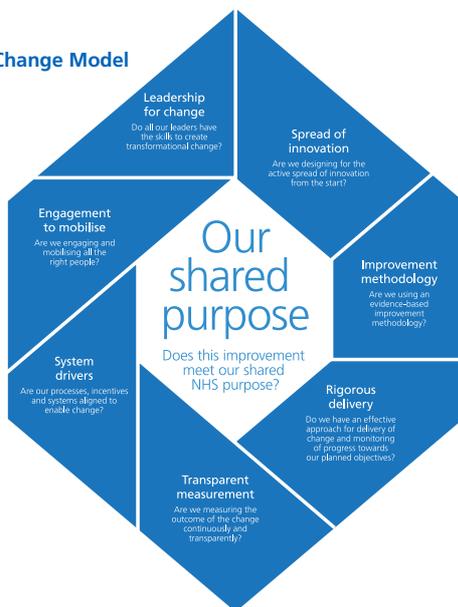


An introduction to the **NHS Change Model**



NHS Change Model



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Who is this workbook for?

The workbook is for all staff involved in or leading change projects or programmes.

How to use this workbook

This workbook is for you to work through in your own time. The learning is self-directed and you will not be assessed on the output from it.

When you have read through the workbook, you will be asked to complete an exercise: *to reflect on what you have learned from this workbook and contribute your reflection in the NHS Change Model online learning community or add a comment on the NHS England Intranet.*

A video demonstration will show you how to do this.

Throughout the workbook, you will find green boxes like this one which encourage you to reflect on what you are learning.

You are advised to make notes in response to the questions posed in these green boxes. At the end, you will be able to draw on your notes to complete the exercise.

Introduction

This introductory workbook to the NHS Change Model comprises:

- this workbook
- a short video demonstration of the online learning community
- an exercise to be undertaken.

Once these three elements are completed, you will have an awareness of:

- the reasons why change is needed in the NHS
- three important concepts within the NHS Change Model
- the eight component parts of the NHS Change Model.

You will also have:

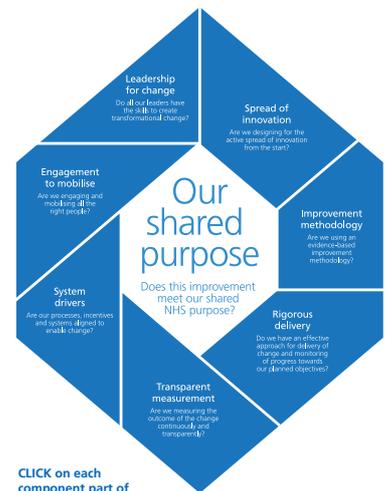
- considered how the eight component parts of the NHS Change Model apply to a change that interests you
- contributed to the NHS Change Model online learning community.

The NHS Change Model was developed with hundreds of NHS staff at all levels who wanted to build energy for change across the NHS by using an approach to improving patient care that everyone agreed on and that was based on solid research.

NHS England uses it as a framework for making change happen in the NHS, so everyone working for us is required to have a basic understanding of it.

There are eight component parts - they have to be used together in equal measure to make change successful.

You can use the framework on any change that matters to you, no matter how big or small.



CLICK on each component part of the model to find out more about it.

Why does the NHS need to change?

- 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
- Digital and other technologies create opportunities for new and innovative service models
- The NHS currently faces massive financial challenges
- Our aging population and increasing rates of multiple morbidities have created a higher demand for health, care and integrated services
- Our current speed of change across health and social care, including the spread and adoption of innovation is too slow
- The NHS Change Model has been developed to provide a common framework for delivering a service that is agile and sustainable in the face of these challenges.



What would you like to change in the NHS?
Does your change link to any of the issues identified above?

Our shared purpose



- Our shared purpose is fundamental to any change and is the place to start - it holds all the other parts of the NHS Change Model together
- This is about our values and why we joined the NHS - the NHS Constitution sets out a purpose for the NHS¹⁴
- Our shared purpose needs to be shaped by everyone involved in or affected by the change. This helps to define what needs to be achieved and how it relates to the things we all really care about
- It is important to keep revisiting our shared purpose – to ensure that it continues to connect us with our vision for improving people's lives.

Do you know of others who want the same change as you? If not, how would you identify those who want the same as you do?

* The NHS belongs to us all. It is there to improve our health and well being, support us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science - bringing the highest levels of human knowledge and skills to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matters most.

NHS Constitution

Engagement to mobilise



- Think about who you need to talk to and what you would say
- Understanding who is involved in and affected by our change means more than just holding a list of names of people involved in or affected by the change
- We need to understand what motivates them to support the change, so we need to ask questions
- Our questions need to help us connect with their values – and find out what values we share
- We are more likely to gain commitment to our change through a discussion about our shared purpose, rather than targets
- Our engagement efforts must fit with other parts of the NHS Change Model: for instance we must be rigorous in managing the delivery of our change without demotivating people.

