

SOME OF THE BEST  
THINGS  
IN LIFE ARE FREE



# Improvement and change

A facilitator's guide

Part of the *DNA of Care* Programme

## Acknowledgements

This guide was commissioned by Kate Milton, NHS England and written by Karen Deeny and Pip Hardy, Pilgrim Projects Limited.

© 2018 Karen Deeny and Pip Hardy

The *DNA of Care* digital stories were created by NHS staff in Patient Voices® workshops sponsored by NHS England. The stories are copyright Pilgrim Projects Limited and are released under a Creative Commons Attribution Non Commercial No Derivatives license. Essentially, this means that they cannot be sold or changed in any way without specific permission from the copyright holder. For more information, please contact us via the Patient Voices website [www.patientvoices.org.uk](http://www.patientvoices.org.uk)

This guide, together with the accompanying presentation and the other guides and presentations in the series, can be downloaded from [www.patientvoices.org.uk/dnaoc.htm](http://www.patientvoices.org.uk/dnaoc.htm)

### ***DNA of Care* guides for facilitators**

This guide, together with the others in the series, has been developed to enable you to make the most effective use of the *DNA of Care* stories. It is not intended to be prescriptive, but rather it is intended to offer some direction on the journey towards improving experiences of care for all those who deliver it as well as all those who receive it. We hope you will find it helpful.

There are five guides in the series:

#### **Bringing your whole self to work**

#### **Compassion**

#### **Compassionate leadership**

#### **Improvement and change**

#### **Resilience**

We would love to hear about your own experience of using the guide/s and sharing the stories. If you have any questions or would like to share any feedback with us, please contact the authors:

Dr Pip Hardy [pip@pilgrimprojects.co.uk](mailto:pip@pilgrimprojects.co.uk)

Dr Karen Deeny [karen@pilgrimprojects.co.uk](mailto:karen@pilgrimprojects.co.uk)

## Improvement and change

*'Change is not made without inconvenience, even from worse to better.'*

Richard Hooker, 1554-1600

If there is one thing that is constant in our world, it is change. Change is all around us and it is necessary for our survival: the seasons change, children grow into adults, acorns become oak trees...robust good health can change in an instant as a result of illness or accident and disease can be cured through clinical interventions and caring staff. But there are other changes too: changes in policy, in funding, in technology, in staffing levels; changes in leadership and research. There is often a natural resistance to change, even when the change is intended to bring about improvement, and people who are trying to make changes in healthcare often struggle to have their ideas, let alone their policies, adopted. Stories can help us make sense of change.

### Background and context

*'There is nothing unusual about change in the NHS. Health services have evolved and changed since the inception of the NHS, as has healthcare in other developed nations. This doesn't mean change occurs naturally in the interest of patients. In fact, it requires a deliberate decision by those in the system to direct it.'* NHS Confederation, 2013

Changing established behaviour of any kind is difficult (NICE, 2007) and is particularly challenging in healthcare because of the complex relationships between a wide range of organisations, professionals, patients and carers. In such a complex context, change can take a long time and often requires sustained and determined effort and commitment in order to achieve it.

Some factors may help to foster an environment that is conducive to change. In particular, strong leadership and a clear and explicit organisational focus on improving patient care can motivate and support staff in striving for continual improvement. On the other hand, there are many barriers to be overcome in changing established practice.

### Barriers and motivators

Understanding the barriers to change is an important first step in implementing change and ultimately driving improvement. The National Institute for Clinical Excellence – or NICE - highlights the importance of awareness and knowledge of barriers as vital in enabling change to occur (NICE 2007). While the practicalities of change, such as skills and resources, are important, human factors, like motivation and beliefs, are also key.

Motivation is a fundamental part of almost everything we do in all aspects of our lives. We are motivated by external factors such as incentives, potential penalties or regulation and by our internal values, drive and desire to improve. These are of course, not static and may change over time impacting on our ability and motivation to change.

