Social movements: applying the thinking to healthcare improvement and reform

Helen Bevan

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The English National Health Service

- comprehensive care for 57 million people
  - "from cradle to grave"
- funded from general taxation
- >90% of all healthcare in England
- $160 billion turnover
- 1.3 million staff

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NHS improvement: current situation

- Momentum for improvement across the NHS
  - Year 9 of 10 year transformation plan
- Won the war on waiting
- Choice and transparency
- Quality and safety
- Significant improvements in outcomes from “killer diseases”
- Pride in the NHS
- Radical workforce changes
- Thousands of clinical teams engaged in improvement in priority areas

NHS improvement: current situation

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BUT… Gap exists between what we have done and what we need to do for the future

- Variation in provision and outcome
  - "inverse care law"
- Significant health inequalities
- "Quality as the operating principle of the NHS"
- Public perception and expectation
- Workforce engagement
- Good at generating ("piloting") but not always so good at generalising
- Economic challenges

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The headline

The knowledge and skills that have taken us to where we are today are probably insufficient for the future.

As health and healthcare leaders, we need new, additional perspectives, knowledge bases and skills

Core beliefs (myths) about change…

- change starts at the top
- it takes a crisis to provoke change
- only a strong leader can change a large institution
- to lead change you need a clear agenda
- most people are against change
- with any change, there will be winners and losers
- change management is a disciplined process
- organisations can only cope with so much change
- you have to make change safe for people
- changing too early is as bad as changing too late

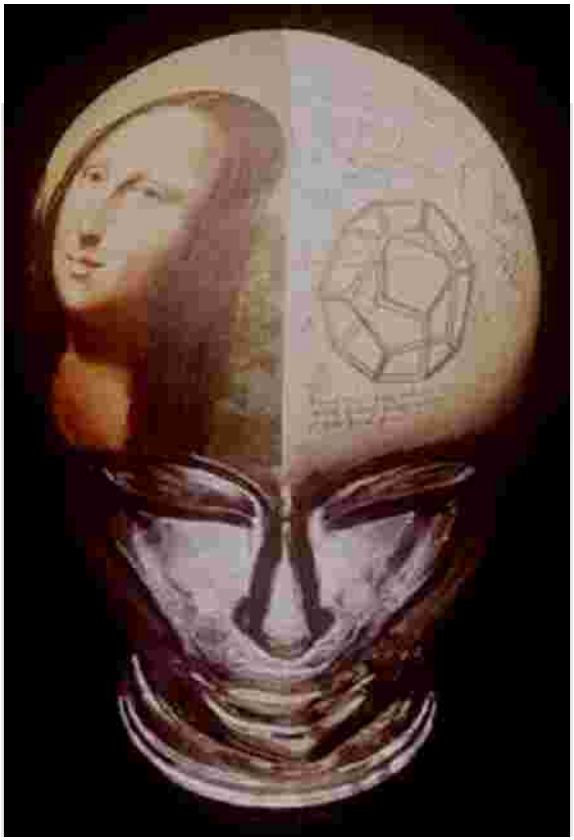
Source: Gary Hamel, London Business School (2006)

Metaphors for radical change

The 'social mobilisation' metaphor of improvement

Energy focus

Imagination, engagement, participation, moving and mobilising



The 'clinical system' metaphor of improvement

Effectiveness and efficiency focus

Metrics and measurement; clinical systems improvement, pathway redesign, evidence based medicine

‘At present, prevailing strategies rely largely on outmoded theories of control and standardisation of work. More modern, and much more effective, theories of production seek to harness the imagination and participation of the workforce in reinventing the system’

(Don Berwick, *Quality & Safety in Health Care*)

‘If you want to build a ship do not gather men (sic) together and assign tasks. Instead teach them the longing for the wide endless sea’

(Saint Exupery, Little Prince)

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The challenge

"The NHS needs an improvement movement of a million people "

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"Revolutions begin in transformations of consciousness"

Change is a frame of mind, not a technique

We have to think differently about what we do

We must apply ourselves in different ways

It begins with me

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THE POWER OF ONE, THE POWER OF MANY

BRINGING SOCIAL MOVEMENT THINKING TO HEALTH AND HEALTHCARE IMPROVEMENT

Jo Bibby
Helen Bevan
Elizabeth Carter
Paul Bate
Glenn Robert

Foreword by Helen Bevan
Chief of Service Transformation
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Five principles for radical change distilled from the evidence base for the NHS Social Movements programme

