E1

Inspired transformation: How to ignite ENERGY FOR CHANGE

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#Quality2015 #qfe1
What we promised

How can we create improvement initiatives that surge with energy, that are an unstoppable force for positive change?

In this innovative session we will explore some of the most leading edge ideas and methods for unleashing energy for change to deliver our improvement goals on a grand scale.
Energy for change

The capacity and drive of a team, organisation or system to act and make the difference necessary to achieve its goals

http://www.institute.nhs.uk/tools/energy_for_change/energy_for_change_.html
When everything came together, when your improvement efforts surged with energy, when you were part of an unstoppable force for positive change.

#Quality2015 #qfe1 @goranhenriks @HelenBevan
Dreamhack, Jönköping
Virtual reality
The Care Center
The attention economy and new emotional bridges
The attention economy: Sophia’s selfie camera!
https://www.youtube.com/watch?v=ZTbZGAnEJ374

More than 80,000 people have seen our hand washing video

It’s about:
• developing a robust microsystem
• togetherness, passion, inspiration, patient centeredness
• hand disinfectant, gloves and robustness
Tomorrow’s Amazonas
“Mr. Gorbachev, tear down this wall!

President Reagan, Brandenburg Gate June 12, 1987
What was your tear down this wall or open this gate moment?
My Gorbachev moment

How can a small team of people use new ways of thinking about change and new ways of connecting to ignite massive energy for change?
Change Programmes

- systematic “change management”
- too often, leaders prescribe outcome and method of change in a top-down way
- change is experienced by people at the front line as “have to” (imposed) rather than “want to” (embraced)

Change Platforms

- everyone (including service users and families) can help tackle the most challenging issues
- value diversity of thought
- connect people, ideas and learning
- Role of formal leaders is to create the conditions & get out of the way

“Tear down the walls”
The extent of our reach

More than **5,000** enrolees in 2014 & 2015

#SHCR: **35.3m** Twitter impressions (since April 2014)

**Nearly 50,000** downloads of school materials

Enrolments from **41** countries

**Nearly 100** local learning groups across the globe

**Nearly 10,000** subscribers

Activists from **97** countries

@theedgenhs: **194.1k** Twitter impressions (since 1 January 2015)

**800,000** pledges in 2014

**4 X** the local activity/connectivity in 2015 compared to 2014

#nhschangeday: **130m** impressions

Facebook impressions **253,999**

Biggest-ever digital campaign for EMAP (Health Service Journal and Nursing Times):

**13,000** contributors to the joint campaign to “challenge top down change”

Ground-breaking: the **first-ever** crowd-sourced theory of change in the NHS
The extent of our reach

We won the Harvard Business Review/McKinsey global challenge for creating “leaders everywhere”

Identified as one of the most significant “stealth revolutionaries” in healthcare (source: Social Media in the NHS)

In 2014, The Observer and Nesta identified Britain’s 50 new radicals. Only 3 out of the 50 were from the public sector. 2 out of the 3 came from our group.

“Probably the most widely read, impactful NHS paper globally apart from the vision paper “Five Year Forward View””
What happens to large scale change efforts in reality?

In order of frequency:

1. the effort effectively “runs out of energy” and simply fades away
2. the change hits a plateau at some level and no longer attracts new supporters
3. the change becomes reasonably well established; several levels across the system have changed to accommodate or support it in a sustainable way

As leaders, we are “signal generators”

“As a leader, think of yourself as a “signal generator” whose words and actions are constantly being scrutinised and interpreted, especially by those below you” [in the hierarchy]

“Signal generators reduce uncertainty and ambiguity about what is important and how to act”

Charles O’Reilly,

Leaders in Difficult Times

Source of image: vintage-radio.com
"Typically, around any change effort, there is an initial spike of tangible energy, and change, but when leadership loses interest, the momentum of change slows down drastically.”

Tara Paluck
Front line teams get inundated with high priority messages from leaders each day, making it difficult for them to know what to focus on.

Increasing number of messages as information cascade through the organisation.

