Helen Bevan

The HORIZONS TEAM

This is what we do

1. **PEOPLE own what they HELP CREATE**
We create spaces where people with a diversity of views and experiences can come together and co-create the future so we get...
BETTER, QUICKER OUTCOMES

2. **REAL CHANGE takes place in REAL WORK**
We support the frontline staff who do the work to share ideas, experience and operational practise to speed up...
LEARNING ACTION & CHANGE

3. **The people who do the work do the CHANGE**
We help people, staff and patients to build their POWER to make a difference

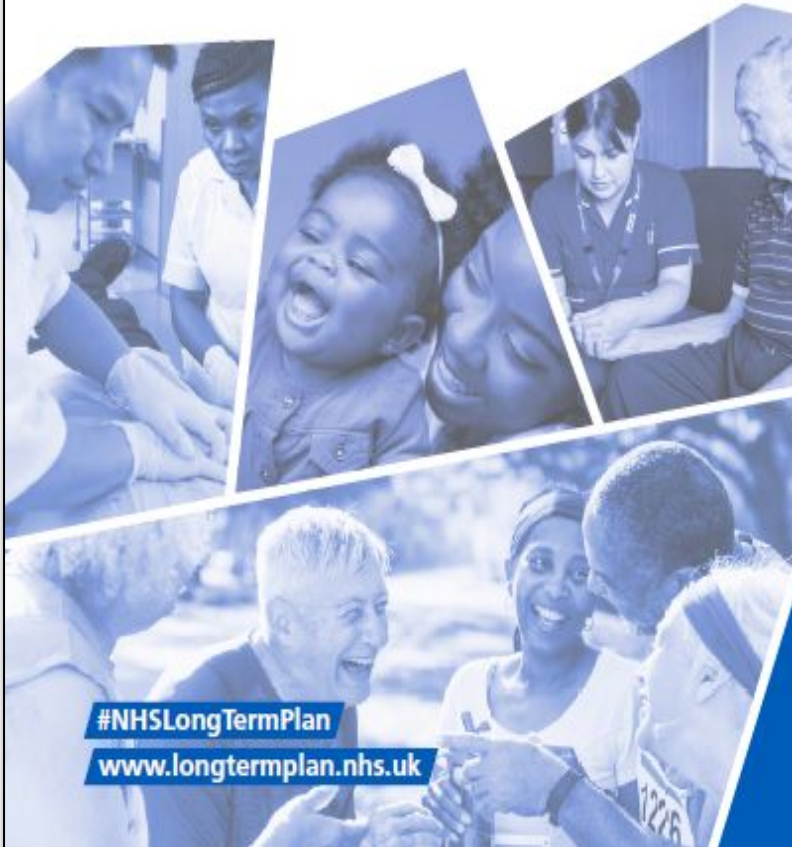4. **CONNECT the system to more of itself**
We connect thousands of people to each other, through social networks, virtual communities and social media

Principles taken from Myron Rogers: "Myron's Maxims

@helenbevan #Quality2019

The NHS Long Term Plan

#NHSLongTermPlan
www.longtermplan.nhs.uk

How do we both scale up and scale down?

Personalised care ("what matters to me?") for each individual AND at a scale that impacts on hundreds of thousands of people
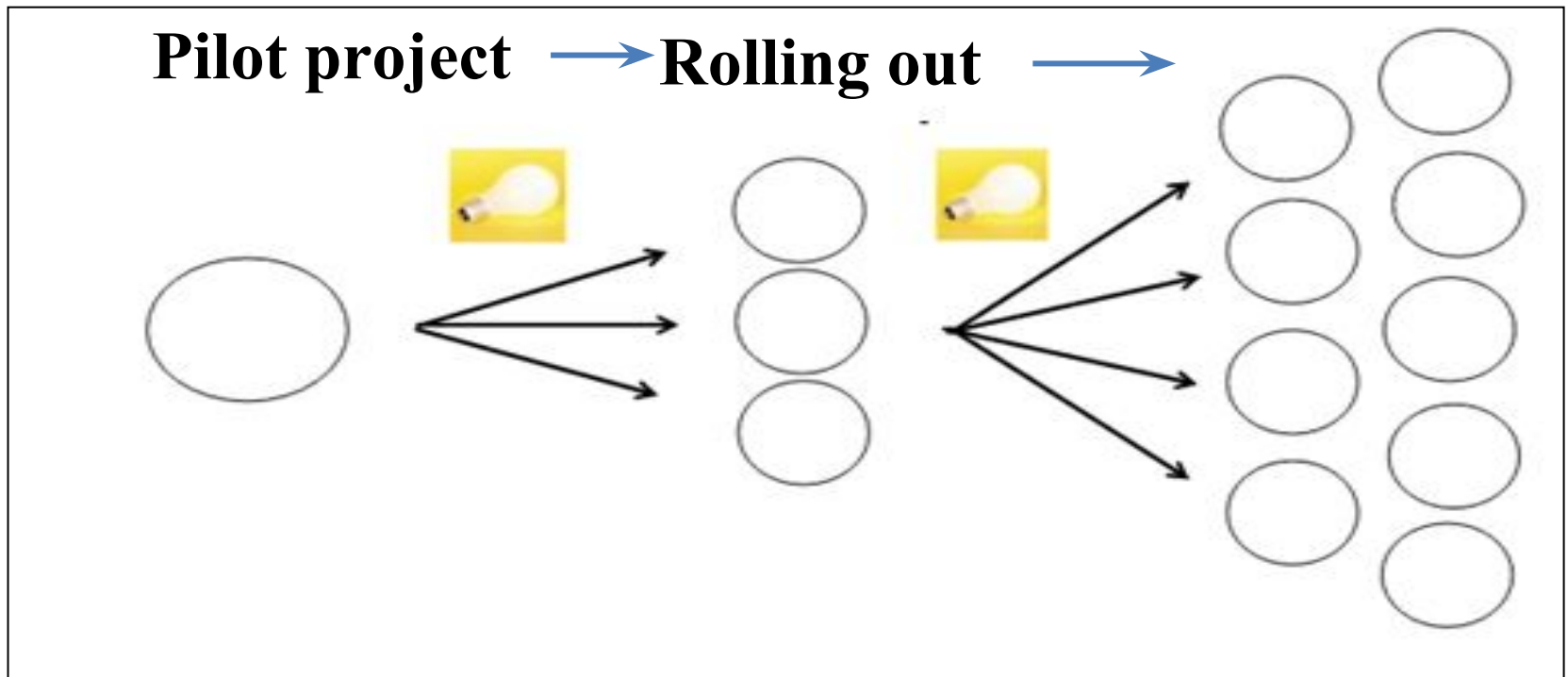
Scaling up and scaling down

" How do we improve our system across XXX (geographical area) so that every one of the X,000 citizens who uses our services sees and feels improvement in their health and care?