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Frame to connect with hearts and minds

Energise and mobilise for action

Organise to drive change forward

Make change a personal mission

Hold the gains and sustain momentum

Views of change

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"Planned" or "Programme" view of change	vs..	"Movement" view of change
A planned programme of change with goals and milestones (led from the top)		Change is about releasing energy and is largely self-directing (top-led, bottom up)
'Motivating' people		'Moving' people
Change is driven by an appeal to the 'what's in it for me'		Focus on what is the right thing to do, even if there are personal implications for me
Talks about 'overcoming resistance'		Insists change needs opposition - it is the friend not enemy of change
Change is done 'to' people or 'with' them - leaders and followers		People change themselves and each other - peer to peer

Not "either/or" but "both/and"

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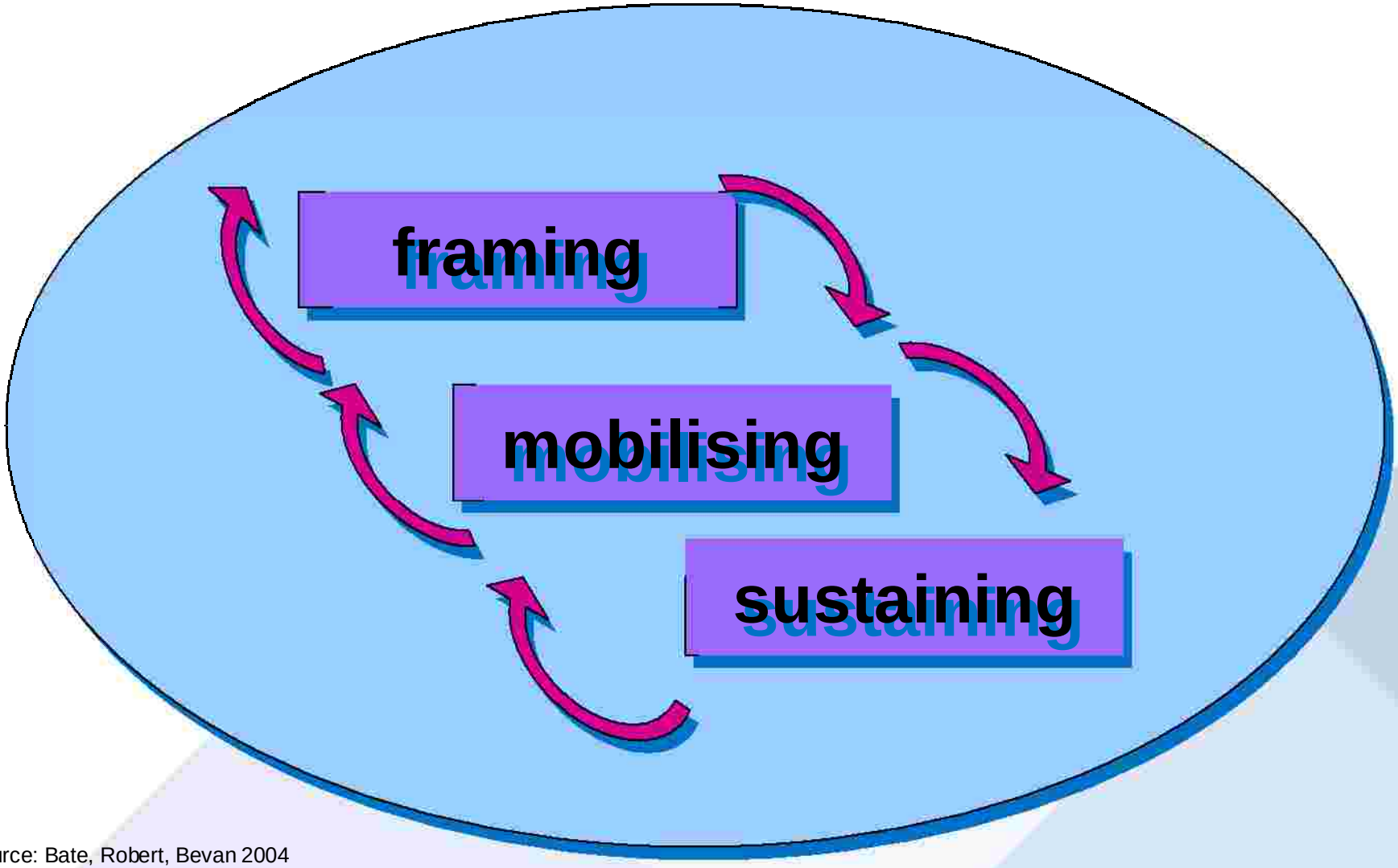
3 steps in building a movement



