



Sustainable Improvement Team

The Change Model Guide



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Introduction

Great change needs strong foundations. Making change happen isn't easy, but we hope this guide will help.

The Change Model provides a valuable framework to enable effective and sustainable change that delivers real benefits for staff, patients and communities. It has been co-produced with hundreds of health and care staff and based on credible evidence and experience. The Change Model is for anyone who wants to make a difference – you could be in a clinical or a support role at any level of an organisation.

We can use the model with any change that matters to us, no matter how big or small. It could be within:

- Our own work
- A department
- An organisation
- Across a whole system.

Each project will be slightly different so the model isn't prescriptive. It should help you to consider what matters most in your particular setting and achieve a balanced approach.

The Change Model is an integral, interconnected framework that works in harmony with the model for [large scale change](#) to support sustainable transformation. However, it is important to note that the Change Model works for any scale of change, even a small one.



Figure 1: The Change Model

**Introduction****Using the
Change Model****Change Model
components****Principles that underpin
the Change Model****Acknowledgements****The Change Model components**

The Change Model has eight components which set out the elements that should be considered when planning and implementing change. These provide an organised, systematic approach to help create an environment for successful change. This document is a guide through the [principles that underpin the Change Model](#) and each of the eight components.

Most importantly the Change Model is a framework not a methodology. The Change Model provides us with ideas, prompts, tools, and resources that you can use for your own unique situation: it provides a systematic way to consider the critical dimensions that might affect your change programme. It is important to recognise that some of the components may not be within your control on a project but it is always worth while being informed about them and the role that they play.

The Change Model can be used for any change initiative, big or small, and in any organisation, and for any kind of change you are trying to create.

The eight components:

- [Our shared purpose - the starting point](#)
- [Spread and adoption](#)
- [Improvement tools](#)
- [Project and performance management](#)
- [Measurement](#)
- [System drivers](#)
- [Motivate and mobilise](#)
- [Leadership by all](#)

**Introduction****Using the
Change Model****Change Model
components****Principles that underpin
the Change Model****Acknowledgements****The Change Model supports an organising framework
for leading large scale change**

The Change Model is for any change big or small and it has been incorporated into an organising teamwork for large scale change. The organising framework brings together three critical elements, the large scale change model, the change model for health and care and established improvement approaches, methods and tools. Utilising the framework and models may increase the likelihood of sustainable, large scale change.

Organisations working within complex health and care systems tend to use different improvement tools and techniques. This may appear to have the potential to cause conflict, but improvement and change methods share many characteristics in common and therefore a range of improvement tools can be and should be deployed to reflect the local context in order to gain maximum benefit.

Taken together, all the elements of the organising framework can enable the navigation of complex, system-wide change in a practical way.

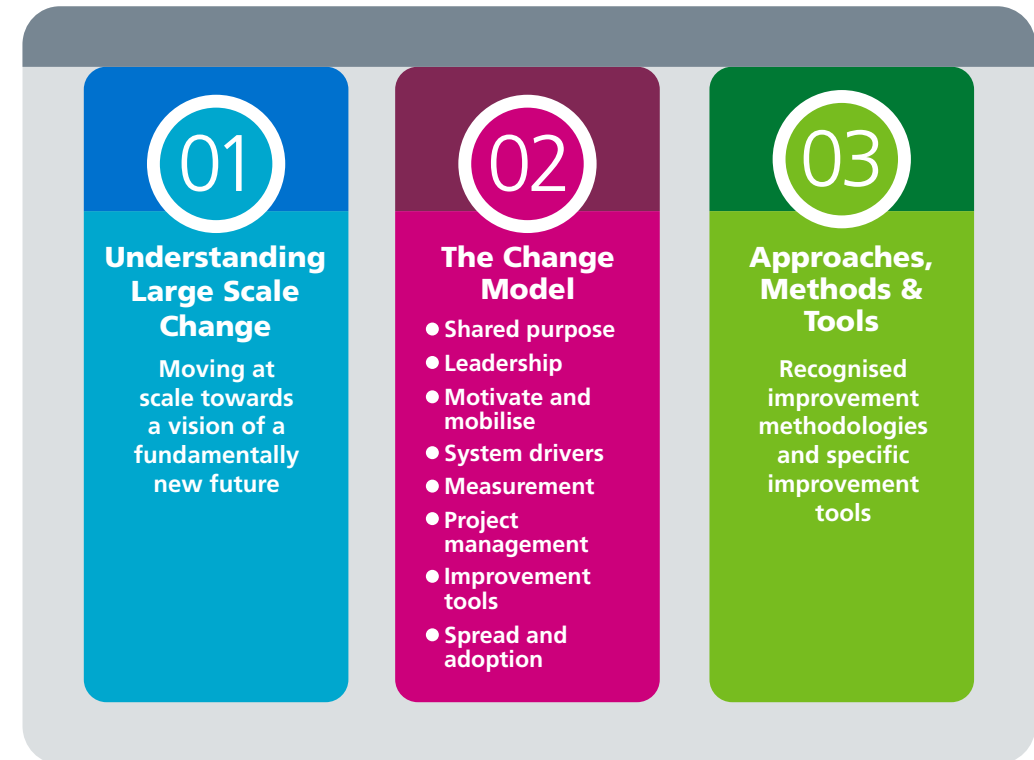


Figure 2: An organising framework for change



Using the Change Model

The Change Model is designed to support change leaders in their work. Its aim is to add dimensions and emphasis to existing change strategies that can help to accelerate the pace of effective and sustainable change.

Our experience of change initiatives in health and care shows that they are most effective when teams take the essence of the approach and make it their own to fit with their context, their priorities, their patients and communities.

For example, the Change Model includes the component Improvement tools because there is evidence that working systematically with evidence-based quality improvement tools increases the chances of successful change (Boaden et al, 2008).

The Change Model is to be used as a guide and is not intended to be prescriptive. We don't recommend which tools should be used. This is because many teams across health and care have already adopted particular tools and will want to build on what they are already using.

In addition, different tools are appropriate for different problems and they can be used in combination, particularly where we have a number of different goals.