Across the globe, people are questioning the conventional "spread" model

Pilot project → **Rolling out** →

"If we opened our eyes we would see the wonderful irony. Trying to manage human change through pilot and roll-out has actually grown something. A proliferation of project managers".
John Atkinson

Because the reality is often different

With alarming regularity, many promising pilots in the health care improvement and implementation field have little overall impact when applied more broadly"
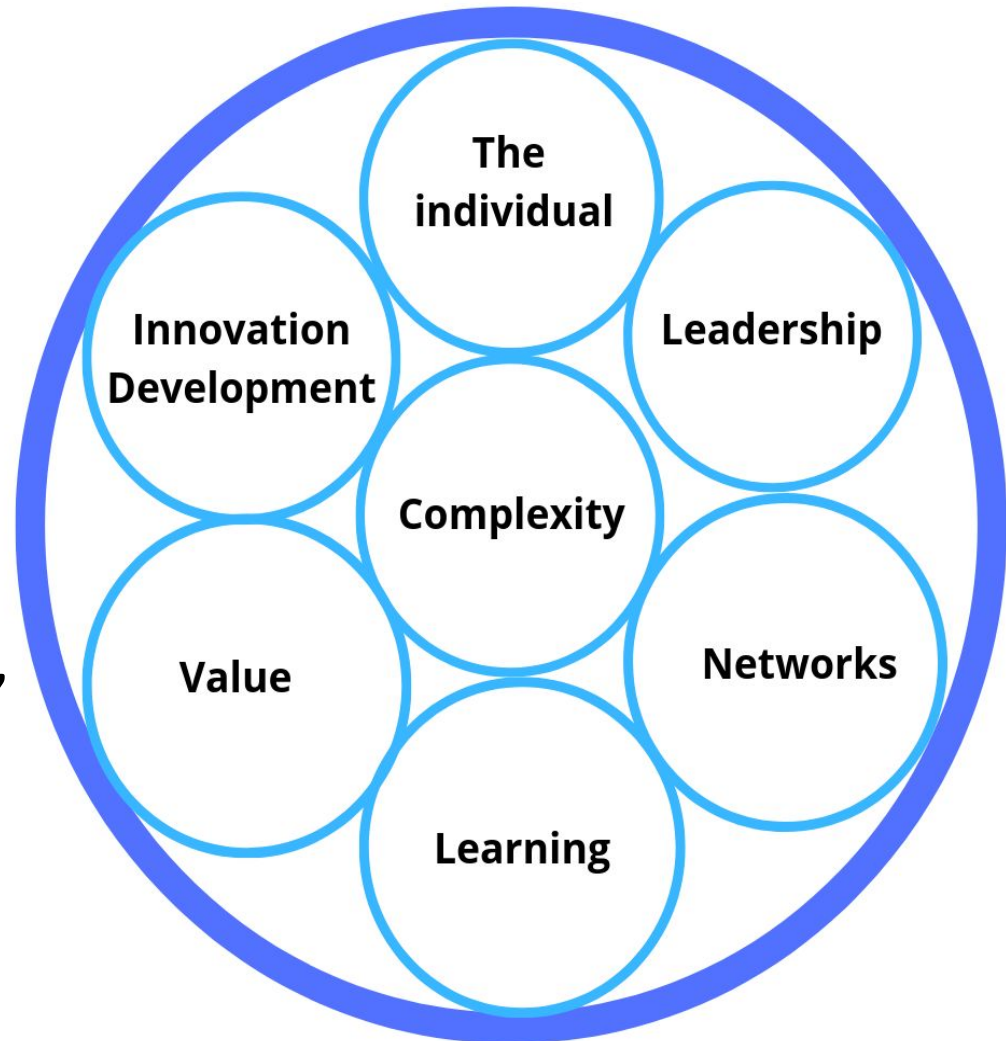Perla & colleagues, *Health Affairs* blog,
April 2015

The reality of spread…

…A dynamic, reciprocal interacting, iterative and evolving activity…*not* linear and mechanistic

…developmental, contextualised, adaptive, learning and social process

7 interconnected principles
1. Complexity

Simple	Complicated	Complex
Baking a Cake	**Sending a Rocket to the Moon**	**Raising a Child**
Right "recipe" essential Gives same results every time	"Formulas" needed Experience built over time and can be repeated with *success*	No "right" recipes or protocols Outside factors influence Experience helps, but doesn't *guarantees success*

The key thing to remember about spread in health and care

In health and care improvement, we often try to design complex spread processes as if they were complicated & it doesn't work. Complex isn't higher-order complicatedness. It is a fundamentally different kind of system!

See:

morebeyond.co.za/7-differences-between-complex-and-complicated-systems/

Seven differences between complicated and complex

|	Complicated	Complex
Causality	Linear cause-and-effect pathways allow us to identify individual causes for observed effects	There are no clearly distinguishable cause-and-effect pathways
Linearity	Every output of the system has a proportionate input i.e. Newtonian physics apply.	Outputs are not proportional or linearly related to inputs; small changes in one part of the system can cause sudden/unexpected outputs in other parts of the system
Reducibility	We can decompose the system into its structural parts and understand the functional relationships between these parts in a piecemeal way.	The structural parts of the system are multifunctional i.e. the same function can be performed by different structural parts
Controllability & solvability	Systemic contexts and interactions can be controlled, and the problems they present can be diagnosed and permanently solved	These systems are prone to high levels of surprise, uncertainty and interventions causing unexpected changes and even new or worse challenges.
Constraint (openness)	Environments are delimited i.e. governing constraints are in place that allows the system to interact only with selected or approved types of systems.	Complex systems are open systems, to the extent that it is often difficult to determine where the system ends and another start.
Knowability	These systems, because they are closed and can be deconstructed can be fully known or modelled	We cannot transform complex systems into complicated ones by spending more time and resources on collecting more data or developing better theories
Creativity & adaptability	Complicated systems need an external force to act on them in order to introduce change	These systems are able to observe themselves, learn and adapt. They are creative

Source: Sonja Blignaut @sonjabl
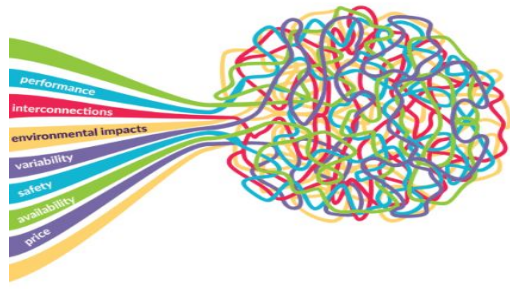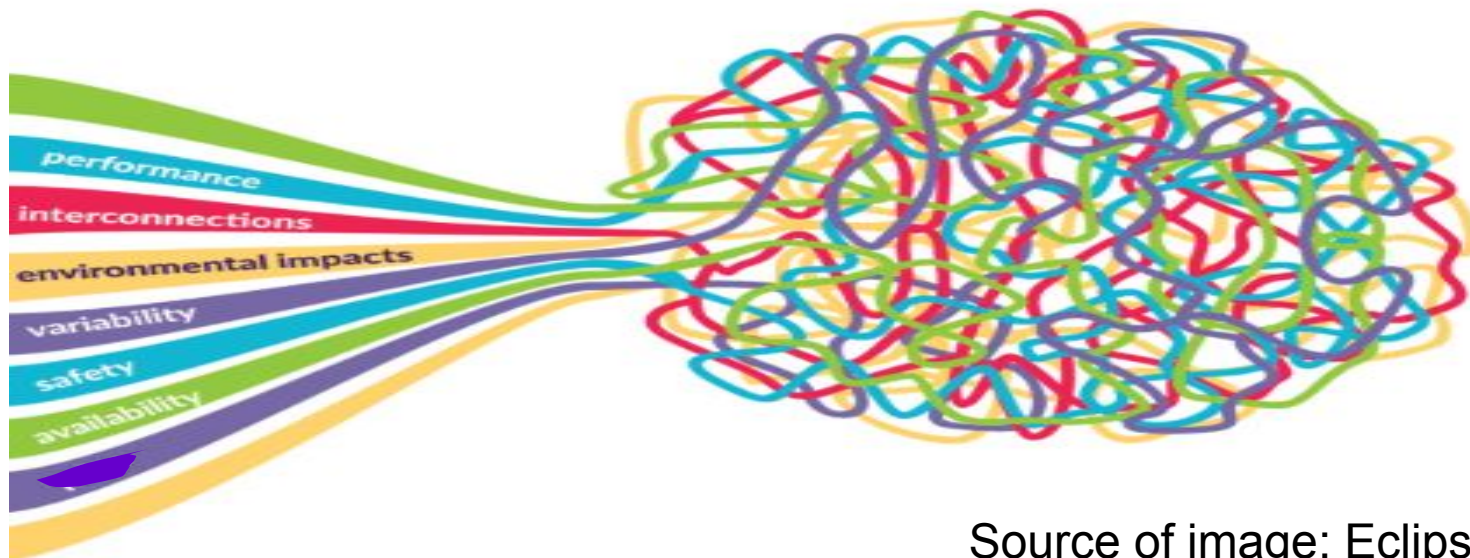
7 interconnected principles
Complexity