Source: adapted from http://businessjournal.gallup.com/content/162707/change-initiatives-fail-don.aspx
Front line teams get inundated with high priority messages from leaders each day, making it difficult for them to know what to focus on.

Increasing number of messages as information cascade through the organisation.

Buy in from front line staff is critical for improvements in quality and safety. Don’t overload them.

Source: [http://businessjournal.gallup.com/content/162707/change-initiatives-fail-don.aspx](http://businessjournal.gallup.com/content/162707/change-initiatives-fail-don.aspx)

Two kinds of people at work

The contributors

- Feel connected to a higher purpose
- Controlled & coordinated through shared goals & values
- Collaborate
- Embrace change
- Work to who they are

The compliant

- Feel disconnected from purpose
- Controlled & coordinated through performance management & standardised procedures
- Hold back
- Resist change
- Work to a role specification

Two kinds of people at work

The contributors
- Feel connected to a higher purpose
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Gallup global research:
- Only 13% of the workforce are engaged (*contributors*)
- *Contributors* create six times the value to an organisation compared to the compliant


The compliant
- Feel disconnected from purpose
- Controlled & coordinated through performance management & standardised procedures
- Hold back
- Resist change
- Work to a role specification

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“Persistent application of power and authority drains energy from those in its wake”
Dan Rockwell
Intrinsic motivation
People engage in the activity for the pleasure and satisfaction of doing it
Invokes many positive behaviours

Extrinsic motivation
People engage in the activity for the rewards or avoiding punishment
Any external influence is referred to as extrinsic motivation

Images: pixgood.com
Intrinsic motivators

build energy and creativity
Intrinsic motivators
- connecting to shared purpose
- engaging, mobilising and calling to action
- motivational leadership

*build energy and creativity*
Intrinsic motivators
• connecting to shared purpose
• engaging, mobilising and calling to action
• motivational leadership

Drivers of extrinsic motivation

build energy and creativity

create focus & momentum for delivery
Drivers of extrinsic motivation

- System drivers & incentives
- Payment by results
- Performance management
- Measurement for accountability

Intrinsic motivators

- Connecting to shared purpose
- Engaging, mobilising and calling to action
- Motivational leadership

*build energy and creativity*

*create focus & momentum for delivery*
Drivers of extrinsic motivation

- System drivers & incentives
- Performance management
- Measurement for accountability

Create & focus momentum for delivery

Internal motivators
- Connecting to shared purpose
- Engaging, mobilising and calling to action
- Motivational leadership builds energy and creativity
Three types of levers for large scale change

**Type one: Prod mechanisms**
(targets / performance management / price and payment incentives / regulation / competition),
Also known as the compliance or deficit-based method of change which relies on ‘extrinsic motivation’ for improvement.

**Type two: Proactive support**
enabling organisations to make change directly through ‘constructive comfort’ rather than the constructive discomfort of the prod approach. This is known as an asset-based method of change which relies on building ‘intrinsic motivation’ in staff to make the right changes to improve

**Type three: People focused**
this includes both of the other types but focuses on individual staff rather than organisations. This includes policy mechanisms such as education and training, national contracts, professional regulation and clinical quality standards.

Source: Health Foundation report *Constructive comfort: accelerating change in the NHS*
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Less than 10% of the potential for improvement at system level can be delivered through type one change.

Source: Health Foundation report *Constructive comfort: accelerating change in the NHS,*

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But intrinsic motivation isn’t enough

A recent study showed that when doctors tell heart patients they will die if they don't change their habits, only one in seven will be able to follow through successfully.