Source: Bate, Robert, Bevan 2004

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The idea of 'frame resonance' between framers and audience

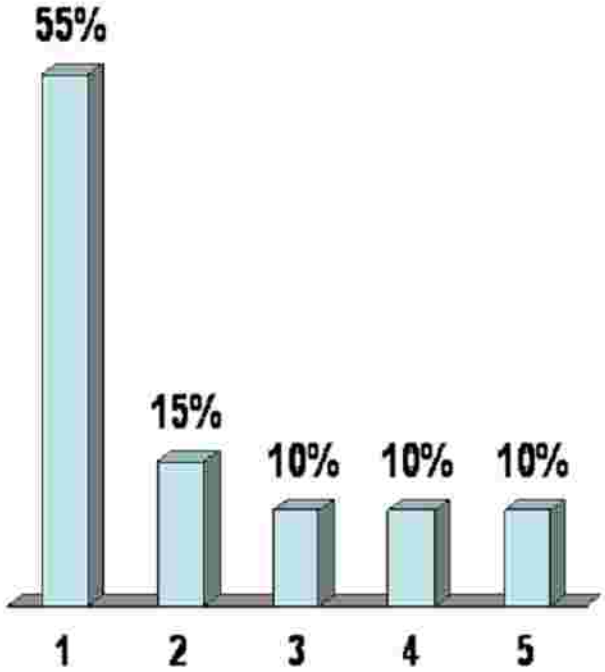
- Whatever frames you use must 'resonate' if audiences are to respond.
- What determines resonance is the extent to which the 'message' fits with peoples' (individual and collective) values, beliefs, world views, and life experiences
- The more it fits, the more people will be ready to 'consume' it (Benford & Snow, 1988, 2000)
- 'a new idea must be at the least couched in the language of past ideas; often, it must be, at first, diluted with vestiges of the past.' (Saul Alinsky)

Frames have to be authentic

GPs only

2a. We should offer extended hours because Ministers are pushing for it

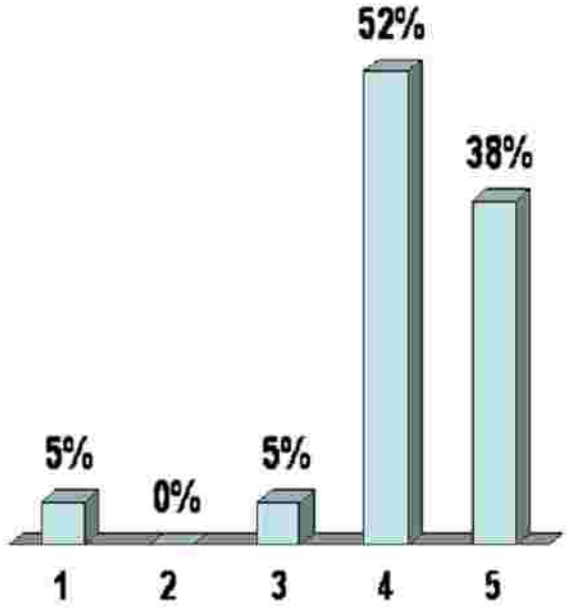
1. Disagree strongly
2. Disagree
3. Neutral
4. Agree
5. Agree strongly



GP only

3a. We should offer extended hours because Patients are asking for it

1. Disagree strongly
2. Disagree
3. Neutral
4. Agree
5. Agree strongly



Framing infection control

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Target audience	Bad framing?	Good framing?
Doctors	Halving MRSA rates is a Government Target	Evidence suggests doctors are most influenced by the behaviour of other doctors
Nurses	You must balance the need for beds with infection control	Patients' safety and dignity come first
Infection Control Staff	Changing staff behaviour is your responsibility	You have CEO/Board support to do what needs to be done to eradicate infections
The Board	It will be mandatory for a Matron to report rates at every Board meeting	Preventing avoidable infections tops the Boards' strategic objectives and supports the achievement of other objectives
The Public	Avoidable infections are caused by visitors and the public	Help us, help you

"What the leader cares about (and typically bases at least 80% of his or her message to others on) does not tap into roughly 80% of the workforce's primary motivators for putting extra energy into the change programme"

Scott Keller and Carolyn Aiken

The Inconvenient Truth about Change Management, 2008

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Message

Energy (not time or resources) is the fuel of high performance

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Discretionary effort

what we willingly do because we want to

extent to which we are interested and involved in assisting the organisation in accomplishing its goals

work is contractual

effort is personal

an unmanaged and unrealised resource for most organisa ns

Discretionary effort

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

(source: Hay Group)

So what is the evidence?

