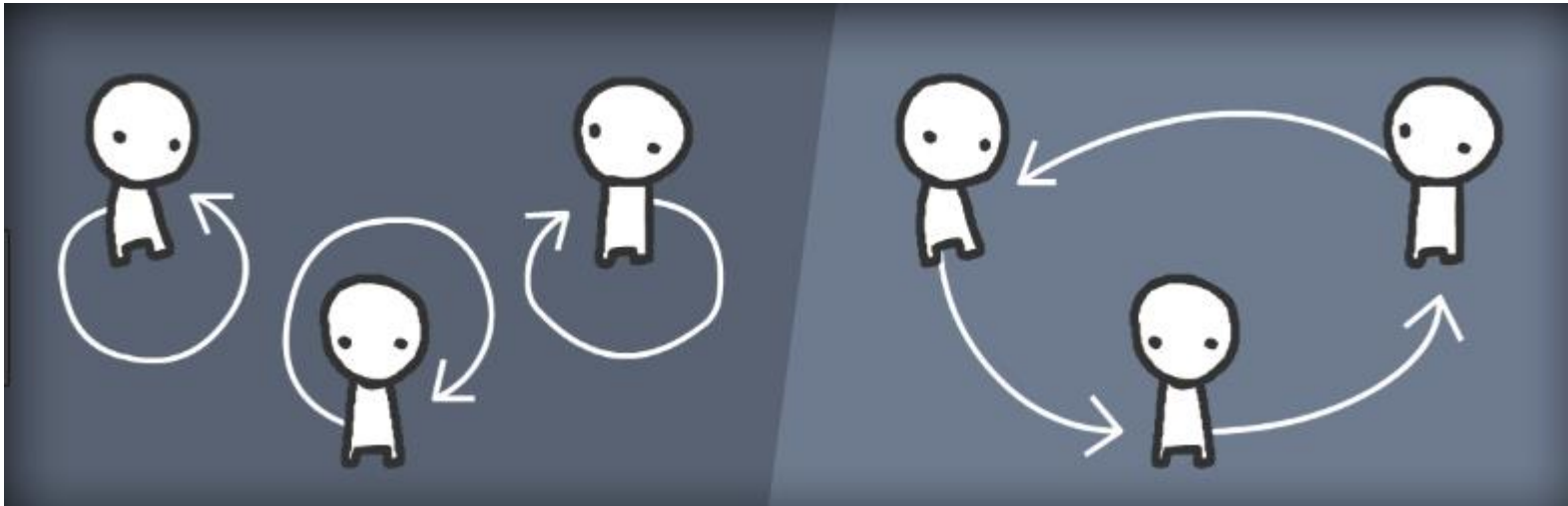
Feedback is a gift
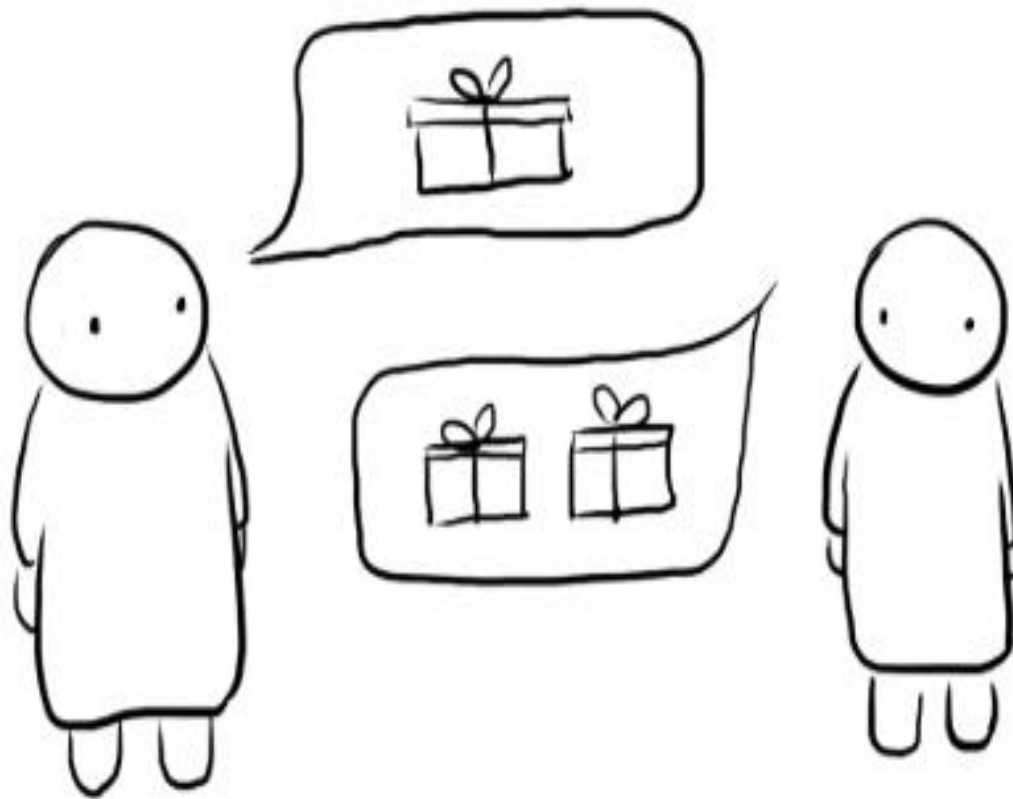