Desire and motivation aren't enough: even when it's literally a matter of life or death, the ability to change remains maddeningly elusive. Given that the status quo is so potent, how can we change ourselves and our organisations?
Our deepest human hunger is to experience the continuing unfolding of our capacities to see more deeply (inwardly and outwardly) and to act more effectively and with greater range

Kegan and Lahey Immunity to Change
Paradigm shift: from supply side redesign to demand-led transformation

Input orientation

Action S 1
Action S 2
action3
actions 4
actions 5
actions 6

Management of person orientation

Service concepts
PERSON
Service concepts

Paradigm shift: from supply side redesign to demand-led transformation

Source: Goran Henriks and Dag Norén
Our metaphor:
Building bridges to ignite energy for change

• Emotional bridges
• Relational bridges
• Structural bridges

Daniel Gray Wilson, Building bridges for change: how leaders enable collective change in organizations
https://www.city.ac.uk/__data/assets/pdf_file/0008/108539/Building-Bridges.pdf

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Building emotional bridges

“It’s the emotional barriers that are often the biggest challenges for changes in collective action.”

Marshall Ganz
“Emotion is the fuel for change; data and information provide direction.”

Dan Heath
(author of Switch)
Building relational bridges

People who bridge disconnected groups and individuals are more effective at implementing dramatic reforms, while those with cohesive networks are better at instituting minor changes.

Battilano and Casciaro *The network secrets of the great change agents*
We may have come on different ships, but we're in the same boat now.

http://weneedsocial.com/blog/2013/8/25/disrupted-disruptors-unite
Building structural bridges

Leaders must avoid the simple theories of change that suggest it occurs from either a top-down or a bottom-up approach. It’s ”both and”; social change occurs through institutions within the larger system that have the capacity to coordinate across levels simultaneously

Theda Skocpol
“Top down is a serious disease but it can be treated”

Celine Schillinger

Source of image: Leadershipfreak.wordpress.com
A case study in emotional, relational and structural bridging
How to self-empowerment

2009

Patrik

2010

2012

Anette Abrahamsson, Annmargreth Kvarnfors, Göran Henriks

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The patient's path through enhanced recovery after surgery

**Contact and decisions about surgery**
- Preoperative
  - Näringsintag och näringstilstand
  - Förberedande information/rådgivning till patient
  - Inregistrering i EIAS
- Intraoperative
  - Dran
  - Vätske-behandling
  - Åtgärder för att bibehålla kroppssärna
- Postoperative
  - KAD-rutiner
  - Ventrikelsond
  - Vätske-behandling
- Follow-up
  - Uppföljning efter utskrivning/operation
  - Granskning av följsamhet till riktlinjer och resultat

**Preoperative**
- Trombos-profilax
- Antibiotika-profilax
- Förberedande information/rådgivning till patient
- Vätske- och kolhydratbelastning
- Fasteregler
- Preoperativ tarmrengöring
- Pre-medicinering
- Näringsintag och näringstilstand
- Förbipygga illamående/kräkningar

**Intraoperative**
- Epidural anestesi - EDA
- Anestesi- preparat och metod
- Förberedande information/rådgivning till patient

**Postoperative**
- Förberedande information/rådgivning till patient

**Follow-up**
- Uppföljning efter utskrivning/operation
- Förberedande information/rådgivning till patient

Source: Mari Bergeling
A hospital in the region

Dashboard for continuous monitoring of results

Median Total Length of Stay: 6.0

Complications (Primary and Flw-up)

- Nausea or vomiting: 15%
- Obstipation or di...: 10%
- Wound infection: 5%
- Anastomotic leak: 5%
- Other adverse ev...: 4%
- Other infectious c...: 4%
- Astenia or tiredn...: 3%
- Heart failure: 3%

ERAS Compliance: 67%

Number of Operations

- Ileocaecal/right h...: 44
- Sigmoid resection: 41
- Anterior resectio...: 28
- Total/Subtotal col...: 7
- Left hemicolecotomy: 7
- Abdominoperin...: 6
- Other stoma pro...: 6
- Other large/small...: 4

Occurrence (n)

<table>
<thead>
<tr>
<th>Occurrence (no.)</th>
<th>Mortality</th>
<th>Reoperations</th>
<th>Pts with Complications</th>
<th>Pts with Serious Complication</th>
<th>Anastomotic Leaks</th>
</tr>
</thead>
</table>

Latest update from Data Entry: 2015-02-24 2:00:52 AM (GMT+1) | Version 4.0 | Support: info@erassociety.org | User Guide & Compliance Definitions

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Multi disciplinary conferences – pre/breast cancer
We need new concepts!