What would you say to people to get them interested in making your change happen?

Leadership for change



- You can build commitment to a shared purpose from wherever you sit in the hierarchy – we all have a leadership role in delivering change
- By creating a deeper meaning for the change we can expect our leaders to be role-models of effective behaviours, skills and attributes and set a high ambition for performance; empowering others to commit to action - we can also expect this of ourselves
- The evidence suggests that the leadership style most likely to deliver large scale change is one that generates a commitment to a shared purpose through collaboration
- Successful leaders of change will need to bring together all parts of the NHS
- Change Model to deliver successful and sustainable change.

What one thing can you do today, to practice being a leader of change?

Spread of innovation



- The NHS has a unique opportunity to spread and adopt good practice between and within its teams and organisations
- We need to accelerate the spread of innovative solutions to deliver the cost savings required while improving the quality of care
- This means all of us sharing, learning about and adopting successful innovations from within and outside the NHS
- Research shows these seven factors that help or hinder spread and adoption of innovation in healthcare: risk taking, resources, tools, information, relationships and rewards
- There is a wealth of knowledge, tools and approaches that will help us rigorously deliver the spread of innovation and measure our success.

What could you do to find out whether others out there have achieved the kind of change you want to?

Improvement methodology



- An evidence-based improvement methodology ensures that our change will be delivered in a planned way that follows tried-and tested methods for assuring success
- The improvement methodology is the game plan – but large scale change across systems will demand different approaches to small scale process improvements
- Different methodologies are available to support different kinds of change
- A carefully chosen improvement methodology provides a solid platform for rigorous delivery of the change
- It will also support the adoption and systematic spread of change
- There are lots of methodologies e.g. Lean, Total Quality Management, Model for Large Scale Change - choose the one most appropriate for your change.

Can you name an improvement methodology? If not, where would you go to get an idea?

Rigorous delivery



- Project management (or portfolio programming) is fundamental for delivering a change successfully
- It involves identifying planned benefits that are of strategic importance, monitoring progress towards planned objectives, clarifying roles and responsibilities and controlling finances and quality
- Having shared and clear accountabilities will enhance the scale and pace of change
- A rigorous approach requires discipline and focus and is not optional - without rigorous delivery other elements of the change model will fail
- It should reinforce activities undertaken within the other parts of the NHS Change Model.

Do you know of an approach to structuring a change project that you can name? If not, where would you go to find one?

Transparent measurement



- In healthcare, we tend to measure for three reasons: to identify whether planned improvements are taking place, to judge people's performance on the job, or to inform research evidence
- Identifying and collecting the most appropriate data is often a bigger task than we anticipate it to be. It requires having a clearly defined shared purpose and this can take time to achieve
- Making data available to the public (e.g. comparative data) creates a lever for improvement, by increasing patient power and choice
- Measuring the return on investment from the implementation of change has become increasingly important, as we strive to meet our financial challenges.

Can you think of an example of a measure that would increase public power and choice?

System drivers



- Conditions need to be in our favour if the change we want to see is going to work and be sustained
- Sometimes they aren't: For instance our payment systems incentivise activity in acute hospitals whilst our policy drivers push for care closer to home
- System drivers create the broad conditions for change – we need to consider what they are in relation to our change initiative – and whether they can be lined up to support what we are trying to do
- System drivers might take the form of incentives for change, or specific standards to be achieved if penalties are to be avoided
- In designing system drivers, we need to ensure that they are to be able to evolve and respond and change appropriately.

Can you think of a system driver that affects your change?

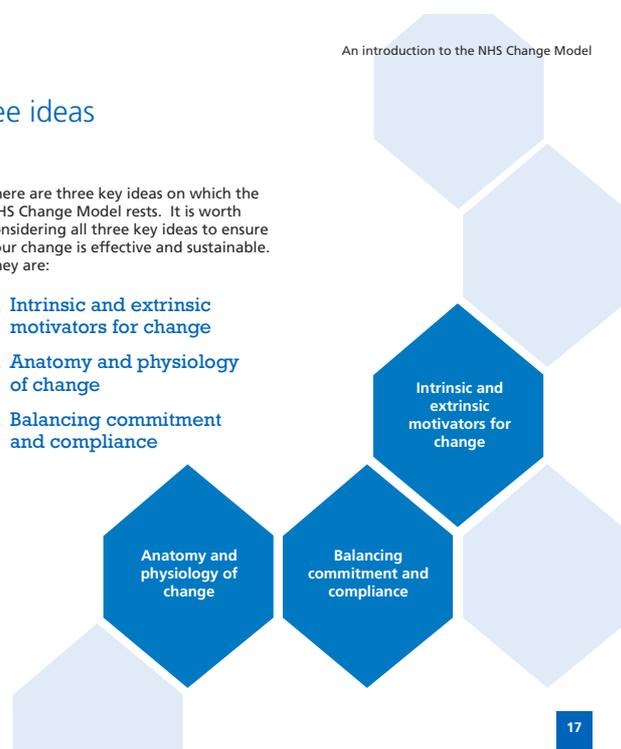
Improving people's lives and experience of care is at the heart of what matters to us and helps to drive the change we want to see.