BEFORE USING THE MODEL WHAT DO I NEED TO KNOW?

1. Understand the principles that underpin the model.
2. Have an understanding of the eight components.



HOW DO I USE THE MODEL?

- Start by defining 'our shared purpose' then all the other components can be used in any order.
- Consider all the elements in equal measure. We all have preferred components and are drawn to particular aspects of the model. This might be because of our job role, past experience or knowledge base. However, for a successful and sustainable improvement programme, it is important that all the elements are used in equal measure.



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If we are clear about our shared purpose and consider each area of the Model, we will be well on our way to success!

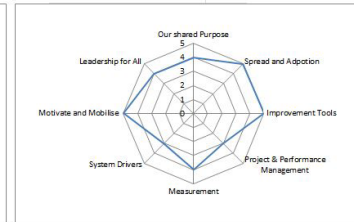
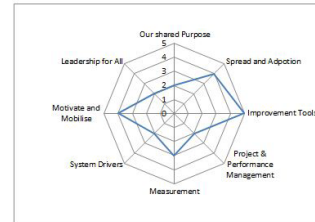
When considering the elements it may be useful to utilise the [Change Model gap analysis tool](#), this will allow you to assess where your organisation or team is in comparison with where it needs to be currently against where it needs to be in order to ensure the required change happens quickly, effectively and is sustainable.

A [Change Model action planning template](#) will allow you and your team to set out the actions required to move forward effectively with your plan. Remember it is vital to start with your shared purpose and then utilise the other areas in the order that works best for you.

Change Model Gap Analysis Template

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Change Action Planning Template



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Change Model components

OUR SHARED PURPOSE

What is it?

Shared purpose is what happens when a group of individuals align their belief systems or values with a common challenge, vision or goal. Purpose is the 'why' not the 'what' or the 'how' of change, and should act as a guide and driver of our decisions and actions. It taps into people's need for meaningful work; to be part of something bigger than ourselves and encapsulates people's cognitive, emotional and spiritual commitment to a cause.

Purpose becomes shared when we find commonalities between our values, beliefs and aspirations and those of others and join forces to work towards a common goal.

It is important to develop a shared purpose before proceeding with the rest of your change project.

OUR

Who defines the benefit we're after? Who's going to make it happen and who is it going to affect? All these people need to be involved in designing and delivering change.



SHARED

We all have individual values, experiences, beliefs and aspirations. We need to discover where these overlap. What is it we share? We can only find out by talking to each other.



PURPOSE

This is the 'WHY not the 'what' or the 'how' of change. It is where vision, values and goals meet and create energy and commitment.



Figure 5:
The Change
Model - Our
shared purpose



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Why is it important?

Shared purpose, is not a nice to have but a **critical driver of success** in organisational performance and change. 'Our shared purpose' sits at the centre of the Change Model because improvement efforts work best if there is an explicit connection between the change and people's values.

When this happens the support and commitment of many people is mobilised; and this is what brings sustainable success.

If working on large scale change there needs to be collaboration of many people at different levels and from different fields; and often across different organisations. These groups often come to the change process with different and sometimes conflicting agendas and priorities which can inhibit progress.

Finding the commonalities among their positions; reaching a shared understanding and aspiration can remove these barriers and unite diverse groups of stakeholders behind a common cause.

How do I create it?

There are three steps to aid the building of a shared purpose:

**Step 1: Create a safe space**

It's important to create a space in which genuine two-way conversations can take place.

Step 2: Looking for commonalities

Looking for commonalities helps us move beyond conflicting agendas and priorities to a common understanding and ambition.

Step 3: Design together

Agree how to translate your shared understanding into an action plan that will get people doing things.

Further information on how to create shared purpose can be found in the Further reading/ useful tools section.



Key questions can be found here:

Further reading/useful tools:

1. [Our Shared Purpose – A Practical Guide](#)
2. [Our Shared Purpose – Literature review and concept testing](#)
3. [Co-production in Transforming Care - Checking if co-production is happening](#)

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SPREAD AND ADOPTION**What is it?**

The health and care landscape is always changing; there have been lots of great successful changes but also some change programmes that haven't delivered to expectations. The achievements, good practice, tips and learning from what worked and what didn't, are not always shared within or across organisations. This element of the Change Model will support successful spread and adoption.

Why is it important?

To deliver high quality, safe care for all we need to accelerate the speed and extent of how we actively share and actively adopt learning from our own and other change programmes and innovations. These change programmes and innovations might be within or external to our practice, departmental, organisational or sector boundaries, so it is important to network with colleagues and undertake some research.

How does this happen?

The spread and adoption of learning does not just happen but needs to be planned for so that the benefit of the change is maximised. Factors that help or hinder the spread and adoption of change in health and care are known. These factors interact in a dynamic and complex way for each innovation in each unique context/setting.

We need to use the existing evidence to inform our plans by identifying factors that are weak and strengthening them using existing knowledge, tools and approaches.



**Key questions can be
found here:**

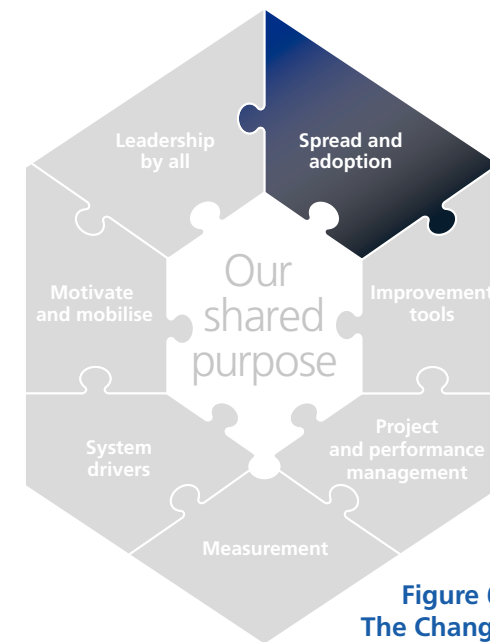


Figure 6:
**The Change
Model - Spread
and adoption**



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SPREAD AND ADOPTION

SUPPORTING TOOLS

[The NHS Institute's spread and adoption tool](#)

This tool helps everyone in health and social care to actively share and adopt great practice from others.

