What's needed for the NHS to improve?
Four things to sort out the health system

This article argues that the NHS is destined to experience repeated mistakes, continued low morale and political instability unless leaders at all levels pay serious attention to four fundamental aspects of culture which are largely absent in today's health system - confidence, curiosity, connectedness and compassion.

While a focus purely on structural change will fail to cultivate the corporate spirit needed to challenge and motivate staff to really care, serve and succeed, investing in the appropriate values and behaviours offers the prospect of a widespread and potentially rapid transformation.

The bank and the flight of flamingos

> *"I phoned my bank to arrange a payment. Something I have done many times before. The guy at the call centre was very chatty. As we went through the third level in the security process - I needed to make a large payment - he asked for my Zodiac sign. I stumbled to recall I am Virgo. He said the way I paused to think showed I wasn't an impostor (I am still not sure how he knew). I asked why they used this question. He said that he didn't personally believe in the possibility that burning balls of fire and huge lumps of rock millions of miles away affected his life - and also, he couldn't take Russell Grant seriously. But he likes asking this question as it brings in a touch of normal life to a serious and lengthy procedure. He said that this was a deliberate attempt to design in some humanity by the bank managers who had recently revamped their customer relationship system. This seemed a bit of a risk given how a religious, frustrated or anxious client might react. But an experiment they were willing to make."*

Having started this article with a tale about financial services in England 2007 (the reason for opening in this way will become clear later) we want to share another story, and this one is not about health care either. We are shifting continents, centuries and contexts to South Africa in the early 1990s. At this time many feared that the end of Apartheid would only be possible after a bloody struggle at some time in the distant future. One of the activities that went on behind the scenes was an intervention that helped to open up the chance of peaceful change. This was the *Mont Fleur* scenario process led by a team with experience in scenario planning at Shell International (see diagram 1). This involved political and business leaders representing the full spectrum of opinion in that nation.

We believe these four scenarios that were developed over 15 years ago to inform a political, economic and social process 6000 miles away resonate and provide a useful metaphor and lens to understand the current situation of the National Health Service today. The 4 scenarios were:

1. *Ostrich,* in which a negotiated settlement to the crisis in South Africa is not achieved, and the country's government continues to be non-representative
2. *Lame Duck*, in which a settlement is achieved but the transition to a new dispensation is slow and indecisive
3. *Icarus*, in which transition is rapid but the new government unwisely pursues unsustainable, populist economic policies
4. *Flight of the Flamingos*, in which the government's policies are sustainable and the country takes a path of inclusive growth and democracy

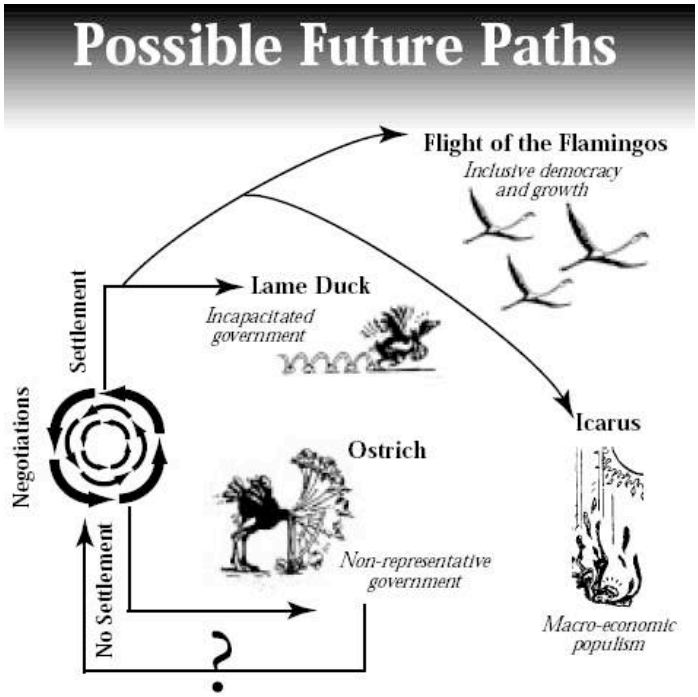


Diagram 1: The Mont Fleur Scenarios (Weekly Mail, 1992)

So taking each scenario in turn as a description of a period in NHS history, Ostrich illuminates a past where the political settlement meant that the NHS was destined to muddle through with about 6% of GDP. This shifted dramatically at the end of the 1990s when the New Labour government accepted arguments that any radical reform agenda required extra resources.

