Transformation of Services needs Transformation of Leadership

Monday July 13th 2009

Outline Programme

9.15am Registration, tea and coffee

9.45am Welcome and Introductions

10.00am The 'Blueprint for Transformation'?

10.45am The Role of Leadership and Learning

11.30am Break

11.45am Understanding and Managing the System

1.00 pm Lunch and Networking

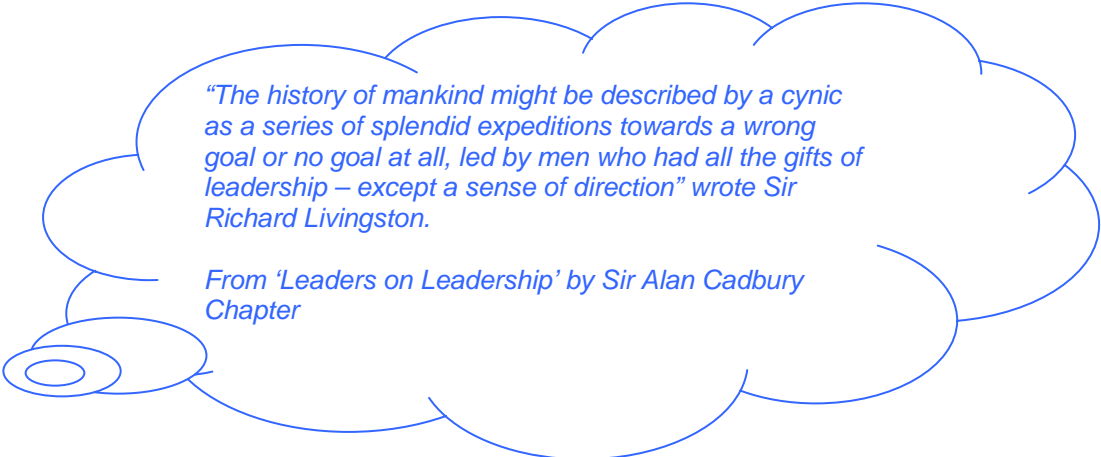2.00 pm Understanding Variation and its Impact on Service Delivery

3.00 pm Break

3.15pm Creating the Environment for Transformation

3.45pm Revisit the Blueprint

4.00pm Action Planning and Next Steps for Me, My Team, My Organisation

4.30pm Close

"The history of mankind might be described by a cynic as a series of splendid expeditions towards a wrong goal or no goal at all, led by men who had all the gifts of leadership – except a sense of direction" wrote Sir Richard Livingston.

From 'Leaders on Leadership' by Sir Alan Cadbury Chapter

The Blueprint for Transformation

Is based on W.E Deming's 'System of Profound Knowledge'
Until now improvement in health and social care has depended on people applying their professional knowledge to their work. This encompasses:
- An understanding of the subject
- Specialist knowledge of the discipline – what works in their field
- A set of values embodied in their work ethic

To improve requires knowledge. For most of history medical advances have resulted from the application of knowledge of subject and discipline in the context of a set of underlying values. During the past century, the ability of healthcare providers to recognise and treat illness has increased dramatically. Professional knowledge has driven most of that improvement and continues to do so.

Today a second body of knowledge exists which has been called a **system of improvement.** Combined with professional knowledge, it enables organisations and health and social care economies to make more improvements of a different kind – and faster than before. This body of knowledge was first described by W.E.Deming, recognised as the founder of the improvement movement, as a 'system for profound knowledge'. As figure 1 shows it is a focus on a scientific method which is additional to the professional learning focus. It comprises four inter-related areas of:

- Manage the system- and how the parts inter-relate
- Reduce unhelpful variation – understanding and measuring the causes of variation so 'appropriate' action can be taken
- Understand people - why people do what they do
- Appreciate the need for learning - the learning process, develop a learning organisation

Figure 1
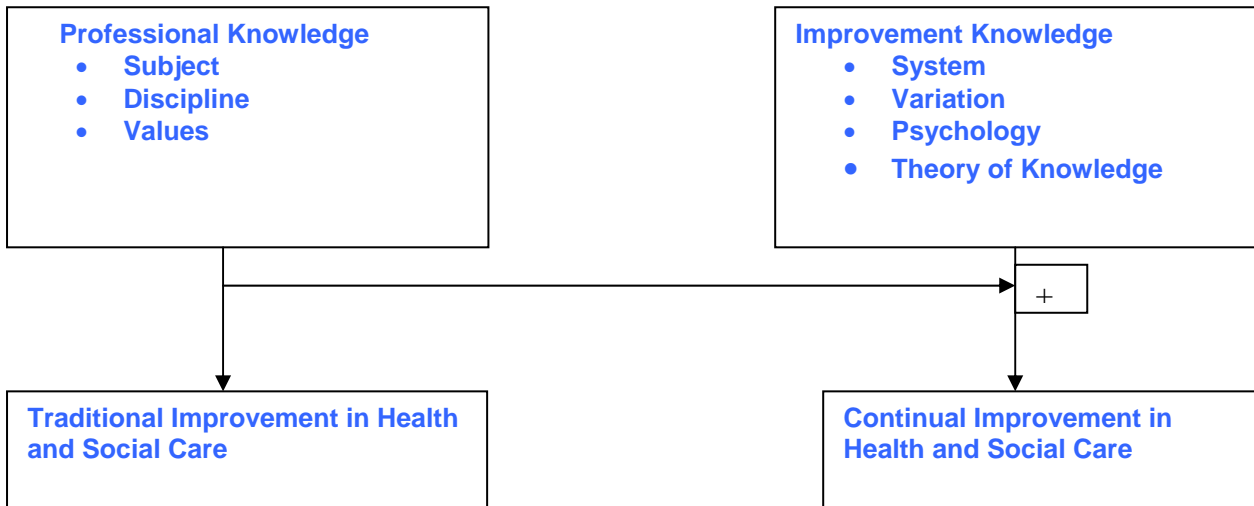
(diagram from Paul Batalden, Hospital Corporation of America)