The tool aims to help staff to increase the scale and pace of the sustainable spread and adoption of innovation and improvements in health and care.

The tool provides:

- a self-assessment of the readiness and likely success of the spread and adoption of any innovation or improvement, and
- resources and guidance for strengthening areas that require attention.

The tool is for use when:

- the decision has been made, or is being made to put an innovation or improvement into practice. This may be a local decision or a national requirement such as NICE guidance or other 'must do's'

- prioritising and planning service improvement work by indicating the likelihood of spread and adoption of individual innovations or improvements.

This tool is applicable to any change in the health and care system wherever you work.

Further links and reading (Please note that due to this tool being hosted on the national archive site the email function is no longer in operation)

[Spreading change - A guide to enabling the spread of person - and community-centred approaches for health and wellbeing](#) - This guide outlines how behavioural science can help spread the take-up of person- and community-centred approaches to health and wellbeing.

[IHI sevenspreadlysins](#) - Practical tips for successful sharing

[Sustainability: model and guide](#) – Sustainability Model is a diagnostic tool that will identify strengths and weaknesses in your implementation plan and predict the likelihood of sustainability for your improvement initiative. The guide provides practical advice on how you might increase the likelihood of sustainability for your improvement initiative.

[Guide of Spread and Sustainability by Healthcare Improvement Scotland](#) - A guide which summarises the existing resources and key pieces of research around spread and sustainability.



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IMPROVEMENT TOOLS

What is it?

Improvement tools underpin the other components of the Change Model and provide an underlying structure for change efforts.

There are a range of proven tools and methodologies available to support different kinds of change, from ones with a particular emphasis on large scale change across systems to smaller scale process improvement.

Using an evidence-based improvement methodology ensures that change will be delivered in a planned way that follows tried-and tested methods for assuring success, and underpins the other components of the Change Model.

Why is it important?

The change model includes the component improvement tools because there is evidence that working systematically with evidence-based quality improvement tools increases the chances of successful change (Boaden et al, 2008).

The change model doesn't recommend or specify which tools should be used. This is because many teams across health and care have already adopted particular tools and will want to build on what they are already using. In addition, different tools are appropriate for different problems and they can be used in combination, particularly where we are seeking change at different scales simultaneously.

How do I use these tools?

There are many models which can support your improvement project. If you do not have a specified methodology in place the following two models will help provide structure and rigour:

- A **five step approach** to successfully manage the change project from initial concept to completion
- The **Model for Improvement** to provide a framework for developing, testing and implementing changes.

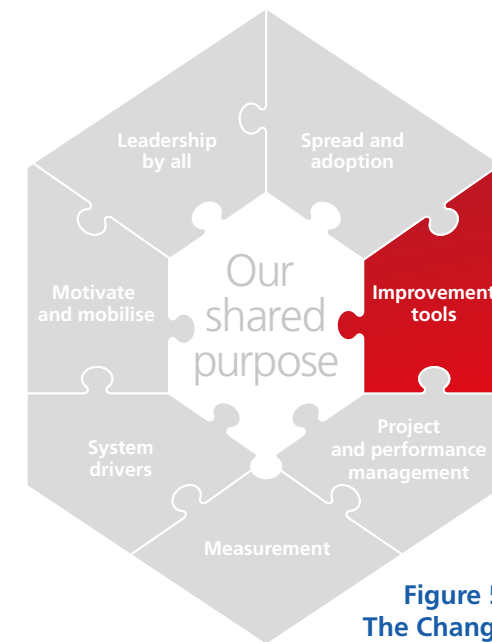


Figure 5:
The Change
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Improvement
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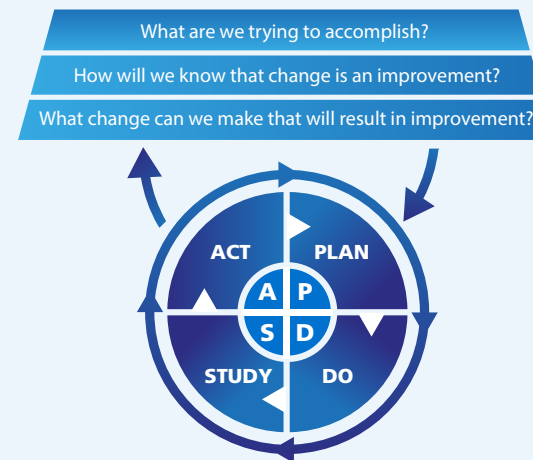
IMPROVEMENT TOOLS

A five step improvement approach to provide a systematic framework from the beginning to the end of your improvement project will give your project a greater chance of sustainable success.

- **Preparation** - everything you need to do before the official start of your project.
- **Launch** - official start of the project.
- **Diagnosis** - understanding the current process, dispelling assumptions, using data to define the problem and to build upon the baseline data.
- **Implementation** - tests and measures potential solutions using a Plan Do Study Act cycle, implements the best solution and introduces standard work and mistake proofing for a quality sustainable process.
- **Evaluation** - achievements are celebrated, learning and principles are captured and the improvement becomes the norm.

The Model for Improvement is incorporated within the five step approach and was designed to provide a framework for developing, testing and implementing changes that lead to improvement.

Figure 6: The Model for Improvement



Source: Langley, G. Nolan, K and Nolan, T (1994)
The Foundation of Improvement Quality Progress, 1994

To learn more about these models please see the supporting document [First steps towards quality improvement: A simple guide to improving services](#).



**Key questions
can be found
here:**

SUPPORTING TOOLS

[Managing the human dimensions of change](#)

[Bringing Lean to Life](#)

Robert Lloyd, Vice President, Institute for Healthcare Improvement, [breaks down everything from Deming's System of Profound Knowledge, to the PDSA cycle, to run charts](#).

[Always Events Toolkit \(IHI\)](#) - Aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with health care professionals and the health care delivery system.



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PROJECT AND PERFORMANCE MANAGEMENT

What is it?