Personal beliefs and attitudes also impact significantly on the way people behave. Perceptions of the benefits of any proposed change versus the personal and financial investment needed to make it happen. Perceptions about others views of change may also have an impact. Some people embrace change easily while others may find it much more difficult. David Whyte articulates this situation well in his book *The Heart Aroused*:

*'I do not think you can really deal with change without a person asking real questions about who they are and how they belong in the world.'*

David Whyte (1998)

## **The context of change**

As the NHS Confederation (2013) highlights, change is rarely easy and this is even more the case with a complicated and cherished institution like the NHS. The 21<sup>st</sup> century NHS context of constant pressure, rising demand and limited resources, along with changing public and workforce expectations creates particular challenges for those who are working to change and improve services.

In this complex context, the NHS Confederation (2013) proposed a shift away from the polarised debate about supporting or resisting change towards more open-minded approaches that look to engage people in more meaningful ways.

The large-scale changes taking place in healthcare are frequently associated with cuts to funding and downgrading services and are often triggered by a financial or clinical crisis. The result is that these changes in the delivery of care can easily be regarded as a threat by those who rely on the current service configuration, either as patients, carers or members of staff.

In seeking to understand more deeply how best to engage people in changes that work in the best interests of patients, the NHS Confederation convened groups of patients, clinicians and managers to move this debate forwards. This is what they learned:

*'Healthcare should never be allowed to stand still. It should never be permitted to accept that care is not as good as it could be. If there is good evidence from clinical research and patient experience for changing healthcare, to improve it and deliver it in a more consistent and sustainable way, we must be at the forefront of the discussions of how to do so.'*

*'We know there will be concerns about the challenge and we do not pretend that we will always agree on how health services should change. Cooperation requires all of us to face up to difficult questions about the demands we place on the system. We all bring our own concerns and worries to that discussion, but these anxieties are better considered collectively, rather than in isolation.'*

NHS Confederation, 2013

## Leading change at all levels

In particular, the NHS Confederation (2013) highlights the value of collaboration in exploring and agreeing how to make change happen. This type of change demands co-production and a whole-system approach to developing new models of care that treat patients in the right way.

Currently, the NHS is facing significant financial and operational pressures, with services struggling to maintain standards of care (Kings Fund, 2016). Now, more than ever, the need for change and for local and national NHS leaders to focus on improving quality and delivering better-value care is imperative and... *'All NHS organisations should be focused on continually improving quality of care for people using their services.'*

Within this drive for improvement, the Kings Fund (2016) stress that *'the use of methods and tools to continuously improve quality of care and outcomes for patients should be at the heart of local plans for redesigning NHS services'*.

It is clear that NHS leaders have a vital role to play in making change happen. There are many small-scale examples across the NHS that demonstrate improvements for patients *and* staff, alongside delivering better value. Christensen (2009) highlighted that *'to deliver real improvements to patient care, change must be driven and encouraged from within'*.

The potential benefit of quality improvement initiatives is more likely to be realised if a more systematic approach across organisations and systems is taken. The Kings Fund suggests that:

*'To deliver the changes that are needed to sustain and improve care, the NHS needs to move from pockets of innovation and isolated examples of good practice to system-wide improvement'* (Kings Fund, 2016).

Following on from the thinking about the importance of leadership, The Kings Fund (2017) recognises that responsibility for leading change and improvement extends well beyond the most senior leaders in the healthcare system. This builds on the work of Bohmer (2016) that emphasised that improvement is enacted at all levels and from many different groups, including patients, carers and service users.

Even when all the right people are engaged, improvement is often complex and takes time to achieve, often through a series of small steps rather than big leaps (Alderwick et al, 2015). Since 2005, when NHS Institute of Innovation and Improvement published a guide to managing the human dimensions of change, it has been clear that there is more to service improvement than models and resources. Noticing, responding to and supporting peoples' reactions to change, is a key component of successful improvement initiatives.

While improving people's lives is a key motivation for staff working in the NHS, this can itself bring additional pressures.

*'Improving people's lives and experience of care is at the heart of what matters to us and helps to drive the change we want to see.'*

NHS Improving Quality

## The demands of change and improvement

Thorlby (2016), stressed the importance of change being closely informed and driven by those staff who are already 'doing the day job'. In reality this means that the NHS workforce will need to do more than their day jobs if the kind and level of change required to deliver the NHS *Five Year Forward View* is to be achieved. Change of such magnitude demands that staff contribute to improvement projects, find efficiencies, deliver targets and provide consistently compassionate, high-quality care. It is not difficult to see the pressures created by such demands and to recognise the sheer persistence and commitment needed from those who take up the mantle as agents of change and improvement.