- The key is not only the product but *the function for citizens and patients*
- The competence base is no longer just what I do...
- ...so how can we best develop collaboration, both internally in the patient journey but also in every meeting?
- This is something profoundly different to pure production logic
<table>
<thead>
<tr>
<th>Aspect</th>
<th>Input control</th>
<th>Individual control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility and control</td>
<td>Competencies and inputs/efforts</td>
<td>Health situation and forms of mediation</td>
</tr>
<tr>
<td>Dominant form of mediation</td>
<td>Input and reception</td>
<td>Compound service concept</td>
</tr>
<tr>
<td>Primary value</td>
<td>Assessment and implementation of each input</td>
<td>Quality for the person in combination with</td>
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<tr>
<td></td>
<td></td>
<td>efficiency in the health system</td>
</tr>
<tr>
<td>Incentives</td>
<td>Own inputs/efforts</td>
<td>Effective collaboration</td>
</tr>
<tr>
<td>Quality</td>
<td>This specific input</td>
<td>Degree of ongoing match between needs and skills</td>
</tr>
</tbody>
</table>
Everything accelerates

- **Integration** helps us to find new ways to complete the service with the patient
- **Integration** helps us radically redesign our processes
- **Integration** makes us see leadership capabilities
- **Integration** of strong feedback helps us to modernise our measurements
What have you heard and discussed?

What are the factors that accelerate energy for change?
Blind men on a log bridge

Hakuin Ekaku, 1685-1769
Building bridges to ignite energy

• In the powerful painting *Two Blind Men Crossing a Log Bridge*, Hakuin depicts two figures feeling their way across a bridge over a river chasm.

• It can be interpreted as a poignant analogy to the unenlightened seeking understanding.

• In order to make his religious teaching more relevant to his students, he depicted a steep ravine that was an actual site near his own rural temple of Shoin-ji at the top of the Izu peninsula in eastern Japan.
Both the health of our bodies and the fleeting world outside us are like the blind men’s round log bridge – a mind/heart that can cross over is the best guide

Hakuin Ekaku
“Ultimately, the secret of quality is **love**.

...... If you have love, you can then work backward to monitor and improve the system”.

Avedis Donabedian
Who am I?
Who am I?

This man could be my chance!
Why should I save his hide?
Why should I right this wrong
When I have come so far
And struggled for so long?
If I speak, I am condemned.
If I stay silent, I am damned!
I am the master of hundreds of workers.
They all look to me.
How can I abandon them?
How would they live
If I am not free?
If I speak, they are condemned.
If I stay silent, I am damned!

Who am I?
Can I condemn this man to slavery
Pretend I do not feel his agony
This innocent who bears my face
Who goes to judgement in my place
Who am I?
Can I conceal myself for evermore?
Pretend I’m not the man I was before?
And must my name until I die
Be no more than an alibi?
Must I lie?
How can I ever face my fellow men?
How can I ever face myself again?
My soul belongs to God, I know
I made that bargain long ago
He gave me hope when hope was gone
He gave me strength to journey on

[He unbuttons his shirt to reveal the number tattooed to his chest]

And so Javert, you see it's true
That man bears no more guilt than you!
Who am I?
Who am I?

Talk to the person next to you:
What are your motivations and values that drive you to do what you do?
How will you ignite energy for change and achieve your higher purpose?
The Edge

A hub for change activists in health and care to learn, connect and mobilise for transformational change

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@TheEdgeNHS
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• Features live knowledge exchange events with experts and other participants
• Gives you the tools to put improvement ideas into practice
• Connect with a global improvement community
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- Improvements in Primary Care
- The revolution in care for older people
- Spreading change
- Person-centred care
- Clinical Innovation

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or Friday 12-13:00

Or try a taster session
Wednesday or Thursday 13-13:30