Project and performance management is the creation of a clear plan and an ongoing review of its actions, targets and milestones.

A proven project and performance management approach will increase the likelihood that changes will deliver the planned benefits, because accountabilities are shared and clear, and the scale and pace of improvement is enhanced.

If monitored properly, key indicators will provide measurable assessment of project performance. These might include:

- Increase in patient satisfaction
- Reduction in waiting times
- Current vs. planned costs
- Current vs. planned percent complete
- Current vs. planned schedule
- Schedule completion date.

Why is it important?

The evidence suggests that an effective approach for the delivery of change and the monitoring of progress towards planned objectives are essential to making that change a reality.

A project and performance management approach requires discipline and focus and is not optional. It provides greater quality control of the change to deliver benefits of strategic importance. Without project and performance management other elements of the Change Model will fail.

How is project and performance management used?

Ensuring that a degree of rigour is applied to our change programme will provide reassurance to key stakeholders that sufficient attention is being given to managing the programme through to a successful conclusion. It also allows us to standardise how the change programme is being managed and reviewed; effective project management will guide the application of processes, methods, skills and experience to help achieve the projects objectives whilst performance management will provide ongoing review of the efficiency and importance of the project.

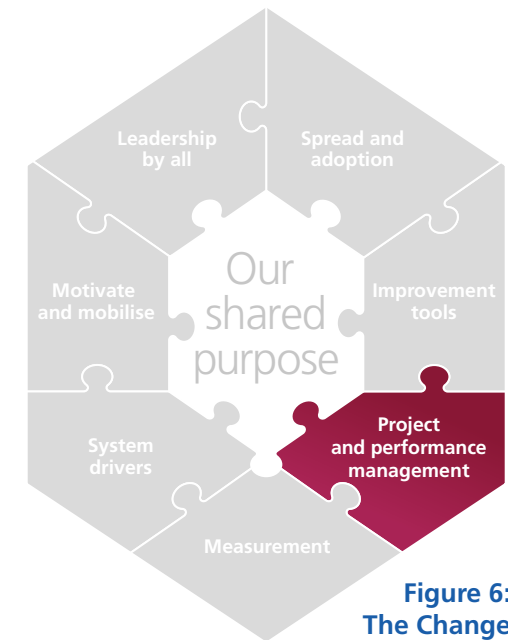


Figure 6:
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PROJECT AND PERFORMANCE MANAGEMENT



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SUPPORTING TOOLS

[P3M resources](#)

[Rigorous Delivery Framework](#)

Further links and reading

[NAO – National Audit Office](#)



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MEASUREMENT

What is it?

Measuring the outcome of change is crucial to provide evidence that the change is happening and the desired results are being achieved. To ensure effective measurement of outcomes and outputs, it is important to understand how measurement works.

In health and care 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. It is important to have a clearly defined shared purpose so that you can identify and collect the most appropriate baseline data for your change programme.

Why is it important?

Using appropriate measurement techniques ensures that success can be celebrated, remedial action can be taken to mitigate risk and the unforeseen consequences can be dealt with promptly. At the start of any change it is important to plan for expected benefits and return on investment. As the change progresses, benefits realised must be measured to demonstrate the effectiveness of the change. Making data available to the public increases patient power and choice and, ethically, it is the right thing to do. Comparative data, in particular, is a key driver for change.

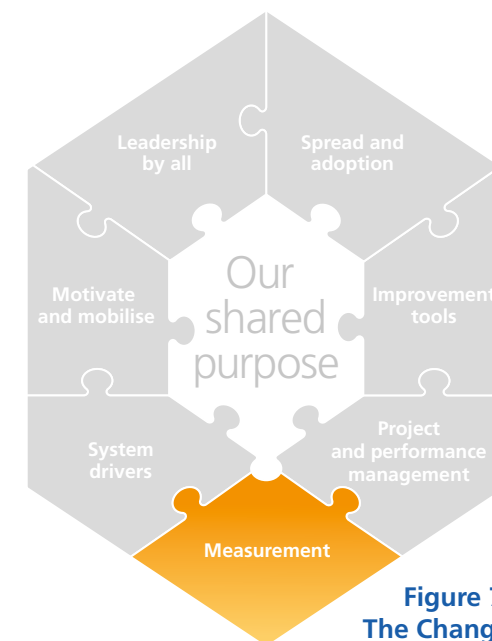


Figure 7:
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MEASUREMENT

How do I use it?

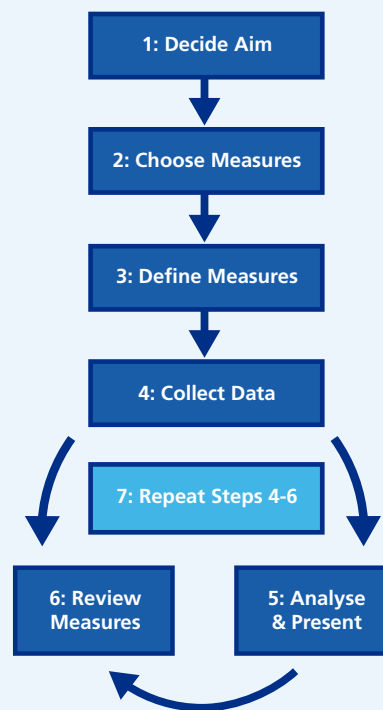
Prepare

1. Can you explain the aims of your work to someone in the time it would take you to get to the top floor in an elevator (elevator pitch)
2. Look at your current situation using the tools within the improvement tools section. What indicators are needed and what data is already available to you? What do these tell you? Are there any gaps?
3. Be specific in your definition of measures? What do you need them to be able to tell you? Is it a number or a percentage or something else?

Collect Analyse and Review Cycle

4. Work out the practicalities of collecting the data. Who will collect it? How and when?
5. Analyse and present your data. Consider your audience when selecting a presentation style (graphs, story, film, etc.)
6. Make time to look at the data regularly to make sure we are getting the outcomes we expected
7. Keep going back to step 4 and repeat for as many times as is needed for the piece of work.