Spread in health and care is a complex activity occurring across a system

- Complexity around innovation, the process of spread, the context of spread

- Health and care is a complex adaptive system

- Match complexity of the approach to spread with complexity of the situation

66 Complex systems are driven by the quality of the interactions between the parts, not the quality of the parts. Working on discrete parts or processes can properly bugger up the performance at a system level. Never fiddle with a part unless it also improves the system

@ComplexWales

Source of image: Eclipse

7 interconnected principles
Complexity

"Adaptive space": an interface between innovations and the operational system
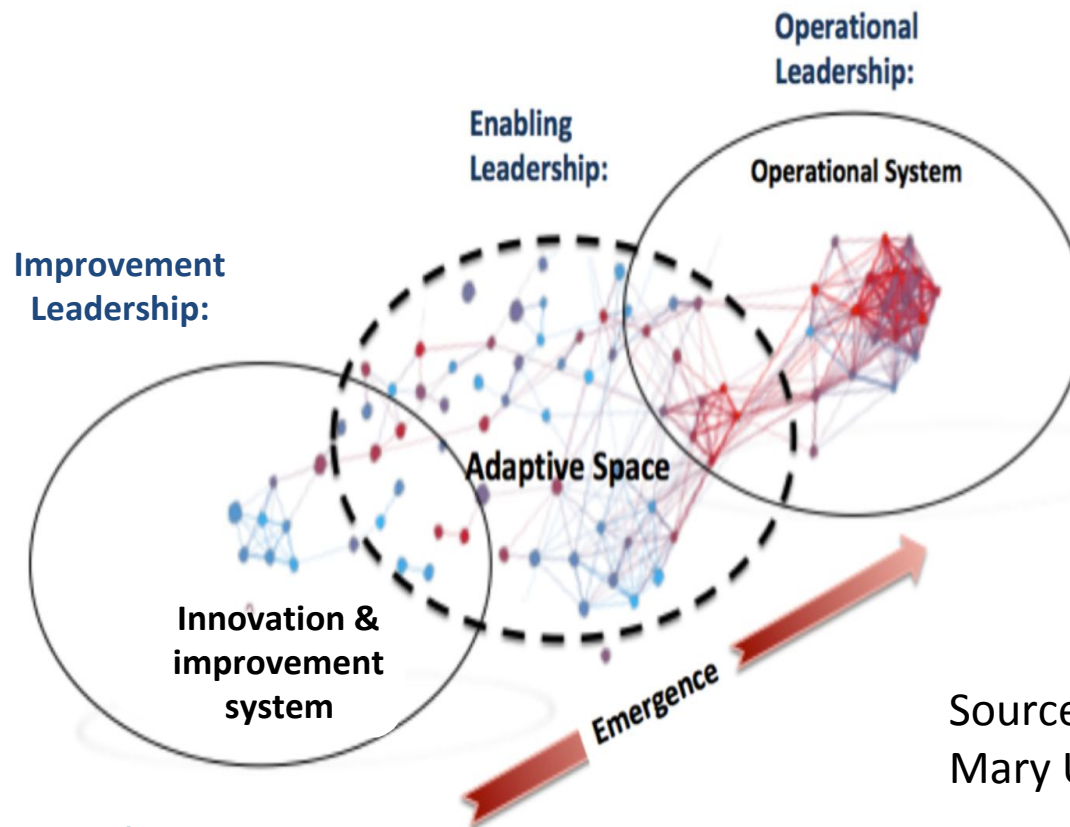
Source: adapted from Mary Uhl-Bien