- Workgroups with positively engaged members have higher levels of productivity (average 30%), greater profitability, better safety and higher levels of retention [Source: Harvard Business Review, May 2005]
- The single most important contributor to feelings of employee engagement, empowerment and satisfaction is based on the relationship they have with the leaders of the organisation. [Sources: Ribelin, 2003, Eisenberger, Stinglhamber, Vandenberghe, Sucharski, Ivan & Rhoades, 2002]
- UK employees say they would achieve 30% increase in productivity if they were more motivated and better managed [source: Hay Group, October 2006]
- The Corporate Executive Board surveyed 50,000 employees in 59 organisations worldwide and found that employees with lower engagement are 4 times more likely to leave their jobs than those who are highly engaged.
- Each time we avoid a member of staff leaving we save $24,000 in realisable savings Includes recruitment and hiring costs, new sta f orientation, and lower productivity. [Source: Leatherbury J. *Quality Progress*. November, 2008

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Stanton Marris
Organisational Energy Index

The evidence: use of organisational energy concepts generates energy for change

There are four sources of organisational energy

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Connection: how far people see and feel a link between what matters to them and what matters to the organisation

Content: how far the actual tasks people do are enjoyable in themselves and challenge them

Context: how far the way the organisation operates and the physical environment in which people work make them feel supported

Climate: how far 'the way we do things round here' encourages people to give of their best

Common themes

- Most of the NHS scores show that there is scope (even despite high scores) to boost energy.
- Of the four “energy sources”:
  - Which consistently creates the most energy in NHS respondents?
  - Which is the most energy sapping?

There are four sources of organisational energy

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Leadership tactics

- Use where the energy is to mobilise for change
- Frame things in ways that tap into what we know people are passionate about
- Don’t frame change propositions in ways that will dissipate energy

Headlines from the data (with apologies to Stanton Marris)

- “Whilst the purpose of my organisation is worthwhile and energises me, the fact that my organisation fails to live up to its values drains energy”
- “I am proud of the work I do and I am energised by it; however, I am not proud of my organisation”
- Decision making structures, processes and procedures are my biggest frustration; making shifts in these will move energy. However, this should be framed in terms of core values, not cost reduction”
- “We don’t work in ways that maximise our performance”

Energy Index and productivity

Metaphors for transformational change

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Energy focus

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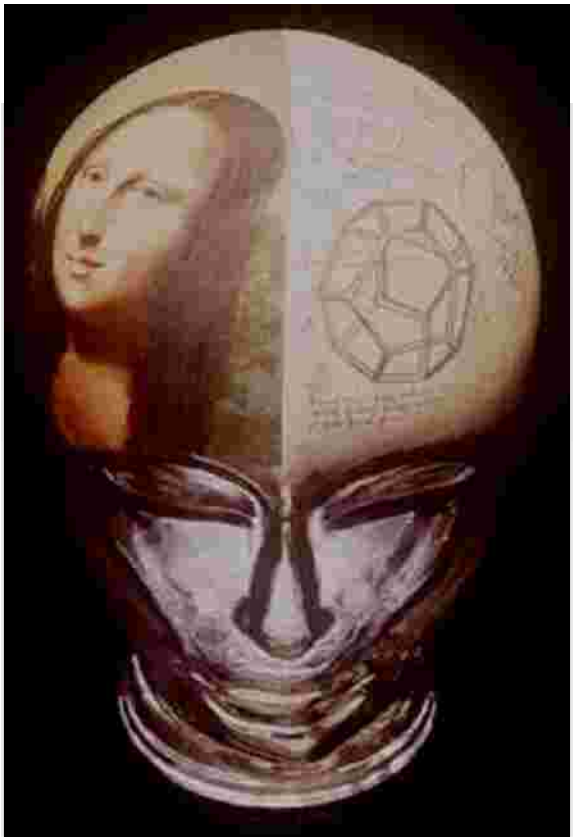