Manage the System and how the Parts Inter Relate
The first element is to understand the system as a whole and how all the parts inter relate.
The health and social care system is complex. Professionals and others delivering services
and who are in the middle of this system can find it hard to step back and see what is
happening. It is the role of leaders and managers to take an overview, to ensure the right
questions are asked, that service user's and carer's needs are paramount and individuals,
teams, organisations work together. To be successful, all the components of the system must
work together towards achievement of a common shared aim.

Understand and Reduce Unhelpful Variation
Understanding process variation means managing by *FACT*. Having the knowledge of how to
use facts to manage, applying simple statistical techniques to data. The improvement of a
complex system requires that data is used to help understand what is really happening. To
understand the sources of variation and how to reduce it, how to avoid a variation mismatch
in demand and supply of service, also to understand that measurement of the right things,
over time has to become a way of life. Dr Deming once said '*if I had to reduce my message to
a few words, I'd say it all had to do with reducing variation*'
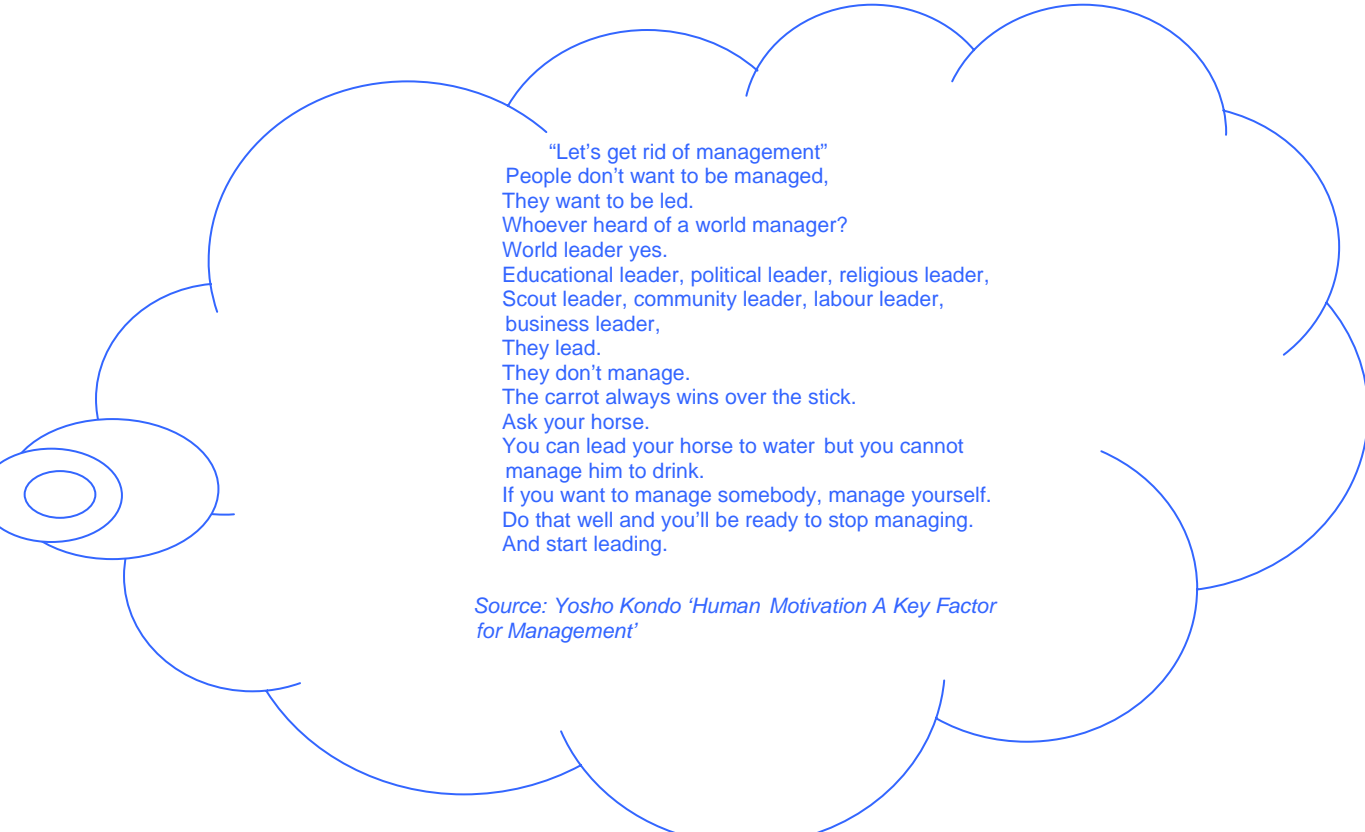
Understand People
Why people do the things they do. Successful service improvement requires leaders who can
nurture individuals. Leaders need to learn how to harness the will to learn and work together,
to develop skills in helping people resolve conflicts and understand the interdependence of
the different parts of the organisational and health and social care system in their area as a
whole (including members of the public, patients and carers). Leaders need to be able to
develop and share a value system which leads to an open and collaborative culture even in
this time of competition and plurality.