Only you can decide what to do with it
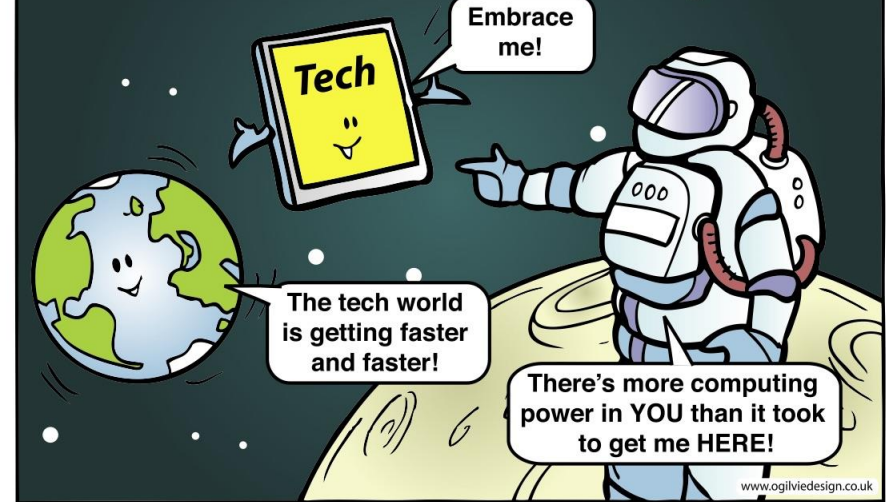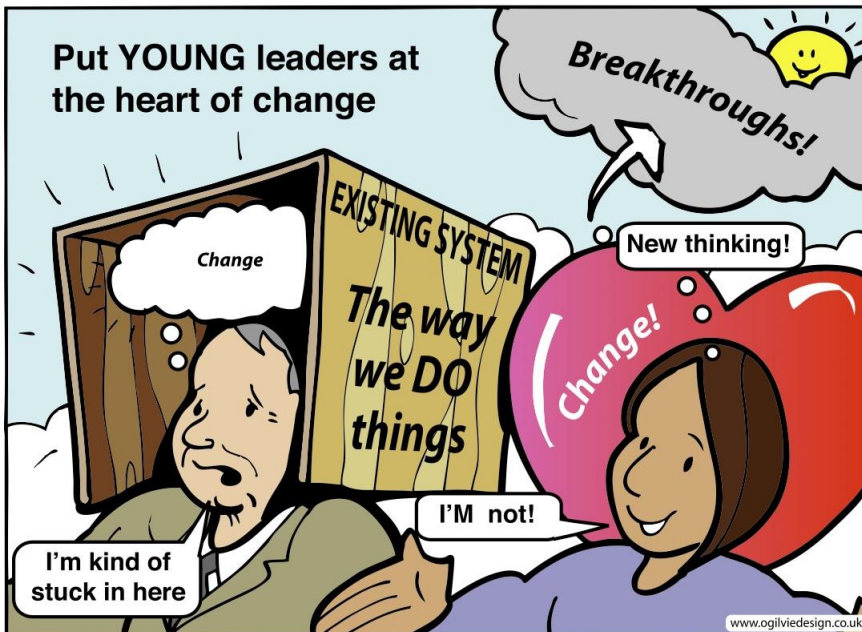