Figure 8: Seven steps to measurement for improvement



**Key questions
can be found
here:**

SUPPORTING TOOLS

[A-Z of Measurement](#)

Further links and reading

[What is the most useful tool in the analyst toolbox](#)

Kate Silvester, 1000 Lives Improvement Associate, discusses how patient stories are the way to instigate real change to patient flow in healthcare.

[The Health Foundation - Simple Audience Research: A Guide](#)



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SYSTEM DRIVERS

What is it?

When we want to change something, whether it's just something small, or the way a whole health care system works, we know that we need conditions to be right.

The key to sustainable change is whether the broad conditions for change can be lined up to support what we are trying to do. System drivers might take the form of incentives for change, specific standards to be achieved (if penalties are to be avoided) or other drivers such as culture or climate. Aligning these drivers with the quality improvement intent and thereby making best use of them is the crucial focus of this component of the Change Model.

It is important to recognise that not all system drivers impact in the same way across all parts of the system, and they can range from personal incentives, through organisational or regional scope, up to national level. It is vital to ensure that skilful alignment of drivers prevents conflicting incentives that can conspire to undermine the quality improvement we are seeking to achieve.

Why is it important?

Poor alignment of system drivers can lead to a clash of incentives and penalties which might stand in the way of positive quality improvement. It is important that all incentives are aligned in a single direction to continuously improve the quality of care for the patients. To do this, the system drivers also need to be able to evolve and respond and change appropriately against the prevailing economic and operational backdrop.

System drivers are both the tools and the enablers that allow the system to work. By doing this they incentivise everyone in the system to provide the best possible care to every patient.

System drivers may include alignment to national policies for example, the Quality and Outcomes Framework, payment by results or four hour emergency target.

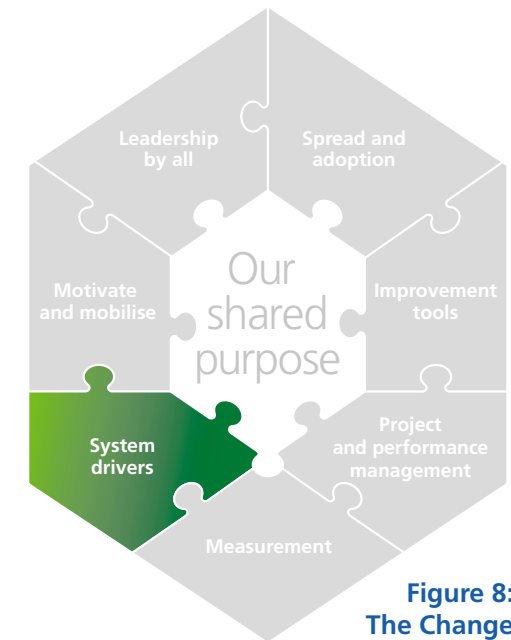


Figure 8:
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SYSTEM DRIVERS

How do I use it?

Questions to get you started:

- Where is our strategic alignment?
- How might our improvement initiative help achieve our strategy aims?
- What can influence our change? Think about intrinsic and extrinsic motivations.
- Have we considered the effect our system drivers will have on each of our stakeholders?

It is important to have a balance of both intrinsic and extrinsic motivators within your change effort. Each motivator can work to a degree without the other and have some initial success, but only in the short term and to limited effect. Extrinsic motivation should not be seen as undesirable as it balances the energy and creativity with much needed direction, focus and the momentum to achieve.

Figure 9: Types of motivators



**Key questions
can be found
here:**

SUPPORTING TOOLS

Further links and reading

[Making Informed decisions – Key Points for Healthcare managers and Professionals](#)

[Culture Change in the NHS – Applying the lessons of the Francis Inquiries](#)

[Driving Improvement – Case Studies from 8 NHS Trusts](#) - The trusts featured in this publication show the strong correlation between improvements in each of the characteristics of 'well-led' that CQC uses to inspect and rate trusts and overall improvements in quality and safety.



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MOTIVATE AND MOBILISE

What is it?

Motivating and mobilising is about staff and stakeholder engagement along with asking individuals to take action: to be part of the change, to collaborate in co-designing and delivering the future, to use their own power to drive change.

For more information please see the YouTube video on the [energy of change](#).



Why is it important?

Managing our Energy for Change and the energies of those around us is an important leadership skill during periods of unprecedented change. Without this, burnout and disillusionment amongst staff pose a serious risk to our change initiatives and to our patients and service users.

How do I motivate and mobilise people?

The first step is to understand who is involved in and/or affected by our change, what motivates and matters to them and how or why they might make change happen. Asking the right questions will help us connect with their values and find out what values we share.

Remember that we are more likely to gain real commitment to a change through a discussion about shared purpose, rather than targets.

It is helpful to consider how we manage our own energy for change and the energies of those around us, as periods of unprecedented change can lead to burnout and disillusionment that can undermine our initiatives.



Figure 10:
The Change
Model -
Motivate and
mobilise



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SUPPORTING TOOLS

5 Energies of Change

Energy

Definition

Social

Energy of personal engagement, relationships and connections between people. It reflects a 'sense of us' and is therefore a collective concept that captures a situation where people are drawn into an improvement or change because they feel a connection to it as part of the collective group.

Spiritual

For most people, belief in the value of work, results in more passion, perseverance, effectiveness and satisfaction. When we believe that the future is powerfully connected to what we care about, we bring more energy to creating it. By co-constructing a clear, inspiring, vivid picture of the future, a new future that is better than the status quo, we become more confident about moving towards it.

Psychological

Energy of courage, trust and feeling safe to do things differently. It involves feeling supported to make a change as well as belief in self and the team, organisation or system, and trust in leadership and direction.

Physical

Energy of action, getting things done and making progress. It is the flexible, responsive drive to make things happen, with vitality and kinetic force (motion).

Intellectual

When we undertake an activity that stimulates our creativity, attention and focus, we raise our intellectual energy. The results are evidence and reasoned arguments - a rationality to help guide our behaviour. We are then able to set clear goals and objectives, which help us to focus on what's important. In an age of distraction and competing priorities, activities that allow us to raise our intellectual energy, are critical for making change happen.