Appreciate the need for Learning
This element is about the ability to make improvement happen and most importantly to learn
from changes as they are made. It is the introduction of a scientific approach to improving the
way we work and complement the behaviours described in the last element. The theory
involves understanding the process i.e. developing *knowledge*, by testing ideas against
experience and evaluating the data. Using the model for improvement and Action
Learning/Coaching approaches to help people continually learn and improve what they do for
service users. Experimentation and learning needs to be valued for the whole organisation as
it has always been in professional disciplines.
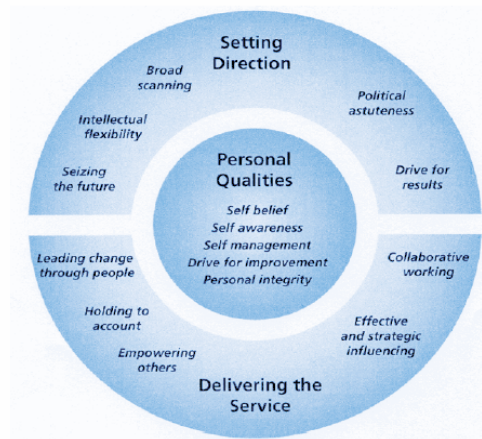
The Role of Leadership and Learning

"Let's get rid of management"
People don't want to be managed,
They want to be led.
Whoever heard of a world manager?
World leader yes.
Educational leader, political leader, religious leader,
Scout leader, community leader, labour leader,
business leader,
They lead.
They don't manage.
The carrot always wins over the stick.
Ask your horse.
You can lead your horse to water but you cannot
manage him to drink.
If you want to manage somebody, manage yourself.
Do that well and you'll be ready to stop managing.
And start leading.

Source: Yosho Kondo 'Human Motivation A Key Factor for Management'

Leaders of transformation need to start with themselves. The NHS Leadership Qualities Framework identifies key attributes for leaders in the NHS

NHS Leadership Qualities Framework

Personal Qualities
- Self Management
- Personal Integrity
- Self Awareness
- Drive for Improvement
- Self Belief

Setting Direction
- Intellectual Flexibility
- Drive for Results
- Political Astuteness
- Seizing the Future
- Broad Scanning

Delivering the Service
- Leading Change Through Peop[le]
- Holding to Account
- Effective and Strategic Influenc[ing]
- Empowering Others
- Collaborative Working

The NHS Leadership Qualities Framework is the property of the NHS Leadership Centre.

Develop emotional intelligence; understanding the impact of your behaviour on others and in achieving desired results as well as developing skills to enable cooperation within your teams and across the system to deliver high quality services. Also see the world around you, read the environment and help staff see the world is changing and therefore service needs to change.
Disseminating Leadership and growing leaders through out the organisation and therefore releasing and managing the talent; giving stretch challenges. Leaders can work at any level – it is not a position but a choice in attitude and approach to our work.

 Deming's 14 Points for Transformational Leadership (*managing transformation actually means transforming management)*

1. **'Create constancy of purpose for the improvement of product or service' –** the aim of continuous improvement should be reflected in all aspects of the organisations strategy

2. **'Adopt the management philosophy' –** this involves developing a management culture which reflects the new way of managing

3. **'Cease dependence on mass inspection' –** switch from detecting faults by inspection to preventing the defects occurring. Inspect the processes and work to understand and reduce the natural variation

4. **'End the practice of awarding business on price tag alone' –** move towards quality of service, reliability and improvement and build partnerships with suppliers

5. **'Improve constantly and forever the system of production and service'** – use the PDSA cycle

6. **Institute training and retraining –** organisations make too many assumptions about what people know and can do – heavy investment in training is essential. Make everyone responsible for their own quality

7. **'Institute Leadership' –** organisations are overly concerned with control and insufficiently focused on translating their vision into action and providing coaching and support

8. **'Drive out fear' –** people are afraid they will be blamed if they point out problems. Managers only want good news. This needs to change so staff do not feel threatened and are encouraged to identify problems for improvement.

9. **'Break down barriers between staff areas'**

10. **'Eliminate slogans, exhortations and targets for the workforce' –** Deming views these as a failure to manage

11. **'Eliminate numerical controls –** this is controversial but needs to be seen in the context of the whole philosophy and in particular Deming's insistence that processes should be measured and the reasons for variation understood so they can be improved. Ill thought through targets lead to false figures and cover ups or short termism. He believes most appraisal systems are counter- productive.

12. **'Remove barriers to pride in workmanship' –** in appropriate targets, lack of training, wrong equipment, incentive schemes based on output rather than group based schemes based on quality improvement and lack of management support and consistency.

13. **'Institute a vigorous programme of education and self improvement' –** this emphasises the importance of personal growth which distinguishes it from point 6

14. **'Take action to accomplish the transformation' –** quality is the responsibility of all who work in the organisation and must be led by management.

The Seven Habits of Highly Effective People (Leaders)
(Steven Covey)

"Habit" is the overlapping intersection of knowledge (what to, why to), skill (how to), and desire (want to). In harmony with the natural laws of growth, the Seven Habits provide an incremental, sequential, highly integrated approach to the development of personal and interpersonal effectiveness. They move us progressively on a maturity continuum from dependence to independence to interdependence.

On the maturity continuum, **dependence** is the paradigm of **you** – you take care of me; you come through for me; you didn't come through; I blame you for the results.

Independence is the paradigm of **I** – I can do it; I am responsible; I am self-reliant; I can choose.