In their recent report about transformational change, the Kings Fund (2018) argue that transformation is best brought about from within the system and led by front line staff, patients and carers. The report refers to two key messages about change. Firstly, that there are groups and individuals who work with great determination, courage and resilience to achieve great things for the patients and communities they serve. Secondly, that there are key conditions and considerations for leaders working to achieve transformational change.

Within the examples included in the Kings Fund report (2018) 'transformations were sparked by people seeing and acting on local needs'. The examples of individuals' motivation to make a difference were very powerful and this, taken together with their experiences of good leadership, access to networks and skills in accessing resources helped their 'sparks to become flames'. These examples are inspiring, approachable and supportive to others, and highlight the conclusion that:

*'More needs to be done to help people to nurture change sparks and bring about change'.*

## The power of stories: the DNA of Care

*'Just as care in the NHS is free at the point of need, NHS staff carry within them a vast reservoir of expertise and experience that is free at the point of telling: their unspoken, unheard stories of care and caring. The intertwined relationship between patient care and staff well-being has been likened to the double helix. And so the stories we tell each other are like the DNA of care, transmitting information and shaping cultures, offering learning opportunities and, sometimes, healing.'* [www.patientvoices.org.uk/dnaoc.htm](http://www.patientvoices.org.uk/dnaoc.htm)

In the first half of 2016, NHS England funded five Patient Voices® workshops for staff to create their own digital stories about working in healthcare. The intention is that the stories will be used to help other people understand the reality of working in healthcare so we may all learn from experiences, both good and bad; sharing stories in this way helps contribute to healthcare that is safer, more dignified, more humane and more compassionate for everyone.

The *DNA of Care* digital stories have been used in a wide variety of ways and evaluation indicates that they highlight important issues in an impactful way. They have been used in Trust training and induction events, at local, regional, national and international conferences,

in multi-disciplinary team meetings, in workshops, as part of reflective activities, in care homes, in digital Schwartz Rounds, as a means of exploring professionalism and values, and in other ways that we don't even know about. Viewers of the stories are reminded of our humanity and our connection, while the storytellers themselves experienced the process of creating their stories as therapeutic, reflective, fulfilling and positive.

## Stories of improvement and change

You may find the following *DNA of Care* digital stories useful as inspiration and/or as prompts for reflection and discussion. Please feel free to show them from the [Patient Voices website](#) or use the slide packs that accompany this guide.

Many of the stories are very affecting and your audience may need some time to reflect on each story. It can be helpful to have some questions ready and you may also like to anticipate your audience's response to the stories. We have suggested some possible questions at the end of this guide but please feel free to develop your own questions – and try to prepare for the kinds of questions and comments that you might expect from your audience.

It's a good idea to watch the stories before you present them to others so that you can select the most appropriate story or stories for your audience and your purpose. The stories can affect different people in different ways so you may wish to consider giving a general trigger warning such as 'Many of these stories are very emotional and we are aware that they may trigger strong feelings.'

### *A little bit awkward*

As a nurse, Rebecca wants the best possible care for her elderly patients. But taking on the challenge of bringing about transformation in healthcare can be discouraging, isolating and exhausting. Joining the School for Health and Care Radicals offered support, inspiration, skills and tools for leading change, and the important realisation that change works better when people work together.

### *I'm sorry*

Sharon's nan was a stroke victim. Perhaps that's why Sharon works in a job that requires her to listen to patients, find out what matters, what works well and then use what she has learned to identify and support best practice. At a listening event, Sharon meets Amber, who had a stroke at 19. Amber has her life ahead of her; she is courageous, resilient, resourceful and determined to lead a fulfilling life, despite instances of poor care – and Sharon learns from her what it means to be a stroke survivor and live life to the full after stroke.