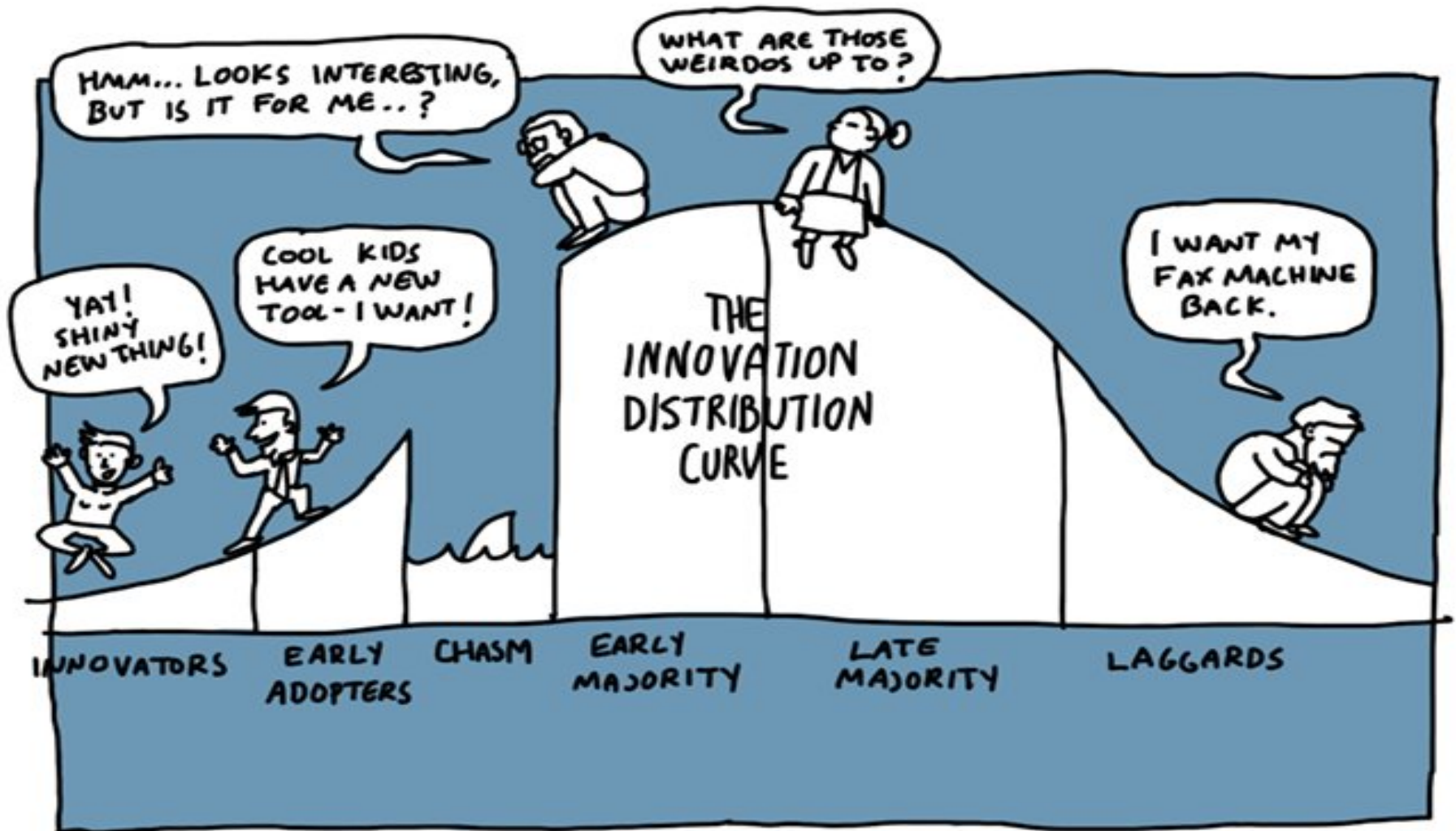**7 interconnected principles**

2. Development of innovation

Innovation development and spread are interdependent

- How an innovation is developed influences spread

- Early involvement increases commitment and ownership

- Increased focus on role of adopters in adaptation and spread
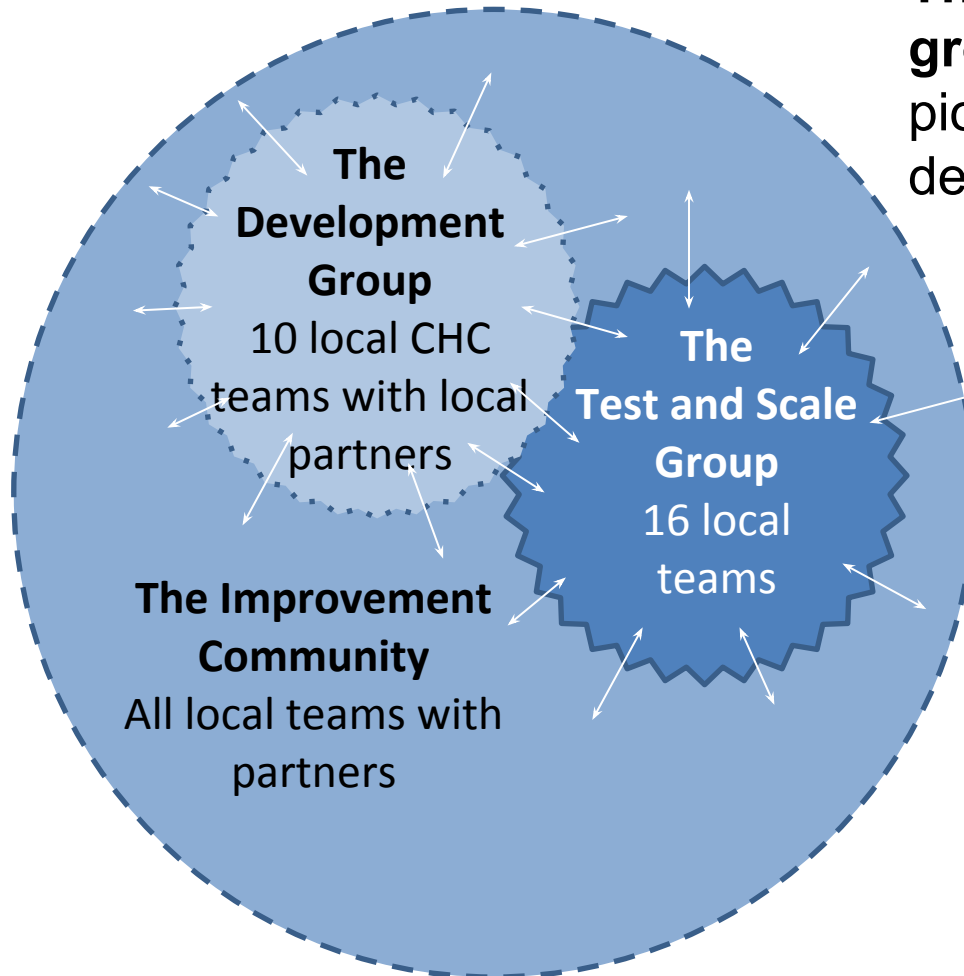
#nhsspread @ExpoNHS #Expo19NHS

Crossing the chasm!

Source of image: @voinonen

NHS Continuing Healthcare (CHC) Collaborative: Model of spread

165 local teams, 1,000 participants, 90% of the interaction is virtual

The development group: testing pioneering new ways to deliver CHC

The test and scale group group: testing the fidelity of new ways of working in different contexts

The improvement community: Engagement of other local teams right from the start, so relationships are built, all are contributing, sharing and learning and the optimal conditions for spread are being created.

The Development Group
10 local CHC teams with local partners

The Test and Scale Group
16 local teams

The Improvement Community
All local teams with partners

NHS Continuing Healthcare Strategic Improvement Programme

Outcomes to date (Board report March 2019)

- Tangible improvements in assessment
- No change in eligibility rates
- A cost saving to date of 757million pounds

I am a CHC Change Agent

Better outcomes, better experience, better use of resources

'The CHC Collaborative has given us a voice for the first time ever. We have felt listened to and you have given us a fire in our bellies to make us want to change and improve the care for our patients…. Don't disappear and let the fire go out this work must not stop.'

7 interconnected principles
3. Value

Focus on the value rather than the innovation

- It's about what others will value rather than what you want to spread

- What problem of local priority will it solve?

- What benefit will it offer?

7 interconnected principles
4. The Individual

The perspective of the individual is pivotal

- Changing behaviours is hard
- The more work routines affected, the greater the spread challenge
- Generate energy for change, skills and confidence by building motivation

7 interconnected principles
5. Leadership

From an inward to an outward mindset

Inward mindset	Outward mindset
My organisation/group	The bigger system
My interests	Our shared purpose
Silos	Collaboration
Tunnel vision	Awareness
Behaviours that protect and advance me or my group	Behaviours that advance the collective result

Source: adapted from the Arbinger Institute

7 interconnected principles
6. Networks

Networks build communities, energising and connecting individuals

- Spread will happen more through relationships than any other factor

- Create a "pull" for innovation by building communities to energise individuals and maintain momentum

