Social movements: applying the thinking to healthcare improvement and reform
Helen Bevan
18th April 2009
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
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

**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
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

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

NHS Institute for Innovation and Improvement 2007
‘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)
The challenge

“The NHS needs an improvement movement of a million people “
“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
Five principles for radical change distilled from the evidence base for the NHS Social Movements programme

- 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

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

Not “either/or” but “both/and”
3 steps in building a movement

framing
mobilising
sustaining

Source: Bate, Robert, Bevan 2004
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  55%
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

Bar chart:
- 4: 52%
- 5: 38%
- 1: 5%
- 2: 0%
- 3: 5%
## Framing infection control

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

Energy (not time or resources) is the fuel of high performance
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 organisations
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 staff orientation, and lower productivity. [Source: Leatherbury J. Quality Progress. November, 2008]
Stanton Marris
Organisational Energy Index

The evidence: use of organisational energy concepts generates energy for change
There are four sources of organisational energy

**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

<table>
<thead>
<tr>
<th>Energy Index</th>
<th>Expected performance</th>
<th>Productivity: (value from human capital investment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Excellent</td>
<td>150%</td>
</tr>
<tr>
<td>90</td>
<td>Good</td>
<td>100%</td>
</tr>
<tr>
<td>80</td>
<td>Fair</td>
<td>50%</td>
</tr>
<tr>
<td>70</td>
<td>Weak</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td></td>
<td></td>
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<tr>
<td>50</td>
<td></td>
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<td>40</td>
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<td>30</td>
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<td>20</td>
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<tr>
<td>10</td>
<td></td>
<td></td>
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<tr>
<td>0</td>
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Other: Private
Other: Public
Metaphors for transformational change

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### Strategies to enhance productivity

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

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<tbody>
<tr>
<td><strong>Create:</strong></td>
<td>• understand the demand and capacity of the system at a macro level and the impact that different</td>
</tr>
<tr>
<td>• high expectations</td>
<td>flows have on each other</td>
</tr>
<tr>
<td>• clarity of goals</td>
<td>• map patients’ journeys through the clinical process</td>
</tr>
<tr>
<td>• ways for every to connect their work with the goals of the organisation</td>
<td>• reduce the number of steps involved</td>
</tr>
<tr>
<td>• an enabling environment where people can do their best</td>
<td>• eliminate, bottlenecks in the process</td>
</tr>
<tr>
<td><strong>Focus on:</strong></td>
<td>• measure the demand and capacity continuously over time</td>
</tr>
<tr>
<td>• building, maintaining, protecting trust</td>
<td>• understand the causes of variation that affect the demand and capacity of the system</td>
</tr>
<tr>
<td>• making work meaningful and rewarding</td>
<td>• set the capacity appropriately to maximise the productivity of the team and the overall system</td>
</tr>
<tr>
<td>• connecting great results with great values</td>
<td>• monitor the variation using statistical process control methods</td>
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Copyright: NHS Institute for Innovation and Improvement 2006
“You don’t need an engine when you have wind in your sails”

Paul Bate, 2004
A movement view of organising for improvement?

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
- Simple rules, opportunistic, go with energy
- Empowered
- Sapiential (based on wisdom)
- Celebrations
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?


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.”

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
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
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

“Everything I need to do my job is conveniently located”

The paperwork is not interrupted by people requesting information or looking to complete things.

‘It is clear to everyone who is responsible for what successful concise, timely and provide all the information I need’

Opportunity to increase safety and reliability of care

Direct Care Time

Role Time (e.g. nurse)

Total Time

Motion

Admin

Discussion

Handovers

Roles

Information

E.g. nurse
What do we know about Releasing Time to Care?

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

Team performance and leadership

Patient experience and outcomes

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
Improvement opportunities within Releasing Time to Care: Community Services

**Observed issue**

1. Time to look for and complete **missing information** on referrals
2. **Discharge procedures** create additional work for staff and affect continuity of care for patients
3. Limited **communication and interactions** between Community staff and other professionals
4. Organising and collecting **prescriptions** is a non-essential task
5. **Unnecessary trips** are made to collect forgotten equipment or get urgent
6. Driving takes longer than necessary due to **routes not being fully optimised** and difficulties finding specific addresses
7. Time is spent **waiting** to access patients’ houses
8. Patients are **not always at home** when staff visit, or DNA at clinics
9. Staff have to **wait for other carers** if they are already in a patients’ house
10. Some of time staff spend with patients does **not directly address care needs**
11. The **care may be refused** as being unnecessary or unwanted
12. Staff **record the same information** 2, 3 or 4 times in many different areas
13. **Technology** is often inappropriate for a mobile workforce
14. Staff **skills** are not fully utilised
15. The best levels of care are not always provided due to **low levels of skill** for the treatments required
16. Community staff are **unclear on how they are doing** against objective criteria
17. **Delays** in providing clinical care at home

**Primary benefit**

- 8 hours/week
- 2 hours/week
- 13 hours/week
- 4 hours/week
- 10 hours/week
- 15 hours/week
- 6 hours/week
- 15 hours/week
- 2 hours/week
- 7 hours/week
- 2 hours/week
- 20 hours/week
- 30 hours/week

**Staff Productivity**

- Improved quality of care
- Utilising staff skills; Improved management process, support changes
- Shorter waiting times for patients
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;
- Orchestrating 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
“The role of leadership is to create the right kind of trouble”