The Lame Duck phase in the history of the NHS followed, a period in the late 90s and the first period following the NHS Plan of 2000 when the new direction was emerging. A consensus was achieved with signatories to the NHS Plan from many surprising bedfellows in the various stakeholder groups in the NHS. But the results were slow and frustrating to the political elite, informed by media horror stories and irritated focus group feedback.

A shift to Icarus occurs a few years into the new Millennium with decisions first to hugely increase investment in national programmes and local organisations to drive change. And then in the period around the 2005 general elections further decision to close or merge many of these bodies such as the Modernisation Agency nationally and SHAs and PCTs locally. The frustration in achieving improvements leads to a plethora of national initiatives under the System Reform banner.

The result of these activities was that by 2006 the NHS, rather than enjoying the benefits of investment, was subject to ever closer scrutiny and doubt. The unprecedented media comment about the salaries and terms of key NHS clinical staff is testimony to this change of heart. It seemed the NHS couldn't ever stay still long enough to realise the benefits of investment and really improve. The chaos led many old hands working in management and leadership roles to comment that something was going on other than just the pain of yet another reorganisation.

The missing ingredient

For us, the most significant thing is actually something that's absent! In today's NHS there is no lack of emphasis on 'performance management', 'redesign', and 'productivity'. These are good things to invest in. There are valuable initiatives too on public health, patient experience and patient safety. But still things seem to be getting worse rather than better (at least relative to ever rising expectations). We believe it is because there is a major missing ingredient in health care reform. Something without which there can be no fundamental and sustainable change. That thing is getting 'the right culture'. To paraphrase the familiar business saying "culture eats strategy for breakfast, change for lunch and improvement for supper".

To have its full effect, the focus on structures and process needs to be balanced with far greater attention to the culture and values at work in every level of the healthcare system. Without this, no changes to organisational form and function will deliver the scale and type of lasting improvement that consumers of healthcare deserve and politicians intend.[1]

[1] Another of our papers, P*ractising what you preach,* shares evidence of many attempts to change the ways of working in organisations and spells out the critical lessons for the way that leaders themselves behave.

As we look around now in 2007, it is the beliefs, values and behaviours of all involved with healthcare that hold us back from achieving the 'Flight of the Flamingos' effect:

- *Amongst Patients and the Public:* Many national NHS figures bemoan the reluctance of their fellow citizens to entertain the need to change the range of pattern of services available locally. We have some sympathy with this view, but believe demonising citizens and consumers is not a great place to start in any attempt to reenergise improvement. It is a bit like those hospitals which give the appearance that the four things most essential in tackling MRSA are shorter visiting times, 2 visitors per bed, definitely no sitting on beds and banning flowers. The critical role of staff hand-washing seems to come a pretty poor fifth in these places.

- *Amongst Professionals and Staff:* There is a strong unwillingness among many clinicians to accept the need to put customer service, safety and productivity at the heart of their clinical care. Further, some are not keen to accommodate the role of independent scrutiny in securing improved standards. For us, this is a pattern to challenge – and we see hope in motivating different attitudes and actions.

- *Amongst Politicians and Policy Makers:* The failure to engage with the need to lead through vision, values, behaviour – in a word through culture – is the most significant failing. Rather there is a fixation with ever more rational and econometric approaches. Incentives for this, targets for that; sanctions over here, sackings over there; blame for them, blessings for these. Basic group pathology and dysfunction.

Of these, it is senior figures who have both the greatest opportunity and the biggest responsibility to influence culture. Politicians, officials and managers have the scope to renew the relationships that are at the heart of the NHS. Leaders in the DH and SHAs have the potential to shift the behaviours at the public and professional levels.

"Culture?"