- Support networks and encourage connections with other networks

- Support use of network building mechanisms; eg platforms like WhatsApp, Slack, Facebook groups and other social media
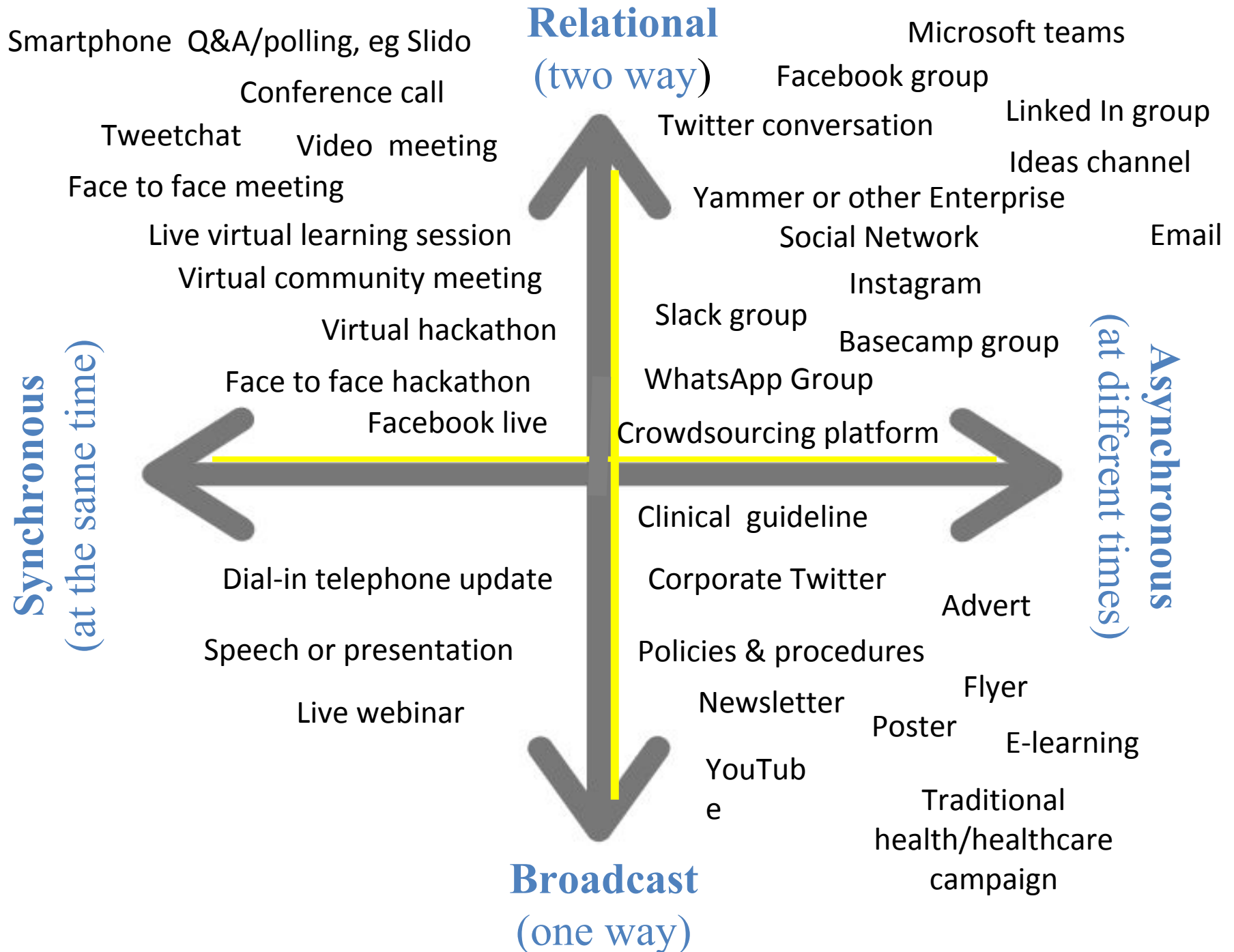
Relational
(two way)
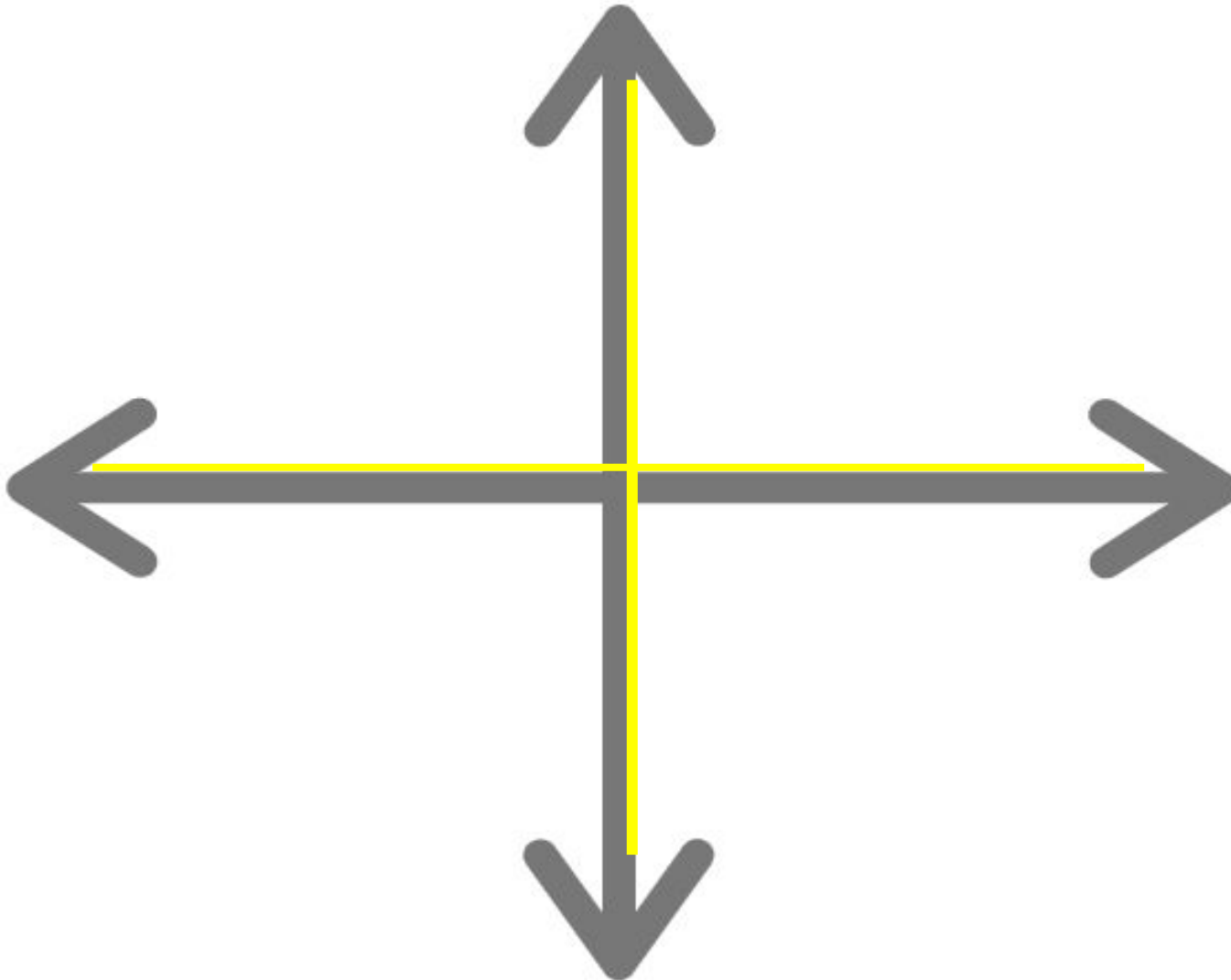
Synchronous
(at the same time)

Asynchronous
(at different times)

Broadcast
(one way)

Relational (two way)

Microsoft teams

Smartphone Q&A/polling, eg Slido
Facebook group
Conference call
Linked In group
Twitter conversation
Tweetchat   Video meeting
Ideas channel
Face to face meeting
Yammer or other Enterprise
Live virtual learning session
Social Network   Email
Virtual community meeting
Instagram
Virtual hackathon
Slack group
Basecamp group
Face to face hackathon
WhatsApp Group
Facebook live
Crowdsourcing platform

Synchronous (at the same time)

Asynchronous (at different times)