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Strategies to enhance productivity

	Effectiveness and efficiency focus
	•understand the demand and capacity of the system at a macro level and the impact that different flows have on each other •map patients' journeys through the clinical process :reduce the number of steps involved reduce the number of, or eliminate, bottlenecks in the process •measure the demand and capacity continuously over time •understand the causes of variation that affect the demand and capacity of the system •set the capacity appropriately to maximise the productivity of the team and the overall system •monitor the variation using statistical process control methods

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Strategies to enhance productivity

Energy focus	Effectiveness and efficiency focus
Create: • high expectations • clarity of goals • ways for every to connect their work with the goals of the organisation • an enabling environment where people can do their best **Focus on:** • building, maintaining, protecting trust • making work meaningful and rewarding • connecting great results with great values	•understand the demand and capacity of the system at a macro level and the impact that different flows have on each other •map patients' journeys through the clinical process :reduce the number of steps involved reduce the number of, or eliminate, bottlenecks in the process •measure the demand and capacity continuously over time •understand the causes of variation that affect the demand and capacity of the system •set the capacity appropriately to maximise the productivity of the team and the overall system •monitor the variation using statistical process control methods

"You don't need an engine when you have wind in your sails"

Paul Bate, 2004

A movement view of organising for improvement?

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Traditional view

- Executive Sponsor
- Project Board, project teams
- Defined deliverables and processes
- Project plan, targets, measurable timescales
- Board reports, minutes, reporting structure, monitoring
- Seeking approval
- Hierarchical

Movement view

- Activist
- Core team, voluntary, connectors
- Big aim, open approach
- Simples rules, opportunistic, go with energy
- Empowered
- Sapiential (based on wisdom)
- Celebrations

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A perspective on sustainability from social movement thinking

The three core questions:

- Why do people join movements? (mainly personal)
- Why they stay? (mainly social)
- Why they leave or drop out? (mainly personal)

2. Why do people stay in movements?

Feelings of: affiliation, optimism, community, brother/sisterhood and belongingness, escapism, attachment, pride, empathy, support, love, caring and affection, i imacy, comradeship, solidarity, and togetherness, exhilaration – 'bonds of commitment and community'; "Collectively experienced emotion"; "collective effervescence" (Adams, 2003)

3. Why do they leave?

Feelings of: disillusionment, disappointment (let down), bitterness, betrayal, impotence, depression, disconnection, pessimism, fatalism, disgust, disaffection, boredom, exhaustion/burn out, failure, alienation, personal crisis (Gitlin, 1987; Zolberg, 1972; Hirschman, 1982; Tarrow, 1988; Schneider, 1995)

"Often change need not be cajoled or coerced. Instead it can be unleashed."

Kelman, S. (2005) *Unleashing Change. A study of organizational renewal in government*, Brookings Institution Press; Washington, D.C

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The "Releasing Time" series

- Powerful, common sense knowledge on how to improve key units of care
- How to achieve great results for patients and staff using the latest evidence based approaches
- Mobilising front line staff
- The practical application of the most effective change methods such as Lean or Six Sigma *but framed in a different way*

- The Productive Ward
- The Productive Community Hospital
- The Productive Leader
- The Productive Operating Theatre
- Productive Community Services
- The Productive Improvement Agent

On 8th May 2008 the Secretary of State and Secretary of the Royal College of Nursing jointly announced £50 million for rolling out the Productive Ward and related initiatives across the NHS

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HEALTH SERVICE JOURNAL hsj.co.uk
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22 January 2009

CAREERS, WORK-LIFE BALANCE, RECRUITMENT AND HR

WORKING LIVES

KEN JARROLD ON REASONS TO BE CHEERFUL

STAFF WELLBEING

The Productive series is the best hope we have ever had of changing process and culture

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What we are learning from Releasing time to care

How much energy can be unleashed by encouraging front line teams to question how they work and providing simple tools and skills to do this