NHS Improving Quality

Three ideas

There are three key ideas on which the NHS Change Model rests. It is worth considering all three key ideas to ensure your change is effective and sustainable. They are:

1. **Intrinsic and extrinsic motivators for change**
2. **Anatomy and physiology of change**
3. **Balancing commitment and compliance**



Idea 1: Intrinsic and extrinsic motivators for change

We are all driven by a mixture of external and internal forces – the **intrinsic motivators** come from our values and what is important to each of us as individuals.

The forces that are external to us – regulation, payment systems, the way the rules of the system work – are also really important and can feel beyond our control – these are the ‘**extrinsic motivators**’.

In the NHS, often the **extrinsic motivators** have overwhelmed the intrinsic ones, leaving people feeling exhausted and disconnected from their fundamental intrinsic values.

To get the best out of each other, and to deliver sustainable change, we need to re-balance so that there is equal emphasis on both types of motivators.

Intrinsic motivators:

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

Build energy and creativity

Drivers of extrinsic motivation:

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

create focus & momentum for delivery

Idea 2: Anatomy and physiology of change

	Anatomy of change	Physiology of change
Definition	The shape and structure of the system; detailed analysis; how the components fit together.	The vitality and life-giving forces that enable the system to develop, grow and change.
Focus	Processes and structures to deliver health and healthcare.	Energy/fuel for change.
Leadership activities	<ul style="list-style-type: none"> • Measurement and evidence • Improving clinical systems • Reducing waste and variation in healthcare processes • Redesigning pathways 	<ul style="list-style-type: none"> • Creating a higher purpose and deeper meaning for the change process • Building commitment to change • Connecting with values • Creating hope and optimism about the future • Calling to action

Which element of change do you feel more comfortable with? Anatomy? or Physiology?

- Have a look at the differences between the anatomy and physiology of change (above)
- To make change happen effectively, we need both
- By focusing on both elements, we can more easily get the benefits of all component parts of the NHS Change Model working together.

Idea 3: Balancing commitment and compliance

Compliance	Commitment
States a minimum performance standard that everyone must achieve.	States a collective goal that everyone can aspire to.
Uses hierarchy, systems and standard procedures for co-ordination and control.	Based on shared goals, values and sense of purpose for co-ordination and control.
Threat of penalties/sanctions/shame creates momentum for delivery.	Commitment to a common purpose creates energy for delivery.

Can you think of an example of a change imposed on you (compliance) and one you are committed to?

- People working in the NHS are deeply committed to improving outcomes for patients
- At the same time, we are required to comply with the system 'rules'
- Its important to recognise the importance of both commitment and compliance in delivering change
- In making our change happen, we must give equal attention to activities that develop commitment (e.g. developing shared purpose) and those that require compliance (e.g. rigorous delivery).

Exercise

- A two minute [video demonstration*](#) is available which shows you where to find further resources on the NHS Change Model
- The video also shows you how to access The NHS Change Model learning community
- Once your post has uploaded, you have formally completed this part of the induction.



Now reflect on what you have learned from this workbook and contribute your reflection in the NHS Change Model online learning community.

* If you are unable to play the video demonstration from the above link, try downloading it [HERE](#) and then play it from your computer.

Further resources

- Visit the NHS Change Model website www.changemodel.nhs.uk for resources, webinars and forums – which are constantly being updated
- The [Change Model frequently asked questions page](#) provides a standard slide set, and a downloadable picture of the NHS Change Model
- You can also contribute to discussions on Twitter using [#nhschange](#)

Considerations for managers

- What is the change effort your team is working on?
- Do you have an explicit shared purpose with your team? Was it developed together?
- Does your team have the skills to cover all parts of the NHS Change Model? If not do you know where your strengths and weaknesses are as a team and how to fill the gaps?
- Consider working with your team to give your change initiative scores out of 10 on each component part - How successfully are you implementing each of the eight components of the NHS Change Model? Does this exercise help to highlight areas that need more attention to improve the chances that the objectives of the change will be met?
- Read about some examples of how the [NHS Change Model](https://www.changemodel.nhs.uk) has been used by teams here: www.changemodel.nhs.uk





Improving Quality

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