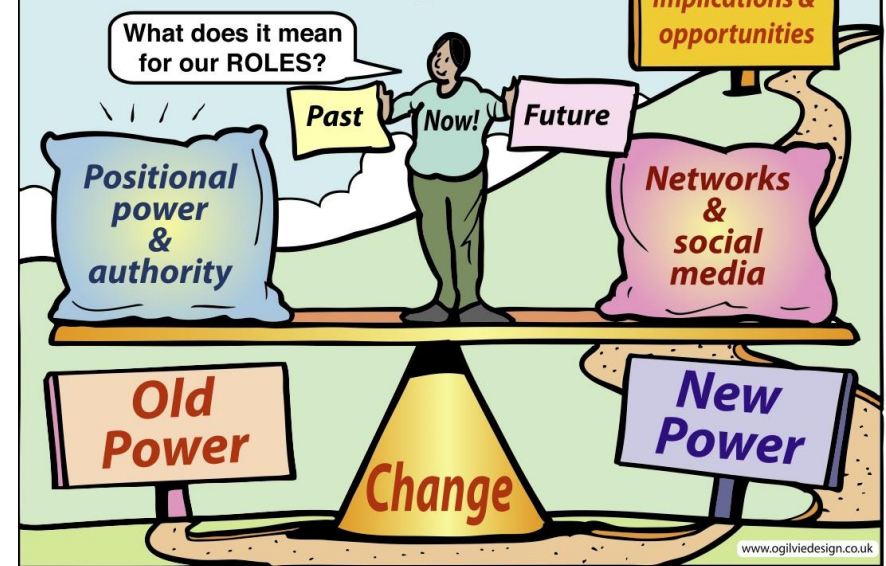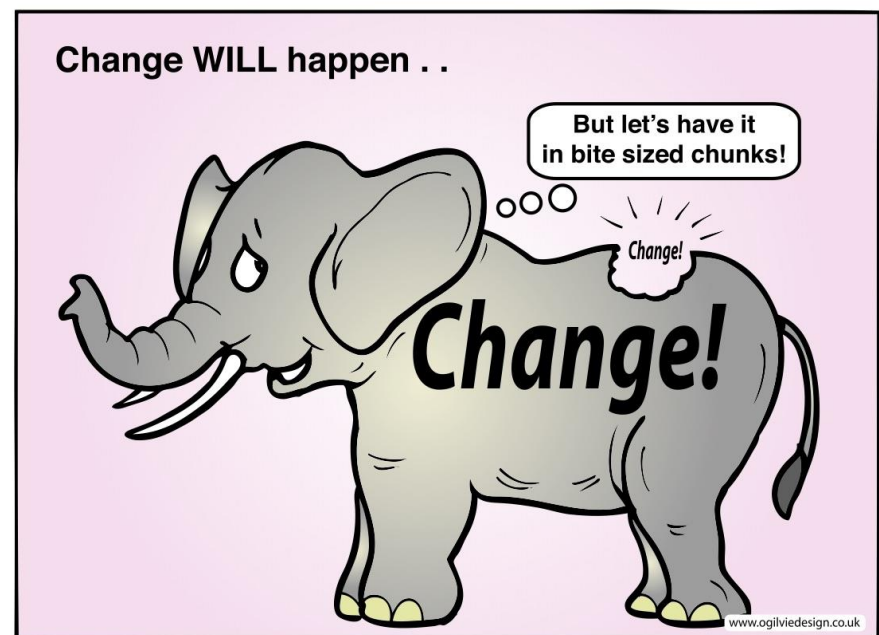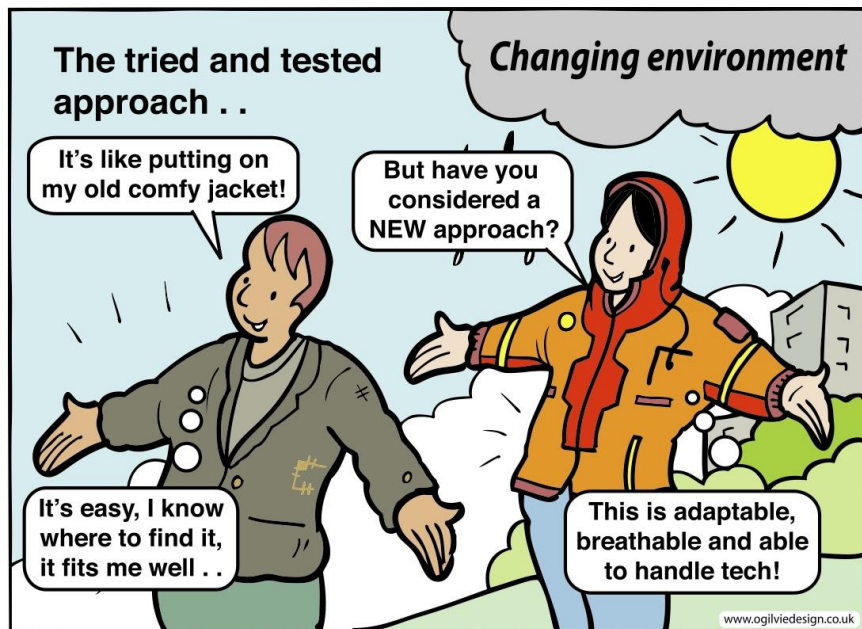