Interdependence is the paradigm of **we** – we can do it; we can co-operate; we can combine our talents and abilities and create something greater together.

Habits 1, 2 and 3 deal with self-mastery. (Character habits)They are:-

1. **Be Proactive** – Response – ability, ability to choose response. Their behaviour is a product of their own decisions based on values, rather than a product of their conditions based on feelings. The opposite of being proactive is to be reactive. Proactive people don't blame others.

2. Begin with the End in Mind – mission, vision, roles and goals

Leadership deals with direction, management deals with logistics, coordination, work processes

If everyone has a different view of 'north', this drives decision making! No clear path. Lots of time spent on urgent not important. Becomes chronic organisation driven by urgency not importance – like medicine – use chemistry to treat the symptom rather than tackle the cause.

If everyone has a different view of north that drives all decisions > different priorities.

Vision, strategy, top priorities – governs decision making. If not on same page > misalignment, disempowerment, confusion.

3. Put First Things First – focus your priorities

Quadrant 2 Not Urgent Important	**Quadrant 3** Urgent Not Important
Quadrant 1 Urgent Important	**Quadrant 4** Not Urgent Not Important

Quadrant 2 is the *key* to management. Attend to quadrant 2 and quadrant 1 becomes manageable

Quadrant 1 is management by crisis – creates fatigue and burn out. 80% results flow from 20% of activities – quadrant 2 activities.

Have to be proactive to work on quadrant 2 activities – quadrant 1 acts on you.

How much time is spent on dysfunctional activities / relationships?

How many organisations have people with more talent / expertise / capability than their job allows them to do and yet there is pressure to do more for less?

These first three habits move a person from dependence to independence. They are the "private victories", the essence of character growth. Private victories precede "public victories". As you become truly independent, you have the foundation for effective interdependence. You have the character base from which you can effectively work on the more personality-oriented "public victories" of teamwork, co-operation, and communication in Habits 4, 5 and 6.

These are:- (personality habits)

4. Think Win/Win
5. Seek First to Understand …Then to be Understood, and
6. Synergize

Habit 7 (Sharpen the Saw) is the habit of renewal – a regular, balanced renewal of the four basic dimensions of life (mental; physical; social/emotional, and spiritual). It circles and embodies all the other habits. It is the habit of continuous improvement that creates the upward spiral of growth that lifts you to new levels of understanding and living each of the habits as you come around to them on a progressively higher plane.

	Organisational Chaos	
	Problem	**Symptoms**
1	Note on same page	Ambiguity, hidden agendas, political games, fire fighting
2	Low Trust	No shared vision / values, back biting, in-fighting, not sharing information, victimisation, interdepartmental fighting
3	Misalignment	Of systems, processes and culture. More command and control – overt / covert messages mixed
4	Disempowerment	Apathy, anger, fear, daydreams

> Leaders are not born or made – they are self made through choice
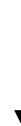>
> Steven R. Covey
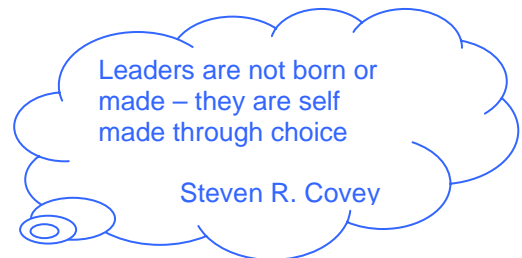
Dependence

- Be proactive

- Begin with the end in mind

- Put first things first

Independence

- Think win/win

- Seek first to understand then to be understood

- Synergize

- Sharpen the saw!

Interdependence

Peter Senge, **Disciplines of a Learning Organisation**

1.   **Personal Mastery** – the discipline or personal growth and learning. People with high levels of personal mastery are continually expanding their ability to create the results in life they truly seek. From their quest for continual learning comes the spirit of the learning organisation.

When personal mastery becomes a discipline it embodies two underlying movements (i) continually clarifying what is important to us (ii) continually learning how to see the current reality more clearly. In moving towards a desired future it is important to know where you are now. The juxtaposition of vision (what we want) and a clear picture of current reality (where we are relative to what we want) creates a creative tension.

With creative tension often comes emotional tension – these needs to be acknowledged and supported through coaching, development etc. We need to distinguish the two and be aware that emotional tension unacknowledged, unmanaged can lead to a lowering of our vision and achieving it. (See managing transitions)

Who could resist the benefits of personal mastery? Yet many people and organisations do. Taking a stand for the development of your people is a radical departure from the traditional contract between employee and organisation.

2.   **Mental Models**
One thing all managers know is that many of the best ideas never get put into practice. Brilliant strategies fail to get translated into action. Systemic insights never find their way into operating policies. A pilot experiment may prove to everyone's satisfaction that a new approach leads to better results, but widespread adoption of the approach never occurs.

We are coming increasingly to believe that this 'slip twixt cup and lip' stems not from weak intentions, wavering will, or even more non systemic understanding, but from **mental models.** More specifically, new insights fail to get put into practice because they conflict with deeply held internal images of how the world works; images that limit us to familiar ways of thinking and acting. That is why the discipline of managing mental models – surfacing, testing and improving our internal pictures of how the world works – promises to be a major breakthrough for building the learning organisation.

3.   **Building Shared Vision**

How do individual visions join to create shared visions? A useful metaphor is the hologram, the three dimensional image created by interacting light sources.

Leaders' intent on building a shared vision must be willing to continually share their personal visions. They must be prepared to ask – 'will you follow me?'
The vision is the 'what?' – the picture of the future we seek to create.