**Key questions
can be found
here:**

Further links and reading

[Leading Change, Adding Value; a framework for all nursing, midwifery and care staff](#)

In this video, Jane Cummings talks about Leading Change, Adding Value; a framework for all nursing, midwifery and care staff. Other colleagues from around the country talk about unwarranted variation and how their organisations addressed this and confirm areas that they are committed to.



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LEADERSHIP BY ALL

What is it?

Leadership by all describes the approach, skills and behaviours needed to lead significant change. It is based on the theory of shared (or distributed) leadership, where acts of leadership can come from leaders wherever they are in an organisation, and from any occupational background. Leadership by all - however large or small the change - underpins all aspects of the Change Model.

Why is it important?

The evidence suggests that the leadership style and philosophy that is most likely to deliver large scale change is one that generates a commitment to a shared purpose developed through collaboration.

Leaders of successful large scale change are more likely to have built their efforts on a platform of commitment to change, setting the conditions, creating a shared purpose and deeper meaning for the change. They role-model leadership behaviours, skills and attributes and set a high ambition for performance. They connect to values and engage and empower others to commit to action. By doing these things they ensure that the scale and pace of improvement is maximised.

How do I use it?

There are some excellent resources to help develop Leadership by all. They range from understanding the skills required by individuals who lead change to gaining the feedback required to allow a leader to develop, grow and understand the skills required to effectively lead change.



Figure 11:
The Change
Model -
Leadership by all



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Spread & adoption

Improvement tools

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SUPPORTING TOOLS

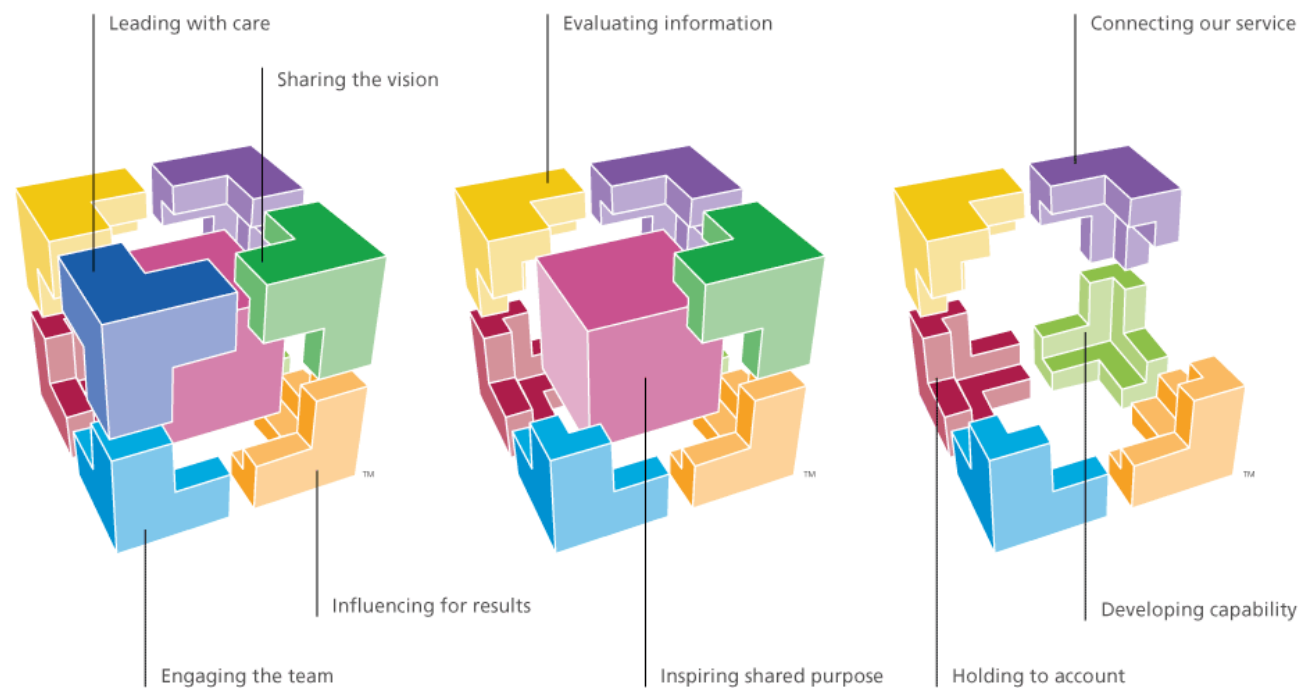
1. Knowing how you are doing - your personal leadership

The Healthcare Leadership Model was developed to help you become a better leader in your day-to-day role. You don't have to be in a clinical or service setting to use it. And it doesn't matter whether you work in a team of five or are responsible for 5,000, you can benefit by discovering and exploring your own leadership behaviours.

The nine dimensions of the Healthcare Leadership Model are:

- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service
- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results.

Figure 12: Healthcare Leadership Model





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The [Healthcare Leadership Model \(HLM\)](#) is the national framework describing the leadership skills and behaviours expected of leaders across health and care. The leadership and change models are closely aligned. The HLM has an extensive range of development materials available through its website to help individuals identify and develop the skills and behaviours needed in health and care.

2. Resources to develop your personal leadership

Establishing your current leadership capability is a good place to start. Resources to help identify and assess your current leadership are:

- [LF 360 facilitated feedback tool](#) - 360 degree feedback is a powerful tool to help individuals identify where their leadership strengths and development needs lie. The process includes getting confidential feedback from line managers, peers and direct reports. As a result, it gives an individual an insight into other people's perceptions of their leadership abilities and behaviour.

- [Self assessment tool](#) - A self-assessment tool to support the Healthcare Leadership Model has been developed and has a greater focus on helping individuals to assess their leadership behaviours and more fully understand their leadership development.

Self-assessment is a helpful way to better understand your own leadership behaviours and highlight areas of strength, weakness, and areas that you may need greater focus on. The questionnaire also encourages you to think about which dimensions of the Healthcare Leadership Model are particularly important for your role, and will help you to compare how you rate yourself in these dimensions to inform your development plans. This interactive and intuitive tool is free to access. You will need to register for a free NHS Leadership Academy ID.