Releasing time to care: The Productive Ward

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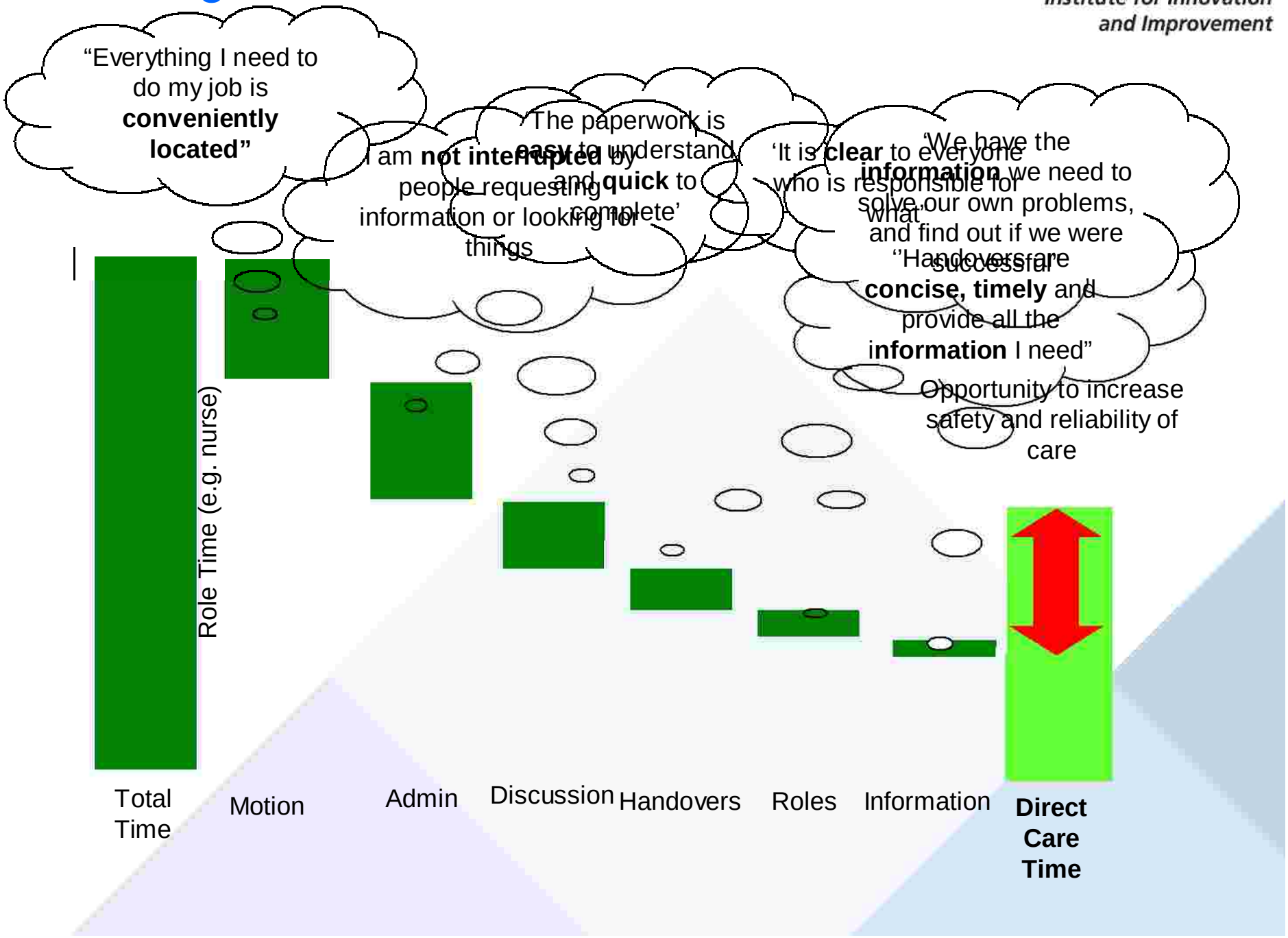

What do we know about Releasing Time to Care?

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Research study from NHS London

- Releasing Time to Care has been a significant catalyst for change

- It has resulted in measurable, positive impacts.
  - 13 percentage points increase in median Direct Care Time
  - 7 percentage points increase in median Patient Satisfaction Scores
  - 23 percentage points increase in median Patient Observations

- Benefits will continue to accrue so long as there is continued support

- There are 6 key factors which have driven success
  1. Leadership engagement
  2. Strategic alignment
  3. Governance
  4. Measurement
  5. Capability and learning
  6. Resourcing - people

Source:NHS London 2009

The Productive Operating Theatre

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Team performance and leadership

Safety and reliability of care

Value and efficiency

Significant benefits through

- Reduced cancellations
- Improved utilisation and reduced over-runs
- Avoiding cost of defects
- Materials management