The purpose is the 'why?' 'why do we exist?'

Core values – how we want to act to achieve our purpose and vision.

All three need to be aligned to enable success

Possible attitudes to a vision:

Commitment

Enrolment

Genuine Compliance

Formal Compliance

Grudging Compliance

Non Compliance

Apathy

Visions spread because of reinforcing process of increasing clarity, enthusiasm, communication and commitment. As people talk the vision grows clearer. As it gets clearer, enthusiasm for its benefits build.

4.   **Team Learning**
Team learning is the process of aligning and developing the capacity of a team to create the results its members truly desire. It builds on the disciple of building a shared vision. It builds on the discipline of personal mastery, for talented teams are made up of talented individuals. The world is full of talented teams who share a vision yet fail to learn. Like an orchestra – it is important that the musicians know HOW to play together in harmony.

The fundamental characteristic of the relatively unaligned team is wasted energy. When a team becomes more aligned, a commonality of direction emerges, and individuals' energise harmonise.

5.   **Systems Thinking**
The discipline of building shared vision lacks a critical underpinning if practiced without systems thinking. Vision paints the picture of what we want to create. Systems thinking reveals how we have created what we currently have and what we can do to create new systems for the future to make the vision real.

Evolving Mindsets

Mindset	COMPLIANCE	DEFIANCE	SELF-RELIANCE	ALLIANCE
Basis of relationship	Dependence	Counter-dependence	Independence	Inter-dependence
Values	Security Conformity	Freedom Non-conformity	Autonomy Diversity	Contribution Unity
Underlying Question	How do I fit in?	How do I break out?	How do I make a difference	How do I serve?
Motivation	To belong	To be different	To achieve	To add value
Core Belief	We are separate	I am unique	I am alone	We're connected
Orientation to Power	Externalised	Externalise	Internalised personal will	Internalised Divine will
Nature of Leadership	Paternalistic Hierarchical	Rebellious	Entrepreneurial	Inspirational
Fundamental Assumption	Survival of the fittest	Divide and conquer	In the grand scheme of the matter	If somebody looses, nobody wins

Sabine Spencer; the Heart of Leadership

Spencer's Four leadership archetypes

1. Navigators
2. Connectors
3. Transformers
4. Mapmaker

Spencer maps 7 keys based on the chakras onto these archetypes

1. Establishing security
2. Generating passion
3. Sharing power
4. Inspiring love
5. Voicing truth
6. Trusting intuition
7. Honouring the mystery

A Learning Organisation/ Community Approach

Despite numerous reorganisations, health and social care organisations tend to be managed in a hierarchical functional way. Problems are usually addressed within Directorates or Departments. However service users experience services across the interfaces between departments/organisations. We have to live with our organisational structures, however, by developing a learning organisation and health and social care community approach focused around the needs of the service user with the using proven tools for learning and service improvement as the facilitators, we can overcome these problems.

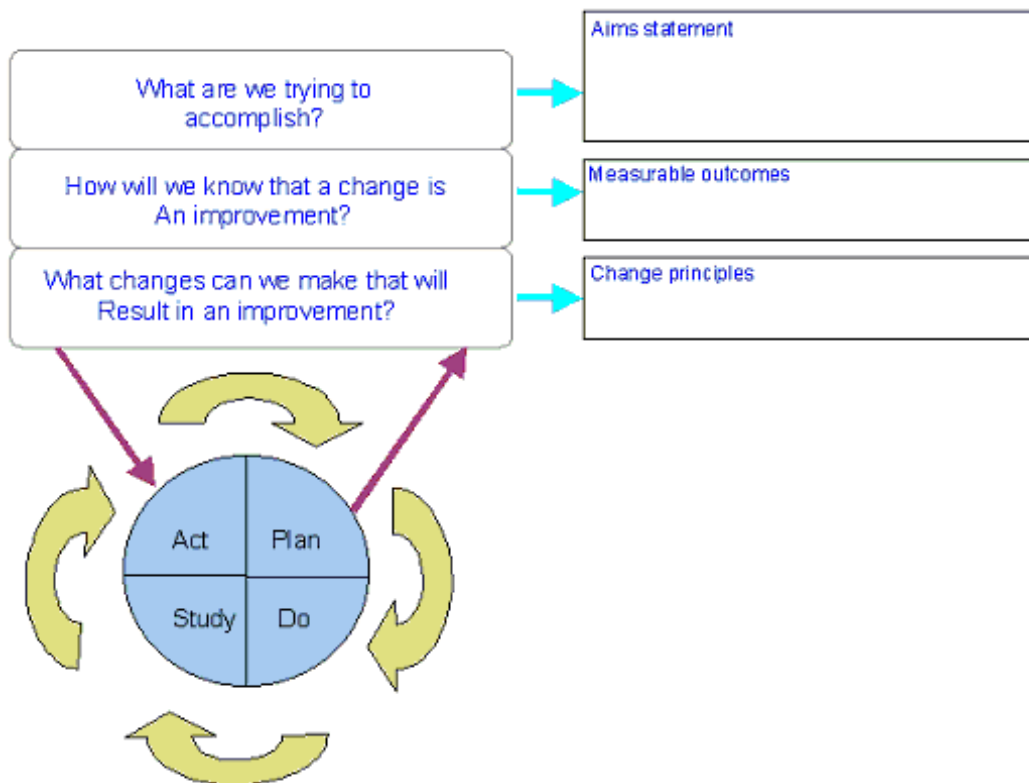**What do we mean by a learning organisation?**

Learning from day to day work and using the Plan, Do, Study, Act cycle and model for improvement throughout the organisation. Establishing improvement teams around value streams to work to improve the service user and family experience. Using the RIGHT data; measured in the RIGHT way to create information to direct improvement efforts – and keep measuring; over time to show improvement and sustainability. *Never Stop Measuring.*

The Plan Do Study Act Cycle

As long ago as the 1930's Dr Walter Shewhart (the man who invented the process behaviour chart) developed an overall model for process improvement. It has been used ever since.