3. Leading large scale change

[Leading Large Scale Change: A practical guide](#)

tells the story of the key learning from the Academy for Large Scale Change. The guide provides principles

you can apply within your own health and healthcare setting. The guide is closely aligned to the Change Model.

Resources to develop yourself in leading large scale change

Key to leading large scale change is the ability to 'Engage and Mobilise' which is a key component of the Change model. Two core supporting tools are:

- [Narrative story telling](#) - Public narrative is a storytelling based technique that enables you to succinctly present yourself to an audience of one or more, connect to like-minded people and call them to take action now.
- **Social movements** - Social movements are groups of people connected by shared values or interests who come together voluntarily to put right a wrong they all agree exists in the world. [Helen Bevan's reading list](#) of resources on social movements and large scale change.



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Further links and reading

For more information about the evidence base and articles that support the above resources:

- [Leadership That Gets Results](#) by Daniel Goleman
- Bennett, Nigel; Wise, Christine; Woods, Philip A and Harvey, Janet A (2003). Distributed Leadership: A Review of Literature. National College for School Leadership
- [Evaluation of Academy of Large Scale Change](#)
- Denning, Steve (2004). 'Telling Tales', Harvard Business Review. May 2004
- [Public Narrative Participation guide](#)
- Marshall Ganz (2010). 'Leading Change: Leadership, Organization and Social Movements', in the Handbook of Leadership Theory and Practice, Nitin Nohria & Rakesh Khurana (Eds.), Harvard Business School Press

- [Simon Stevens, Chief Executive, NHS England, highlights the need to lead culture change in the NHS](#) by not only celebrating inspirational leaders, but ensuring they are drawn from a diverse talent pool -- with strong technical management skills and operations disciplines.



**Key questions
can be found
here:**



Principles that underpin the Change Model

There are three key principles that underpin the model:

- intrinsic and extrinsic motivation
- energy for change
- commitment and compliance.

Intrinsic and extrinsic motivation

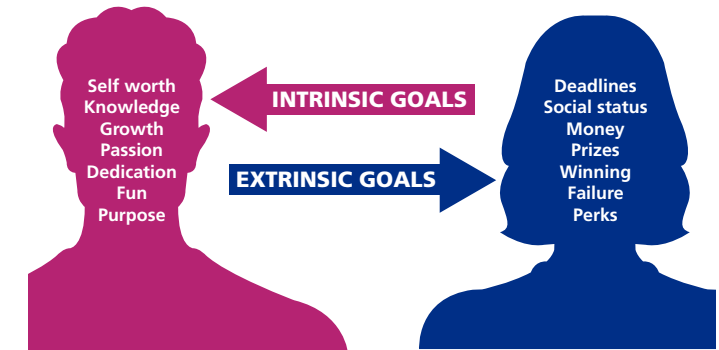
We are all motivated by a combination of external and internal forces. The intrinsic motivators are formulated from our values and what is meaningful and important to each of us as individuals. These intrinsic motivations have the power to unleash creativity and build energy, which is vital for successful and sustainable change. In contrast, external motivation is the kind of motivation that comes from outside: It is about commands or pressure to perform, rewards, competition or compliance.

Evidence suggests that an emphasis on purely extrinsic factors – such as project and performance management, and payment – does not deliver effective, sustainable change.

Each motivator can work to a degree without the other and have some initial success, but only in the short term and to limited effect. Extrinsic motivation should not be seen as undesirable as it provides the energy and creativity with much needed direction, focus and the momentum to achieve. Just like most things in life, we need a balance between both factors in order to achieve successful change.

Effective teams will get to know what makes the people in their team tick, and understand their core values – this awareness will help create hope, energy, creativity, and optimism to help people feel more ready and confident to build the future. The Change Model embodies this through our shared purpose, motivate and mobilise and leadership by all.

Every long term success story has intrinsic motivation at its core and the ability to connect to a shared purpose, motivate and mobilise and call people to take action.



Most leaders of change tend to favour one side or the other (intrinsic/extrinsic) in their approach to change. The premise of the Change Model is that the strengths of BOTH are necessary to create impactful and sustainable change.



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Energy for change

Effective change needs energy. We as leaders and change agents need to identify where our energies are, and where we need to build it in order to achieve our change goals. Organisations with high positive energy do better on every dimension of performance (Bruch and Vogel)¹.

The people who are most likely to achieve their goals are those who can tap into and build on others' positive energy for change.

Lack of energy or burnout is the most common reason that leaders fail to achieve their change goals, meaning the ability to build and maintain energy for change for the long haul is crucial.

“Energy, not time or resources, is the fuel of high performance.”

Loehr and Schwartz, 2003

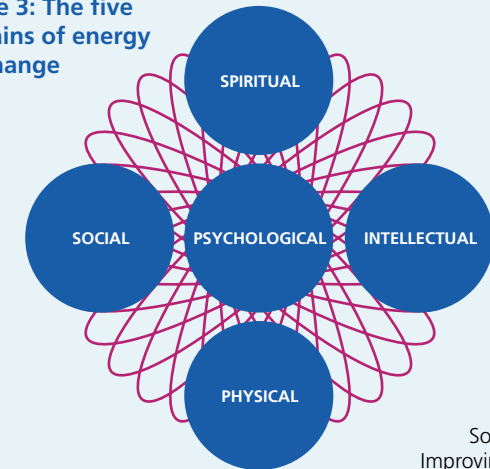
Five domains of energy for change

Energy for change is defined as 'the capacity and drive of a team, organisation or system to act and make the difference necessary to achieve its goals'. The five domains of energy within the model are:

- **Social energy:** the energy of personal engagement, relationships and connections between people. It's where people feel a sense of 'us and us' rather than 'us and them'.
- **Spiritual energy:** the energy of commitment to a common vision for the future, driven by shared values and a higher purpose. It gives people the confidence to move towards a different future that is more compelling than the status quo.
- **Psychological energy:** the energy of courage, resilience and feeling safe to do things differently. It involves feeling supported to make a change and trust in leadership and direction.