What does getting the right culture involve paying attention to? This is a question that is critical to organisations, not just those in public healthcare. Our work across sectors as diverse as finance and telecoms, social enterprise and property, charities and consultancies suggests there are four common characteristics that together can unlock organisational potential. These are: confidence, curiosity, connectedness and compassion.

Having more of these things, we believe, would totally transform the success of the NHS and lead to a serious breakthrough in increasing levels of public and patient satisfaction.

The first is **more Confidence** - from leaders in their people and amongst staff in their capabilities. This has to be the starting point for any significant cultural change as it is the essential ingredient in overcoming the inertia and defensiveness that springs from the constant criticism that is targeted at the NHS – the 'blame culture'. The one-sidedness of this is debilitating. Hence a well-known TV documentary programme will find some real poor (perhaps dreadful?) practices which inexorably lead expectant mothers to be worried about entering hospital and keen to get back out again as soon as possible.

Yet there is lots of excellent practice going on - celebrated for example by the HSJ and other awards processes nationally and locally - that rarely or never get into the public domain. A recent national stakeholder forum highlighted almost every part of the health and social care system having outstanding successes at some place in the country. Staff need to be convinced that they can - and are - delivering a great service.

In this respect, it is leaders who can start the process of creating confidence: talking up the ambitions of the organisation, finding and building on what is working well and celebrating and rewarding success.

More Curiosity is the next thing which is needed. Sadly, some individuals seem resistant to learning from others. Mistakes are repeated, there is lack of reliability in care and a premium placed on coming up with new fixes over reviewing what has worked in the past or in other places. Hence, while guidelines aplenty are produced on every conceivable topic, there can be apathy in hearing what's being said.

This suggests a lack of humility, an unwillingness to say "I don't have all the answers", a "not invented here" philosophy. It's revealed in the way that new organisations are created which repeat the work of others only recently disbanded. With more curiosity – in effect, by asking more questions - come faster innovation, lower costs and more consistency.

The third thing needed is **more Connectedness.** "If only the NHS knew what the NHS knows." The best organisations truly have a rich 'corporate memory' that captures their stories, documents experience and skills, and provides an efficient vehicle for distributing insight and information to those who work there. We're not talking about some all-singing all dancing IT system, with sophisticated web portals and an army of knowledge management workers, but rather a willingness on the part of staff to record, reflect on and repeat to others the lessons of what they do and how they do it on a day-to-day basis.

This means working across professional 'tribes', going to the effort of joining up with others to make change happen, and taking the risk of sharing the credit for success. It is about developing a shared common purpose and looking for common connections. It is there when a ward nurse phones a colleague in social services to ensure a smooth discharge. It is seen when a senior official reaches across an administrative boundary in a creative way.

The final challenge is the biggest prize of all, the one which would offer the biggest transformation in the shortest period of time - **more Compassion**. For the majority working in healthcare it is assumed there is a desire to show compassion, in the form of caring for others: healing and making a difference to lives. It is the reason many give for doing their job. And for many, this really is what brought them into the service in the first place. But is this still the honest answer for all, especially those who have been in the NHS for many years but also those new to the service? Even if it's true that this is why people entered the NHS, over time other motivations - position, power, pay, pension - inevitably become as, if not more important to them. There is nothing wrong with this but without the self-awareness to understand what drives them, people can tend to make special claim to having a 'noble purpose' when in fact that's not at all evident in how they treat others.

It's also true that medical professionals are encouraged, even forced, by the prevalent mechanistic model of care, to downplay and sometimes forget the human side of healthcare – "the emotional, psychological, social and spiritual needs of patients and their families" as suggested by Dr Robin Youngson of Waiteakere Hospital, New Zealand in his work on restoring compassion as a core value in healthcare. Caring for the whole of the human being is what true compassion is. It is more than simply giving patients respect and dignity, though that is a good start. It is also about more than "listening to patients". It about seriously trying to understand the suffering of others and doing all necessary to alleviate that – from clinical excellence to remembering your manners.