Shewhart's model describes the four stages that you should go through when you set about improving a process, as follows:

1. Plan what you are going to do, after you have gathered some evidence of the nature and size of the problem.
2. Do it, preferably on a small scale first.
3. Study the results. Did the plan work?
4. Act on the results. If the plan was successful, standardise on this new way of working. If it wasn't, try something else

What are we trying to accomplish?	→	Aims statement
How will we know that a change is An improvement?	→	Measurable outcomes
What changes can we make that will Result in an improvement?	→	Change principles

Shewart's model is shown as a circle - plans do not always work first time!

Listen to patients – hear and learn from their stories; engage them in the improvement of services. Every Board and team meeting should start with a service user story.

Develop team coaches with the skills to coach for improvement both in service and for individuals in personal development.

Give staff the capability to develop service improvement approaches and the capacity to apply them. Give teams challenges to visit other organisations and learn from best practice other models of working. Use the four step innovation model and creative thinking techniques to enable innovation and maximising the possibilities for service improvement and redesign. Intel never starts the innovation process with the processor; they start with observation of the people they are designing it for- behavioural science. They follow the 3 E methodology of Ethnography studying people's behaviour in their own settings (ward; home) and gain data to build great products – ethnographical design through seeing patterns. Evidence – test knowledge to see if technologies will work and if yes turn the ideas to products. Ecosystem approach- brings together all the players who works together to co create a product.

Ensure that information for improvement is available to teams – all too often in the past data has been used to feed the beast and not for front line service improvement.

Teach smart people to learn – often once the initial qualification to practise has been attained; people can think that's it they have achieved their goal; leaders need to encourage continual learning both from day to day action and also from stretching minds in terms of self development.

Start the unending journey of learning for continual service improvement.

Understanding and Managing the System

Health and Social Care systems are complex however our traditional ways of managing the system make this complexity greater. Complex systems are basically not safe; people have to negotiate safety while negotiating multiple system goals (Sidney Dekker). Instead of managing the system and flow for patients we break the system up into teams; directorates etc. all working independently making work harder; with more work arounds and hoops to manage. Because we know the system isn't safe; we create more bureaucracy for front line teams to negotiate and more don'ts than do's; If something goes wrong we look for who to blame when in most cases the incident will have been the cause of chaos in the system. A culture of fear then abounds.

All to often a change is made to one part of the system independently that has a major negative impact at another point in the system – remember the 2 week wait for cancer services that hit the diagnostic services further upstream with the change in demand patterns?

The harder complex systems are pushed with complex rules – the harder the system will fight back. Complex systems need simple rules that make managing the complexity easier.

Simple Rules for Better Health Care System in the 21st Century	
Current Approach	**New Rule**
Care is based primarily on visits	Care is based on continuous healing relationships
Professional autonomy drives variability	Care is customised according to patients' needs and values
Professionals control care	The patient is the source of control
Information is a record	Knowledge is shared and information freely flows
Decision making is based in training and experience	Decision making is evidence based
Do no harm is an individual responsibility	Safety is a system property
Secrecy is necessary	Transparency is necessary
The system reacts to needs	Needs are anticipated
Cost reduction is sought	Waste is continuously decreased
Preference is given to professional roles over the system	Cooperation amongst clinicians is a priority

Figure 1 *Source: Institute of Medicine Committee on Quality Healthcare in America*

Leaders need to support front line staff in taking a systemic view of a patients journey and experience and facilitate the dialogue between the parts of the patients system to understand their journey; what adds value to them as ' a customer'; remove the non added value and

enhance safety. Use proven approaches such as taking a LEAN view of the organisation and understand how value is created and what the value streams are and how they can be improved. Information will be required to help the improvement so it will be vital to develop an understanding of what information will help improvement and reduce variation in the system.

Understanding Variation and its Impact on Service Delivery

Variation is inherent in life – we vary; nature varies. Variation will also always be a part of our working environment. It is important to understand variation/variability because it has a real impact on the process we rely on to deliver service

Understanding 'Natural Variation' gives us the confidence that the 'blips' in our delivery are predictable and therefore manageable.

In the case of 'Special variation' we know that the process is due to unnatural causes and unpredictable … e.g., theatre breaking down, power cuts, or some freak accident

Understanding variation is part of a broader process of *Measurement for Improvement*

The use of data from the system proactively to make decisions- and understand what is happening winter pressures occurs every 12mths; just like Christmas but do we use historical data wisely to help us predict how to manage it better the next time; before it is upon us.

Also measuring in a way that will tell us when we implement a change concept whether the concept has made an improvement; or if not tell us we need to try another improvement concept. Continuing to measure can sustain the improvement – measurement over time needs to become a way of life.

Understanding variation is at the heart of applying *Statistical Process Analysis (SPC)*and using run charts and control charts to give easy visual identification of what is happening in our processes; something that spreadsheets and comparing this month on the same month 12 mths ago does not.

 SPC was introduced by Walter Shewhart in the 1920's at Bell Laboratories. If you have heard of 6 sigma; basically this is the 3 standard deviations on either side of the Mean line on the SPC control chart.