Clinical guideline

Dial-in telephone update
Corporate Twitter
Advert
Speech or presentation
Policies & procedures
Flyer
Live webinar
Newsletter
Poster
E-learning
YouTube
Traditional health/healthcare campaign

Broadcast (one way)

Ambulance service improvement project
- 13 ambulance services across England, Scotland, Wales and Northern Ireland
- Spreading improvements in staff wellbeing, responding to people who fall, responding to people in mental health crisis

Relational
(two way)

Smartphone Q&A/polling, eg Slido

Microsoft teams

Conference call

Facebook group

Tweetchat

Video meeting

Twitter conversation

Linked In group

Face to face meeting

Ideas channel

Live virtual learning session

Yammer or other Enterprise
Social Network

Email

Virtual community meeting

Instagram

Virtual hackathon

Slack group

Face to face hackathon

Basecamp group

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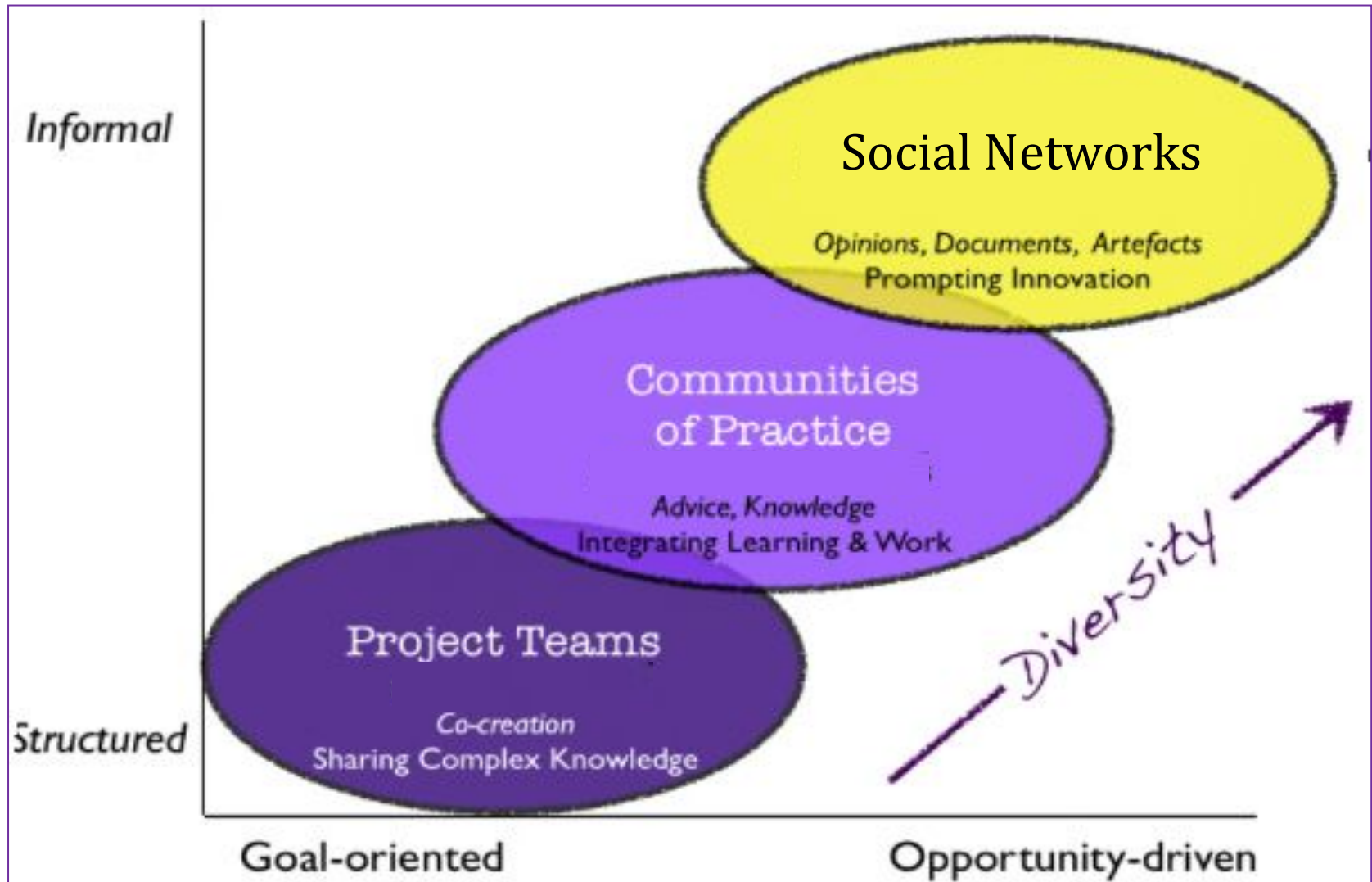
Learning

Knowledge flows generate learning to enable spread

- Collate and share local feedback and evaluation of innovation adoption and impact

- Share knowledge through networks

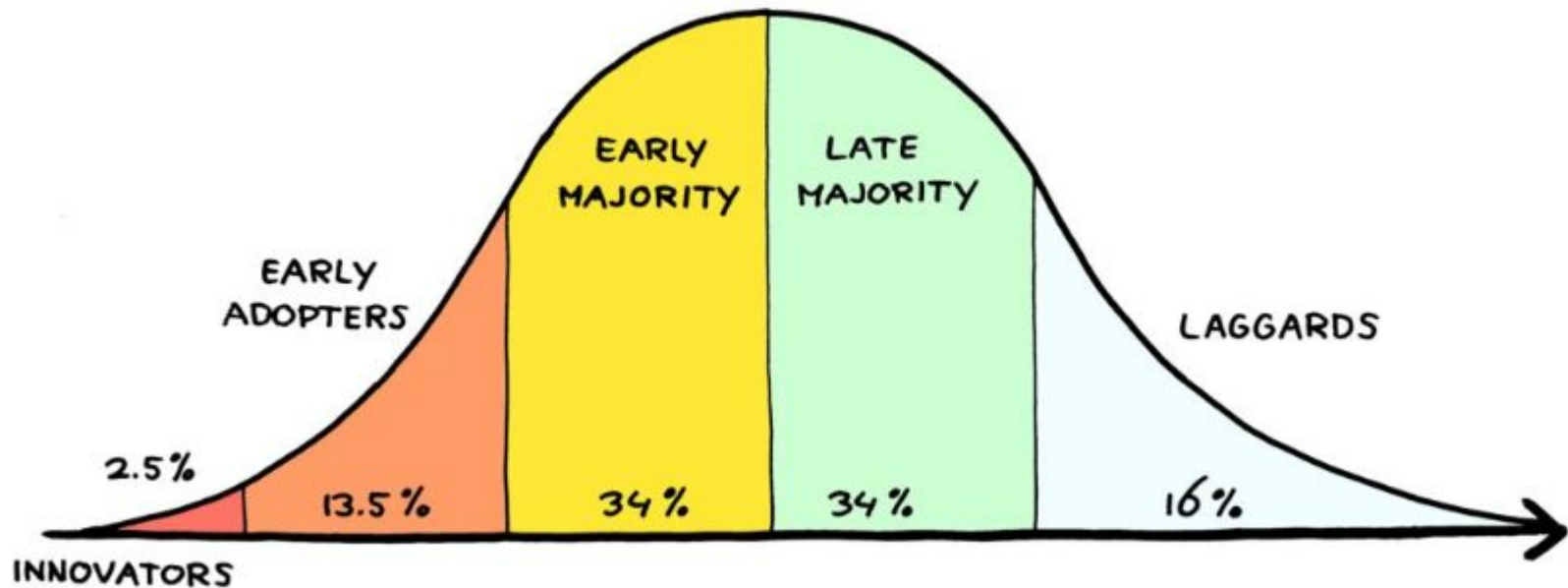- Build a culture of learning and transparency, sharing and seeking knowledge from others