### *Measuring what counts*

It is a dark day when Richard realises that he is not cut out for a career as a quantity surveyor. No job, no prospects, no idea of what he wants to do, years of investment in training wasted. When an opportunity to train as audiologist presents itself, Richard realises that what he wants is to help people. That is the beginning of the shift from quantity to quality, from counting what can be easily measured to measuring what really counts.

## Fixer

Even when she was young, when Fay saw something that needed fixing, she fixed it. As a nursing sister on a busy urology ward, she has plenty of opportunity for fixing. When she becomes a patient, not only does she continue to try to fix things but she also has the opportunity to see things from a different perspective. So, when a frustrated patient makes it clear that there is a problem with the appointments system, Fay rolls up her sleeves and gets on with fixing it.

## Questions for reflection, discussion and debate

The following questions are suggestions – please do feel free to ask questions that occur to you or that may be more relevant to the session you are delivering.

1. How far does ‘Measuring what counts’ capture and reflect some of the internal and external factors that motivate or limit our motivation to change and improve?
2. In which ways does ‘I’m sorry’ illustrate different perceptions of change?
3. How do these stories highlight and explore some of the ways in which people more meaningfully engage in changing and improving practice?
4. How might these stories help focus more attention of co-production and treating patients in the right way?
5. How can these stories support and illustrate the significance of change from within?
6. How can these stories support and illustrate the significance of change at all levels?
7. In which ways does ‘A little bit awkward’ highlight the pressures staff feel in leading improvement?
8. How can these stories support ‘sparks to become flames’ ?

## References

Alderwick, H., Robertson, R., Appleby, J., Dunn, P. and Maguire, D. (2015)  
<https://www.kingsfund.org.uk/publications/better-value-nhs> 2015

Bohmer, R.M.J. (2016) *The Hard Work of Health Care Transformation*  
<https://www.nejm.org/doi/full/10.1056/NEJMp1606458>

Christensen, C. M. (2009) *The Innovator’s Prescription: A Disruptive Solution for Healthcare*.

Hardy, P. and Sumner, T. (eds) (2018) *Cultivating Compassion: How Digital Storytelling is Transforming Healthcare* (2<sup>nd</sup> edition). London: Palgrave Macmillan.  
<https://www.palgrave.com/gb/book/9783319641454>

Kings Fund (2017) *Making the case for quality improvement: lessons for NHS Boards and leaders*  
<https://www.kingsfund.org.uk/publications/making-case-quality-improvement>

Kings Fund (2018) *Transformational change in health and care: reports from the field*  
[https://www.kingsfund.org.uk/publications/transformational-change-health-care?gclid=Cj0KCQjw37fZBRD3ARIsAJihSr3TEzX9zatBDS9YhKDivlIHDQYAUvIcT\\_ZRD2anhcBfuobdEG4i6RwaAroDEALw\\_wcB](https://www.kingsfund.org.uk/publications/transformational-change-health-care?gclid=Cj0KCQjw37fZBRD3ARIsAJihSr3TEzX9zatBDS9YhKDivlIHDQYAUvIcT_ZRD2anhcBfuobdEG4i6RwaAroDEALw_wcB)

NHS Confederation (2013) *Changing care, improving quality: Reframing the debate on reconfiguration.*  
<http://www.nhsconfed.org/resources/2013/06/changing-care-improving-quality-reframing-the-debate-on-reconfiguration>

National Institute for Health and Clinical Excellence (2007) *How to change Practice: Understand, identify and overcome barriers to change.* <https://www.nice.org.uk/media/default/about/what-we-do/into-practice/support-for-service-improvement-and-audit/how-to-change-practice-barriers-to-change.pdf>

NHS Institute of Innovation and Improvement (2005) *Improvement Leaders' Guide – Managing the Human Dimensions of Change Personal and Organisational Development*  
<https://www.england.nhs.uk/improvement-hub/publication/improvement-leaders-guide-managing-the-human-dimensions-of-change-personal-and-organisational-development/>

Thorlby, R. (2016) *Policy matters: the reality of NHS change* <https://www.nuffieldtrust.org.uk/news-item/policy-matters-the-reality-of-nhs-change>

Whyte, D. (1998) *The Heart Aroused: Poetry and the Preservation of the Soul in Corporate America.* Bantam Doubleday Dell Publishing Group