Statistical - we use simple statistics to help us understand what is happening in our processes

Process- the data/statistics are used to monitor how a process(s) behaving

Control- by setting perimeters/limits to help determine if a process is predictable

It is not possible to understand Variation without data-data helps us understand current or past performance; helping us to use data to create information that is useful. With SPC we can 'plot the dots' over time to see trends and the predictability and safety of our processes.

Without data and an understanding of variation:
- ❖ it is difficult to make accurate predictions or plan for the future
- ❖ it limits our ability too make improvements as we will probably to the wrong thing righter based on assumption; judgment and miss information
- ❖ there is the potential for increased waste and therefore cost

Other tools to help include check sheets; Pareto principle (80:20 rule – 80% of the problem comes from 20% of the system); Histograms; Root cause analysis – information on these can be found by following the link to the East Midlands Improvement Network on the resources page).

Variation in work practices and management of the work environment can add to variation and cost through wasting time looking for things; chasing people or equipment; wasted stock

Before creating additional posts a full understanding of the variation in workload; demand and capacity should be undertaken; without this exercise adding more staff will just add more variation – and cost.

Creating the Environment for Transformation

Culture – A definition

'The style and learned ways that govern and shape the organisations people relationships.'

'The way we do things around here'

Culture – A Context

Every organisation has its own unique culture even though they may not have consciously tried to create it. Rather it will have been probably created unconsciously, based on the values of the top management or the founders or core people who build and or direct that organisation. Over time, individuals (particularly the organisation's leaders) attempt to change the culture of the organisation to fit their own preferences or changing marketplace conditions. This culture then influences the decision making processes, it affects styles of management and what everyone determines as success

When an organisation is created it becomes its own world and its culture becomes the foundation on which the organisation will exist in the world. People's actions in organisations are not always 'their own' but are largely governed by the socialisation processes of the specific culture to which they belong.

Organisational culture is often referred to in the same breath as organisational change and you will often see the process of developing a new culture or changing the existing one linked into the transition curve.

All too often we mistake organisational restructure as a remedy for changing the culture and the results of an organisation. Failure to understand the need to develop the culture to create the desired results and the need to manage both the creative and emotional transition in organisational restructure will simply lead to greater problems.

Health and Social Care are at a critical stage in their histories. All stakeholder organisations really have to establish new behaviours, relationships and ways of working that will deliver the significant health and wellbeing agenda they face.

History is not on public sector organisations side, the tendency for health organisations in particular to revert to type post any reorganisation and perpetuate old behaviours is observable. – Noted in two publications by Stuart Dickens of Dearden Consulting (2001 and 2003).

On 03 July 2009, The House of Commons Health Committee published it final report on patient safety, extending to 120 pages.
The report recommends:
- Boards and senior management make patient safety the top priority
- Commissioning, performance management and regulation arrangements must be clarified and rationalised to become more effective
- Patient harm rates must be measured by regular reviews of samples of patients' case notes
- The introduction without delay of the NHS Redress Scheme
- Quick implementation of proven technologies which can improve safety
- Ensuring harmed patients and their families always receive full and frank information about incidents of harm
- Enabling front-line NHS staff to use their initiative to improve patient safety
- Better and more explicit patient safety education for healthcare workers

Creating the environment for transformation will involve culture change. Culture changes one person at a time. Since culture is what people think and do, each individual in the organisation must think differently and act differently in order for the culture to change. Each individual will be a product of their experiences and beliefs so Leaders need to create the experiences that foster the beliefs to want to take the desired action to achieve desired results. Leaders must communicate consistently, constantly and ensure that overt and covert messages are aligned

On the PowerPoint slide, results are placed at the top of the Results Pyramid. The other three elements of organisational culture- actions, beliefs and experiences are the pieces upon which results are based. For an organisation to achieve desired results, its culture – what people think and do, must be aligned with this result.

Lack of alignment leads to confusion, mixed agendas, lack of motivation, back biting and non achievement of results.

Depending on people's experiences, the level of beliefs may vary in intensity and therefore in level of influence to alter. This is particularly true when we have numerous organisational changes and the emotional transition for individuals has not been managed well; people become disengaged and de motivated.

The importance is to engage every person in the process and give people the opportunity to be involved and move behaviour above the line to be accountable for results – see it; own it; solve it do it.

It is ideal for transformation to start at Board level within an organisation but it can start at any level. Begin with a team discussion; identify the context and need to do things differently; look at the wider teams and how you will engage them in discussions and creating the vision for transformation. Create the powerful argument for doing things differently and remember improvement implies change; change +humans = transition. Transition brings uncertainty and emotional tensions that need to be supported and people coached through the process.

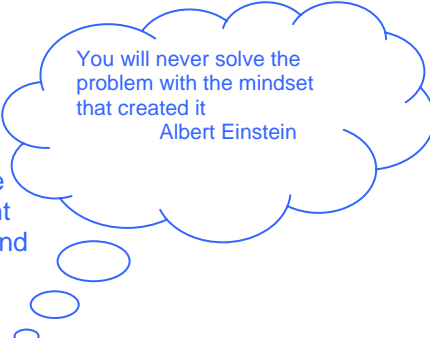> You will never solve the problem with the mindset that created it
> Albert Einstein

Begin every team meeting with a patient story; analyse the results and Outcomes you are achieving for patients and staff wellbeing; how could they be made better? Start to work on the system and acknowledge the human factors. If possible work across systems to improve; if not it is ok to get your own house in order first before working with the wider system – integration and personalisation requires a lot of internal preparation to make it a reality –it won't just happen; people don't just change; they need support in moving paradigms and creating new mental models of how health and social care is to be delivered and a sense of what is possible.