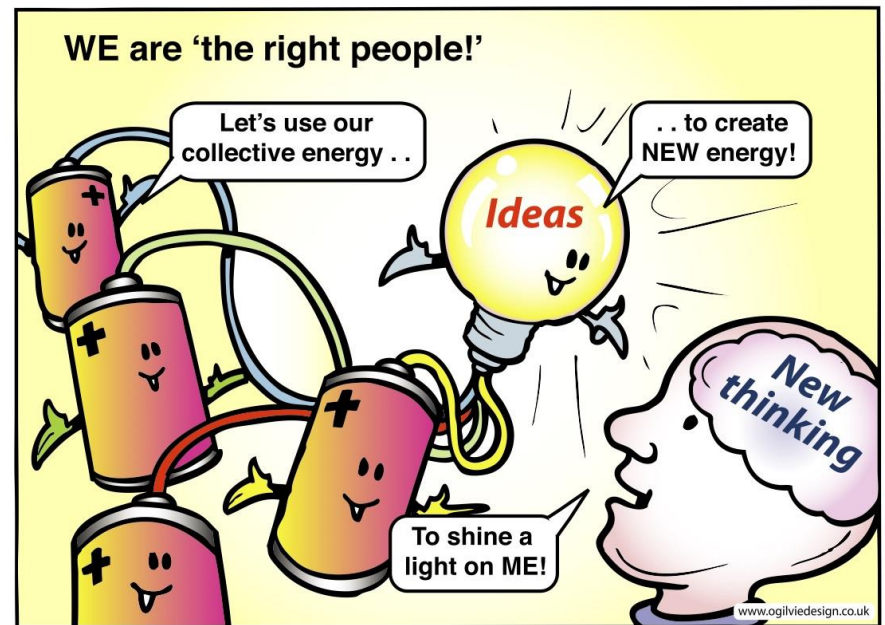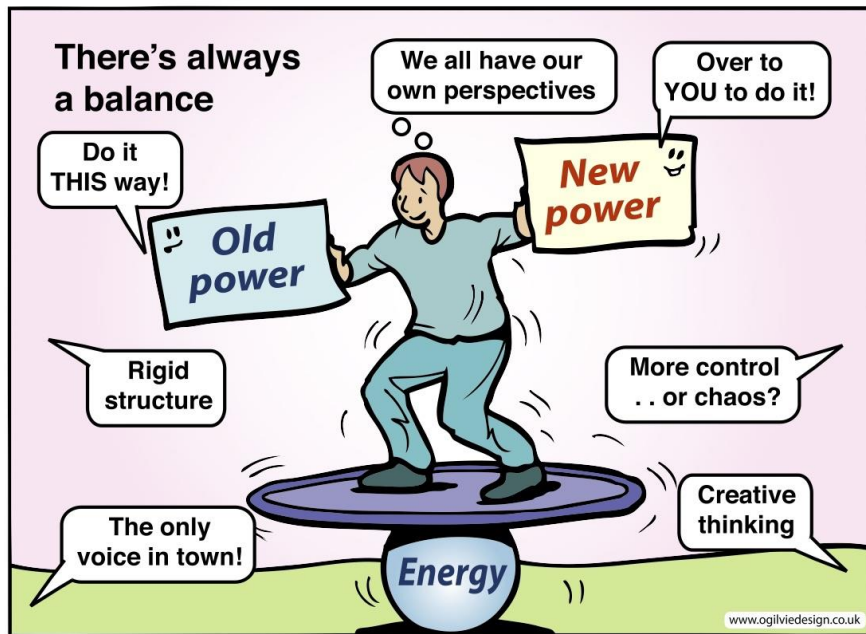
Next Steps

Thank you…

Safe journeys home