Back to banking

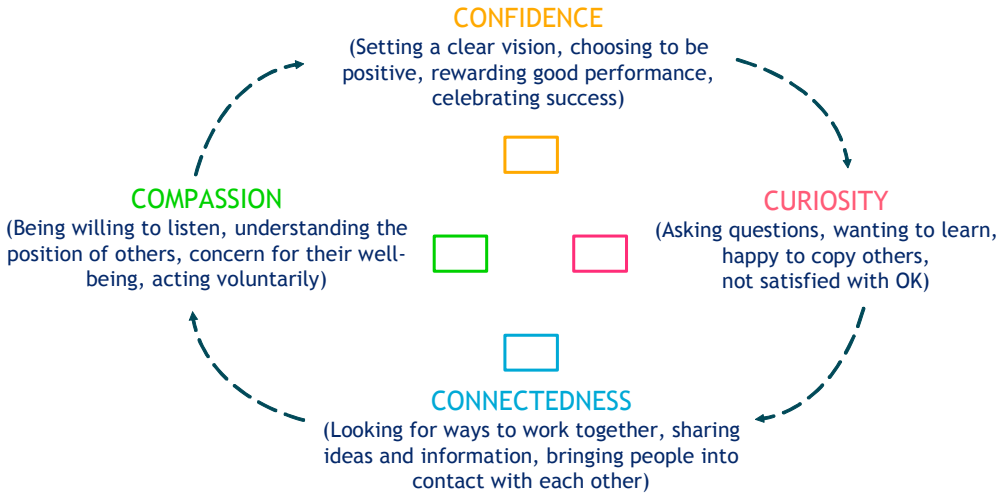
Where can leaders make a start on this? Perhaps the example from banking that we opened this article with gives some pointers?

The call centre story shows that it is possible for leaders to set the quality and style of the interaction on the frontline. If you are a leader, begin with the one person you have the immediate authority to change – yourself. This is done through practicing what you preach, taking a positive stance in your language and relationships, and encouraging and enabling the interaction and rapport between others. Encouragingly, it takes very little to help those in healthcare to rediscover why they wanted the job in the first place.

In this way, what leaders say and do can lead to a hugely productive upward cycle in culture, rather than the downward spiral that stems from a negative attitude and approach.

The next step is to understand what is really going on within your organisation: to see deeply into the culture and do a 'deep diagnosis' of what is happening, with your colleagues, amongst your teams or on your wards. What are the stories that people tell about life in the organisation, the language that is used, what gets attention, what is appreciated, what sense do people make of their work?

Take a moment to think about the organisation you are part of and the leadership actions that are needed under these four headings. Which is the most important?



What do the answers to these questions tell you about the confidence, curiosity, connection and compassion where you are?

Of course, change does not happen overnight and the path to shifting culture is much less obviously charted out than the big red button on the desk with 'restructure' written on it. This means leaders intent on getting the right culture need the energy and attitudes to keep going, to take the time to see things through.

Risks also need to be taken - allowing others to experiment with new ways of working together, supporting each other and serving all those who come to you as customers. It means involving everyone in the organisation – as culture emerges from the relationships between all and not just through the interactions of a few. It is possible for leaders to address the failures of curiosity, connection and compassion. It is harder than another structural shift but a lot more rewarding, we believe.

If staff in a call centre can design in some humanity, can't the NHS? Perhaps one act of kindness a day – to a colleague, a patient, their family or a member of the public is a great place to start. One of us wrote a short piece with this argument in the Journal of the Royal Society of Medicine in December 2006. The reaction from clinicians and leaders was very positive.

Summing up and moving on

We are keen to continue this conversation with those passionate (or at least curious) about these issues. In doing so, we are discovering a growing network of people across healthcare who share the view, in whole or in part, that the missing ingredient in health care reform is the need to see deeply into culture and to challenge the low levels of confidence, curiosity, connectedness and compassion in the NHS. We'd like others to join this discussion. At the very least, we hope that all leaders will take the time to reflect on their contribution to the culture around them and to recognise where their actions are reinforcing the values and patterns of behaviours that limit improvement rather than sustaining it.

Contact details for idenk

Ross Pow
+44 (0)7787 125 800
ross.pow@idenk.com

Phil Hadridge
+44 (0)7867 538 184
phil.hadridge@idenk.com