Start living the new rules for 21st Century Healthcare and adopt the outward view to the patient and not up to the boss. Engage corporate services in the process; run a mini workshop for them – they will need to move their paradigm too. Take them out to visit patients and see the world of healthcare at work and discuss with them how you can work together to improve patient care; and the bottom line at the same time.

Give staff the time to think; network and have improvement discussions; use PDSA as part of daily work; make team meetings energising and use creativity tools. Develop their service improvement capability and run improvement events that include all stakeholders in the process – apply LEAN principles; seeking to add value to the patient and reduce waste; increasing quality; productivity and safety and taking care of the bottom line.

To get a good harvest; you have to look after the land and the crops; the same is true for enabling service transformation

And remember communicate; communicate; communicate………

The Chain of Effect in Improving Healthcare Quality

Patient and Community	**Experience**	**Aims(safety, effectiveness, patient centeredness, timeliness efficiency, equity)**
Micro system	**Process**	**Simple Rules/ Design Concepts (knowledge based, customised, cooperative)**
Organisational Context	**Facilitator of Process**	**Design Concepts(HR, IT, leadership)**
Environmental Context	**Facilitator of Facilitators**	**Design Concepts (financing, regulation accreditation, education)**

Figure 2; Framework for Pursuing Perfection, Institute of Medicine's March Report 2001, Across the Quality Chasm, presented by Dr Donald Berwick IHI Conference November 2001

Again, through the work of the Institute of Medicine, USA and the Institute of Health Improvement Pursuing Perfection Programme, a framework for delivering high quality healthcare was developed (see figure 2), referred to as 'The Chain of Effect in Improving Healthcare Quality'.

This framework may serve as a model that UK health organisations could adopt to help develop the understanding of everyone at every level focusing outwards towards the patient to improve the quality of care.

At the pinnacle of the chain is *patient experience.* This is where quality is measured. The aim being to deliver timely, appropriate, safe, efficient and effective care tailored to individual needs. This is 'true north' for everyone in the system. This is the common purpose.

At the next level is the *micro system.* This is where the quality of care is created. Microsystems are GP practice teams, ward teams, out of hour's services. How these micro systems work together to ensure quality across boundaries is essential. Micro systems need to co operate for the benefit of the patient.

The third level is the *organisation*. Everything that the organisation does should be focused on enabling and supporting the micro systems achieving positive patient experience. Managing the interactions across boundaries, facilitating co operation and removing the barriers to delivering quality care and treatment. The organisation should enable open learning and sharing for improvement.

The final level is the *wider organisational context.* This is the level of world class commissioning, staff education, service regulation and accreditation, partnership working with local authorities and policy development. The Department of Health have clearly set their commitment to focus towards the pinnacle of the Chain of Effect and are openly urging organisations/ communities to do the same. It will be essential that this happens at all levels of the system

Action Planning and Next Steps

Transforming Services needs Transformation of Leadership Action Plan		
Name: Date:		
For Me		
What?	Who do I need to involve?	When will I complete it?
1.		
2.		
3.		
For my Team		
What?	Who do we need to involve?	When will we complete it?
1.		
2.		
3.		
For my Organisation		
What?	Who do we need to involve?	When will we complete it?
1.		
2.		
3.		

Recommended Reading

The Seven Habits of Highly Effective People. Covey, S.R. Franklin Covey Company.

The Heart of Leadership. Spencer, S (2004). London: Rider Books

The Fifth Discipline Field book. Senge, P., Ross, R., Smyth, B., Roberts, C. and Kleiner, A. (1994) London: Nicholas Breasley Publishing Ltd.

Journey to the Emerald City. Connors, R. & Smith, T. ISBN 0-7352-0052-1

Susan Debnam   'Mine's bigger than yours'

(2nd Edition);Donald J. Wheeler; SPC Press. ISBN 00-945320-35

Websites

http://www.deming.org.uk

http://www.nhsleadershipqualities.nhs.uk/portals/0/the_framework.pdf

http://www.winchart.net/winchart.htm

http://www.tin.nhs.uk/tools--techniques

Care by Design

Care by Design has the skills, knowledge and experience to work with health, social care, third and private sector organisations and service users themselves to design and redesign care, create self management approaches and achieve sustainable health and quality of life improvement.

The organisation can work at a strategic level, helping organisations assess their local priorities and make high level plans as well as at a practical, implementation level, making the plan happen.

The 5 Key Skills of the Company

- The ability to help organisations see their system from a service user – customer – perspective or outside in
- Extensive knowledge and experience of designing and redesigning services
- Highly developed organisational development skills to create cultures for desired results
- The ability to bring people and organisations together to codesign services
- Highly developed skills and experience at managing potential barriers to implementation

Everything we do is aimed at improving services for the people who use and work in them. Our work is driven by our clients' needs and supports and enables delivery of their goals and objectives. Co-operation, teamwork and mutual respect are essential to our success. We encourage a learning approach as 'everyone has something to share, and everyone has something to learn'. We aim to make the world simpler and easier for those we are trying to help, not more complicated. We aim to be the change we want to see in public sector.

We have five simple rules:

1. See things through service users eyes
2. Find a better way of doing things
3. Look at the whole picture
4. Give front line staff the capability to tackle the problems
5. Respect and value everybody, building positive working relationships

www.carebydesign.org