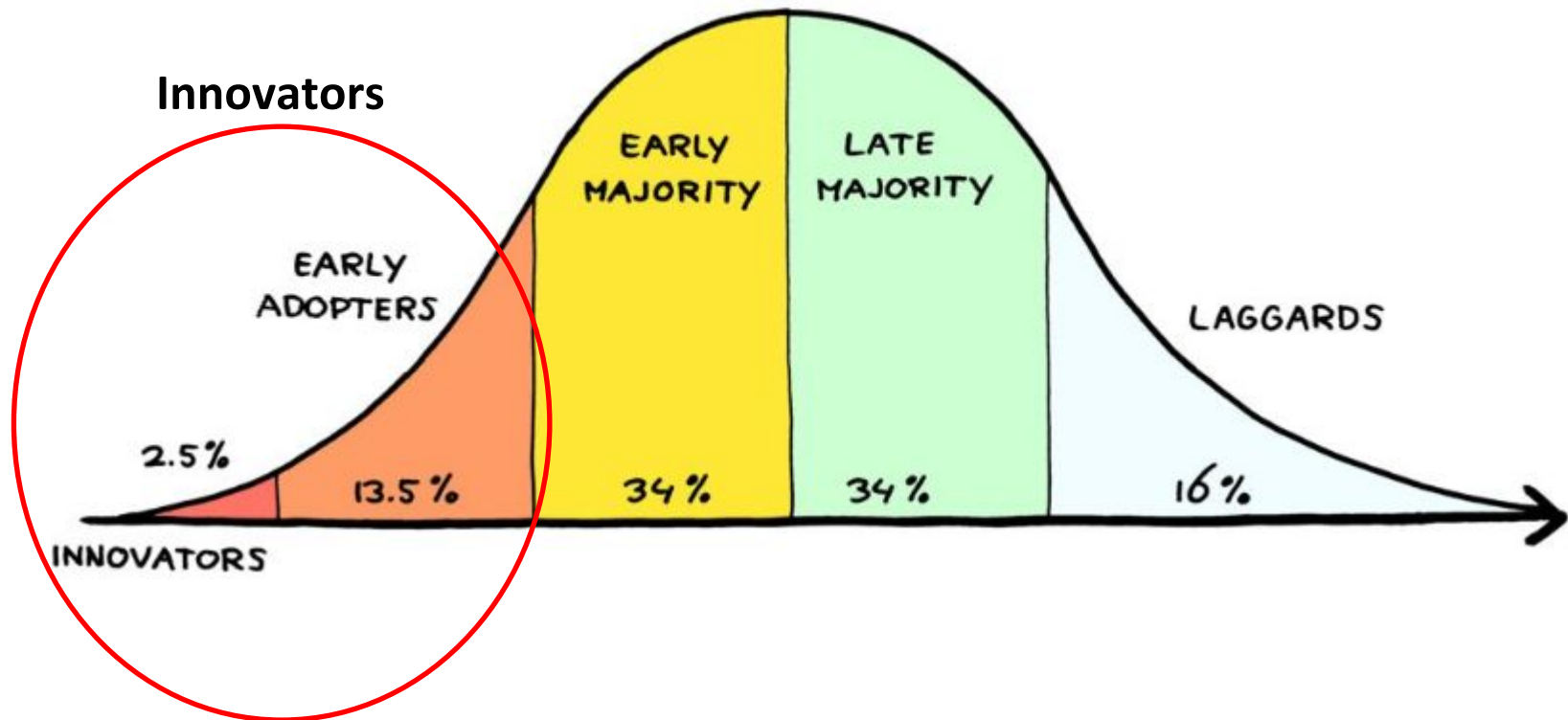# Sharing knowledge and learning for spread at multiple levels