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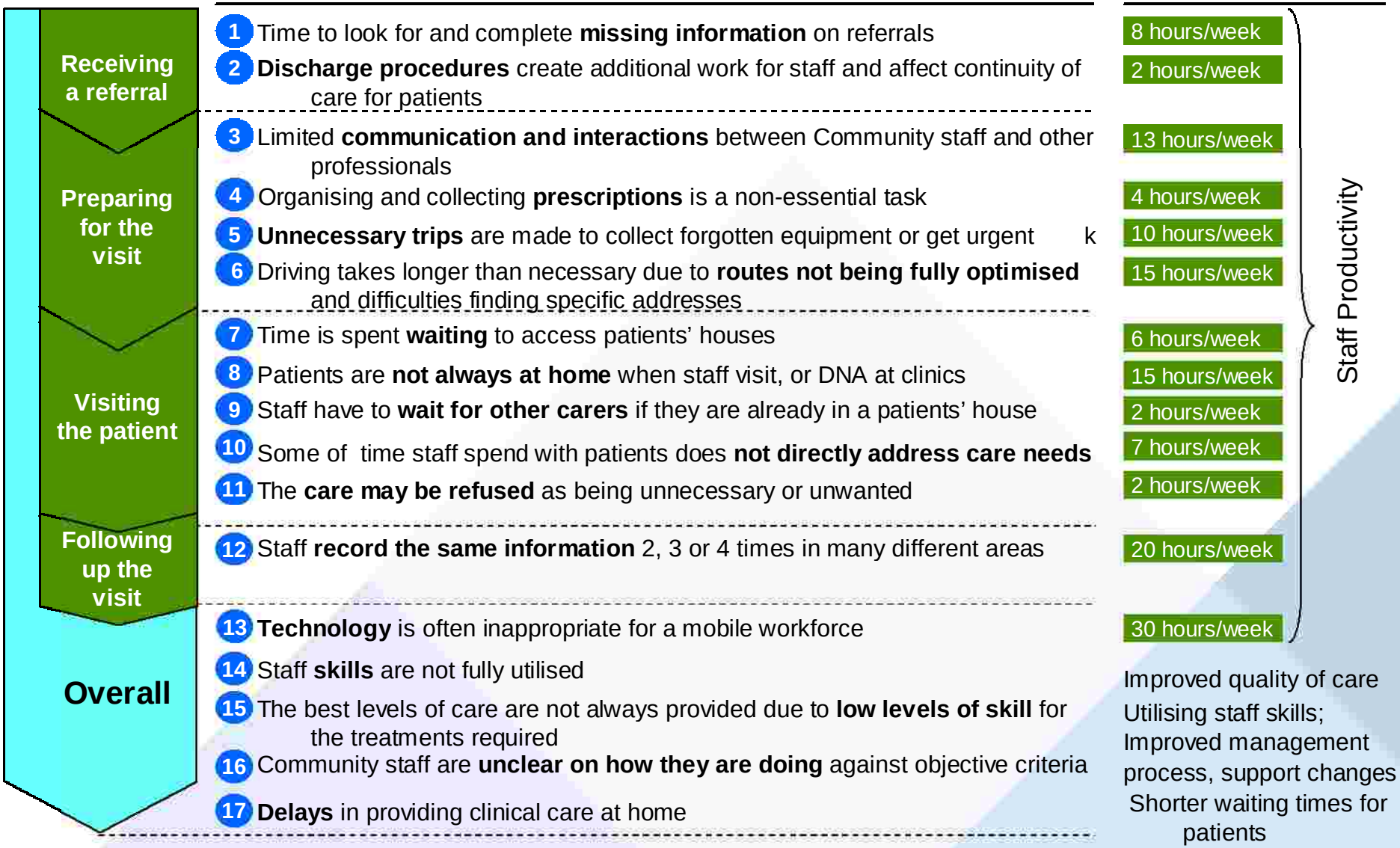
Improvement opportunities within Releasing Time to Care: Community Services



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Leaders and advocates can help accelerate change to a revolutionary pace

- Create a compelling cause: clear visions and themes with big impact that people can easily get their heads round;
- Orchestrate the mixture of pressure, incentives, attractions and consequences that will appeal to a diverse group of stakeholders, constituencies, and identity groups;
- Frame issues in emotional as well as logical terms;
- Facilitate connections among passionate people and provide them the resources they need to ignite changes at multiple levels in systems;
- Be the change you want to see in the world

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"The role of leadership is to create the right kind of trouble"