- **Physical energy:** the energy of action, getting things done and making progress. It is the flexible, responsive drive to make things happen.
- **Intellectual energy:** the energy of analysis, thinking and planning. It involves gaining insight as well as planning and supporting processes, evaluation, and arguing a case on the basis of logic/evidence.

Figure 3: The five domains of energy for change



Source: NHS
Improving Quality

¹ Bruch H, Vogel B. Fully Charged: How Great Leaders Boost Their Organization's Energy and Ignite High Performance. London: Harvard Business School Press; 2011.



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When delivering change, we seek high levels of energy in all five domains. If one or more of the energies is low, it can have a negative impact on the change process as the table below indicates.

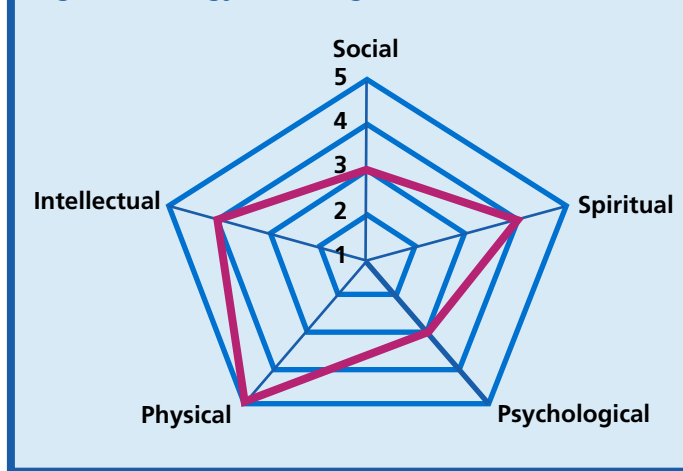
Table 1: High and low ends of each energy domain

	LOW 	HIGH 
Social	Isolated	Solidarity
Spiritual	Uncommitted	Higher purpose
Psychological	Risky	Safe
Physical	Fatigue	Vitality
Intellectual	Illogical	Reason

Source: Horizons Team

An approach to understand energy is to map energy scores under each energy domain for each change initiative. This can be undertaken at multiple points before, during and after the change. If any particular energy is low, action should be taken to enhance and build the energy.

Figure 4: Energy for change score card



Assessments with thousands of people in health and care show that:

- Intellectual and physical energies are often dominant, particularly in organisations that deliver care. An example of this could be lots of intellectual planning and physical fatigue.
- Clinicians are more likely to have high spiritual energy than those from other backgrounds.
- The nearer that a person is in the hierarchy to the Chief Executive, the higher her/his energy scores are likely to be.

Each of the Change Model components are aligned to at least one of the five domains of energy; for example our shared purpose and leadership by all intend to build social and spiritual energy; project and performance management and improvement tools intend to build intellectual and physical energy.



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Commitment and compliance

Many people who join the health and care system do so because of a sense of vocation, a passion to care for others, a commitment to make things better.

People who are committed (sometimes called contributors) are seen as a true asset to a workforce as they are committed, passionate, collaborative, co-creative, innovative, self-managed, responsible, supportive, adaptive and embrace change. These people are coordinated and organised because they have shared goals, shared values and a sense of shared purpose. Many of their motivators are intrinsic.

“ You can’t impose anything on anyone and expect them to be committed to it.”

Edgar Schein

Commitment approaches build motivation, which is the best possible starting point for mobilisation. People who are highly motivated are more focused, persistent, willing to take risks and able to sustain high energy. In the context of clinical engagement, there is a strong correlation between clinicians who are engaged and motivated and high performance.

Even in situations where challenging goals, standards and policies have to be adhered to or achieved in short timescales, better, quicker results are much more likely if the accountable leaders do so on the basis of commitment to the bigger purpose.

Compliance is important and will always be necessary in most aspects of health and care for the safety of our patients and our staff. However, by rigorously sticking with the processes and regimentally following the rules without question or reflection the opportunity to improve is limited. Similarly, with no ability or scope to contribute, people can often feel disconnected from the bigger purpose, the shared purpose of the organisation.

In making change happen, we must give equal attention to activities that develop commitment (e.g. developing shared purpose) and those that require compliance (e.g. project and performance management).

Environments need a balance between commitment and compliance. Settings that stipulate strict compliance for all things at all times can lead to people feeling controlled, led by policy, procedure and through performance management systems. People in such environments will be reluctant to take risks because of fear of consequences of ‘rocking the boat’. Such an approach stifles innovation, meaning people will be reluctant to do things differently and will be more likely to resist change. Commitment to the outcome or purpose of the work often leads to better compliance with the standards required to deliver that purpose.



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People who are committed create six times the value to an organisation. However, according to Gallup's 2016 world-wide survey of employee engagement, only 13% of employees worldwide are engaged at work, and psychologically committed to their jobs. We need to make sure we foster a committed approach in order to ensure our change efforts are successful.

The Change Model seeks to build a community of committed leaders via leadership by all, motivate and mobilise, spread and adoption and continuous alignment to the core of the model – our shared purpose. Necessary aspects of compliance are illustrated in the model (e.g. system drivers and project and performance management) and should always be closely aligned to our shared purpose.

The table on the right demonstrates the transition from setting compliance to commitment goals.

Table 2: Transition from setting compliance to commitment goals

Compliance goals	Commitment goals
States a minimum performance standard that everyone must achieve	States a collective improvement 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
Delivered through formal command and control structures	Delivered through voluntary connections and teams
Threat of penalties, sanctions or shame creates momentum for delivery	Commitment to a common purpose creates energy for delivery
Based on organisational accountability ('If I don't deliver this, I fail to meet my performance objectives')	Based on relational commitment ('If I don't deliver this, I let the group and our purpose down')

³ NHS Institute (2009). The link between medical engagement and performance.



Acknowledgements

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The Horizons team, based within NHS England, is a source of ideas, learning and connections to help accelerate the pace of change in health and care.

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