Source: Harold Jarche

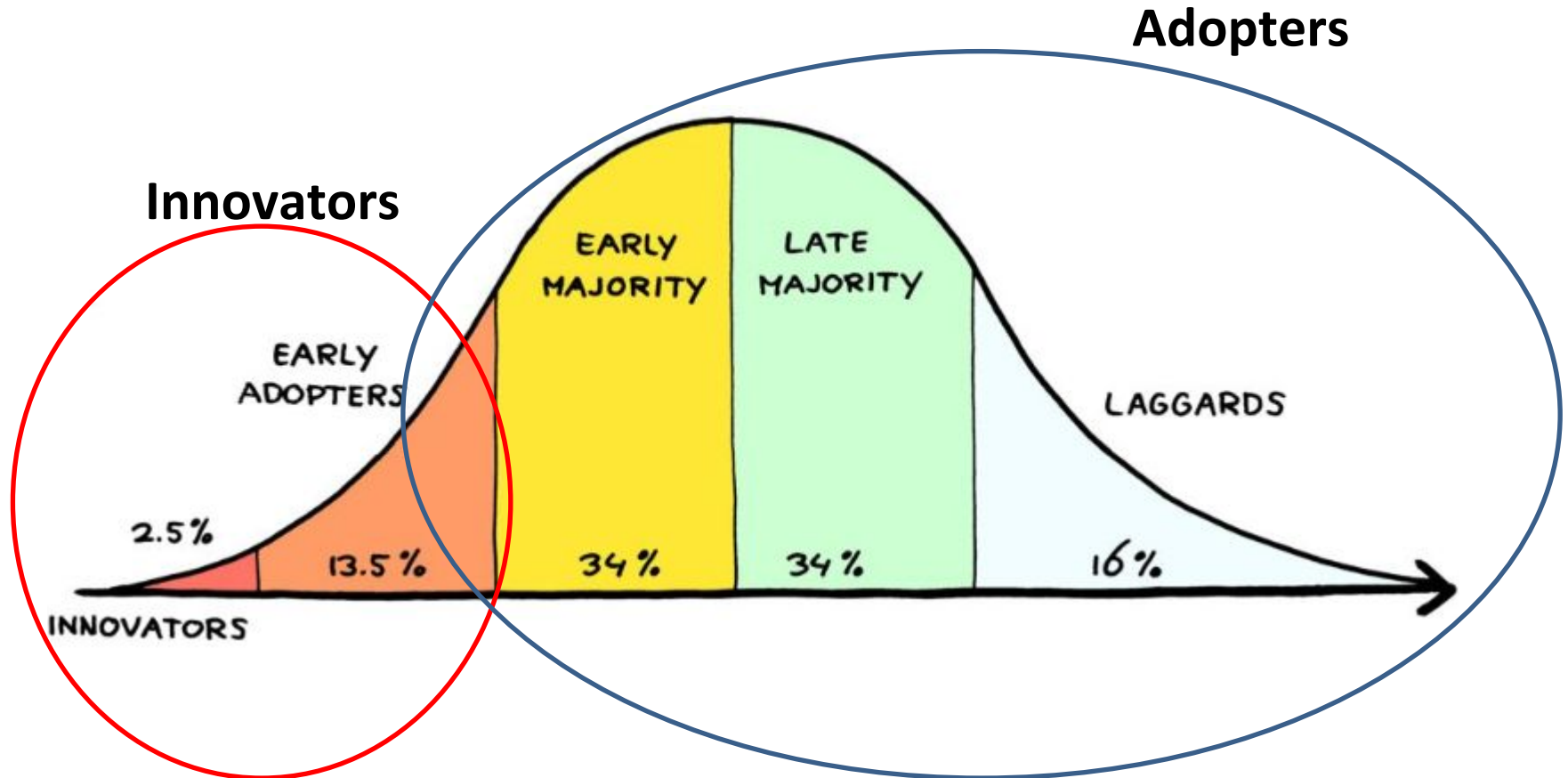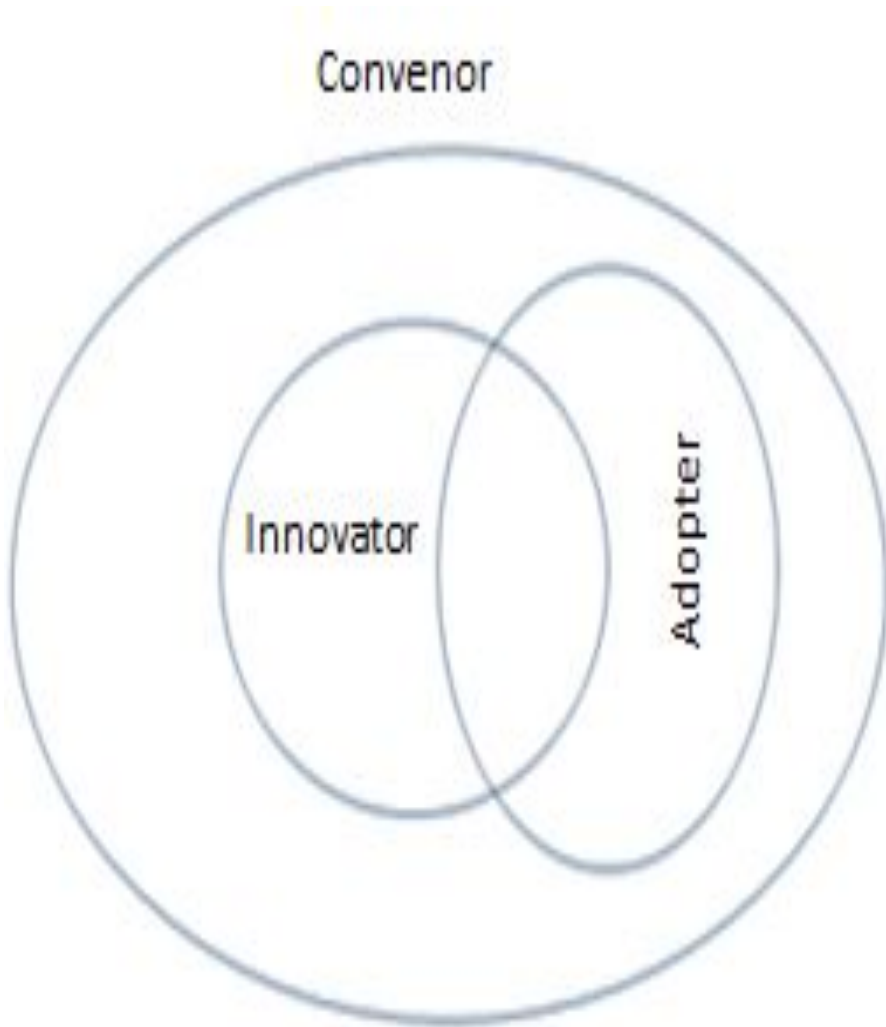# Everret Roger's diffusion of innovation curve

Everret Roger's diffusion of innovation curve

Everret Roger's diffusion of innovation curve

The key role of the "convenor" for enabling spread:

Convenor / Innovator / Adopter

- Acting as interface between innovation and 'usual business'
- Creating an adaptive environment for spread
- Lessening ambiguity for adopters in complex change situations
- Strategically coordinating spread across a whole system
- Mobilising networks, crowds and influencers

Programme manager vs. convenor

PROGRAMME MANAGER

- Designs a plan
- Accountability within a governance system
- Ensures that delivery milestones are met
- Deals with risk and ensures that barriers are overcome

Complicated

CONVENOR

- Works with emergence
- Builds commitment to a collective goal
- Builds relationships
- Seeks win/wins
- Makes sense of things for adopters: the why?
- Enables spread across a whole system

Complex

A role description for a convenor

1. **Convenor:** creating spaces where people can come together to learn and share and influencing people to take part

2. **Choreographer**: bringing diverse people together, building bridges between their different worlds and creating the "dance"

3. **Co-producer**: ensuring that people who use services and staff at the point of care are true partners in making and spreading change

4. **Connector:** helping people make links with each other, within the system and beyond

5. **Capability-builder**: supporting people to use proven methods and tools for making and spreading change

6. **Clarifier:** helping people make sense of the changes from their own perspective and reducing ambiguity

7. **Coach:** providing support and mentoring to help guide and steer change

8. **Community-builder:** building a shared purpose and a sense of "us"

Source: adapted by Helen Bevan from the work of John Bessant

Scaling down

- Find out "what matters to me?"
- Start from people's interests, strengths and abilities
- See people in their wider context - not just their healthcare symptoms
- Build on assets - don't just minimise deficits
- Spread happens one person at a time
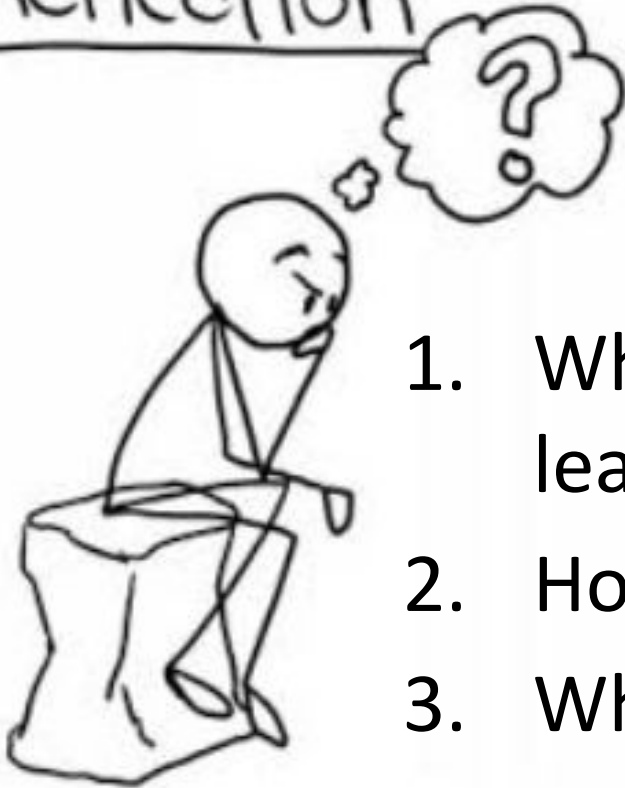- Cultivate a co-design mindset, not just an expert one

Scaling up

- Start with shared purpose
- Design for a complex system, not a complicated one
- Create adaptive spaces where people can learn and share
- Build an outward mindset
- Involve potential adoptees right from the start
- Evaluate, reflect and learn as you go

Reflection

1. What were the main things you learnt from this session?
2. How could this be useful to you?
3. What might you do differently as a result?

Adapted from Bennet-Levy & Padesky, 201